# EXHIBIT A-2

## Consent Decree

## *Mays v. County of Sacramento*

# MENTAL HEALTH TREATMENT

# OVERVIEW OF SACRAMENTO COUNTY JAIL NON-ACUTE-MENTAL HEALTH PROGRAMS/SERVICES (JAIL PSYCHIATRIC SERVICES)

**INTENSIVE OUTPATIENT PROGRAM (Projected - 85 to 120 beds)**

**Caseload of 10 per LCSW/MSW**

## I. Admission Criteria

- The presence of suicidal ideations without a plan or intent and requiring enhanced observation and safety measures;
- 2P Pre-Admissions who require 1:1 observation for acute suicidal ideations and/or attempts (with placement in inpatient unit within 24 hours of identified inpatient need);
- Discharge from the Acute Inpatient Unit upon recommendation of discharging Psychiatrist;
- Acute onset or significant decompensation of a serious mental illness characterized by increased delusional thinking, hallucinatory experiences, marked changes in affect, and vegetative signs with definitive impairment of reality testing and/or judgment; and/or
- Inability to function in General Population (GP) or Outpatient Psychiatric Pod (OPP) and,
  i. The presence of dysfunctional or disruptive social interaction including withdrawal, bizarre or disruptive behavior, inability to respond to staff directions, provocative behavior toward others, inappropriate sexual behavior, etc., **as a consequence of serious mental illness**; and/or
  ii. A significant impairment in the activities of daily living including eating, grooming and personal hygiene, maintenance of housing area, and ambulation, **as a consequence of serious mental illness**.

## II. Service Components

- Case Management provided by LCSW or MSW.
- Two (2), one (1)-hour Group Therapy Sessions per day, 5 days a week, will be offered to each inmate-patient, unless clinical indicators or Alternative Treatment Plan (see below) precludes participation.
- At least seven (7) hours of unstructured out-of-cell time per week
- 1:1 confidential contact with a mental health professional every 7 days or more often if clinically indicated.
- Psychological testing as clinically indicated.
- Graduated Programming for inmate-patients requiring restrictive housing and/or restriction of privileges due to severity of symptoms and/or behaviors and/or classification. Alternative Treatment Program (ATP) will be initiated and documented in Treatment Plan. ATP will address barriers to treatment, ATP goals and progress toward least restrictive housing and/or privileges. ATP will provide clear system of opportunities for inmate-patients to gain additional

privileges based on progress in program.

- Multi-Disciplinary Treatment Team (MDT) Meetings (Initial 14 day and then every 60 days or sooner if clinically indicated).
- Treatment Plan initiated within 14 days of IOP placement and then every 60 days or sooner if clinically indicated.
- Initial MD or NP assessment within 5 days of admit and then every 30 days thereafter (or more often if clinically indicated).
- Staggered 30-minute cell checks performed by Custody for all inmate-patients participating in the program.
- Designated Custody Staff who participate as part of the MDT.
- Treatment planning when moving to less intensive level of mental health care.
- Discharge planning and continuity of care with community providers

## III. Treatment Goals

Treatment goals will address mental health conditions which are limiting an inmate's ability to adjust to incarceration and focus on symptom reduction and management, coping skills and stress reduction. Treatment goals may include:

- Medication compliance (if applicable)
- Substance Abuse Recovery/Prevention
- Activities of Daily Living (ADL) Skill Development
- Crisis intervention/Adjusting to incarceration
- Symptom reduction
- Socialization and recreation
- Behavior management (if applicable)
- Coping skills
- Stress reduction
- Return to GP-MHC or OPP-MHC

## IV. IOP Officers (24/7 Coverage)

Designated IOP Officers will be active members of the treatment team. In order for the Officers to take active roles in treatment, dayshift Officers must participate in weekly (or more often if needed) treatment team meetings with JPS staff and contribute information on inmate-patient behavior (both directly observed, and communicated by night shift deputies).

Duties and Responsibilities of the IOP Officers include:

- Staggered 30-minute safety checks of all inmate-patients housed in the IOP.
- Daily security checks. Inmate movements to, from, and within the facility.
- Oversight of food delivery.
- Oversight of medical, dental, and psychiatric requests/services.
- Oversight of daily indoor and outdoor recreation.
- Housing moves and inmate conflict mediation.
- Incident investigation/documentation for both jail and criminal level offenses.

The IOP Officer also has additional program specific duties which include:

- Ensuring the safety and security of the JPS/IOP civilian staff.
- Inmate-patient movement to/from groups and individual contacts with JPS/IOP staff. If needed, Officers will stand by while the civilian staff conducts daily group therapy (two to three hours each day) and separate one-to-one therapy/education sessions.
- Daily cell inspections.
- Provide IOP inmate-patients with the opportunity or assistance needed to meet their basic hygiene needs and the opportunity to maintain clean cells and activity/housing areas.

## V. Discharge Criteria

- Able to function in a GP-MHC or OPP-MHC setting.
- Stabilization of the crisis behavior and the ability to function in a less clinically structured environment.
- Has clinically decompensated to the extent that placement into the Acute Inpatient Unit is required.
- Has reached release date, and clinical services will be transferred to community service provider.

# MENTAL HEALTH TREATMENT

## OVERVIEW OF SACRAMENTO COUNTY JAIL NON-ACUTE-MENTAL HEALTH PROGRAMS/SERVICES (JAIL PSYCHIATRIC SERVICES)

**OUTPATIENT PSYCHIATRIC POD (PROJECTED - 200 BEDS)**

**Caseload of 25 per LCSW/MSW**

**I. Admission Criteria**

- Qualifying diagnosis (see below) **and** are unable to house in general population due to severity of symptoms, potential for victimization and/or significant difficulty maintaining ADLs.
- Diagnosed with a serious mental illness (SMI):
  1. Schizophrenia (all subtypes)
  2. Delusional Disorder
  3. Schizophreniform Disorder
  4. Schizoaffective Disorder
  5. Brief Psychotic Disorder
  6. Intellectual Disability with prior Regional Center Services and/or with a co-occurring serious mental illness
  7. Other Specified and Unspecified Schizophrenia Spectrum and other Psychotic Disorder
  8. Major Depressive Disorder
  9. Bipolar Disorders I and II
  10. Other Specified and Unspecified Bipolar and Related Disorders
  11. Borderline Personality Disorder

**II. Service Components**

- Case Management provided by LCSW or MSW.
- One (1) 1-hour Group Therapy Sessions per day, 7 days a week, will be offered to each OPP-MHC inmate-patient. Three (3) additional hours of structured out-of-cell time will be offered to each OPP-MHC inmate-patient by recreational technicians or other service providers.
- At least seven (7) hours of unstructured out-of-cell time per week
- Psychological testing as clinically indicated.
- 1:1 confidential contact with mental health professional at least every 14 days or more often if clinically indicated.
- Treatment Plan initiated within 30 days of placement in OPP-MHC and updated every 6 months or sooner if clinically indicated.
- Evaluation by psychiatrist or psychiatric nurse practitioner every 30-90 days (or more often if clinically indicated).
- Treatment planning when moving to less intensive level of mental health care.
- Discharge planning and continuity of care with community providers

**III. Treatment Goals**

- Stabilization of mental health symptoms and overall improvement in functioning
- Medication compliance (if applicable)
- Substance Abuse Recovery/Prevention
- Activities of Daily Living (ADL) Skill Development
- Crisis intervention/Adjusting to incarceration
- Symptom reduction
- Socialization and recreation
- Behavior management (if applicable)
- Hygiene skills
- Coping skills
- Stress reduction
- Discharge planning and continuity of care with community providers

**IV. Discharge Criteria**

- Able to function in a GP-MHC.
- Stabilization/resolution of mental health symptoms and ability to function in a less clinically structured environment.
- Clinically decompensates and requires higher level of care and placement in IOP.
- Clinically decompensates to the extent that placement into the Acute Inpatient Unit is required.
- Has reached release date, and clinical services will be transferred to community service provider.

# MENTAL HEALTH TREATMENT

## OVERVIEW OF SACRAMENTO COUNTY JAIL NON-ACUTE-MENTAL HEALTH PROGRAMS/SERVICES (JAIL PSYCHIATRIC SERVICES)

### GENERAL POPULATION – MENTAL HEALTH CASELOAD

**Caseload of 28-30 per LCSW/MSW**

**I. Admission Criteria**

- Diagnosed mental health disorder
- Exhibits symptom control or partial remission as result of treatment

**II. Service Components**

- Case Management provided by LCSW or MSW.
- Individual or group treatment provided as clinically indicated.
- Psychological testing as clinically indicated.
- 1:1 confidential contact by mental health professional at least every 90 days or more often if clinically indicated.
- Treatment Plan initiated within 30 days of placement in GP-MHC and updated every 12 months or sooner if clinically indicated.
- Evaluation by psychiatrist or psychiatric nurse practitioner every 90 days (if prescribed psychotropics), or more often if clinically indicated.
- Treatment planning when moving off mental health caseload.
- Discharge planning and continuity of care with community providers

**III. Treatment Goals**

- Symptom management
- Medication monitoring
- Crisis intervention/Adjusting to incarceration
- Preventing decompensation

**IV. Discharge Criteria**

- Remission of symptoms, no longer requires medication monitoring or mental health services.
- Clinically decompensates and requires higher level of care and placement in IOP or OPP.
- Clinically decompensates to the extent that placement into the Acute Inpatient Unit is required.
- Has reached release date, and clinical services will be transferred to community service provider.

# MENTAL HEALTH TREATMENT
# OVERVIEW OF SACRAMENTO COUNTY JAIL NON-ACUTE-MENTAL HEALTH PROGRAMS/SERVICES (JAIL PSYCHIATRIC SERVICES)

**INTAKE & CRISIS RESPONSE TEAM**

Current JPS staff will continue to manage all new intakes, priority referrals and must-sees. These staff will not carry a caseload and will be available to respond to new intakes and crisis referrals on a 24/7 basis.

## DEFINITIONS

**Must-See Referrals**

Referrals for currently suicidal (i.e., attempt, ideation, or self-injurious behavior), homicidal or gravely disabled inmate-patients (5150 evaluations), acute crisis related to nature of charges or other arrest factors, alleged Prison Rape Elimination Act victim assessments, and/or custody or administration requests urgent evaluation.

**Priority Referrals**

Referrals for inmate-patients reporting recent psychiatric hospitalization, intellectual disability with observed poor adaptive functioning, suicidal ideation within past two weeks, demonstrating worsening of mental health symptoms, identified as a possible suspect per Prison Rape Elimination Act, or other significant mental health symptoms that staff may have reason to be concerned about inmate's mental stability.

**Routine Referrals**

Referrals for inmate-patients reporting current or prior mental health treatment, currently prescribed psychiatric medication or reporting to receive medication in community. May have complaints of adjustment or other mental health issues, and/or significant AVATAR history, but are stable.

**Mental Health Caseload (MHC)**

Inmate-patients open to JPS and receiving mental health services in General Population-Mental Health Caseload (GP-MHC), Outpatient Psychiatric Pod (OPP-MHC), Intensive Outpatient Program (IOP-MHC), or on the Acute Inpatient Unit (2P).

**General Population (GP-MHC)**

Inmate-patients classified as GP-MHC meet the following criteria:

- Stable, on psychotropics, or
- Stable, not receiving psychotropics but may require time-limited services to address mental health symptoms.

# MENTAL HEALTH TREATMENT
# OVERVIEW OF SACRAMENTO COUNTY JAIL NON-ACUTE-MENTAL HEALTH PROGRAMS/SERVICES (JAIL PSYCHIATRIC SERVICES)

## DEFINITIONS

**Intensive Outpatient Unit (IOP-MHC)**

Inmate-patients classified as IOP-MHC meet any of the following criteria:

- The presence of suicidal ideations without a plan or intent and requiring enhanced observation and safety measures;
- 2P Pre-Admissions who require 1:1 observation for acute suicidal ideations and/or attempts;
- Discharge from the Acute Inpatient Unit upon recommendation of discharging Psychiatrist;
- Acute onset or significant decompensation of a serious mental illness.

**Outpatient Psychiatric Pod (OPP)**

Inmate-patients classified as OPP-MHC meet the following criteria:

- Diagnosed with serious mental illness and are unable to be housed in general population due to severity of symptoms, potential for victimization and/or significant difficulty maintaining ADLs.

**Acute Inpatient Unit (2P)**

18-bed LPS designated facility.

- Inmate-patients meet criteria for either voluntary or involuntary acute inpatient psychiatric treatment

# EXHIBIT A-3

## Consent Decree

## *Mays v. County of Sacramento*

# Sacramento County Sheriff's Department

Correctional Health Services

**JPS – Rules Violation Mental Health Review**

Name: DOB:

X-Ref:

Date of Incident: _____ Rules Violation Charge(s): _____

Type of Review: ☐ Record Review and Clinical Evaluation ☐ Record Review Only

(The clinician will complete an in-person interview with the inmate unless there are specific reasons why an interview is not necessary or appropriate.)

*For Clinical Evaluations: Inform the inmate of purpose of evaluation and that information is **not** confidential and will be used for purposes discipline review/hearing.*

Is the inmate currently receiving mental health services? ☐ Yes ☐ No

Level of MH services: ☐ 2P Pre-Admit ☐ 2P ☐ IOP ☐ OPP ☐ GP ☐ JBCT

1a) Is there a possibility of a nexus between the inmate's mental illness/symptoms and/or developmental disability/functioning deficits and the behavior(s)? ☐ Yes ☐ No

1b) Was the inmate's behavior connected to any of the following? *(If any are checked, Rule Violation should be cancelled.)*

☐ An act of self-harm or attempted suicide

☐ A cell extraction related to transfer to a medical/mental health unit or provision of involuntary treatment

☐ Placement in mental health restraints or seclusion

2) If the inmate is found guilty of the offense(s), what mental health factors and/or developmental disability/cognitive or adaptive functioning deficits should the hearing officer consider when assessing the penalty? **(Check all that apply):**

☐ N/A
☐ Difficulty maintaining/performing ADLs
☐ Psychotic symptoms
☐ Intellectual disability
☐ Poor impulse control (must be related to mental health diagnosis)
☐ Dementia
☐ Poor social skills and/or peer interactions
☐ Difficulty processing information/verbal commands
☐ Traumatic Brain Injury
☐ Other Mitigating Factors: _____

3) If the inmate is found guilty of the offense(s), what penalties may have an adverse impact on inmate's mental health condition or functioning **(Check all that apply):**

☐ N/A
☐ Loss of social visits
☐ Loss of tablet privileges
☐ Housing Relocation
☐ Loss of work time
☐ Isolation Housing (Full restriction)
☐ Assigned Extra Work Duty
☐ Loss of commissary privileges
☐ Loss of dayroom/outdoor recreation
☐ Loss of telephones
☐ Loss of good time
☐ Disciplinary housing unit
☐ Lockdown for less than 24 hours

6) Provide narrative of findings that should be considered by the hearing officer, regarding: (1) whether there is a nexus between the inmate's behavior and mental illness and/or developmental disability, (2) any relevant mitigating circumstances, and (3) penalties that should be avoided.
(If no in-person interview/clinical evaluation was completed, please explain.)

Reviewer's Name

Signature

Date of Review