Memorandum of Agreement between the Department of Justice, the Parish of St. Tammany, and the St. Tammany Parish Sheriff Regarding the St. Tammany Parish Jail

Monitor's Report #5

Final – November 28, 2016

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Introduction

Since January of 2014, I have served as the Independent Monitor of the Memorandum of Agreement (MOA) between the Department of Justice (DOJ), the Parish of St. Tammany, and the St. Tammany Parish Sheriff regarding the provision of mental health care at the St. Tammany Parish Jail. I have now completed four *Monitor's Reports*, dated May 2014, December 2014, July 2015, and February 2016. As described in these reports, the jail has made significant improvements to its mental health services. The parties have discussed terminating the MOA in the near future, and I was asked to complete a fifth assessment of the jail prior to termination discussions. I conducted a site visit on July 25 and 26, 2016. As always, the parties have been fully cooperative, and I have been given access to all information requested. This report focuses on the jail's functioning during the period between January and July of 2016.

Methodology and Definitions

The conclusions in this report are based upon:

- Interviews
    - Inmates who had recently undergone mental health screening or received treatment for mental illness at the jail
    - Nursing, social work, medical, psychiatry, and security staff members
    - Facility leadership, including the Warden and Medical Director
    - Disciplinary hearing officer

- Direct observations
    - Intake medical screening
    - Routine psychiatric evaluations
    - Mental health assessments and psychotherapy sessions conducted by social worker
    - Group psychotherapy
    - Facility tour, including the holding area, medical unit, step-down housing unit, intake medical screening area, and suicide-resistant cells

- Document review
    - Updated jail policies and procedures related to mental health care:
        - J-E-09 Segregated Inmates
        - J-G-05a Suicide Prevention
    - Approximately 20 medical charts of inmates housed in isolation units, receiving mental health treatment, placed on suicide watch, or placed in restraints
    - Outlines and slides from medical and security staff training re: depression, suicide prevention, use of restraint chairs, and identification of mental illness
    - Educational materials for jail medical staff re: mental health

- Medical staff training logs documenting participation in continuing education sessions in 2016
- Deputy pre-service and in-service training logs
- Formulary management reports from January to May 2016
- Suicide watch database from 2016
- All inmate grievances related to mental health care in 2016
- Quality assurance quarterly meeting reports from April and July 2016
- Statistics related to medical care in 2015 and 2016
- Weekly schedule for mental health group programming
- Medical department staffing plan and chain of command
- Morbidity report, Morbidity review, and Psychiatric morbidity reviews for two incidents in 2016
- June 2016 jail census spreadsheet
- Computerized logs of suicide watch monitoring
- Status update provided by Dr. Inglese in October 2016
- Psychiatric peer review records from March 29 and April 16, 2016

The following definitions are used in this report:

- "Substantial Compliance" indicates that the jail has achieved compliance with most or all components of the relevant provision of the agreement.
- "Partial Compliance" indicates that the jail has achieved compliance on some components of the relevant provision of the agreement, but significant work remains.
- "Noncompliance" indicates that the jail has not met most or all of the components of the relevant provision.

Defendants' Actions To Date

Since the February 2016 report, the following changes related to the provision of mental health care have occurred at the jail:

- The psychiatric RN who had retired has been re-hired on a part-time basis;
- Another social worker has been hired to focus on re-entry planning for prisoners leaving the jail;
- The jail has become a "Reentry Hub" for the Department of Corrections (DOC), with additional programs and staff dedicated to discharge planning for DOC inmates;
- The policy on mental health screening for disciplinary proceedings has been revised;
- Pre-service and annual in-service training for deputies on suicide prevention and mental illness has been revised;
- Quarterly peer review of the psychiatrist's work has begun; and

- The Parish has moved forward with plans to repurpose the Mandeville hospital site and provide additional mental health services for St. Tammany residents.

These recent changes are in addition to the improvements implemented before the February 2016 report:

Facility

- Removing all "booking cages" from the facility and creating a policy prohibiting their use in the management of suicidal prisoners;
- Creating a "suicide watch" unit for males with five suicide-resistant cells and 24-hour security staff monitoring;
- Creating "step down" unit for prisoners being released from suicide watch or isolation (administrative segregation or protective custody); and
- Creating long-term plans to move and expand the jail medical department in order to have more space for patient care.

Staffing

- A psychiatric social worker has been hired to work full-time at the jail;
- Hiring a full-time psychiatrist and increasing his on-site time to 6 days/week;
- Hiring a medical administrator to assess the adequacy of issues such as nursing care, access to medication, medical clinic environment and safety, and compliance with regulations;
- Adding security staff in the female holding area;
- Adding two additional evening nurses; and
- Adding two medical deputies.

Patient Care

- Implementing the Psychiatric Risk Index, a system of classifying and triaging inmates during intake screening based on suicide risk and need for treatment;
- Ensuring that mental health assessments are performed based on acuity and risk, rather than uniformly at the time of "roll-back" from the booking area into the jail;
- Implementing a protocol for follow-up care after inmates are removed from suicide watch;
- Providing individual psychotherapy while inmates are on suicide watch;
- Revising procedures for mental health care while in isolation;
- Implementing and revising policies for mental health screening before adjudication of disciplinary violations;
- Revising the restraint policy;
- Revising the psychiatrist's initial evaluation form in order to reflect more detailed treatment goals and plan; and
- Documenting the time of completion for intake medical screenings.

Education and Training

- Providing regular training about mental health care through staff meetings, emails, and off-site training sessions; and
- Developing an educational module about mental health for all deputies through the sheriff's office annual in-service training.

Quality Assurance

- Implementing quality assurance measures and quarterly reviews by the Medical Director;
- Implementing audits of deputies' completion of pre-intake screening; and
- Implementing audits of intake medical screenings by the Medical Administrator.

At the time of the July site visit, the Parish reported that it was in substantial compliance with all provisions of the MOA, with the exception of providing access to outside psychiatric hospitals (Section III.A.1(i)). As noted in the previous *Monitor's Reports*, this has been a long-standing problem at the jail because no area psychiatric facilities will admit jail patients for treatment. *Monitor's Report #3* also highlighted a concern about the disciplinary process (Section III.A.2(c)), which was rectified before *Monitor's Report #4* but continues to evolve. No significant concerns have been raised about other provisions of the MOA in at least the past year.

Summary of Compliance

The Memorandum of Agreement contains 48 separate provisions. The summary of compliance in each area is as follows:

Provision	Total # of Provisions	Noncompliance (%)	Partial Compliance (%)	Substantial Compliance (%)
Screening and Assessment	12	0 (0)	1 (8)	11 (92)
Treatment	10	0 (0)	0 (0)	10 (100)
Suicide Precautions	7	0 (0)	0 (0)	7 (100)
Suicide Prevention Training Program	7	0 (0)	0 (0)	7 (100)
Use of Restraints	4	0 (0)	0 (0)	4 (100)
Basic Mental Health Training	1	0 (0)	0 (0)	1 (100)
Mental Health	2	0 (0)	0 (0)	2 (100)

Staffing Security Staffing	2	0 (0)	0 (0)	2 (100)
Risk Management	3	0 (0)	0 (0)	3 (100)
TOTAL (#)	**48**	**0**	**1**	**47**
TOTAL (%)	**100**	**0**	**2.1%**	**97.9%**

Because there has been no substantive change in the jail's compliance since the February 2016 report, I will make only brief comments about each area of the MOA.

Substantive Provisions

III.A.1. Screening and Assessment

The jail has been in compliance with all of the provisions in this section for more than a year, with one exception:

> *j. Ensure that prisoners who have been classified as high risk based on a mental health screening, but who cannot be assessed within two hours, are transferred to an outside hospital or other appropriate mental health provider for assessment.*

The jail remains in partial compliance with this provision. As we have discussed extensively during previous site visits, no hospitals in St. Tammany Parish will accept inmates for psychiatric treatment. This was still the case in July of 2016. The Parish has moved forward with plans to renovate and repurpose a hospital campus in Mandeville; the project is now called "Safe Haven." When completed, Safe Haven plans to offer some psychiatric treatment to jail inmates, though the details of this arrangement have yet to be negotiated. Several of the jail's medical and security staff members are involved in the Safe Haven planning commission.

Although the Safe Haven project is promising, for the time being, the jail medical staff provides the majority of its mental health services on site. The psychiatrist works 6 days per week. The psychiatric RN who previously retired has now been rehired on a part-time basis, which has allowed the jail to have a mental health professional on site 7 days per week. The jail medical staff noted that they are better able to assess and transfer inmates to psychiatric when necessary, though these transfers do not occur within two hours of mental health screening as specified in the MOA. Between January 1 and July 31, 2016, the jail transferred five inmates to the Eastern LA Forensic Division ("Jackson") and placed another 9 patients in intensive mental health treatment settings, such as psychiatric group homes or Assertive Community Treatment (ACT) teams.

As noted in *Monitor's Report #4*, the jail is in substantial compliance with all other provisions in the "Screening and Assessment" section of the MOA. In the past,

documentation of health screenings (Provision III.A.1.c) had been inconsistent, so I assessed this area during the July site visit. I reviewed the charts of 20 patients who were admitted to the jail on the randomly selected days of June 1 and June 5, 2016. All 20 charts contained health screenings that were completed within approximately 3 hours of arrival at the jail. All patients were assigned a Psychiatric Risk Index (PRI) score and received additional screening by the psychiatric nurse, social worker, or psychiatrist according to the PRI policy. The jail conducted its own internal review of intake health screenings in September 2016, also finding 100% compliance with the MOA and an average of 3.1 hours between admission to the facility and intake screening.

III.A.2. Treatment

The jail remains in substantial compliance with all of the provisions in this section. A few issues warrant additional discussion:

The Disciplinary Process

Since receiving my recommendations in *Monitor's Report #3*, the jail has been screening inmates involved in both "high court" and "low court" disciplinary proceedings for signs of mental illness. These screenings have created an increased workload for both the deputies and mental health staff. The disciplinary officer estimated that he processes approximately 30-40 infractions per week, including high and low courts. Opinions about the mental health screenings' efficacy are mixed. The disciplinary officer finds the screenings helpful; he uses the information from the mental health staff to inform his decisions about whether to reduce or dismiss charges. The jail's Medical Director find the process overly burdensome, saying that it does not help the mental health staff identify inmates with psychiatric problems who were not already known to them. He indicated that the mental health staff will likely stop the low court mental health screenings once they are no longer required by the MOA, as they are not the best use of the psychiatric social worker's time.

Mental Health Counseling

During my interview with the psychiatric social worker, I learned that many inmates request her services "just to talk" or to obtain help with problems that are not strictly related to mental health treatment: making phone calls to family, finding out about their next court date, etc. The inmates said that they have no other help with these issues, and so the burden falls on the social worker. During the exit interview, I recommended that the jail consider dedicating a deputy as a "corrections counselor" whose job is to orient inmates to the jail and assist with phone calls, property, legal status, and other commonly occurring questions. This may alleviate some of the burden on the mental health staff.

Since the February 2016 report, the jail has become a Reentry Hub for DOC and substantially increased its mental health group programming. Five full-time reentry counselors have been hired to run groups and help inmates with discharge planning before release to the community. These groups focus on topics that are particularly

relevant to the jail population, such as substance abuse and risk factors for criminal recidivism. Although not available to pre-trial ("Parish") inmates, the groups have improved the available mental health programming at the jail significantly.

Crisis Services

The jail's provision of crisis services (Section III.A.2.j) has been an area of concern during past site visits, but the jail has been in compliance with this provision since prior to the February 2016 report. During this site visit, I was able to tour the "A-600" unit, which now functions as a step-down unit for inmates who do not need suicide watch but are too low-functioning to live in general population. This unit has enhanced the jail's ability to provide crisis mental health services. Although there is still minimal access to psychiatric hospitals, the jail continues to provide crisis services to the best of its abilities, including:

1) Having a mental health professional on-site 7days per week (psychiatrist 6 days, RN 1 day);
2) Transferring inmates to the Jackson State Hospital forensic unit when necessary;
3) Transferring DOC inmates back to a DOC facility with a higher level of psychiatric care; and
4) Working with local courts to lower an inmate's bond or drop charges so that he or she has access to urgent medical or psychiatric treatment.

III.A.3. Suicide Precautions

The jail is in substantial compliance with all of the provisions in this section. There have been no significant changes in the jail's policies or practices around suicide prevention since *Monitor's Report #4*. During the site visit, I toured the male and female suicide watch areas of the jail and reviewed the deputies' computerized logs. I reviewed morbidity reports of suicide attempts from January to July 2016, and I observed the mental health staff assessing and treating suicidal inmates. Based on this assessment, the jail has remained in compliance with provisions in the "Suicide Prevention" section of the MOA.

III.A.4. Suicide Prevention Training Program

There have been no changes in the jail's suicide prevention program. The jail remains in substantial compliance with all provisions in this section.

III.A.5. Use of Restraints

The jail remains in substantial compliance with the provisions in this section. Between January and July of 2016, there were no episodes of psychiatric restraint. In fact, the jail

uses restraints so infrequently that the medical staff has difficulty remembering the protocols for monitoring patients in restraints. As a result, the jail has increased its restraint training for medical staff to twice yearly.

III.A.6. Basic Mental Health Training

The jail remains in substantial compliance with these provisions. As I have noted before, mental health training for deputies and medical staff is an area of strength for the jail. The same multi-faceted training program remains in place, including pre-service training, annual in-service training, and periodic email reminders from the medical director about important mental health topics. The deputies' pre-service and in-service training includes modules on suicide prevention and basic mental health, as required by the MOA.

III.A.7. Mental Health Staffing

The jail remains in substantial compliance with the provisions in this section. As of July 2016, there were no mental health staffing vacancies. As described above, the jail has hired five additional reentry counselors to focus on group programming and discharge planning for DOC inmates. Between this staffing addition and all of the other improvements in recent years, the jail mental health program has outgrown its physical plant. The jail is aware of this problem, noting that 60% of all visits to the medical department are now due to mental health concerns (i.e. visits to the social worker, psychiatrist, or psychiatric nurse). The Warden and Medical Director have identified a long-term plan to move the medical department into the area currently occupied by the jail's kitchen, but the necessary renovations have not yet begun.

III.A.8. Security Staffing

The jail remains in substantial compliance with the provisions in this section. I reviewed the security staffing plan during the site visit and discussed it with the Warden. As of July 2016, there were several vacant positions for deputies, but those positions are not directly related to mental health or medical treatment.

III.A.9. Risk Management

The jail remains in substantial compliance with the provisions in this section. The most significant development in this area is the initiation of psychiatric peer review in September 2015. An outside psychiatrist with experience in correctional health care now conducts quarterly peer review of the jail psychiatrist's clinical practice and documentation. During the March-April 2016 review of the psychiatrist's charts, no serious deficits in treatment or documentation were identified. A recommendation was made for the psychiatrist to include all substance use disorder diagnoses in the patients' charts, as these diagnoses were noted inconsistently. The jail's other risk management

and quality assurance (QA) activities, including quarterly QA meetings, morbidity and mortality reviews after sentinel events, and tracking of jail medical statistics, have remained in place.

Recommendations

Overall, the jail and Parish continue to do an excellent job complying with the MOA. As I have noted in the past, the jail has enthusiastically adopted recommendations and improved the quality of mental health services provided to inmates. At this time, I make only the following recommendations:

1. The disciplinary officer and mental health staff should collaborate to revise policies about mental health screening for disciplinary proceedings, since there appears to be disagreement about whether the current policies are working.

2. The jail should consider allowing pre-trial "Parish" inmates to participate in the new treatment groups for DOC inmates upon referral by the mental health staff. Large-scale participation may be unnecessary or unfeasible, but a few of the jail's chronically mentally ill inmates may benefit from the added structure and support of group programming.

3. The jail may consider adding a "corrections counselor" or similar position to help inmates with issues like phone calls and court dates so that the psychiatric social worker is less responsible for these tasks.

4. The jail should continue with plans to move the medical unit to a larger space, as it has outgrown its current location.

5. The Parish should move forward with plans for the "Safe Haven" facility and ensure that inpatient psychiatric beds are available to jail inmates.