

Correctional Health Services

Graves vs. Arpaio

General Compliance Training



January 26, 2015

Training Objectives



- To provide compliance training based on:
 - Requirements within the Court Order set forth by the United States District Court for the District of Arizona that are contained in the Revised 4th Amended Judgment (No. CV-77-00479-PHX-NVW); and
 - CHS Policies and Procedures revised in December 2014
- To identify changes within the Electronic Health Record (EHR) that help demonstrate evidence of compliance for documentation of patient care and Correctional Health Services (CHS) follow through

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What is Graves vs. Arpaio?

- Graves vs. Arpaio is a Class Action Lawsuit that has been ongoing since approximately 1977
 - The American Civil Liberties Union (ACLU), on behalf of Plaintiffs' class, criticized the provisions of Mental and Medical Healthcare to pre-trial detainees
- The Court recently issued a Revised 4th Amended Judgment that specified 31 Requirements that CHS must comply with in order to terminate the lawsuit

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Court Timelines

Deadline Date	Court Order
By December 16, 2014	Defendants will file with the Court a copy of each policy adopted or amended to comply with this Order and identify the specific policy provisions that demonstrate compliance.
By February 27, 2015	Defendants will fully implement each of the policies ordered herein, including hiring additional staff, providing training, and making facility modifications, as needed.
Beginning March 2, 2015	Defendants will collect and summarize data for a period of 180 days that shows the extent to which Defendants are complying with this Order.
By March 16, 2015	Defendants will file with the Court a summary of actions taken to implement each of the policies.
On September 15, 2015	CHS will file with the Court a report of the data collected and summarized in compliance with this Order.

Note: CHS Deadlines will be earlier in order to compile/consolidate data prior to court submission.

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Summary of Expectations

1. Defendants shall provide a Receiving Screening of each pretrial detainee, prior to placement of any pretrial detainee in the general population.

- The screening will be sufficient to:
 - identify and begin necessary segregation, and treatment of those with mental or physical illness and injury;
 - to provide necessary medication without interruption;
 - to recognize, segregate, and treat those with communicable diseases;
 - to provide medically necessary special diets; and to recognize and provide necessary services to the physically handicapped

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Summary of Expectations (Continued)

2. All pretrial detainees confined in the jails shall have ready access to care to meet their serious medical and mental health needs.

- When necessary, pretrial detainees confined in jail facilities which lack such services shall:
 - be transferred to another jail or other location where such services or healthcare facilities can be provided or shall otherwise be provided with appropriate alternative on-site medical services

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Summary of Expectations *(Continued)*

3. Defendants shall ensure that the pretrial detainees' prescription medications are provided without interruption where medically prescribed by correctional medical staff.



Reference: Summary 1 thru 3 was extracted in its 'original format' from the Revised 4th Amended Judgment. United States District Court for the District of Arizona (No. CV-77-00479-PHX-NVW).

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Seriously Mentally Ill (SMI)

Definition



- *Graves vs. Arpaio Revised 4th Amended Judgment has extended all such requirements beyond SMI as CHS knew it.*
- **Seriously Mentally Ill** is now identified by:
 - SMI Active
 - SMI Inactive
 - Mental Health Chronic Care (MH CC) Flags

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Verbiage Used in Requirements

- The language contained in the Court Requirements (*upcoming slides 10 thru 20*) was extracted in its 'original format' from the Revised 4th Amended Judgment:
 - Court Order set forth by the United States District Court for the District of Arizona. Revised 4th Amended Judgment No. CV-77-00479-PHX-NVW).

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Court Requirements (1 thru 3)

1. A Registered Nurse will perform the receiving screening for each pretrial detainee processed in the 4th Avenue jail intake center.
2. If the receiving screening indicates a pretrial detainee is suffering from a serious acute or chronic health condition, a physician, physician assistant, or nurse practitioner will conduct a face-to-face examination of the pretrial detainee within 24 hours after the receiving screening.
3. If the receiving screening indicates a pretrial detainee has symptoms of tuberculosis, the pretrial detainee immediately will be placed in an Airborne Infection Isolation Room and evaluated promptly for tuberculosis.

Court Requirements - (4 thru 6)

4. If the receiving screening indicates a pretrial detainee is known to have HIV infection or is at risk for HIV infection with unknown status, a chest x-ray of the pretrial detainee will be performed and results reviewed by the physician.
5. If a pretrial detainee has a positive mental health screening or does not respond to all of the mental health screening questions, the detainee will be assessed by mental health staff while the pretrial detainee is in the intake center. The mental health staff will identify the urgency with which the pretrial detainee must be seen by a mental health provider, *i.e.*, a psychiatrist, psychiatric nurse practitioner, or physician assistant.
6. If the receiving screening indicates a pretrial detainee is at risk for suicide, a psychiatrist, psychiatric nurse practitioner, or physician assistant will conduct a face-to-face assessment of the pretrial detainee within 24 hours after the receiving screening.

Court Requirements - (7 thru 10)

7. Pretrial detainees will be tested for tuberculosis within 14 days after the receiving screening unless they have been tested with negative results within the past year.
8. Pretrial detainees with serious acute and chronic medical conditions will be evaluated face-to-face by a medical provider and will receive an initial health assessment within 24 hours after the receiving screening.
9. A medical provider will develop plans for treatment and monitoring for pretrial detainees with serious medical conditions.
10. All medical Health Needs Requests will be triaged within 24 hours of their submission.

Court Requirements - (11 thru 12)

11. Each pretrial detainee who submits a medical Health Needs Request stating or indicating a clinical symptom will be seen by a nurse within 48 hours of submitting the Health Needs Request.
12. When a physician, physician assistant, or nurse practitioner orders a lab test or radiological study, the physician, physician assistant, or nurse practitioner will identify the urgency with which the test or study must be performed, e.g., within 24 hours, 72 hours, or 7–10 days, and the urgency with which the results of the test or study must be returned. The test or study will be performed within the timeframe ordered by a physician, physician assistant, or nurse practitioner.

Court Requirements - (13 thru 14)

13. Pretrial detainees identified during the receiving screening as being at risk of serious harm from alcohol or drug withdrawal will be assessed by a registered nurse twice a day for at least seven days regardless of whether they are assigned to a housing unit designated for withdrawing inmates or their classification status. The nurse will document each assessment and identify the urgency with which the pretrial detainee should be seen by a physician, physician assistant, or nurse practitioner. If a pretrial detainee is not seen face-to-face by a physician, physician assistant, or nurse practitioner within the timeframe recommended by the nurse, the reason will be documented in the pretrial detainee's medical record.

14. All mental Health Needs Requests stating or indicating a clinical symptom will be triaged face-to-face within 48 hours of their submission

Court Requirements - (15 thru 17)

15. Upon referral by detention, intake, medical, or mental health staff, pretrial detainees who display active symptoms of mental illness or otherwise demonstrate an emergent mental health need will be seen face-to-face by a mental health provider within 24 hours of the referral.
16. Mental health providers will assess pretrial detainees in an area outside of their cells that affords sound privacy except when there are legitimate safety, security, and treatment reasons for not doing so.
17. Defendants will adopt and implement written criteria for placing pretrial detainees in each level of mental health care, including subunits within the Mental Health Unit.

Court Requirements - (18 thru 20)

18. A mental health provider will determine the placement of each seriously mentally ill pretrial detainee after performing a face-to-face assessment, including upon admission into, transfer within, and discharge from the Mental Health Unit.
19. Pretrial detainees discharged from the Mental Health Unit will be assessed by mental health staff within 48 hours after discharge.
20. MCSO will consult with CHS mental health staff before placing a seriously mentally ill pretrial detainee in any type of segregated confinement.

Court Requirements - (21 thru 23)

21. Seriously mentally ill pretrial detainees who are confined to single cells for 22 or more hours a day will have face-to-face communication with mental health staff at least twice per week.
22. A mental health provider or professional will be consulted before each planned use of force or involuntary treatment on a seriously mentally ill pretrial detainee.
23. Mental health staff will be involved in the implementation of any planned use of force or involuntary treatment on a seriously mentally ill pretrial detainee.

Court Requirements (24 thru 26)

24. Defendants will adopt and implement a written policy regarding the use of discipline for behavior resulting from serious mental illness.
25. Defendants will adopt and implement a written policy regarding the use of isolation in a disciplinary segregation unit as a sanction against seriously mentally ill pretrial detainees.
26. Defendants will adopt and implement a written policy requiring that mental health staff be consulted regarding discipline of any seriously mentally ill pretrial detainee.

Court Requirements - (27 thru 29)

27. A potentially suicidal pretrial detainee will not be placed in isolation without constant supervision.

28. A potentially suicidal pretrial detainee will be placed into a suicide-resistant cell or safe cell only with "direct, continuous observation until a treatment plan is determined by medical staff."

29. When a pretrial detainee is discharged from suicide watch or a safe cell, the pretrial detainee will be assessed by mental health staff within 24 hours of discharge.

Court Requirements - (30 thru 31)

30. Defendants will document in pretrial detainees' health records evidence of timely administration of prescription medications or reasonably diligent efforts to administer all medications prescribed and explanation for any delay.

31. A pretrial detainee's psychotropic medications will not be prescribed, altered, renewed, or discontinued without a face-to-face examination by a psychiatrist, psychiatric physician assistant, or psychiatric nurse practitioner in an area that affords sound privacy.

CHS Policies and Procedures associated with complying with the judgment are linked under the policy/procedure section below. The areas of emphasis/change are highlighted within each.

Title of Procedure	Policy/ Procedure	Court Requirements
Communication on Patient Health Needs	<u>J-A-08</u>	22, 23, 24, 25, 26
Tuberculosis Management and Infection Control	<u>J-B-01-11</u>	3, 4, 7
Medication Administration and Documentation	<u>J-D-02-02</u>	30
Diagnostic Services	<u>J-D-04</u>	12
Receiving Screening	<u>J-E-02</u>	1, 3, 7
Initial Health Assessment	<u>J-E-04</u>	2, 8

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Policy and Procedure Review (Continued)

Title of Procedure	Policy/ Procedure	Court Requirements
Mental Health Screening and Evaluation	<u>J-E-05</u>	5, 6, 15, 27, 28
Non-Emergency Patient Health Needs Requests and Services	<u>J-E-07</u>	10, 11, 13, 14, 15
Segregated Inmates	<u>J-E-09</u>	20, 21, 25
Chronic Disease Services	<u>J-G-01</u>	9
Psychotropic Medication Management	<u>J-G-01-01</u>	15, 16, 31
Basic Mental Health Services	<u>J-G-04</u>	15, 16, 17, 18, 19
Suicide Prevention Program	<u>J-G-05</u>	5, 6, 27, 28, 29
Safe Cell Placement	<u>J-G-05-01</u>	28
Intoxication and Withdrawal	<u>J-G-07</u>	13

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Mental Health

Below is a summary of changes to the Electronic Health Record (EHR) that were implemented to help demonstrate compliance with Mental Health requirements specific to patient care set forth by Graves vs. Arpaio:

1. New Appointment Types: (4)
2. Mental Health Form Modifications: 3 Modified / 2 New
3. If patients are listed on Mental Health Queues due to answers given during Receiving Screening, the row will be displayed in red to indicate that they must be reviewed/seen within 24 hours (automatically sorts to the top of the queue)
4. New! Mental Health Discharge Queue

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Mental Health

New Appointment Types

Patient LBJFPATIENT, Test #: x111111
DOB 8/2/2013 (Age=1) **Sex** Female
Housin LBJF **SSN#** - -
Statu: ACTIVE **Booking D:** 8/2/2013

Appointment Types: **All**

Status	Type	Description	Time
	T	Blood Pressure Checks	
	T	Blood Sugar Checks	
	T	Dental - Acute	
CANCELLED	X-	Dental - Annual Oral Exam	10/2
CANCELLED	X-	EKG/Weight Checks/CHT	17/2
CANCELLED	X-	Extra Items Distribution with Instruction	18/2
		Grievances	
CANCELLED	De	Medical Provider Chart Review	17/2
CANCELLED	X-	Medical Provider Visit/Review	17/2
CANCELLED	X-	MH Assessment	10/2
CANCELLED	De	MH Discharge from Safe Cell	3/20
CANCELLED	De	MH Educational Groups	5/20
CANCELLED	Nu	MH Follow Up	5/20
CANCELLED	X-	MH MHU Discharge - see within 24 hours	4/20
CANCELLED	De	MH SNTF	1/20
CANCELLED	De	MH SNTF-R	1/20
CANCELLED	MH	MH Suicide Risk Assessment	20/2
CANCELLED	Me	Nursing Visit	3/20
CANCELLED	OE	Nursing Visit - HNR	9/20
CANCELLED	OB	OB Visit	9/20
CANCELLED	Nu	Psychiatric Medication Management	18/2
CANCELLED	MH	Psychiatric Provider Urgent - 24 hours CHS	25/2
		Psychiatric Provider Urgent - 24 hours MCSU	

- MH Discharge from Safe Cell
– See within 24 hours
- MH MHU Discharge
– See within 48 Hours
- Psychiatric Provider Urgent
– 24 Hours CHS
- Psychiatric Provider
– 24 Hours MCSU

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Mental Health

Forms: Modification *(Continued)*

Added check boxes to **Psychiatric Progress Note** to document **Level of Care / Patient seen within 24 Hours.**

PSYCHIATRIC PROGRESS NOTE

Print

Patient LBJFPATIENT, Test #: X1111111 Lang: [Additional Info.](#)
DOB 8/2/2013 (Age=1) Sex Female Race American Indian or Ala
Housin LBJF SSN# - - PICTURE NOT AVAILABLE
Statu: ACTIVE Booking D: 8/2/2013 7:43:11 PM

Patient seen within 24 hours

Level of Care (select one)

B S I

Patient Flags:
Test Patient

B = Basic

S = Supportive

I = Intensive

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Mental Health Level of Care (LOC)

(B)		(S)		(I)	
B = Basic		S = Supportive		I = Intensive	
1	2	3	4	5	6

	LOC	Description - (Clinical Indicators)
B	1	Individual is minimal mental health risk, stable functioning in General Population (or OP setting), Condition is stable and symptoms are largely controlled or individual is in partial remission as a result of treatment. Low RRS (risk for recidivism).
	2	Individual is minimal mental health risk, requires assessment and supportive services intermittently, may have mental health history, and may have medication monitoring. This individual is seen for coordination of care, re-entry planning (if medium or higher RRS), and supportive counseling as needed (e.g. to maintain stability).

Mental Health Level of Care (LOC)

(B)		(S)		(I)	
B = Basic		S = Supportive		I = Intensive	
1	2	3	4	5	6

LOC	Description - (Clinical Indicators)
S	3 Individual is medium mental health risk, requires supportive services and may have medication monitoring to address current psychiatric symptoms. This individual is seen for solution focused supportive counseling that can include substance abuse relapse prevention, coordination of care. Re-entry planning focus, particularly for those with medium to high RRS.
	4 Individual is medium mental health risk, can be SMI or SMI inactive, requires ongoing assessment and supportive services; may have medication monitoring to address current psychiatric symptoms; may have criminogenic risk factors (e.g. RRS > 4, antisocial cognition, marked impulsivity, addiction). This individual is seen for solution focused supportive counseling, cognitive-behavioral interventions to reduce recidivism, coordination of care, and reentry planning.

Mental Health Level of Care (LOC)

(B)		(S)		(I)	
B = Basic		S = Supportive		I = Intensive	
1	2	3	4	5	6

LOC	Description (Clinical Indicators)
I	5 Individual is a high mental health risk, can be SMI or SMI inactive, requires consistent assessment and treatment to reduce current psychiatric symptoms, and/or cognitive-behavioral interventions to reduce recidivism; often requires medication monitoring. Other risk factors include acute mental health history (including suicide attempt & self-harm), high severity of charges, and/or criminogenic risk factors (impulsivity, negative interactions with authority, high RRS \geq 4).
	6 Individual is a high mental health risk, requires urgent appointments for ongoing assessment and stabilization, consistent treatment to reduce serious psychiatric symptoms, and/or cognitive-behavioral interventions to reduce recidivism; typically requires medication monitoring. May include recent admit/discharge from MHU, multiple prior hospitalization/ER admits, serious mental health history (including suicide attempt & self-harm), SMI (active or inactive) serious charges, and/or criminogenic risk factors (impulsivity, negative interactions with authority, high RRS \geq 4).

Mental Health

Forms: Modification *(Continued)*

Added check boxes to **Mental Health/Psychologist Progress Note** to document the Level of Care.

MENTAL HEALTH/PSYCHOLOGIST PROGRESS NOTE

Patient LBJFPATIENT, Test DOB 8/2/2013 (Age=1)	#: x1111111 Sex Female	Lang: Race American I
Housin LBJF Statu: ACTIVE	SSN# - - Booking D: 8/2/2013 7:43:11 PM	

Level of Care (select one)

B S I

Allergy

B = Basic

S = Supportive

I = Intensive

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Mental Health

Forms: Modification *(Continued)*

Added check boxes to **Psychiatric Evaluation** to document if Patient was seen within 24 Hours.

PSYCHIATRIC EVALUATION

Patient LBJFPATIENT, Test	#: x1111111	Lang: Additional Info.
DOB 8/2/2013 (Age=1)	Sex Female	Race American Indian or Ala
Housin LBJF	SSN# - -	
Statu: ACTIVE	Booking D: 8/2/2013 7:43:11 PM	

Patient seen within 24 hours

Patient Flags:
Test Patient
Test Patient


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Mental Health Forms: New!

Created **MCSO/CHS Correspondence** Form for use by Mental Health Staff to document referrals from MCSO.

 MCSO/CHS CORRESPONDENCE

Patient LBJFPATIENT, Test **#:** x1111111 **Lang:** [Additional Info](#)
DOB 8/2/2013 (Age=1) **Sex** Female **Race** American Indian or Ala
Housin LBJF **SSN#** - - -
Statu: ACTIVE **Booking D:** 8/2/2013 7:43:11 PM

Segregation
 Disciplinary
 Use of Force
 Urgent Detention Referral
 Other

Date and time of referral:

Detention Officer making referral:

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Mental Health

Forms: New! (Continued)

Created New **MH Segregation Progress Note** that also includes check boxes to document the **Level of Care**.

MH SEGREGATION PROGRESS NOTE

Patient LBJFPATIENT, Test **#:** x1111111 **Lang:** **Race** American In
DOB 8/2/2013 (Age=1) **Sex** Female
Housin LBJF **SSN#** - -
Statu: ACTIVE **Booking D:** 8/2/2013 7:43:11 PM

Level of Care (select one)

B S I

Allergy

Current Allergies:

B = Basic S = Supportive I = Intensive

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Mental Health

Mental Health Queue

- If patients are listed on Mental Health Queues due to positive answers given during Receiving Screening, the row will **display in red** to indicate that they must be assessed by Mental Health Staff while in the intake center (*Items displayed in red automatically sorts to the top of the queues*). Mental Health Staff will identify the urgency with which the patient must be seen by a Provider.

The screenshot shows a web application interface for the 'Mental Health Queue'. At the top, there are navigation tabs: 'ent', 'Chronic Care Management', 'Dashboard', 'Booking Process', 'Forms', 'Admissions/Discharge', and 'Help'. Below the tabs is a header for 'Mental Health Queue' with several sub-tabs: 'MH HX (117)', 'Suicide Queue (2)', 'Suicide HX', 'SMI Queue (0)', 'Juvenile Queue', 'Other Queue', and 'MHU Discharge'. A dropdown menu is set to 'The Past Week'. Below this is a table with the following columns: 'First Name', 'Middle Name', 'Last Name', 'Booking Number', 'Housing Location', 'Date of Birth', 'Gender', 'Entered By', and 'Entered Date'. The first row in the table is highlighted in red, indicating a high-priority patient.

Note: If patient is unresponsive to all Mental Health questions during the Receiving Screening, the patient will not be added to the mental health queue. However, Nursing will contact the MH staff who will assess the patient while in the intake center, and then determine the urgency to be seen by a Provider.

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Mental Health

Mental Health Queue (Continued)

Created a **Mental Health Discharge Queue** for tracking patients needing assessment by MH Staff within 48 hours after MHU Discharge.

Mental Health Queue						
MH HX (117)	Suicide Queue	Suicide HX	SMI Queue	Juvenile Queue	Other Queue	MHU Discharge (48)
The Past Week						
Booking Number	Patient Name	From Facility	To Facility	Facility Move Date		
		LBJFP 3B01001	DURA0 HAN00000	1/16/2015 1:40 PM		
		LBJFP 5A01001	ESTR0 HAT00000	1/16/2015 1:37 PM		
		LBJFP 5A02001	ESTR0 HAT00000	1/16/2015 1:35 PM		
		LBJFP 5B10001	ESTR0 HAT00000	1/16/2015 1:30 PM		

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Medical

Below is a summary of changes to the Electronic Health Record (EHR) that were implemented to help demonstrate compliance with specific patient care for Medical requirements set forth by Graves vs. Arpaio:

1. New Admission Management Section: Intake-Provider
2. Receiving Screening for HIV

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Medical Admission Management

Created an **Admission Management** Section: **Intake Provider**.

The screenshot shows the 'Admissions Management' interface. At the top, there is a header bar with the title 'Admissions Management'. Below the header, there are several controls: a 'Type' dropdown menu set to 'Intake - Provider' (highlighted with a red box), a 'Housing' dropdown menu set to 'All', a 'Previous' button, a 'Page: 1 / 1' indicator, a 'Next' button, and a checkbox for 'Order By Housing'. Below these controls is a table with the following columns: 'Patient Name', 'Custody Status', 'Housing', 'Frequency', 'Last Visit', and 'Next Visit'. The table contains one row with a redacted patient name, 'ACTIVE' custody status, 'INTK' housing, a blank frequency field, a dropdown menu, and a last visit date of '1/16/2015 3:53:16 PM'. Below the table is a 'Quick Note' field.

Patient Name	Custody Status	Housing	Frequency	Last Visit	Next Visit
[REDACTED]	ACTIVE	INTK	[REDACTED]	1/16/2015 3:53:16 PM	N/A

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Medical Form: Modification

RECEIVING SCREENING

Patient LBJFPATIENT, Test #:x1111111
DOB 8/2/2013 (Age=1) **Sex** Female
Housin LBJF **SSN#** - -
Statu: ACTIVE **Booking D:** 8/2/2013 7:43:1

22. Do you have any of the following symptoms of infection?

- None
- Chest Pain/Cough for over 4 weeks
- Chills
- Excessive Fatigue
- Fever
- Night Sweats
- Weight loss of greater than 15 pounds for over 2 months for unknown
- HIV

Add check box to identify if patient is having symptoms of infection for HIV.

- If HIV is selected and upon completion of the receiving screen, a pop up box to initiate isolation will occur
- User acknowledges message
- Screen opens to Sick Call to Schedule CXR appointment

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Reference

- Graves vs. Arpaio - United States District Court for the District of Arizona. Revised 4th Amended Judgment. (Case 2:77-cv-00479-NVW). Document 2304.

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Thank You!

Questions?



If you have any questions, please contact your
Charge Nurse, Supervisor or
chs.education.team@mail.maricopa.gov

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