National Commission on
Correctional Health Care

1145 W Diversey Pkwy
Chicago, Illinois
60614-1318

773-880-1460 phone
773-880-2424 fax
www.ncchc.org

December 2, 2015

Jeffrey Mann Sheriff
DeKalb County Jail
4425 Memorial Dr.
Decatur, GA 30032

Dear Sheriff Mann:

The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC) has reviewed the documentation of corrective action submitted and considered the accreditation status of DeKalb County Jail. The Committee voted to continue the accreditation of your facility with the following qualification: that compliance with all of the essential standards and at least 85% of the applicable important standards be demonstrated in a report to NCCHC, due February 1, 2016. Enclosed is the accreditation report of your facility, listing cited standards and recommendations for achieving compliance.

The Committee acknowledged the facility's significant level of compliance with a number of the NCCHC *Standards for Health Services in Jails*. However, in order to maintain your accreditation, it is important that you address the cited standards in a timely manner.

Following receipt of documentation and verification of compliance, a Certificate of Accreditation will be sent to you indicating your facility's accreditation status. Please let us know if we can be of any assistance.

Sincerely,

Tracey Titus, RN, CCHP-RN
Manager of Accreditation Services

Enc.

cc: Thomas L. Joseph, MPS, CAE, NCCHC President & CEO
LaTyris Pugh

Submission of Corrective Action Guidelines

- Please submit corrective action either on a thumb drive or a CD; it is helpful to organize materials by the standard it is intended to address. Documents should be in Word or PDF format; files should also not be "zipped."
- Submissions should be addressed to: Accreditation Department
  NCCHC
  1145 W. Diversey Parkway
  Chicago, IL 60614

- **We recommend that you send materials via FedEx, UPS, or another reliable delivery service that can be tracked. Due to the volume of incoming materials, we ask that you verify receipt through your delivery service rather than contact NCCHC.**
- Clearly identify the name of your facility on the submission, rather than noting only a state name, corporate vendor, or system headquarters
- If we have not received corrective action by the noted deadline, NCCHC will contact the facility HSA.
- Review your submission to ensure it is complete and that all of the essential standards not met have been addressed
- If there is a concern with the survey or report findings, or if you have any questions related to the requested corrective action, please contact NCCHC right away rather than address these matters in the context of the corrective action submission
- Remember, **evidence of practice is key.** Implementation of a plan, study results, and other clear documentation of compliance is what NCCHC looks for to assess whether a standard is met
- Please note that it may take up to 60 days to receive a response regarding your corrective action.

ACCREDITATION REPORT OF

THE HEALTH CARE SERVICES AT

DEKALB COUNTY JAIL

Decautur, GA

November 30, 2015

National Commission on Correctional Health Care
1145 W. Diversey Pkwy.
Chicago, IL 60614-1318
(773) 880-1460

J-G-05 Suicide Prevention Program (E). The suicide prevention program addresses each of the 11 key components as described by the standard. The RHA has approved the training curriculum for staff; the program director of mental health (a psychologist) leads the training. Treatment plans address suicidal ideation and recurrence. Patient follow-up occurs as clinically indicated. Non-acutely suicidal inmates are monitored on an unpredictable (staggered) schedule not exceeding 15 minutes. There have been four suicides since the last survey; all had documented mortality and administrative reviews, as well as psychological autopsies, but there were no recommendations for any changes in procedure. The mental health staff we interviewed indicated no corrective action was needed.

Acutely suicidal inmates are monitored in the mental health unit as they are placed in a close watch cell. However, officers have other duties in the housing area, which leaves the patients not under a constant watch situation. During the site survey, there were no acutely suicidal inmates, and we felt that the cells in question did not have complete visibility unless the officer was standing directly outside the cell. There were no clear policies regarding constant watches. In addition, if the non-acutely suicidal inmate is placed in an observation cell, constant observation is not maintained. The standard is not met.

> Corrective action is required for Compliance Indicator #1c and #1d. Acutely suicidal inmates should be placed on constant observation. When a nonacutely suicidal inmate is placed in an isolation cell, constant observation is required. The RHA should submit a plan addressing how acutely suicidal inmates and nonacutely suicidal inmates placed in an isolation cell will be monitored in accordance with the standard including necessary changes in policy and training of staff. In addition, the results of a 30-day CQI study assessing the constant monitoring acutely and isolated, nonacutely suicidal inmates should also be submitted. In order to receive accreditation, verification that this standard has been met is required.

In July 2015, the RHA submitted a revised policy and procedure (July 2015) on suicide prevention: "Inmates identified as exhibiting suicidal potential (suicidal threat or plans) will be continuously observed on watch and prevented from self-harm until mental health assistance is obtained." Addendums to the policy address monitoring of male and female non-acute suicide watch. Males will be placed in an open day room area "where they are housed but not placed in a cell" and "observed by SKSO security staff ... at staggered intervals not to exceed every 15 minutes." Females are to be "admitted to 3A Mental Health Stabilization unit and placed on constant observation." Security staff and mental health nursing staff are to coordinate staffing assignments to ensure that a designated staff person is located directly outside the cell location of the inmate on constant watch. Beginning and end times of constant watch are to be recorded by each person conducting the watch for the duration of the watch, and both types of staff will do so on the MHM Constant Suicide Watch Monitoring Form (a copy of which was submitted), which is designed to illustrate that a staff person has been assigned at all times to provide constant observation for a non-acutely suicidal individual. The RHA submitted an example of the Mental Health Stabilization Unit Admission/Treatment/Discharge Plan.

The RHA also submitted the training outline related to the revisions in the policy regarding constant watch requirements. The cover memo also described relocation of non-acutely suicidal inmates to an open area which does not involve use of an isolation cell. The training was

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The RHA also submitted the training outline related to the revisions in the policy regarding constant watch requirements. The cover memo also described relocation of non-acutely suicidal inmates to an open area which does not involve use of an isolation cell. The training was

described as occurring from July 22 through August 21, 2015. Verification of completion is required for full compliance.

A CQI study has been planned to examine the constant watch implementation. The questions to be answered are: 1) documentation indicates the reason for initiation of acute or non-acute suicide watch (to be answered by the mental health clinician and/or mental health nurse recommending placement); 2) documentation shows initiation and completion of constant watch suicide monitoring form; 3) documentation for those on constant watch addresses assessment of risk of self-harm (to be answered by daily rounds and the nurse charting performed by the mental health nurses in the nurses' notes and/or psychiatric notations); 4) documentation for follow-up plans at the time of discharge from suicide watch (to be answered by completion of the 3A mental health stabilization unit admission/treatment/discharge plan; and 5) follow-up appointment occurs as scheduled within at least seven days of discharge from constant suicide watch, or soon as indicated (to be answered via completion of the suicide watch/discontinuance tracking log). Verification of the study's completion and its results are required for full compliance.

In August 2015, verification of training for mental health staff regarding mental health suicide policy and incorporation of the constant watch protocol was submitted; it included all presently employed mental health staff, including psychiatrists, licensed mental health clinicians and all mental health nurses. The CQI study was expected to be completed by August 24 and would be forwarded shortly thereafter.

In September 2015, the RHA submitted the results of the CQI study (spanning July 27-August 24, 2015). The RHA acknowledge in preface that the study revealed overlooking constant monitoring in intake before patients being relocated to 3A (the stabilization unit specifically dedicated to patients—male and female—with mental health needs requiring either close or constant observation and may require either suicide watch protocols or observation), and that they were able to highlight areas of training for both Sheriff's Office and mental health staff (sign-in/attendance logs were included).

Four patients were monitored as part of the study, for the following criteria: 1) reason for acute or non-acute suicide watch documented; 2) initiation and completion of constant watch monitoring form documented; 3) documentation for those on constant watch addresses assessment of self-harm risk; 4) plans for follow-up care documented at time of discharge from suicide watch; and 5) follow-up appointment occurs as scheduled within at least seven days (or sooner, as indicated). Compliance was demonstrated at 100% for each criteria.

The RHA also summarized the findings for each; these included such notations as errors in documentation. As a result, areas for improvement for mental health staff related to understanding the difference between constant and closer observation, acute and non-acute suicidality, and how to track patients' progress. Medical records charting also requires additional notes to indicate the reason a patient was move from suicide precaution, but left on observation-unrelated to suicide watch. The RHA indicated that if a patient is assigned to 3A for suicide, regardless of acuity, that patient must be placed on constant observation regardless, due to the structural set up of the unit.

The RHA indicated additional training is required, specifically, training on when acute or non-acute suicide precautions are indicated; as this situation is rare, a constant review and refresher training are necessary. The RHA also indicated another 30-day CQI study would be completed.

In October 2015, the RHA submitted the following: A second, 30-day study was conducted from August 25 through September 24, 2015 and consisted of 29 inmates who presented as either acutely or non-acutely suicidal; one was a repeat admission. The study criteria consisted of the following: 1) reason for initiation of suicide watch (whether acute or non-acute) documented; 2) initiation and completion of constant watch monitoring form documented; 3) documentation for those on constant watch addresses assessment of risk for self-harm; 4) plans for follow-up care documented upon discharge from suicide watch; and 5) follow-up appointment occurs as scheduled within at least seven days of discharge (or sooner, as indicated). Compliance was demonstrated at 100% for the first four criteria, and at 78% (of 23 applicable cases) for criteria #5; the RHA noted the majority of the "late" instances (four) were one day late, and in the last instance, the inmate was seen three days late due to scheduling issues.

The RHA also submitted the nursing policy and procedure on suicide watch, and the training material (with sign in sheets) that was presented on September 3, 2015. **The standard is now met.**

J-G-07 Intoxication and Withdrawal (E). The responsible physician has approved current protocols, consistent with nationally accepted treatment guidelines for intoxication and withdrawal. The protocols were last approved on November 1, 2014. Individuals are housed in a safe location that allows for effective monitoring by health professionals using recognized standard assessments at appropriate intervals. A physician supervises detoxification. Individuals experiencing severe intoxication or withdrawal are transferred immediately to a licensed, acute care facility.

If a pregnant inmate is already on methadone, she is then taken to methadone clinic for continuation. However, if a pregnant inmate is admitted with opioid dependence, she is prescribed Tylenol #3 three times a day. We felt that this protocol did not match current community practice. The standard is not met.

> Corrective action is needed for Compliance Indicators #7 and #8. If a pregnant inmate is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician should be contacted so that the opiate dependence can be assessed and appropriately treated. There should be a policy that addresses the management of inmates, including pregnant inmates, on methadone or similar substances. Pregnant inmates entering the facility on such substances should have their medication therapy continued, or a plan for appropriate treatment of the methadone withdrawal syndrome is initiated. National guidelines (ASAM, 2015) state "pregnant women who are physically dependent on opioids should receive treatment using agonist medications rather than withdrawal management or abstinence as these approaches may pose a risk to the fetus." Of note, the controlled substance act forbids the use of an opioid to treat opioid dependence unless done within an OTP or by a DATA waived physician (http://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_07.htm). There are only two exceptions. Facilities may prescribe the opioid daily for a maximum of three days "as a bridge" while arrangements are being be made for continuation or detoxification in facility licensed to prescribe opioids. The second exception for use of opioids for maintenance or detoxification during pregnancy is if the facility is licensed by both the state and DEA as a clinic, a hospital, or a hospital/clinic. Acceptable documentation for this corrective plan

includes a plan for how this standard will be corrected including any policy and procedure or protocol changes and evidence staff training. In order to receive accreditation, verification that this standard has been met is required.

In July 2015, the RHA submitted a revised (July 2015) policy on opiate withdrawal regarding pregnant patients, both 1) opiate-dependent and methadone-naïve, and 2) opiate dependent and reports using methadone. In the former, the patient should be maintained on some other opiate until such time as they can be seen at a local community methadone clinic. The RHA's recommendation of Tylenol #3 at two tablets three times a day, and the patient should be assessed via COWS; the Tylenol dose is appropriate if mild withdrawal is indicated by the COWS score, otherwise the opiate dose should be increased. The correctional clinician is not to carry out methadone initiation for this type of patient.

In the latter type of patient, if the methadone and dose can be verified by the licensed treatment facility and the same clinic or associated pharmacy, it is reasonable to continue the dose until the patient's care can be assumed by the clinic. If the methadone cannot be verified, procedures for the former type of patient should be followed. (The signature page was not signed by either the site medical director or chief medical officer, however.) The RHA also submitted the training documents and rosters for "Treatment of Opiate-Dependent Pregnant Patients," and for "Comprehensive Care of the Withdrawal Patient in the Correctional Setting" (the latter a video course), both of which included post-testing questions, and copies of patients' records. The RHA also enclosed a copy of the Letter of Intent from Alliance Recovery Center, with which the RHA is negotiating regarding the treatment of opioid dependent, pregnant females at this facility.

However, further corrective action is needed. The RHA should submit nationally accepted treatment guidelines that support the outlined treatment, specifically the use of Tylenol #3 for opiate-dependent and methadone-naïve, as acceptable practice. **The standard is not met.**