February 25, 2011

Overview Re: the Behavioral and Psychiatric Services Programs

As in the past, the Dallas County Jail (DCJ) provided a comprehensive overview re: the mental health services at the DCJ, which included the following information:

Behavioral and Psychiatric Services

The details of "Model of Care" are reflected in the Mission statement of Behavioral and Psychiatric Service has not changed since the previous site visit and remains as follows:

"The Mission of Behavioral and Psychiatric Service at Dallas County Jail is to provide all aspects of correctional psychiatric care, rehabilitation programs and opportunities to psychiatric detainees by using standard medical practices to reestablish a state of well being and recovery from the effects of mental illness, prevent recidivism and relapse and establish improvement in adaptive functioning to facilitate eventual successful safe return to the community".

The approach to psychiatric treatment at Dallas County Jail is based upon the following principals:

- ***Recovery***
- ***Resilience***
- ***Symptoms and behavior management***
- ***Skill acquisition***
- ***Adaption to Environment***
- ***Treatment in the least restrictive setting***

Overview Re: the Behavioral and Psychiatric Services Programs

Under the Parkland Health and Hospital Mission, Behavioral and Psychiatric Services at Dallas County Jail has following program:

A. Intake Health Screening
B. Psychiatric Assessment Program
C. Crisis Stabilization Program
D. Acute Care Program
E. Intermediate Care Program
F. Chronic Care Program
G. Performance Improvement
H. Suicide Prevention Program
I. Staff Education and Competency Development
J. Violence and Restraint Management Program

K. Separated Inmate Management Program
L. Forensic Case Management
M. Non-Emergency Request for Care Management
N. Psycho-Social Rehabilitation Program
O. Release and Community Reintegration Program

Following description provides brief information about acuity based programs.

i) Psychiatric Assessment Program
ii) Crisis Stabilization Program
iii) Acute Care Program
iv) Intermediate Care Program
v) *Chronic Care Program*

Psychiatric Assessment Program: This program provides safe housing and observation of patient referred to Behavioral and Psychiatric Services who have low acuity and/or stable chronic diseases acuity level. Patients admitted at Psychiatric Assessment Program are evaluated by psychiatric staff for initial psychiatric evaluation and treatment planning.

Crisis Stabilization Program: Crisis Stabilization Program provides psychiatric service and acute level of care for those individuals who present with severe psychiatric or behavioral crisis and such as higher suicide risk, Para-suicidal behaviors and significant other mental health crisis that requires continuous close monitoring and observations. Patients admitted at Crisis Stabilization Program receive a comprehensive Evidence Based Suicide Risk Assessment and Management plan.

Acute Care Program: Behavioral and Psychiatric Health Service designed and developed an acute care specialty program which functions in accordance to Texas Administrative Code. The purpose of Acute Care Program is to provide a rapid stabilization in a treatment milieu for acute patient seven days a week, and provide bio-psycho-social treatment and rehabilitation for symptoms management.

Intermediate Care Program: Patient with sub-acute symptoms who require further residential treatment setting for further stabilization is admitted to Intermediate Care Program. This program provides psychiatric patients safe housing, frequent access to psychiatric staff, engagement in group activities as indicated, rapid transition from acute care setting and a chance to practice independent living skills prior to transfer to Chronic Care setting.

Chronic Care Program As indicated above one of the psychiatric treatment approach is to provide treatment in the least restrictive setting for treatment. General population in Dallas County Jail provides that least restrictive setting. Patient with low acuity and stable symptoms and who are able to function safely are admitted in general population setting. This setting provides patients an opportunity to be seen by clinicians on specified

schedule to meet their psychiatric needs and provide patients a model similar to community psychiatric service. This provides them the continuity of care within the jail, help built sense of responsibility, independence, and experience continuity of care as in community.

Following description provides information about the Acuity levels as established and implemented at Dallas County jail:

> ***Acuity I:*** Psychiatric patients who suffers from severe and acute psychiatric or behavioral crises. This includes suicidal patients, psychotic patients with severe symptoms and patients manifesting dangerousness due to mental illness.
> ***Acuity II:*** Psychiatric patients classified as Acuity II include patients who suffer from acute psychiatric symptoms affecting behavior and who overtly have the potential to act in a dangerous manner, are unable to function independently and require intense psychiatric services.
> ***Acuity III:*** Psychiatric patients classified as Acuity III include those who have chronic or new-onset mild psychiatric symptoms, are able to function independently and do not exhibit functional deficits.

- Average daily jail population is about 7200, which is an increase since the last site assessment (2009 average was 6165).

Census/Mental Health Roster/DCJ ADP

The Current Average daily Census of Patients served by Behavioral and Psychiatric Services at Dallas County Jail is 1378 as compared to 1467 during the previous site assessment.

Number of patients receiving psychiatric care on February 8, 2011	
Number of Patients in CBO (male and female)	156
Number of Patient in OBO	612
Number of Patient in GP	654

- Average daily jail population is about 6964.
- Following section provides description of agreed order, action steps and performance improvement towards meeting sections of agreed order.

Appendix I summarizes population trends at the Dallas County Jail since 2009.

The next section of this report provides an update to relevant sections of the Agreed Order.

MENTAL HEALTH CARE

The "A Items' section are from the Medical Care sections pertinent to mental health. **Note:** Some of these provisions are duplicated in the mental health section. Under such circumstances, the findings will be reported in the mental health section. Excerpts from earlier reports may be included when they help to provide a context for the February 2011 DOJ findings.

Although the vast majority of persons incarcerated in the Dallas County Jail are pre-trial detainees, the term "inmates" will be used throughout this report to refer to such incarcerated persons.

Appendix II summarizes elements of the Agreed Order found in compliance during previous site assessments.

1: Intake screening

Remedial Measure of Agreed Order

Item A.1.a.

DCJ shall implement and comply with policies to provide adequate medical and mental health intake screening to all inmates; shall provide a 14-day health assessment and examination; shall ensure continuation of prescription medications within 24 hours of intake; shall comply with stated policies to screen inmates for infectious disease; shall continue to provide mental health evaluations for all inmates whose histories or whose responses to initial screening questions indicate a need for such an evaluation; shall provide accurate diagnoses for inmates in need of mental health services; and shall continue to provide timely and appropriate referrals for specialty care.

Item A.1.c.

When the initial clinical health screening indicates that an inmate has acute health or mental health needs, DCJ shall provide timely care by trained and licensed medical staff, registered nurses, or mental health professionals as soon as medically necessary, but no later than twenty-four (24) hours after the initial health screening. DCJ shall schedule individuals with chronic health or mental health needs, and those who are pregnant but who present in a stable condition, to be seen by medical staff or mental health professionals as soon as medically necessary. 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 mental health professional. Staff will observe such inmates until they are seen by mental health professionals. Incoming inmates reporting these conditions will be housed under appropriate conditions unless and until a mental health care professional clears them for housing in segregation or with the general

population.

Compliance Assessment: Compliance.

Factual Findings:

Sources of information: Review of past site assessment reports, observation of mental health rounding in the segregation housing areas, observation of the pill call process in the male acute care units, information obtained from staff and inmates and review of the February 2011 DCJ mental health report.

September 2010 Recommendation: As per item A.8.a-b re: medication management issues.

February 2011 Dallas County Jail Health Care Team Action Steps and Response

- In this section Central Intake data and performance improvement study is presented.

- To avoid redundancy of information presented in different section the details of the Medications and Psychiatric Patients Management, including timeliness of services, Performance Improvement studies and databases analysis is presented in the section A.8.a, b. In summary:

  Timeliness of Initial Psychiatric Evaluation:

  Timeliness of initial evaluation was tracked for different Behavioral and Psychiatric Programs. It is to note that all providers are evaluating new patients in their respective assigned area when a patient is admitted to that service area. According to the audits this timeliness of services is accomplished as following:

  1) At Psychiatric Assessment Program, mental health staff assessed 92% of the patients within 72 hours.
  2) 6% patients were seen >72 hours and < 7 days of book-in and
  3) 2% of the patients were seen by mental health staff within >7 <10 days of referral to Psychiatric Service.
  4) When patient is admitted at Crisis Stabilization Program, patients are evaluated within 24 hours 99% of the time.
  5) When patients are admitted at Acute Care Program, patients are evaluated within average 1.2 days.
  6) When patients were admitted at Intermediate Care Program Average days for provider to patients encounter for patients referred from Central Intake=1.8 days.
  7) Chronic Care Program data analysis indicates that on an average it took 2-3

days for initial provider to patient encounter.

Central Intake

1) The Central Intake screening and nursing assessment is conducted by Registered Nurses. The assessments are performed in the in interview rooms maintaining sound privacy of the patients' encounter.
2) Central Intake Assessments are scanned in to the EMR within 24 hours.
3) A pilot program to directly enter Central Intake assessment in EMR is underway with promising result.
4) Registered Nurses enter a reminder (appointment) in EMR. This reminder system allows continuous tracking of the patients at Dallas County Jail and has been critical in improving timeliness of services and real time patient's referral.
5) Referrals of patients from Central Intake remain consistent and mostly appropriate. 25-33% of the arrestees screened at Central Intake are referred to Behavioral and Psychiatric Services.
6) Considering patients who were released soon after arraignment or adding release factor, 22.3% patients were referred to mental health from Central Intake.
7) Following table provides data of Central Intake for the month of November, December 2010 and January 2011:

Central Intake Book-in and Mental Health Referrals November, December-2010 and January 2011			
Month	Total	MH Referral from CI	Percentage
November 2010	5969	1551	25.9%
December 2010	6163	1479	23.9%
January 2011	6298	2078	32%

Central Intake Data and Performance Improvement Audit

Statements of the issue being studied:

Upon book-in, an arrestee receives Health Care Screening which is:
a) Available in medical record.
b) All elements, as listed on the Central Intake Screening form, are completed.
c) Suicide Risk Assessment Screen is completed.
d) Referral to Behavioral and Psychiatric Services is made appropriately.

Methodology Used:

By using a Randomizer (software that randomizes), 201 Book-in numbers of inmates from Central Intake Screening log and MH Roster were randomly assigned and all Electronic Medical Records were reviewed for variables as listed in the table.

Performance Improvement Data:

Please see attached Excel Workbook for detail information of the audit.

Data Analysis and Results:

1) Number of charts audited 301.
2) Central Intake Screening available in the EMR=201
3) Central Intake screening not available in EMR=0
4) Consents were signed by patients = (93.1%).
5) Additionally, database indicated that 7% of the patients were false negative and 14% were false positive.
6) Out of 201 patients Central Intake Screening audit indicated the following:

Total Charts Reviewed	201
% of Appropriate Referral	95%
% of Suicide Risk completed at CI	100%
% of Complete MH screening at CI	100%
% of Consent for Treatment at CI	92.4%

February 2011 Metzner assessment: Sustained compliance with meeting timeframes re: mental health assessments. Compliance re: ensuring continuation of prescription medications within 24 hours of intake (as will be summarized in section A. 8.a-b of this report). Continuity of medication will subsequently be monitored via Item A. 8.a-b.

February 2011 recommendations: Continue to monitor medication management issues as per Item A. 8.a-b.

Remedial Measure of Agreed Order

2. Acute care

Item A.2.a-b.

DCJ 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.

DCJ shall train correctional officers to recognize and respond to medical and mental health emergencies, and shall ensure that inmates with emergency medical or mental health needs are promptly referred and transported for outside care when the facility is unable to provide appropriate care.

Compliance Assessment: Compliance with Item A.2.a-b except for the treatment planning aspects of A.2a., which will now be monitored via Item B.2.a.

Factual Findings:

Sources of information: Review of past site assessment reports, observation of mental health rounding in the segregation housing areas, observation of the pill call process and the mental health rounds process in the male acute care units, interviews with inmates, information obtained from staff and review of the February 2011 DCJ mental health report.

September 2010 Recommendation:

a) Continue to increase programming in order to meet at least 10 hours per week of out of cell structured therapeutic activities per week for each CBO inmate.

b) A treatment team concept needs to be implemented for inmates in the crisis cells and the CBO units. The treatment team should include custody staff.

c) Comprehensive treatment planning is needed to for longer stay inmates in the CBO, especially for those who are overtly psychotic, medication non-adherent and/or not being offered or participating in out of cell structured therapeutic activities.

d) Provide additional training/supervision re: conducting the community meetings.

e) Community meeting should, at least, be periodically attended by providers. This should result in decreased sick call requests and more efficient resolution of medication management issues.

f) Periodically use the community meeting for presenting discharge planning information and education by a provider re: psychotropic medications.

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1. The Psychosocial Rehabilitative Program continues to deliver its patients' centered mission. The goal of programming is to deliver services that is

therapeutic and fosters the growth of essential life skills, empowering and enabling our patients to be successful in their life and be a good citizen.

2. Approach of Psychosocial Rehabilitation Program is based upon principals of treatment as mentioned in the first section of this report.
3. The programming is provided to seriously mentally ill patients and selected sub-acute patients who are symptomatic and requires a transition from Acute Care to Sub-acute Care Program. The graduated approach of transition from acute care to sub-acute care was established and implemented. In addition to it, Intermediate Care patients are also participating in a College Credit Course administered by El-Centro College.
4. To accommodate patients who are unable to attend groups in multipurpose room due to high risk for engagement in dangerous behaviors, are provided groups in the day room or involved in therapeutic recreation activities.
5. Behavioral and Psychiatric Services team is able to meet 10-hours/week of programming requirements. In many cases exceeded10 hours/week out of cell activities for patients in acute care housing. However, there are patients (please see data below in the table) who did not attend 10 hours/week groups but groups were offered, encouraged and incentives were provided to attend programming.
6. Psychosocial Rehabilitation programming hours are further extended due to recruitment of psychosocial rehabilitation therapist tech.
7. A new Group as described below is added to the psychosocial rehab. Programming named “Life Skills”.
8. Treatment Planning: The Behavioral and Psychiatric team is presenting to Dr. Metzner’s for his review and approval of the following methodology for conducting the treatment planning. After careful consideration and experimentation with traditional vs. the following method, treatment planning with following method was implemented. This appears to have significant advantages and benefit for faster paced and shorter term/longer term patients who are incarcerated in single cell type of housing. This system is currently applied and if approved further enhancement of the program will be conducted. Traditional treatment planning and process requires treatment team to prepare an initial treatment plan with subsequent comprehensive treatment planning in 30 days for patients housed in single cells. It was considered that this traditional approach may cause many patients to miss an opportunity to receive psychiatric treatment planning and staffing, a much needed weekly review, due to the goal of rapid stabilization and transition of care to least restrictive setting for treatment. This is subjected to Dr. Metzner approval. Following provides the details of the program:

9. <u>Psychiatric Treatment Planning</u>

Considering Crisis Stabilization Program and Acute Care Program goals of rapid stabilization and rapid transition of patients from CBO (Single cells) to least restrictive setting for the treatment, Treatment Teams review all patients housed in Crisis

Stabilization program, Acute Care Program as following:

a) All patients who receive Psychiatric Evaluation and Evidence Based Suicide Risk Assessment and Management also receive initial treatment planning. Additionally:
b) Crisis Stabilization Program: Daily review and discussion of all patients who are housed at Crisis Stabilization Program and those who were discharge from Crisis Stabilization Program but require at least two follow ups after discontinuation of suicide precaution in a week period of time.
c) Acute Care Program: Weekly review of all patients who are housed in Acute Care Program by treatment team. DSO staff makes observational rounds and notes/share weekly report with the MH staff. Decisions are made regarding further psychosocial rehab activity referrals and housing assignments. Clinically, psychiatric team discusses patients' clinical or behavioral issues.
d) Treatment teams also discuss any patient who is having increase in symptoms, requiring transfer to higher level of care, any other clinical or management issue during staffing.
e) By conducting Treatment Planning staffing in this particular weekly manner following is noted:
    1. Patients' treatment team is able to provide psychiatric care in a timely manner.
    2. Treatment team is able to address clinical and psychiatric needs of the patients in a timely manner.
    3. Patients are able to receive compliant resolution in a timely manner.
    4. Treatment teams are able to deliver higher quality of care.
    5. This also appears to have significant impact in LOS and resulted in reduced length of stay from 17 days to 7 days for patients housed in single cells or Acute Care Program.
    6. Clinically it is noted that patients has rapid stabilization, improvement of severity of psychiatric illness and suffering in shorter period of time.
    7. This process improved effectiveness and efficiency of the health care.
    8. Treatment team is able to address medication issues as well as sick call request for both health care and DSO related in coordination in a timely manner.
    9. Able to reduce the number of CBO beds.
    10. Provides an opportunity to establish clinical intervention and prevent any transfer to higher level of care in a timely manner.
    11. Reorganize Forensic patients to provide step down unit for forensic patients with rapid stabilization.
    12. Treatment teams are able to achieve higher rate of cooperation and

adherence to treatment from the patients.

13. Template for progress notes is designed to provide an opportunity to the patients' provider to document patient's progress upon each providers encounter towards clinical goals based upon measurable clinical responses.

f) Community meetings are conducted weekly in step down sub-acute care or OBO setting.
g) As recommended, Psychiatric providers also attend Community meetings.
h) Quality of community meetings has been further improved by supervision and training.

Currently, the following Psychosocial Rehab Programs are organized to patients at Dallas County Jail:

"Day Room" group activities for high-risk patients:

Groups include under the Category of "Impaired Executive Functioning Improvement Group activities."

a. Day Room Lunch Program
b. Basic Life Skill Training program (Activities of daily living, cell cleaning, keeping things organized)
c. Rise-n-Shine (Personal Hygiene and grooming)
d. Religious Program-Church

i) Other groups provided to qualified CBO patients, both male and female, to participate in multipurpose rooms or in gym include:

1) COPSD: Educational class for patients diagnosed with mental disorder and substance use problems.
(Best for patients with significant drug/alcohol problems and mental illness)

2) WRAP: Educational class focused on how to stay well/healthy by making specific plans to deal with problems and crisis.
(Best for patients with Chronic Severe Mental Illness, NOT primarily Antisocial)

3) Anger Management: Educational class to learn how to express/manage anger in a healthier way.
(Best for patients with relationship problems, charges related to assault/injury/abuse, history of aggression)

4) Stress Management: Educational class to learn healthier ways to cope with stress.
(Best for patients with depression, anxiety, history of trauma, lots of life stressors)

5) Healthy Relationships: Educational class designed to equip patients with learning tools and skill-building techniques necessary to build healthy relationships.
(Best for people with history of poor relationships, limited social support, divorce, family problems)

6) Process Group: Open-ended therapy group to address daily concerns inside and outside of jail. Intended to address patient concerns and elicit feedback from peers.
(Best for "high-functioning" patients who have insight into their problems and donot need structure)

7) Think Again: Educational class to learn how to modify unhealthy thought and emotion patterns and learn healthy problem-solving skills to prevent future criminal behavior.
(Best for patients with extensive criminal/legal history, antisocial personality, high recidivism)

8) Way to Happiness: Educational class focused on teaching "common sense values" and general concepts of "right and wrong."
(Relevant for most patients)

9) Community Resources: Class designed to connect patients with community resources they may need after they are released.
(Primarily relevant for patients who will be released in near future, NOT for patients who are looking at lengthy sentences or will not be released for a long time.)

10)Therapeutic Art Program: This program provides patients' opportunity to express internal feelings in a positive way and establish "substitution" as a coping skill.

11) Academic Art Program: This program is an approved credit course provided by El Centro College in Dallas. This program provides patients an opportunity to learn and earn credits hours towards education and an incentive to continue to pursue a career in the Arts after release from Jail.

12) Therapeutic Recreational Program: This program provides stress management, team building, problem solving skills, planning and coordination skills, visual-motor skills, coordination, coaching, safety, respect for self and others, positive ways to spend leisure time, improves self-esteem, sense of responsibility and physical exercise.

13) Incentive Program: This program is structured for re-enforcement of positive behaviors such as demonstrating of self control and not displaying of aggression, maintaining self-motivated personal hygiene and clean environment, cooperating with staff and following rules.

14) Barber Program: Seriously mentally ill patients are provided this opportunity to

take an interest in improvement of personal grooming.

15) Vocational Program: This program is structured to improve awareness of the importance of a cleaner living environment, learn basic skills to improve environment, practice environmental cleaning skills, improve self-esteem, acquire vocation skills, team work, and healthy living skills.

16) Religious Programs: Engagement of patient in religious group activities is provided through Church Services. This provides patients an opportunity to learn and practice basic life values, re-enforces religious and spiritual strengths, to provide incentives to lead a safe and prosocial life and awareness of community religious resources.

17) Library Program: This program is structured to provide a library environment so that patients become motivated to learn and enrich their personal knowledge, awareness of current events, check out and return books, increase self-respect and respect of others, learn to function and follow rules, show responsibility, engage in positive leisure activity, and self coaching.

18) **Life Skills:** The Life Skills program is provided directly in the "tank" for patients housed in Acute Care. The target population includes those patients who are unable or unwilling to participate in groups outside of the tank. Cell doors are opened, and patients are encouraged to come into the dayroom to participate. However, patients are also allowed to stay in the cell during the group, as well as return to the cell at any point he or she becomes uncomfortable and chooses to leave the dayroom. Cell doors remain open throughout the session. Topics covered include basic mental health education, hygiene and grooming, social skills, and other basic life skills. Additionally, activities such as art and music appreciation will be facilitated.

Psychosocial Rehabilitative Therapeutic Programming Database Analysis

1) During the period of November-December 2010 and January 2011, there were 351 patients who received Behavioral and Psychiatric Services through Acute Care Program or Closed Behavioral Observation Housing.
2) Average Length of stay in Acute Care Program is determined as 7 days.
3) Total number of patients scheduled for therapy=3048.
4) Total numbers of hours schedule for programming=7610.
5) Total hours of therapy provided=7332.
6) Patients refused to attend or declined to attend when class was offered=333 (16%).
7) Patient absent for valid reasons (court, medical appointments etc) =194 (58%).
8) Estimated hours of therapies provided=11.2 hours per patient.
9) Estimated number of male patients received 10 hours per week programming=92%.
10) Estimated number of female patients received 10 hours per week

programming=94%.

11) Please see the table for Psychosocial Rehabilitative Programming:

Psychosocial Rehabilitative Programming	
Total # of Patients Scheduled	3048
Total Hours Scheduled	7610
Total Hours Provided	7332
Total patients Refused	333
Patient who have Valid Reason not to attend Group	194
Total # of Admission at CBO	351
Estimated hours of per week Therapy	11.2
Estimated # of male patients received 10 hours per week of therapy	91%
Estimated # of female patients received 10 hours per week of therapy	94%

Reasons for Excuse from Groups	
Reasons	Percentage
Court	36%
Sick	9%
Medical Appointment	13%
Security	19%
Dental Appointment	10%
Law Lib	5%
Other Unspecified	8%

Psychosocial Rehabilitation Program Offered at Dallas County Jail
Activity
Art-Elcentro
Barber Program
Gym
Library
Lunch
Recreation
Sanitation
Yoga
Groups
Anger Management
Awareness
Community Resources
COPSD
Discharge Planning
Educational Video
Healthy Relationship
Process Group
Stress management
Think Again
The Way to Happiness
WRAP

Restraint Management Program

Behavioral and Psychiatric Services in conjunction with Sheriff Department implemented a Restraint Elimination Program at Dallas County Jail. This program has been very successful in significantly reducing total number of incidents of restraint and number of hour patient stays in restraint. The goal of the treatment teams is to reduce traumatization of the incarcerated mentally ill patients, reduce use of force, establish and foster a culture of mutual respect and safety, establish a system that allows patients to gracefully back down from aggressive behaviors, design a system that improves patients and staff safety, recues staff and patients' injuries associated with restraint and ultimately, establish a restraint free therapeutic milieu. As reported before, critical steps in restraint eliminations program are as following:

1) Establishing a standard procedure for restraint management.
2) Engagement of leadership staff in Restraint Management.
3) Review of all incidents of restraint and implementation of action steps necessary for reducing patient aggression and management.
4) Improvement of psychiatric services timeliness of psychiatric treatment and interventions.
5) Requirement of a Sheriff's supervisor to be present at the time of use of force.
6) Video recording when feasible during application of use of force.
7) Staff training, education and discussion.
8) Changing culture and establishing a therapeutic milieu with focus on patient care and welfare.
9) Engaging patients in psychosocial rehabilitation program.

Restraint Management Performance Improvement

Statements of the issue being studied:

1) Restraint shall only be applied according to Texas Administrative Code and procedure at Dallas County Jail.
2) Duration of Restraint shall not exceed two hours.
3) Clinical justification was noted if the restraint exceeded over two hours.
4) Health Care staff completes a patient assessment upon application of restraint to ensure safety of patient.

Method:

1) The list of all incidents of restraint is kept in a Sheriff Department incident book.
2) Restraint incident report is collected from Sheriff Department incident book by mental health staff and is entered into a log and database.
3) Qualified and trained Behavioral and Psychiatric Services staff reviews all incidents and records variables as established in performance improvement audit tool.
4) All incidents of restraint are reviewed for Performance Improvement purpose.

Data Analysis and Results:

1) During November-December 2010 and January 2011 there are only 19 incidents of Restraints.
2) None of the Restraint resulted in any significant negative outcome or injury to the patients.
3) There was no restraint that exceeded 2 hours limit that is specified in policy and procedure. (Texas Administrative Code allows up to 24 hours of continuous application of restraint).

Restraint Management Audit and Data Analysis November-December 2010 and January 2011	
n=	19
Chair	16
Hand Cuffs Applied	3
# of Non-Mentally Ill in Restraint	6
# of Patients on Detox	0
# of Patients Restraint when in PAP	0
# of Mentally Ill Restraint	10
# of incidents when Emergency Medications Administered	0
Restraint >2	0
Total hours of Restraint during 90 days	210 minutes
% of Nursing Staff monitoring and Assessment	100%

February 2011 Metzner assessment: Compliance has been achieved re: out of cell structured therapeutic activities for inmates in the CBO units.

The number of inmates in CBO tanks who are receiving very little out of cell structured therapeutic programming for prolonged periods of time was reported to have significantly decreased since the last site visit.

Data provided relevant to inmates being transferred to the state hospital included the following information:

State Hospital Tracking as of 2/8/11						
# Clients Waiting for State Hospital Bed						
		Total Felony	62			
		Total Misd	29			
		Total Both	4			
		Total	95			
# Days that Clients are Waiting for State Hospital Bed						
		0-30 DAYS	14			
		31-60 DAYS	22			
		61-90 DAYS	22			

		91-120 DAYS	15			
		121-150 DAYS	12			
		151-180 DAYS	4			
		181 AND UP	6			
		Total	95			
# Clients Returned from Hospitals (Active List)						
		Felony Clients	33			
		Misdemeanor Clients	1			
		Felony & Misdemeanor	2			
		Total	36			
# Days since Client Returned from hospital						
		0-30 DAYS	5			
		31-60 DAYS	6			
		61-90 DAYS	7			
		91-120 DAYS	2			
		121-150 DAYS	2			
		151-180 DAYS	1			
		181 AND UP	13			
Currently In State Hospital						
					%	
		Felony	147		86.98	
		Misd	20		11.83	
		Felony & Misdemeanor	2		1.183	
		Total	169			

The infrequent use of restraints for mental health purposes remains impressive.

My previous site assessment report included the following:

> A treatment team concept needs to be implemented for inmates in the crisis cells and the CBO units. The treatment team should include custody staff.
>
> Comprehensive treatment planning is needed to for longer stay inmates in the CBO, especially for those who are overtly psychotic, medication non-adherent and/or not being offered or participating in out of cell structured therapeutic activities.

Refer to Item B.2.a. for my findings and recommendations re: treatment planning. During the morning of February 23, 2011, I observed a community meeting in the acute care step-down unit (OBO) as well as an anger management group. Inmates in the community meeting confirmed that medication management issues were minimal and that their access to the prescribers was good. The anger management group was well run by the clinician.

February 2011 recommendations: Maintain the compliance re: out of cell structured therapeutic activities for inmates in the CBO units.

Remedial Measure of Agreed Order

3. Chronic care

Item A.3.a.

DCJ shall adopt and implement a system to track inmates with serious and/or chronic illnesses, including mental illnesses, to ensure that these inmates receive necessary diagnosis, monitoring and treatment.

Compliance Assessment: Sustained compliance with the tracking element. Compliance with the "to ensure that these inmates receive necessary diagnosis, monitoring and treatment" provision.

Factual Findings:

Sources of information: Information obtained from staff, review of relevant data bases and review of the February 2011 DCJ mental health report.

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1) Patients housed in general population or psychiatric Chronic Care Mobile teams serve Chronic Care Program.
2) Another provider was added to the Chronic Care Team.
3) Patients are provided comprehensive follow-up care according to acuity level not to exceed 90 days.
4) Chronic Care delivery and clinical quality of care has significantly improved. Performance improvement audits consistently indicates that Chronic Care Teams are providing a higher quality of care to the patients that includes:
    a. N=258
    b. Timely assessment 94% of the time.
    c. Clinical diagnoses made with sound clinical judgment and documentation of the history or sign and symptoms appropriately 96% of the time.
    d. Medications renewal is completed in a timely manner 98% of the time.

e. Follow-up is provided in a timely manner-on the day of appointment 86% of the time, within 72 hours of the appointment 8% of the time, > than 72 hours but<7 days 4.4% of the time and >7 days but < than 10 days 1.6% of the time.
f. Patients' medication(s) prescription was consistent with the diagnosis and/or signs-symptoms as documented in medical record 96% of the time.
g. Patients' care was coordinated with medical team or DSO as clinically indicated 92% of the time.
h. Labs were ordered per medications monitoring protocol 100% of the time.
i. Labs were followed-up within 24 hours of result availability 90% of the time,>24 hours but within 72 hours 5% of the time and >72 hours but < than 7 days 4% of the time. 1% labs were delayed in follow-up >7 days but < 10 days.
j. Performance Improvement studies are conducted to monitor above mentioned progress.

Parkland Jail Health – IT Updates

1.PEARL EMR:

- EMR system is functioning in a stable fashion.
- There are no major changes are considered at this time.
- Enhancement and quality improvement work has been continued in various areas.
- There have been no major system issues that are affecting patients' care.
- Dallas County Jail Health Management and IT team continue to consider and perform quality improvement work. Downtime processes have been effectively established.

PEARL Slowness issue:

This issue has not negatively impacted in providing clinical care. The issue recognized is that a few seconds delay is noted in opening a document. IT team has conducted an assessment. Causes identified and are being fixed by the vendor. While the issue is being addressed, PEARL access through Citrix has been given to the Providers and some Nursing staff. We are working on getting Citrix access for all Staff. PEARL works faster when accessed through Citrix.

Triggers for Decision trees:

To further improve EMR efficiency Triggers are being programmed into the decision trees so when certain items are checked the corresponding orders are automatically placed based on the clinical practice guidelines. (I.e.: Labs, Follow-up visits, referrals, etc).

PEARL Documentation @ Intake:
Pearl is used to document intake screening for patients who have been to the jail in the past. Referrals to MAP, PAP, OB, HIV, Crisis, etc are done at the time of the screening directly into the EMR. The patients are admitted into PEARL using a temporary Book-in number and the screening is performed. Once the admission message comes from AIS (ADT feed) the temporary number is replaced by the new book-in number.

2. CIPS (Pharmacy Management System):

Stable. There is a requested of enhancements to the CIPS application. We have added a field in CIPS to enter PEARL Rx number. This will help connect the PEARL order to the CIPS order and enable better tracking of orders and timeliness. A reporting mechanism to prevent medications drop off and a Report to track dropped off meds has been developed and is being tested.

3. Talyst (Medication Packager): Stable

4. Accuflo (eMAR):

Accuflo was implemented in all locations including outside jails. Wireless access points installed in all medication rooms for frequent syncing of carts.

Requested enhancements to improve speed of the application, Display actual med admin time on the MAR, and Move routine, KOP and PRN Meds to same screen under different headers rather than different tabs. Quality assurance and improvement work is continued in areas of updates, bug fixing etc.

5. Reports: Since the data is transferable to Excel from Pearl, various databases and quality assurance are manageable effectively. However, progress is being made towards establishing standing reports. Reporting Server for PEARL, CIPS and Accuflo are being setup by IT teams.

February 2011 Metzner assessment: As per DCJ update. The referenced QI studies demonstrate compliance with the provision that "these inmates receive necessary diagnosis, monitoring and treatment."

February 2011 recommendations: Continue with the above QI process.

Remedial Measure of Agreed Order

Item A.3.b.

DCJ 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 twenty-four hours of an inmate's arrival at the facility, or sooner if medically necessary, the County shall decide whether to continue the same or comparable medication for serious medical needs as an inmate reports on arrival that she or he has been prescribed. If the inmate's reported medication is discontinued or changed by medical staff, medical staff shall evaluate the inmate face-to-face as soon as medically appropriate. The County shall develop and implement a protocol and screening tool to guide staff in gathering necessary information and present such information to medical staff for medication continuity decisions.

& 5. Access to Health Care

Items A.5 a-d

DCJ shall ensure that inmates have adequate access to appropriate health care.
DCJ shall ensure that the medical request ("sick call") process for inmates is adequate and facilitates adequate access to medical/mental healthcare.

The sick call process shall include procedures for logging, tracking, and timely responses by medical staff.

DCJ shall develop and implement an effective system for triaging sick call requests based upon the urgency of the medical issue.

Compliance Assessment: Sustained compliance with the sick call process. Compliance with Item A.3.b., which will in the future be monitored via Items A.8.a-b.

Factual Findings:

Sources of information: Review of past site assessment reports, information obtained from staff, interviews with inmates, review of health care records and review of the February 2011 DCJ mental health report.

February 2011 Dallas County Jail Health Care Team Response:

1) For the item A.3.b (Medications Management-Please see section for Performance Improvement studies and results).

2) Item A.5. a-d is presented in this section.

3) To improve and ensure continuous access to care and non-emergency request for care management, the leadership staff continue to conduct random rounds at various location and housing unit at in jail. This facilitated an overall improvement in non-emergency request of care management.
4) Additionally, Nursing, Medical and Mental Health supervisors monitored non-emergency request for care process on a day to day basis to address any issues

and ensured completion of delivery of services in a timely manner with improved quality. This is reflected in databases and performance improvement audits.

5) Lockable sick call boxes clearly identified as "Medical" have been installed in all jails except West Tower.
6) In West Tower Clerical staff continues to collect kites directly from the cells. The Sick Call Boxes are in the process of installation in West Tower as well. There have no issues or complains voiced by patients regarding kites collection.
7) The database for all kites is maintained to ensure daily kites collection is logged.
8) Databases are maintained which provide essential information regarding acuity level, tracking, triaging, and timeliness of health care provided to patient in response to sick call request. Also, Performance Improvement audits have been performed.
9) PEARL is used across the system to document responses to kites instead of scanning. This process improves staff ability to have a reminder for kite management and track patients in case of transfer. This is found to be very beneficial and effective.
10) Non Emergency Request for Care (Kite) Management system was implemented throughout all Dallas County Jail facilities.
11) Non Emergency Requests for Care (Kites) are collected by Health Care Staff from all facilities, floor, and housing units at least once a day. The kite collection data log is maintained to ensure all areas of jail has access to kites at least once a day.
12) Additionally, during nursing medications pass twice a day, LVNs also collects kites if any inmate wishes to submit a kite.
13) Database has been continued and all kites received are entered into the database.
14) Data has been monitored and analyzed for the all (medical, dental and mental health combined as well as specific to Behavioral and Psychiatric Services.
15) In the Excel workbook, kites logs are presented for all kites as well as for mental health kites.
16) Following data is pertinent to Behavioral and Psychiatric Services non-emergency request for care management:

    a. Total of 3053 kites were submitted to Behavioral and Psychiatric Services during the month of November, December 2010 and January 2011.
    b. 538 did not have complete data such as missing written at, incorrect date etc and are audited manually. All the others are audit using database analysis,
    c. Aggregated data for the quarter indicates (1%) were triaged as Emergent Kites.
    d. Aggregated data for the quarter indicates (4 %) kites were triaged as Urgent Kites.
    e. Aggregated data for the quarter indicates (95%) kites were triaged as routine.
    f. Please see following table for additional data.

Kite Type	**Percentage**	Days of Completion
Emergent	1	99% completed same day
Urgent	4	94 % completed within same day
Routine	95	98% completed within 7 days

Days from Receive to Close	**Percentage**
0	17
1	15
2	11
3	14
4	9
5	15
6	10
7	6
Other Incomplete data and completed >7 to < 18 days	2

February 2011 Metzner assessment: As per DCJ update. Sustained compliance is present.

February 2011 recommendations: Continue to monitor.

Remedial Measure of Agreed Order

7) Record Keeping

Items A.7.a-c

DCJ shall ensure that medical records are maintained consistent with generally accepted professional standards of care.

DCJ shall ensure that DCJ medical and mental health records are centralized, complete, and accurate. To ensure continuity of care, medical record information shall be submitted to outside medical providers when inmates are sent out of the Jail for medical care, and reports and records from those providers will be returned with the inmates to

the Jail.

DCJ shall maintain unified medical and mental health records including documentation of inmates' psychiatric histories and individual mental health assessments.

Compliance Assessment: Compliance

Factual Findings:

Sources of information: Information obtained from staff, review of healthcare records and review of the February 2011 DCJ mental health report.

September 2010 Metzner assessment: As above. AccuFlo was rolled out April 5, 2010. PEARL was rolled out May 11, 2010.

1. Initial mental health evaluations did not always include a completed "formulation" section.

2. Progress notes relevant to crisis unit inmates who were reviewed by the treatment team frequently did not include adequate documentation concerning the content of the review, plan of intervention and the rationale for the intervention.

3. Treatment plans were lacking. Comprehensive treatment plans should be done for inmates in the CBO who have lengths of stay > 14 days and for other inmates with difficult courses of treatment (e.g. repeated admissions to crisis cells).

Recommendations:

1. As per A.3 a.

2. Remedy the above documentation issues.

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1) Please see response and action steps as described under section A.3.a.
2) In response to Dr. Metzner's recommendations as indicated above performance improvement audits were conducted and result of audits are as following:

    A) Initial mental health evaluations did not always include a completed "formulation" section.

        Response:
        Initial mental health evaluations were audited for "formulation" 93% of the initial evaluation has a complete formulation.

B) Progress notes relevant to crisis unit inmates who were reviewed by the treatment team frequently did not include adequate documentation concerning the content of the review, plan of intervention and the rationale for the intervention.

Response:
Comprehensive Evidence Based Suicide Risk Assessment and Management were audited. Plan of interventions were found to be relevant and adequate in 97% of the charts.

C) Treatment plans were lacking. Comprehensive treatment plans should be done for inmates in the CBO who have lengths of stay > 14 days and for other inmates with difficult courses of treatment (e.g. repeated admissions to crisis cells).

Response:

Please see section *Item A.2.a-b and following:*

Psychiatric Treatment Planning

Considering Crisis Stabilization Program and Acute Care Program goals of rapid stabilization and rapid transition of patients from CBO (Single cells) to least restrictive setting for the treatment, Treatment Teams review all patients in more frequently in following intervals:

a) All patients who receive Psychiatric Evaluation and Evidence Based Suicide Risk Assessment and Management also receive initial treatment planning. Additionally:
b) Crisis Stabilization Program: Daily review and discussion of all patients who are housed at Crisis Stabilization Program and those who were discharge from Crisis Stabilization Program but require at least two follow ups after discontinuation of suicide precaution in a week period of time.
c) Acute Care Program: Weekly review of all patients who are housed in Acute Care Program by treatment team. DSO staff makes observational rounds and notes/share weekly report with the MH staff. Decisions are made regarding further psychosocial rehab activity referrals and housing assignments. Clinically, psychiatric team discusses patients' clinical or behavioral issues.
d) Treatment teams also discuss any patient who is having increase in symptoms, requiring transfer to higher level of care, any other clinical or management issue during staffing.
e) By conducting Treatment Planning staffing in this particular weekly manner following is noted:

a. Patients' treatment team is able to provide psychiatric care in a timely manner.
b. Treatment team is able to address clinical and psychiatric needs of the patients in a timely manner.
c. Patients are able to receive compliant resolution in a timely manner.
d. Treatment teams are able to deliver higher quality of care.
e. This also appears to have significant impact in LOS and resulted in reduced length of stay from 17 days to 9 days for patients housed in single cells or Acute Care Program.
f. Clinically it is noted that patients has rapid stabilization, improvement of severity of psychiatric illness and suffering in shorter period of time.
g. This process improved effectiveness and efficiency of the health care.
h. Treatment team is able to address medication issues as well as sick call request for both health care and DSO related in coordination in a timely manner.
i. Able to reduce the number of CBO beds.
j. Provides an opportunity to establish clinical intervention and prevent any transfer to higher level of care in a timely manner.
k. Reorganize Forensic patients to provide step down unit for forensic patients with rapid stabilization.
l. Treatment teams are able to achieve higher rate of cooperation and adherence to treatment from the patients.

f) Community meetings are conducted weekly in step down sub-acute care or OBO setting.
g) As recommended, Psychiatric providers also attend Community meetings.
h) Quality if community meetings has been further improved by supervision and training.

February 2011 Metzner assessment: The issues regarding initial mental health evaluations not always including a completed "formulation" section has been remedied. Similarly, issues relevant to progress notes pertinent to crisis unit inmates who were reviewed by the treatment team frequently not including adequate documentation concerning the content of the review, plan of intervention and the rationale for the intervention has also been remedied.

Issues relevant to treatment plans will be monitored via Item A.3a. and no longer in this section of the Agreed Order.

February 2011 recommendations: Continue to monitor.

Remedial Measure of Agreed Order:

8. Medication Administration

Items A.8.a-b.

DCJ shall ensure that treatment and administration of medication to inmates is implemented in accordance with generally accepted professional standards of care. DCJ shall develop policies and procedures for the accurate administration of medication and maintenance of medication records. DCJ 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.

DCJ shall ensure that medication administration is hygienic and recorded concurrently with administration.

Compliance Assessment: Compliance.

Factual Findings:

Sources of information: Information obtained from staff, observation of the medication administration process on the 3rd floor of the West Tower, interviews with inmates and review of the February 2011 DCJ mental health report

September 2010 Metzner assessment: The quantity and quality of the medication management QI studies are impressive. I reviewed the discharge medication log, which did document that inmates were receiving discharge medications although the log did not document the percentage of inmate with scheduled releases who received discharge medications. A QI re: discharge medications should eventually assess such a percentage.

QI studies should also eventually address medication non-adherence issues.

The most significant medication management issue identified appears to be the delay in inmates actually receiving medications that have initially been prescribed to them. These delays should be remedied with the anticipated hiring of additional pharmacy staff.

Recommendation: As above.

February 2011Dallas County Jail Health Care Team -Action Steps and Response

Medications Management

1) The medications delivery process was studied and improved and has been very effective. Increasing number of pharmacy staffing and improving efficiency of the processes has significantly improved the medications management process.

2) Performance Improvement audits and databases indicates that on an average 93.3% of the patients received medications within 24 hours of medications prescription and remaining patients 6.7% received medications within 72 hours of prescription. It is a very common observation that patient not receiving a medication beyond 72 hours is an exception and generally due to other causes such as clarification of the order requested or non-formulary form needs to be completed etc.
3) 91.24 % of all mentally ill patients who were on medications and were released according to scheduled released at 9:00 AM received/offered medications.
4) Patients who were released to Dual Diagnosis Program, Wilmer Program received medication and prescription 100% of the time. This is achieved by ensuring and coordinating a mechanism of in advance notification of court order.
5) Medication non-adherence is being managed by establishing special housing for acute mentally ill male and female.
6) Patients are referred to court promptly for adjudication and to obtain a court order for compelling medications.
7) These patients are consistently offered medications and encouraged to comply with treatment.
8) Furthermore, patients who are non-adherent to medications are frequently reviewed and evaluated by mental health staff. Patients who are non-adherent are also reviewed in weekly treatment team meetings.
9) Patients who are housed in Acute Care Program and refused medications were referred to a psychiatric provider 96% of the time.
10) MH staff provided follow-up 91% of the time after third refusal. However, a psychiatric provider evaluates almost all seriously mentally ill patients with acute symptoms every 7-10 days.
11) It was found that most patients do not refuse medications in a consistent and consecutive fashion, rather sporadically. Most serious mentally ill patients who consistently refuse medications are housed in specific housing units and regularly received rounding, encouragement, medication educations and incentive to comply with medications.
12) IT team continues to enhance efficiency and effectiveness of PEARL, CIPS, Accuflo and Talyst.
13) Performance Improvement studies for medications management for released patients and for those who refuse medications also have been conducted.
14) Texas Department of State Health Services discontinued TIMAP. This eliminated the advantage of continuity of pharmacology management within the public mental health system. It is currently only used as a guidelines similar to APA practice guidelines. However, it is still an incorporated tool for measuring progress of the patient and making medications adjustment according to the objective clinical response.

15) There has been no incident of any major disruption of medications distribution.

Medications Management System

Performance Improvement Study and Data Analysis

1) The Performance Improvement studies performed to ensure most standards of psychopharmacological management of the patients can be studied.
2) Studies are presented respective to the Psychiatric Programs.
3) Please see following three audits and data analysis:

Acute Care Program:

Statement of the issue:

1) Patients admitted to Behavioral and Psychiatric Services were evaluated in a timely manner.
2) Patients admitted to Behavioral and Psychiatric Services received prescribed medications in a timely manner.
3) Patients who were booked-in at Dallas County jail and were on medications received medications continuity in a timely manner.
4) Patients shall receive follow-up care in a timely manner.
5) Patients for Acute Care Program (CBO), Intermediate Care Program (OBO)and Chronic Care Program (GP) were studied separately and results are also presented separately.

Methodology:

By using a Randomizer (software that randomizes), 51 Book-in numbers of inmates from central intake screening log and Behavioral and Psychiatric Services acute care roster, pharmacy management data and AIS log were randomly assigned and all Electronic Medical Records/databases were reviewed for variables as listed in the table.

Data Analysis and Results:

1) Number of patients studied=51 male and female.
2) Number of patient on Psychoactive Mediations or recent history of prescription of medications upon Book-in= 38(74%).
3) Number of patients referred from Central Intake presented without any recent history of medications prescription =13 (26%).
4) Average days for provider to patients encounter for patients referred from Central Intake=1.2 days.
5) Average days for patient to receive medications from when it was prescribed=

42% of the patients received medications same day of prescription, 56% of patient received medications within 24 hours and 2% within <36 hours.

6) 97 % of the patient received follow-up provider encounter according to the appointment.
7) 3 % patient received follow-up encounter within <7 days of the appointment time.
8) 100% of the patients received medications renewal in a timely manner without any disruption.
9) Please see following table.

Psychoactive Medications Management-Performance Improvement		
	Number of Patients	Percentage
Number of Patients Studied, *n*=	51	
Number of patients reported to be on medications upon Book-in	38	74%
Number of patients on no psychoactive medications at Book-in	13	26%
Average day(s) for provider's encounter with patient	1.2 days	
% of Average timelines of for patient to receive medication(s) from when prescribed	42% same day, 56% within 24 hours and 2% within<36 hours	
% of patients received provider follow-up per appointment	97%	
Number of patients received follow-up encounter within <7 days of appointment	3%	

Performance Improvement Study:

Intermediate Care Program (OBO):

Statements of the issue being studied:

1) Patients admitted to Behavioral and Psychiatric Services were evaluated in a timely manner.
2) Patients admitted to Behavioral and Psychiatric Services received prescribed medications in a timely manner.
3) Patients who were booked-in at Dallas County jail and were on medications received medications continuity in a timely manner.
4) Patients shall receive follow-up care in a timely manner.

Methodology:

By using a Randomizer (software that randomizes), 157of male and female Book-in numbers of inmates from central intake screening log and Behavioral and Psychiatric Services, intermediate care program roster, pharmacy management data and AIS log were randomly assigned and all Electronic Medical Records/databaseswere reviewed for variables as listed in the table.

Data Analysis and Results:

1) Number of patients studied=157.
2) Number of patient on Psychoactive Mediations or recent history of prescription compliance with medications upon Book-in=101(64%).
3) Number of patients referred from Central Intake who reported symptoms but no prior history of taking medications prior to incarceration =42 (26%).
4) Number of patients who had past history of prescription of psychoactive medications= 14(10%)
5) Average days for provider to patients encounter for patients referred from Central Intake=1.8 days.
6) 91% of all patients in OBO were evaluated within 72 hours.
7) 9% patients were seen >72 hours and < 7 days of book-in and
8) 1% of the patients were seen by mental health staff within >7 <13 days of referral.
9) Average days for patient to receive medications from when it was prescribed=86% same day or within 24 hours, and 14%received medications within <36 hours.
10) 93 % of the patient received follow-up provider encounter according to the appointment.
11) 5 % patient received follow-up encounter within <7 days of the appointment time.
12) 2% patients received follow-up >7<14 days.
13) 100% of the patients received medications renewal in a timely manner without any disruption.
14) Please see following table.

Psychoactive Medications Management-Performance Improvement		
	Number of Patients	Percentage
Number of Patients Studied, *n*=	157	
Number of patients reported to be on medications or has recent history of medications prescription compliance upon Book-in	101	64%
Number of patients reported symptoms of mental illness but no treatment history	42	26%

upon Book-in		
Number of patients reported past history of taking medications upon Book-in	14	10%
Average day(s) for provider's encounter with patient	91% were seen within 72 hrs., 9% were seen >72 hrs.,<7 days 1% were seen >7 and <14 days	
Average day(s) for patient to receive medication(s) from when prescribed	1.8 days	
% of patients received provider follow-up per appointment	93%	
% of patients received provider follow-up encounter >72 hrs., and < 7 days of appointment	5%	
Number of patients received follow-up encounter within >7<14 days of appointment	2%	

Performance Improvement Study

Chronic Care Program

Statements of the issue being studied:

1) The result of this study is also reported under the section of Chronic Care.
2) Patients admitted to Behavioral and Psychiatric Services were evaluated in a timely manner.
3) Patients admitted to Behavioral and Psychiatric Services received prescribed medications in a timely manner.
4) Patients who were booked-in at Dallas County jail and were on medications received medications continuity in a timely manner.
5) Patients shall receive follow-up care in a timely manner.

Methodology:

By using a Randomizer (software that randomizes), 258 of male and female Book-in numbers of inmates from central intake screening log and Behavioral and Psychiatric Services chronic care roster, pharmacy management data and AIS log were randomly assigned and all Electronic Medical Records/databaseswere reviewed for variables as listed in the table.

Performance Improvement Data: Please see attached Excel workbook.

Data Analysis and Results:

a. N=258
b. Timely initial assessment 94% of the time.
c. Clinical diagnoses made with sound clinical judgment and documentation of the history or sign and symptoms appropriately 96% of the time.
d. Medications renewal is completed in a timely manner 98% of the time.
e. Follow-up is provided in a timely manner-on the day of appointment 86% of the time, within 72 hours of the appointment 8% of the time, > than 72 hours but<7 days 4.4% of the time and >7 days but < than 10 days 1.6% of the time.
f. Patients' medication(s) prescription was consistent with the diagnosis and/or signs-symptoms as documented in medical record 96% of the time.
g. Patients' care was coordinated with medical team or DSO as clinically indicated 92% of the time.
h. Labs were ordered per medications monitoring protocol 100% of the time.
i. Labs were followed-up within 24 hours of result availability 90% of the time, > 24 hours but within 72 hours 5% of the time and >72 hours but < than 7 days 4% of the time. 1% labs were delayed in follow-up >7 days but < 10 days.

Psychoactive Medications Management-Performance Improvement		
		Percentage
Number of Patients Studied, *n*=	258	
Clinical Diagnosis was established based upon history and sign and symptoms	96%	
Medications renewal is completed in a timely manner 98% of the time.	98%	
Follow-up timeliness	on the day of appointment 86% of the time, within 72 hours of the appointment 8% of the time, > than 72 hours but<7 days 4.4% of the time and >7 days but < than 10 days 1.6% of the time.	
Patients' medication(s) prescription was consistent with the diagnosis and/or signs-symptoms as documented in medical	96%	

record	
Patients' care was coordinated with medical team or DSO as clinically indicated	92%
Labs were ordered per medications monitoring protocol	100%
Labs were followed-up:	Within 24 hours of result availability 90% of the time, > 24 hours but within 72 hours 5% of the time and >72 hours but < than 7 days 4% of the time. 1% labs were delayed in follow-up >7 days but < 10 days.

Performance Improvement Study

Quality of Patients' Care and Management

Statements of the issue being studied:

1) This study of performance improvement was conducted in addition to all the other medications management studies performed and presented in above section.
2) Quality of psychoactive medications prescription and patients' management is studied for following aspect:

a. Psychoactive medications prescribed were consistent with diagnosis and target symptoms.
b. Dosages were appropriate.
c. Titration of medications, if indicated clinically, was appropriate and timey.
d. When psychotropic medications were prescribed, patients received standard medications protocol for monitoring.
e. Patients' response was recorded in EMR in a measurable format.

Methodology:

By using Randomizer (software that randomizes), 208 (combined for male and female patients from acute care program and intermediate care program) Book-in numbers of inmates from central intake screening log and Behavioral and Psychiatric Services roster, pharmacy data and AIS log were randomly assigned and all Electronic Medical Records/databases were

reviewed for variables as listed in the table.

Data Analysis and Results:

1) N=139 patients.
2) 100% of the patients have documentation of symptoms or past history of the symptoms/diagnosis or recent diagnosis that was consistent with the type of medications that was prescribed. (Psychotic symptoms for an antipsychotic medications etc). However it is to be noted that Remeron was also prescribed for sleep.
3) 100% of the medications prescribed were within the range of Parkland Health and Hospital System formulary including approved non-formulary medications.
4) 100% patients who were prescribed antipsychotic, antidepressant or mood stabilizers also receive an order for related lab monitoring protocols.
5) Lab was drawn for 92% patients in a timely manner.
6) 6% labs were not completed due to multiple reasons (released, refusal, sample collected in incorrect tube, sample error etc).
7) 95% of completed labs were followed-up by a provider within 3-7 days of the results in the record.
8) All psychiatric Progress notes have multiple measurable indicators for patient's response in progress notes directly entered in the Electronic Medical Record or at least one indicator in handwritten progress notes.
9) Please following table for more data:

Psychoactive Medication Performance Improvement Data		
Number of Charts Studied, n=	139	Percentage
%of patients who have a valid diagnosis/symptoms with matching medication(s)		100%
# of patients on medications within PHHS approved formulary dose range		100%
%of patients who were prescribed mood stabilizer, antidepressant and/or antipsychotics also received an order for lab monitoring protocol		100%
% of patient who received labs drawn in a timely manner		92%
% of patients who received a provider review of labs within 3-7 days		95%
%of patients with incomplete labs (released, refusal, sample errors etc)		6%

Performance Improvement Study

Statements of the issue being studied:

a. **Renewal of Medications:** Medications were renewed without any disruption.
b. **Continuity of Medications upon transfer:** Upon transfer of a patient, medications were continued without any disruption.

Methodology:

1) 78 patients' book-in numbers from medications expiration data and patients who were transferred from one location to another were randomly assigned by using Randomizer software and EMR records were reviewed for medications renewal in a timely manner.

Data Analysis and Results:

1) Data analysis indicated that 98% expiring medications were renewed on or prior to expiration and continued without any disruption. 2% patients' medications were renewed within 24-48 hours of expiration of medications.
2) 97% patients received continuity of medications without any interruption following a transfer from one location to another. This improvement appears to be the direct result of Talyst and Accuflo. 3% of the patients missed at least missed one dose upon transfer of the patient.
3) Please see following table for more data:

Medication Management-Performance Improvement		
	n=	Percentage
Medications Renewal Chart studied, n=	78	
%of patients' Medications Renewed prior to Expiration	78	100%
%of patients received medications without interruption upon transfer within jail		97% without any interruption and 3% missed at least one dose of medication

Performance Improvement Study

Statements of the issue being studied:

a. Continuity of Medications upon Release: When patients were released from Jail and were receiving medications also received medication/prescription.

Methodology:

1) A database was obtained from EMR, pharmacy database and AIS of patients who were at Dallas County Jail, were prescribed psychoactive medications and were released.
2) Database and audit was performed to review continuity of medications upon released from jail

Data Analysis and Results:

1) 91.24 % of all mentally ill patients who were on medications and were released according to scheduled released at 9:00 AM received/offered medications.
2) Patients who were released to Dual Diagnosis Program, Wilmer Program received medication and prescription 100% of the time. Ensuring and coordinating with court and advance notification of court order facilitated 100% compliance with this item.

February 2011 Metzner assessment: The hiring of additional pharmacy staff has remedied the previously reported delay in inmates actually receiving medications that have initially been prescribed to them. The comprehensive QI studies relevant to the medication management issues are impressive and document an effective medication management system.

February 2011 recommendations: Continue to monitor.

Remedial Measure of Agreed Order

9. Medical Facilities

Item A.9.a.

DCJ shall ensure that sufficient clinical space is available to provide inmates with adequate medical care services including: intake screening; sick call; physical assessment; and acute, chronic, emergency, and specialty medical care (such as for geriatric or pregnant inmates).

Compliance Assessment: Sustained compliance in the context of existing facilities. Partial compliance in the context of the planned new infirmary.

Factual Findings:

Sources of information: Information obtained from staff and direct observation of physical plant.

March/April 2010 Metzner assessment: Sustained compliance re: the use of the current physical plant in the context of its structural limitations. Partial compliance re: eventual construction of the new infirmary.

Recommendation: continue with construction plans.

September 2010 Metzner assessment: During the site visit we met with an architect from HDR, who provided a briefing re: the current status of the planned construction re: the new infirmary.

Recommendation: continue with construction plans.

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1) County has awarded contract to an Architecture firm who has began meetings with the DSO and PHHS teams.
2) West Tower remains a mental health services tower accommodating most mentally ill patients. Patients with the lowest acuity level are housed in general population.
3) Currently, Male and Female Crisis Stabilization Program, Acute Care Program, Intermediate Care Program is located in West Tower. The following provides the break down of the number of beds:

Behavioral and Psychiatric Services Programs	**Beds**
a. Crisis Stabilization Program-Male	16 beds
b. Crisis Stabilization Program-Female	16 beds
c. Acute Care Program-Male	128
d. Acute Care Program-Female	36
e. Intermediate Care Program-Male	448-flexible
f. Intermediate Care Program-Female	164-flexible
g. Chronic Care Program-Male and Female	General Population flexible(around 600)

February 2011 Metzner assessment: Unchanged from prior assessments.

February 2011 recommendations: Continue with construction plans.

Remedial Measure of Agreed Order

11. Staffing, Training, and Supervision

Items A.11a, c, d, and e.

DCJ shall provide adequate staffing and training of medical, mental health, and

correctional staff necessary to ensure that adequate medical and mental health care is provided.

DCJ shall ensure that services and procedures, such as medication administration and use of cut-down tools, are performed by nurses or other properly trained staff.

DCJ shall provide adequate numbers of correctional staff to ensure inmates have access to appropriate medical care.

DCJ shall conduct initial and periodic training for all correctional staff on how to recognize symptoms of mental illness and respond appropriately. Such training shall be conducted by qualified mental health professionals and shall include instruction on how to recognize and respond to mental health emergencies.

Compliance Assessment: Sustained compliance regarding the training requirements. Partial compliance re: mental health and custody staffing allocations.

Factual Findings:

Sources of information: Review of the Dallas County Jail Health Care Team August 2009 Action Steps and Response Report, review of the February 2011 DCJ mental health report and staff interviews.

March/April 2010 Metzner assessment: Still waiting recommendations from consultants relevant to the DSO staffing increase request.

September 2010 Metzner assessment: It was my understanding that the County has conducted an overall time study for the allocation of number of DSOs needed for mental health system needs. I have not seen the study. It is likely that at least another 5 FTE officers will be needed for escort purposes as the programming on the third floor of the West Tower continues to increase.

The increase in the mental health staffing allocation is welcome and needed. The mental health staffing is not robust, especially when compared to other jail systems. The staff is hardworking and efficient. The increased allocations should significantly facilitate compliance with the programming requirements of the Agreed Order.

Recommendation: Address the above.

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1) Mental Health DSO role and services has remained consistent. There are 37 MH DSOs. At this time, need for designated MH DSO has improved.
2) MH and floor DSOs continue to receive 40 hours certification MH training on

schedule basis.
3) There are total of 44 Mental Health Staff approved positions.
4) There are additional 3 FTE for Psychiatric Providers were added.
5) Two psychiatric providers have been hired. One has started to deliver services at jail and one is in the process of joining MH staff.
6) Currently, one psychiatrist has been offered a position and three are in the process.
7) Additionally, Psychosocial Rehabilitative Therapy Technician are being interviewed and two have been hired. There are interviews scheduled to fill two vacant positions.

February 2011 Metzner assessment: It was my understanding that an additional 10 DSOs will likely be assigned in a graduated basis to the mental health housing units.

February 2011 recommendations: As above.

Items from Mental Health Section Part B

Remedial Measure of Agreed Order

Item B.1.b.

DCJ shall ensure that the intake evaluation process includes a mental health screening, which shall be incorporated into the corresponding inmate's medical records. DCJ shall ensure timely access to a qualified mental health professional when presenting symptoms of mental illness require such care.

Compliance Assessment: Sustained compliance

Factual Findings

Sources of information: Policies and procedures, review of records and review of PI audits.

February 2011 Dallas County Jail Health Care Team Action Steps and Response
1) Please see the detail studies of Performance Studies reported in the section under Medications Management and above.
2) In summary, this are of agreed order remains in compliance and is being monitored by Performance Improvement audits and databases.

February 2011 Metzner assessment: As per DCJ report.

February 2011 recommendations: None

Remedial Measure of Agreed Order

B.2.Assessment and Treatment

Item B.2.a.

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

Compliance Assessment: Partial compliance

Factual Findings

Sources of information: Policies and procedures, information obtained from staff, review of records and review of the February 2011 DCJ mental health report.

September 2009 Dallas County Jail Health Care Team Action Steps and Response

1) Psychiatric Treatment plan has been made an essential component of the Psychiatric Evaluation.
2) All inmates admitted at Crisis Stabilization Program go through additional treatment and crisis management planning.
3) Furthermore, under the supervision of Lead Psychologist, all patients admitted at Crisis Stabilization with suicide risk are staffed on a daily basis. All suicidal patients' cases are presented and discussed by the treatment team. Decisions are made regarding further care, interventions, effectiveness of interventions, housing recommendations, and subsequent follow-up and patient's transfers by the treatment team. This staffing and treatment planning is conducted on daily basis.
4) All patients admitted at Psychiatric Assessment Program receive initial treatment and management plan.
5) All patients admitted in Acute Care Program go through formal psychiatric staffing. Comprehensive Treatment Planning templates have been prepared and entered in current electronic medical record. However, for documentation purpose of the Comprehensive Treatment plan is postponed until new EMR is implemented in, tentatively, in April 2010. The new EMR will provide additional efficiencies, tracking and continuity that will facilitate documentation of treatment planning.

September 2009 Metzner assessment: The major change since the last site visit has been some improvements in the treatment planning process related to the recent development of a new treatment plan form and increased mental health staffing. However, the staff reported they no longer have a formal treatment team meeting that consists of the psychiatrist, mental health liaison, nursing and custody staff.

September 2009 Recommendation: Provide training to staff re: the treatment planning process. In the crisis and acute care units, a formal treatment team meeting should occur on a regular basis for purposes of treatment plan development and treatment progress reviews.

March/April 2010 Metzner assessment: as above (especially see #5).

Recommendation: as per prior recommendations re: PEARL.

September 2010 Metzner assessment: Not surprisingly (related to appropriate prioritization of services), treatment planning is in its early stages of implementation. Treatment plans were generally not well documented in the medical records.

Recommendation:

1. A treatment team concept needs to be implemented for inmates in the crisis cells and the CBO units. The treatment team should include custody staff.

2. Comprehensive treatment planning is needed to for longer stay inmates in the CBO, especially for those who are overtly psychotic, medication non-adherent and/or not being offered or participating in out of cell structured therapeutic activities.

3. Shorter stay acute care program detainees should receive a preliminary treatment plan that can be developed in the context of the initial evaluation by the prescribing provider.

4. Comprehensive treatment plans should also be developed for inmates with problematic course of treatment (e.g., repeat admissions to crisis cells).

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1. The Behavioral and Psychiatric team is presenting to Dr. Metzner's for his review and approval of the following methodology for conducting the treatment planning. After careful consideration and experimentation with traditional vs. the following method, treatment planning with following method was implemented. This appears to have significant advantages and benefit for faster paced and shorter term/longer term patients who are incarcerated in single cell type of housing. This system is currently applied and if approved further enhancement of the program will be conducted. Traditional treatment planning and process requires treatment team to prepare an initial treatment plan with subsequent comprehensive treatment planning in 30 days for patients housed in single cells. It was considered that this traditional approach may cause many patients to miss an opportunity to receive psychiatric treatment planning and staffing, a much needed

weekly review, due to the goal of rapid stabilization and transition of care to least restrictive setting for treatment. This is subjected to Dr. Metzner approval. Following provides the details of the program:

As indicated in section A.1 a-b, MH staff is conducting psychiatric treatment planning and staffing in a following manners:

Psychiatric Treatment Planning

Considering Crisis Stabilization Program and Acute Care Program goals of rapid stabilization and rapid transition of patients from CBO (Single cells) to the least restrictive setting for the treatment, Treatment Teams review all patients in more frequently in following intervals:

a) All patients who receive Psychiatric Evaluation and Evidence Based Suicide Risk Assessment and Management also receive initial treatment planning. Additionally:
b) Crisis Stabilization Program: Daily review and discussion of all patients who are housed at Crisis Stabilization Program and those who were discharge from Crisis Stabilization Program but require at least two follow ups after discontinuation of suicide precaution in a week period of time.
c) Acute Care Program: Weekly review of all patients who are housed in Acute Care Program by treatment team. DSO staff makes observational rounds and notes/share weekly report with the MH staff. Decisions are made regarding further psychosocial rehab activity referrals and housing assignments. Clinically, psychiatric team discusses patients' clinical or behavioral issues.
d) Treatment teams also discuss any patient who is having increase in symptoms, requiring transfer to higher level of care, any other clinical or management issue during staffing.
e) By conducting Treatment Planning staffing in this particular weekly manner following is noted:
    a. Patients' treatment team is able to provide psychiatric care in a timely manner.
    b. Treatment team is able to address clinical and psychiatric needs of the patients in a timely manner.
    c. Patients are able to receive compliant resolution in a timely manner.
    d. Treatment teams are able to deliver higher quality of care.
    e. This also appears to have significant impact in LOS and resulted in reduced length of stay from 17 days to 9 days for patients housed in single cells or Acute Care Program.
    f. Clinically it is noted that patients has rapid stabilization, improvement of severity of psychiatric illness and suffering in

shorter period of time.

g. This process improved effectiveness and efficiency of the health care.
h. Treatment team is able to address medication issues as well as sick call request for both health care and DSO related in coordination in a timely manner.
i. Able to reduce the number of CBO beds.
j. Provides an opportunity to establish clinical intervention and prevent any transfer to higher level of care in a timely manner.
k. Reorganize Forensic patients to provide step down unit for forensic patients with rapid stabilization.
l. Treatment teams are able to achieve higher rate of cooperation and adherence to treatment from the patients.

February 2011 Metzner assessment: My previous site assessment report included the following:

> A treatment team concept needs to be implemented for inmates in the crisis cells and the CBO units. The treatment team should include custody staff.
>
> Comprehensive treatment planning is needed to for longer stay inmates in the CBO, especially for those who are overtly psychotic, medication non-adherent and/or not being offered or participating in out of cell structured therapeutic activities.

The treatment team concept has been implemented. However, treatment planning documentation has not yet been fully implemented. I discussed with Dr. Ahmed issues relevant to such documentation, which should include a treatment plan done at the time of the initial mental health prescriber's assessment and should be updated whenever a level of care is changed and/or as clinically indicated. Minimal elements of the treatment plan should include diagnosis and target symptoms and interventions addressing the diagnosis and/or symptoms as well as any safety issues. Discharge planning should also be addressed.

For a much smaller subset of inmates in the CBO, a more comprehensive treatment plan will be needed for longer stay inmates in the CBO who are overtly psychotic, medication non-adherent and/or not being offered or participating in out of cell structured therapeutic activities.

February 2011 recommendations: Address the treatment planning documentation issues that are summarized above.

Remedial Measure of Agreed Order

Item B.2.b.

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

Compliance Measure: Sustained compliance.

Factual Findings

Sources of information: Policies and procedures, direct observation and interviews with staff.

March/April 2010 Metzner assessment: Inmates and staff reported that it was common for many clinical encounters to occur without adequate sound privacy due to the nearby presence of custody staff.

September 2010 Dallas County Jail Health Care Team Action Steps and Response

1) The issue of sound privacy has been addressed and corrected according to Dr. Metzner's recommendations.
2) DSOs only maintain visual monitoring and are not present during psychiatric encounters/interview process or group sessions.

September 2010 Metzner assessment: Inmates and staff confirmed the accuracy of the above information.

Recommendation: maintain the above process

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1) The privacy of the sound during patient's encounter continued to be maintained with only exception is when there is serious security concern or during treatment planning when a DSO is present most of the time while treatment intervention plan is prepared. DSOs only maintain visual monitoring and are not present during psychiatric encounters/interview process or group sessions.

February 2011 Metzner assessment: As per DCJ report.

February 2011 recommendations: Maintain the above process

Remedial Measure of Agreed Order

Item B.2.c.

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

Compliance Assessment: Partial compliance

Factual Findings

Sources of information: Policies and procedures, review of the February 2011 DCJ mental health report, information obtained from staff and inmates and review of records.

March/April 2010 Metzner assessment: Partial compliance. See above.

Recommendation: Fill the vacancies to prevent burn out of staff and promote staff retention. See Item A.1.c. recommendations.

September 2010 Dallas County Jail Health Care Team Action Steps and Response

1) There is one psychiatric position available at present. Another psychiatrist has recently been hired.
2) One Mid-level provider is also has been recruited and will start on October 4th. Interviews have been conducted with other interested applicants. Another mid-level provider position is in the process of being funded.
3) Need for additional psychiatrist has also been address by developing a float pool of psychiatrists who are then assigned to work according to the need.

September 2010 Metzner assessment: As above

Recommendation: Fill the current vacancies.

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1) Behavioral and Psychiatric Services team provides psychiatric coverage 24/7. There are staggered shifts of staff including psychiatric providers.
2) With the existing psychiatric provider staff the on-call coverage is very adequate. It includes 3 weekdays and one weekend day per provider per month. After hours calls are infrequent due to presence of mental health staff on ground. This is due to staggered shift.
3) Medical Director of Behavioral and Psychiatric Services is on call as a back up.
4) Mental Health staff is consistently provides on ground psychiatric services on weekend and holidays.
5) There has been no incident associated with any kind of shortage of psychiatric coverage.
6) A medical provider is available on ground that also assists for any medical issues.
7) There has been no incident or any issues related with 24/7 coverage

8) Currently there are two-psychiatrist positions vacant. One offer has been extended and there are three candidates in the selection process.
9) One mid-level provider has been hired and added to provide further psychiatric services.
10) Interviews have been conducted with other interested applicants.
11) There are only 11% vacant positions that include two psychosocial rehabilitation Therapist Techs. There are several candidates for the positions and are in the process of selection and hiring.

February 2011 Metzner assessment: The mental health staffing allocations are adequate. The provider vacancies are current 28%.

February 2011 recommendations: Decrease the providers' vacancies.

Remedial Measure of Agreed Order

Item B.2.e.

DCJ shall ensure that 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, DCJ 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.

Compliance Assessment: Sustained compliance

Factual Findings

Sources of information: Review of the February 2011 DCJ mental health report and interviews with staff.

September 2010 Recommendation: continue to monitor

February 2011 Dallas County Jail Health Care Team Action Steps and Response

1) Inmates placed in Separation receive Baseline Health Care Screening conducted in the clinical private setting of the Medical Clinic.
2) A database is maintained which was audited for November, December 2010 and January 2011.

3) The database and audit indicates that indicates that psychology service staff evaluated all 51 patients who were charged with infraction.
4) 48 or 94.12% of the patients were evaluated face-to-face. Only 3 or 5.88% patients did not receive face-to-face assessment due to reason such as being in quarantine and not available for assessment.
5) 2 or 3.9% patients were recommended for mental health disposition.
6) Average length of stay for mentally ill patient sentenced in Separation was 14 days.
7) Average number of mentally ill patients who served time in Separation was 11or 23%.

February 2011 Metzner assessment: As per DCJ report.

February 2011 recommendations: Continue to monitor.