King County

KING COUNTY AUDITOR'S OFFICE

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Jail Health: Behavioral Health Medications Reach Many Patients, but Gaps Remain for Some

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EXECUTIVE SUMMARY

Jail Health Services focuses its behavioral health services on stabilizing patients incarcerated in King County jails with high severity needs. However, we identified gaps for patients who have less severe issues but still might need behavioral health care. These patients can experience negative effects from long wait times with psychiatric providers, medication discontinuations or changes, and a lack of medication supplies at release. Addressing these gaps could help ensure more incarcerated people in King County's care receive needed medication for their behavioral health condition and experience fewer negative health outcomes. In addition, these improvements could also have positive impacts on patients' behavioral health once they are released to the community and reduce the likelihood that they will return to jail.

Content Warning

This report contains references to mental health and traumatic experiences.

If you or someone you know is experiencing suicidal thoughts, you can call the 24-hour US National Suicide Prevention Lifeline at 800-273-TALK (8255). You can also text HOME to 741741 to speak with a crisis counselor. Learn to recognize the warning signs of a mental health crisis by visiting the National Alliance on Mental Illness website.

If you know someone in a King County jail who has a behavioral health need, you can contact Jail Health Services at 206-296-1091 or JHSRequests@kingcounty.gov. Jail Health Services asks that you provide the following information:

- the person's name
- the person's booking number (use the online Jail Lookup Service)
- your contact information
- what your concern is.

Acknowledgment

The Jail Health Services division of Public Health – Seattle & King County performs demanding and crucial services for King County residents. The division works with vulnerable populations with high needs for behavioral health care, many of whom do not have access to health care outside of the jail. The National Alliance on Mental Illness estimates that 44 percent of people incarcerated in local jails have a history of mental illness, which is significantly higher than the national average. Jail Health Services also works in an environment where patients can be released at a moment's notice, and staff must depend on and defer to other agencies for safety, security, and access to patients. These factors are out of Jail Health Services' control, but staff navigate them to the best of their abilities to provide patients with quality health care. Even with this workload, Jail Health Services staff provided our team with access to people, documents, and data so that we could interview patients, nurses, psychiatric services staff, social services staff, pharmacy staff, and leadership. Staff were open with us about where they felt things were going well and where improvements could help them provide better care to patients.

Jail Health Services provides behavioral health care to thousands of patients each year. In 2023, Jail Health Services saw over 2,800 patients during almost 3,800 psychiatric appointments and ordered behavioral health medications for over 2,200 patients at King County Correctional Facility. Patients told us that the care and medication that Jail Health Services provides is very helpful for them. Several staff noted that Jail Health Services has been a good place to work. The experts we engaged with for our review of Jail Health Services' documents were impressed with the thoughtful consideration and level of documentation in the division's policies. Community organizations stated that they felt Jail Health Services' policies and practices have improved in recent years, particularly in relation to increased access to substance use disorder medications. Jail Health Services leadership was already in the process of reviewing several of the issues we identify in this audit, which indicates a proactive approach to improving health care quality and access for patients.

REPORT HIGHLIGHTS

What We Found

Jail Health Services (Jail Health) has processes focused on stabilizing patients with high-severity behavioral health needs. We identified gaps for patients who have less severe issues but might still need behavioral health care. We found that Jail Health ordered most behavioral health medications within two days of a patient's booking at the King County Correctional Facility and most patients received their medication within 24 hours of Jail Health placing the order. However, Jail Health placed some medication orders a month or more after booking. Many factors can affect how long it takes patients to receive a medication order, including wait times for psychiatric appointments. We found that some patients waited more than a month for psychiatric appointments, and some were released before their appointments could occur.

Jail Health sometimes changes or discontinues a patient's existing medications according to its prescribing guidelines. Staff members, community advocates, and patients have stated that some of these medication changes or discontinuations can result in negative side effects and health or behavioral issues that can worsen a patient's time at the jail or in their transition back into the community.

Lastly, while Jail Health can provide a supply of medication to patients at release, it does so for only a small percentage of people receiving behavioral health medications in the jail. For those who do receive a medication supply at release, the amount might be insufficient to last until the patient is able to obtain a new prescription in the community.

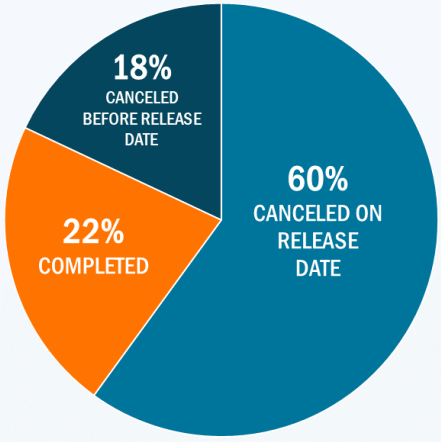
What We Recommend

We make recommendations to reduce wait times for psychiatric appointments, improve processes for medication changes or discontinuations, improve patient communication, and expand access to medications at release. Implementing these recommendations will help ensure Jail Health improves continuity of care and increases patient participation in decisions about their behavioral health care.

Why This Audit Is Important

King County has a commitment to provide incarcerated people in its care with quality and timely health care, including behavioral health. Jail Health provides behavioral health care and medication for thousands of incarcerated people every year, many of whom do not have access to health care outside of the jail. For almost 20 percent of bookings at the King County Correctional Facility in 2023, the patient received an order for at least one behavioral health medication. Disruptions to medication and untreated medical conditions can lead to serious consequences, including recidivism, patient suffering, and death.

Jail Health Services completed 22 percent of first psychiatric clinic appointments for patients in general population in 2023.



Source: King County Auditor's Office analysis of Jail Health Services data

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Section 1: Introduction to Behavioral Health Care in King County Jails

SECTION SUMMARY

The Jail Health Services (Jail Health) division of Public Health – Seattle & King County (Public Health) is responsible for providing health care to patients incarcerated in King County jails. This audit focuses on Jail Health processes for providing patients who were incarcerated at the King County Correctional Facility (KCCF) in 2023 with behavioral health medication.[1] Jail Health psychiatric providers and nurses saw over 2,800 patients during almost 3,600 psychiatric appointments and ordered behavioral health medications for over 2,500 patients at KCCF in 2023. While this audit focuses on medication, Jail Health Services staff provide other behavioral health services to patients, including assessment, case management, counseling, release planning, and patient education. Not counting nursing costs, behavioral health care costs made up about 10 percent of Jail Health's budget in 2023–24. This section provides context for our findings, which start in section 2.

How does Jail Health treat behavioral health?

Jail Health's primary goal for behavioral health services and medication is to stabilize patients. Jail Health prioritizes care based on the assessed severity of mental health needs. The jail houses the patients with the most severe needs in psychiatric housing and patients with less severe issues in general population housing. Jail Health staff may move patients between psychiatric housing and general population housing if they assess that the severity of the patient's issues has changed. Patients in psychiatric housing have elevated access to psychiatric care (with psychiatric evaluation specialists and/or psychiatric providers), while patients in general population housing must wait for a clinic appointment to see a psychiatric provider.

[1] King County operates two adult jails: King County Correctional Facility (KCCF) in downtown Seattle and Maleng Regional Justice Center in Kent. Our audit focused on behavioral health medication at KCCF. The majority of people booked in King County are at KCCF, and it is the primary psychiatric housing location.

Medical providers, psychiatric providers, psychiatric evaluation specialists, nurses, and the Social Services Team are the main behavioral health care providers in the jail (see exhibit A).

EXHIBIT A: Multiple groups in Jail Health Services work together to provide behavioral health care to patients.

Position	Behavioral Health Care Role
Nurses	Nurses provide intake assessments at booking, verify existing prescriptions, visit patients during rounds, administer medications, and may communicate between patients and psychiatric providers.
Psychiatric Evaluation Specialists	Psychiatric evaluation specialists (PES) perform behavioral health assessments for patients assigned to psychiatric housing to determine housing status. During their rounds, they visit patients in psychiatric housing and restrictive housing, as well as the general population housing. PES staff also hold psychoeducational groups.
Psychiatric Providers	Psychiatric providers (psychiatrists and psychiatric nurse practitioners) diagnose conditions, prescribe new medications, and make decisions to continue, change, or discontinue existing prescriptions.
Medical Providers	Medical Providers (medical doctors and advanced registered nurse practitioners) diagnose substance use disorder conditions, prescribe new medications, and make decisions to continue, change, or discontinue existing prescriptions.
Social Services Team	The Social Services Team includes social workers, substance use disorder professionals, and community health workers. These team members organize patient care at the point of release, including giving patients a supply of medications, scheduling appointments with community providers, and providing other resources.

Source: King County Auditor's Office

What are behavioral health medications?

Behavioral health medications are used to treat people with mental illness and substance use conditions. This audit focuses on the following categories of

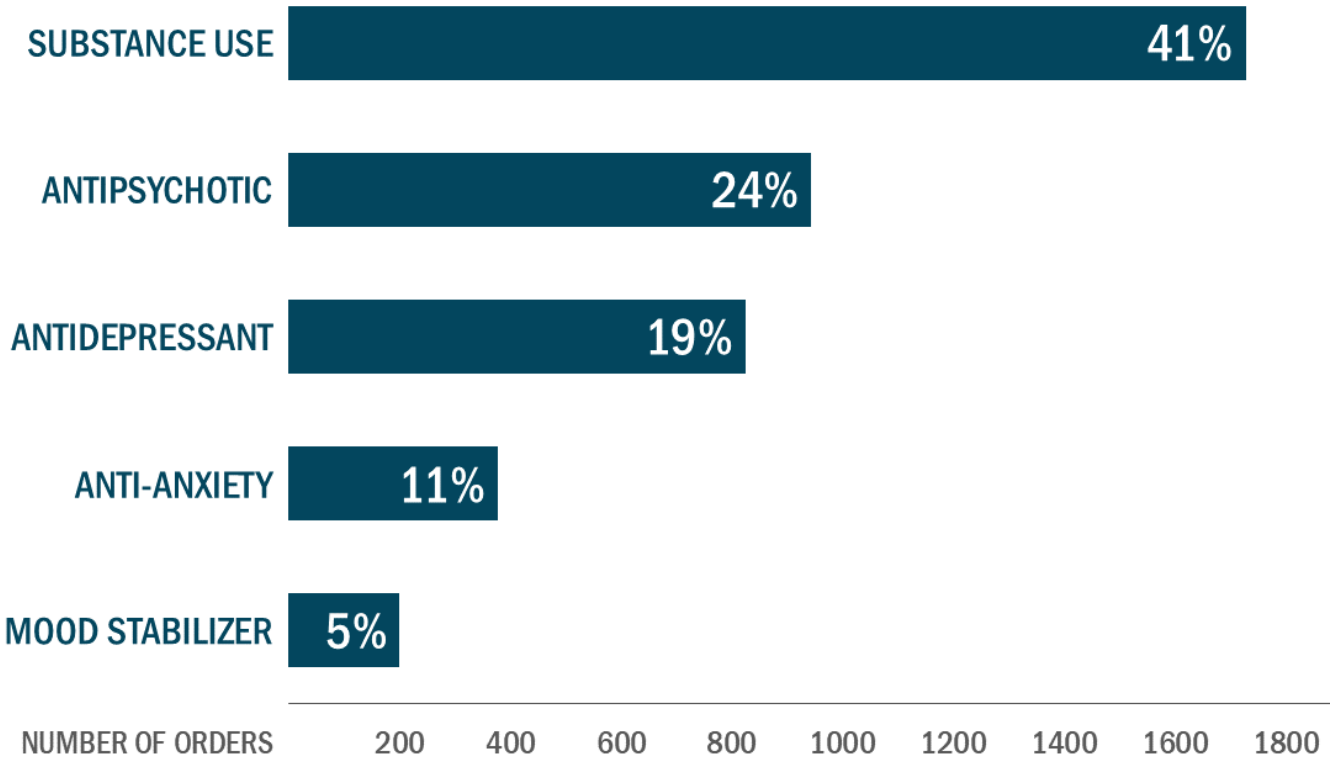
medications: anti-anxiety medications, antidepressants, antipsychotics, mood stabilizers, and substance use treatment medications (see exhibit B). Of these categories, Jail Health most commonly prescribed substance use treatment medications to patients housed at the King County jails in 2023, followed by antipsychotics (see exhibit C).

EXHIBIT B: Categories of behavioral health medications that Jail Health Services prescribes.

Medication Category	Description
Anti-anxiety medications	Used to reduce symptoms of anxiety, including panic attacks, disabling fear, or disabling worry.
Antidepressants	Used to treat depression.
Antipsychotics	Used to treat psychosis (a condition that involves loss of contact with reality). May treat schizophrenia, bipolar disorder, severe depression.
Mood stabilizers	Used to treat bipolar disorder and mood changes associated with other mental disorders.
Substance use treatment medications	Used to treat substance use disorders, sustain recovery, and prevent overdose.

Source: King County Auditor's Office, based on definitions from the National Institute of Mental Health

EXHIBIT C: Of all behavioral health prescriptions in 2023, Jail Health Services prescribed substance use treatment medications most frequently.



Note: Some medications may have multiple purposes, but they are only reflected in one category. Psychiatric providers also prescribe some other medications that have multiple uses (both psychiatric and non-psychiatric) that are not included in this analysis. We categorized medications in alignment with Jail Health Services' prescribing guidelines.

Source: King County Auditor's Office analysis of Jail Health Services data

How many people in the jail receive behavioral health medication?

For about 18 percent of bookings at KCCF in 2023, the patient received an order for at least one behavioral health medication. Of 13,830 bookings in 2023, about 2,500 bookings had an associated order for behavioral health medication. This calculation likely understates the need, however, since it does not include people who may have behavioral health needs but were released before they could meet with a psychiatric provider. Most bookings are associated with lengths of stay under 72 hours. As of April 2025, about 2,800 people had psychiatry appointments scheduled at KCCF in 2023. Jail Health reported that in a point-in-time count in April 2025 about 40 percent of the jail population had a prescription for a behavioral health medication.

The need for behavioral health care among incarcerated people is higher than the general population in the United States. A 2024 National Association of Counties report stated that one in four people detained in jails (26 percent) reported experiences of serious psychological distress and the National Alliance on Mental Illness estimates that about 44 percent of people who are incarcerated in local jails have a history of mental illness (twice the prevalence of the general population in the United States). Multiple organizations in King County report that there are significant unmet behavioral health care needs in the community. The need may be particularly high among those who are incarcerated repeatedly. An evaluation of King County's Vital Program, which provides services to people incarcerated at a King County jail multiple times in the previous 12 months, found that 94 percent of individuals eligible for the program had a behavioral health condition.

In 2023–24, Jail Health spent over $12 million on psychiatric staffing, the Substance Use Disorder Program, and behavioral health medications, or about 10 percent of Jail Health's overall budget. This estimate does not include nursing and medical provider costs even though they also serve a role in providing behavioral health care in the jail. Aside from psychiatric care, Jail Health is also responsible for general medical care and social services.

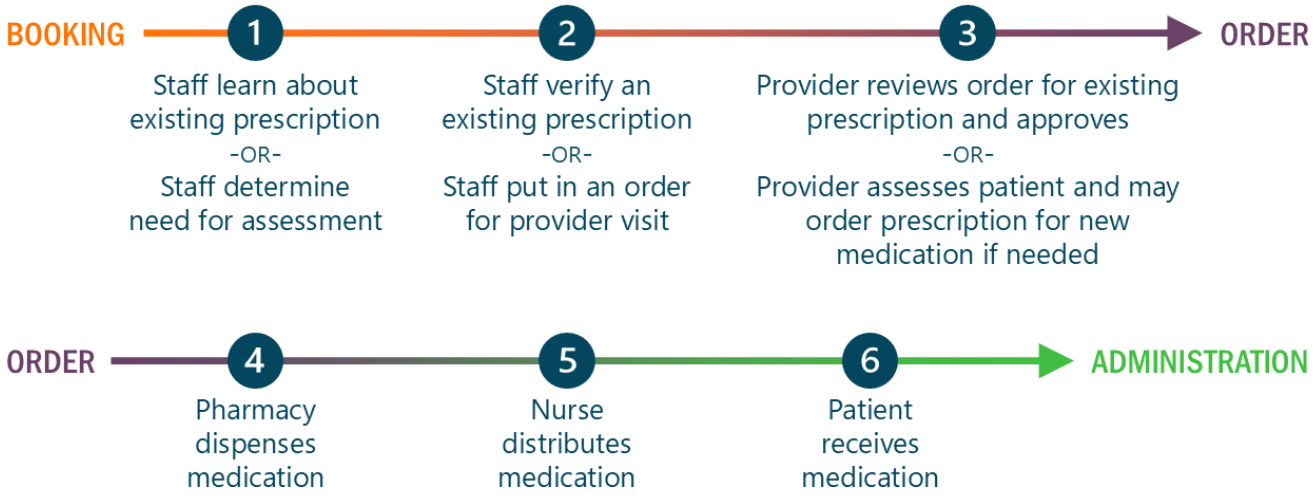
How does Jail Health identify what medications patients need when they are booked into jail, and how are prescriptions ordered and dispensed?

Jail Health provides behavioral health medications either by continuing a patient's existing prescription or prescribing a new medication. There are several key steps for ordering and administering medications in the jail (see exhibit D). There are exceptions to this process in cases of immediate severity. If a patient had an existing prescription when they were booked into the jail, staff must verify that the prescription is active by contacting the pharmacy, community provider, or other outside facility.[2] If there are no active prescriptions for the patient but the patient presents potential symptoms or a previous diagnosis, staff can place an order for a visit with a psychiatric provider for assessment and potential treatment, which could include medication. A psychiatric provider confirms a medication should be given to the patient by approving an order for an existing medication or assessing the patient for a new medication. During this confirmation process, providers use Jail Health's prescribing guidelines and their

[2] Jail Health can learn about prior prescriptions either from the patient or through their electronic health record system.

professional judgment to determine whether to prescribe a medication. Once the provider approves the order and a nurse places the order in the electronic medical record system, it is sent to the jail pharmacy to dispense. A nurse then administers the medication to the patient, as shown in the exhibit below.

EXHIBIT D: Simplified Jail Health Services process for ordering and administering medication.



Source: King County Auditor's Office analysis based on Jail Health Services documentation and interviews

What is continuity of care and why does it matter?

Continuity of care refers to the coordination of a patient's care across health care facilities and providers to avoid withdrawal side effects or return of symptoms. In the context of behavioral health medications, it means that patients can continue taking their medications without missed or significantly delayed doses. This is important in any setting because of potential side effects from stopping a medication. The timing of side effects can differ by medication and condition, and Jail Health takes these specifics into consideration when ordering and administering existing prescriptions. It may be especially important in a corrections setting because jails are stressful environments, and patients lack autonomy. These conditions can worsen behavioral health challenges.

What happens when someone on a behavioral health medication is released from jail?

Patients can receive a seven-day supply of their medication at release. This is intended to bridge the gap until they can meet with a psychiatric or medical provider in the community to continue their prescription. However, most patients do not currently receive this supply. Jail Health is taking steps to expand coordinated services at release, including medication dispensing. We discuss medications at release in more detail in section 4.

Section 2: Wait Times for Access to Psychiatric Providers

SECTION SUMMARY

Jail Health ordered and administered most patients' behavioral health medications within a few days of booking. However, Jail Health placed some medication orders a month or more after booking, which could be due to long wait times for clinic appointments. Some patients need to see a psychiatric provider in a clinic appointment before getting medication. Jail Health has limited psychiatric provider resources, and management focuses these resources on the patients with the most severe needs. The median wait time for clinic appointments was 35 days, which is longer than the median stay in jail for people receiving behavioral health care. These challenges may disproportionately impact Black patients, patients experiencing homelessness, and patients without access to mental health care in the community.

Jail Health places most medication orders within two days of booking, but some patients wait longer

For patients who received a behavioral health medication order in 2023, Jail Health placed most orders within two days of booking. We analyzed wait times for people who received behavioral health medication (including medications for substance use disorder) in 2023 and found that Jail Health placed 69 percent of medication orders within two days and administered most orders within 24 hours of staff placing the order in the electronic medical record.

Jail Health placed some orders a month or more after booking, which may be because some patients need a clinic appointment before getting medication. The time between when a person is booked and when their medication order is placed can vary significantly. Some patients cannot receive a medication order until after a psychiatric provider can assess their symptoms and make a diagnosis and treatment plan, which contributes to longer wait times. We found that patients needing a clinic appointment waited a median of 35 days to see a provider, and some did not see a provider at all before being released. This means that Jail Health missed opportunities to provide medication to general population patients who might have needed it.

Jail Health explained that it is important for a psychiatric provider to assess symptoms before making a diagnosis and treatment plan in order to ensure

patient safety. The following types of patients may need to see a psychiatric provider before Jail Health provides medication:

- patients without an existing prescription
- patients who have not filled their existing prescription within the prior 45 days
- patients whose medication or dosage is not aligned with the Jail Health prescribing guidelines.

The severity of patients' behavioral health needs and their housing assignment at the jail determines how long they wait to receive a psychiatric assessment and see a psychiatric provider.[3] Jail Health explained that this prioritization is necessary due to the high number of patients booked into the jail with unmet behavioral health needs. Jail Health also noted that it has processes to help identify patients who may need to be seen by a psychiatric provider sooner than the 30-day window, including daily triage by nurses and deck calls by officers. We found that patients assigned to psychiatric housing are more likely than general population patients to 1) have their appointment fulfilled and 2) have the appointment fulfilled quickly, which aligns with Jail Health goals to prioritize stabilizing patients with severe needs. Jail Health has a target for general population patients with less severe symptoms to see a psychiatric provider in the clinic within 30 days. However, in 2023, 66 percent of general population patients (204 out of 310 patients) had to wait more than 30 days for their clinic appointment, which may have delayed their access to medication (see exhibit E).

We also found that 22 percent of patients in general population who had an order for a psychiatric clinic appointment received an appointment before they were released, compared with 59 percent of patients in psychiatric housing (see exhibit F). This is likely, in part, due to short patient stays at the jail; 25 percent of patients who received a behavioral health appointment order in 2023 were released within three days of booking (the median stay for that population was 20 days). Patients that we interviewed reported experiencing symptoms like mood swings, pain, and/or combative behavior from not having their medications in the jail. Nurses we interviewed reported that long waits for appointments and medications led to patient suffering, anger, and behavior incidents. Several nurses offered examples of

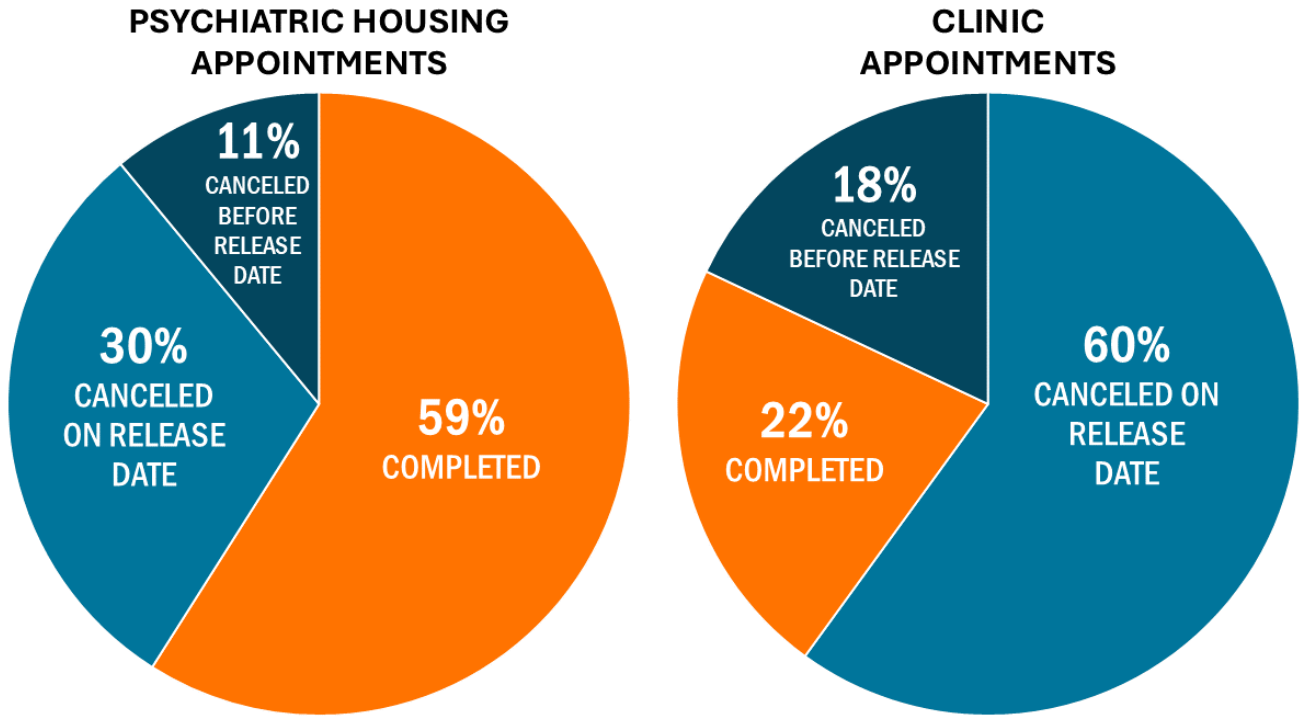
[3] Staff also noted that appointment wait times can vary significantly depending on staffing levels. For example, wait times were higher in 2021 and 2022, when the Psychiatric Provider Team had unfilled positions. The team reached full staffing as of early 2025, which might allow for appointment times to be more consistently close to the 30-day standard, and management stated the team might be able to see more patients sooner.

efforts they made, both within and outside of typical processes, so their patients could more quickly see a psychiatric provider and get assessed for medication needs.

EXHIBIT E: Most patients in general population wait longer than 30 days to see a psychiatrist in the clinic.

Source: King County Auditor's Office analysis of Jail Health Services data

EXHIBIT F: Jail Health Services completes 59 percent of first appointments for patients in psychiatric housing, and 22 percent for clinic appointments in general population.



Source: King County Auditor's Office analysis of Jail Health Services data

Jail Health does not yet have a plan for reducing wait times

Jail Health staff stated that wait times for clinic appointments have been shorter as staff positions have been filled, but Jail Health does not yet have a comprehensive plan for managing wait times that might help ensure more patients are able to see psychiatric providers in a timely way. There are multiple causes, both within and outside of Jail Health's control, that can contribute to longer wait times and unfulfilled psychiatric provider appointments. However, Jail Health has not reviewed how its policies or practices might contribute to longer wait times or unfulfilled appointments.

For example, psychiatric providers aim to see patients housed in general population at a clinic appointment within 30 days of it being ordered. Staff stated this standard is meant to reflect community wait time. A National Commission on Correctional Health Care (NCCHC) representative we interviewed noted that a community standard for provider appointment wait times can be helpful but may not be appropriate for all locations because wait times can be very long in some communities, patients in custody do not have alternative options for care, and the jail environment can exacerbate mental health symptoms. In addition, many patients are released in fewer than 30 days, meaning they would not see a psychiatric provider at all.

Jail Health has taken some steps to understand and increase its staff capacity for psychiatric services. For example, Jail Health has hired psychiatry residents to staff a clinic for general population patients. There may be additional opportunities to meet the needs of patients in general population more quickly. For example, non-psychiatric medical staff at Jail Health do not prescribe any behavioral health medications for lower severity cases. In contrast, San Francisco Jail Health Services is an example of a facility that does allow non-psychiatric medical providers to prescribe some behavioral health medications to reduce wait times.

Managing wait times for psychiatric providers and medications is especially important because, as noted above, the need for behavioral health care among incarcerated people is higher than the national average. NCCHC Mental Health Standards state that all inmates with mental health needs should receive an appointment to have non-emergency needs addressed in a clinical setting.[4] NCCHC considers the timeliness of response to requested mental health appointments to be an important indicator of the quality of care at a facility. The NCCHC Mental Health

[4] The NCCHC is a professional accreditation body to which Jail Health has helped secure accreditation under the Health Care Standards for the KCCF. KCCF is not accredited under the NCCHC Mental Health Standards. We discuss this further in section 5.

Standards also state that the agency should develop and approve a mental health staffing plan to ensure a sufficient number of mental health staff of varying types provide inmates with adequate and timely treatment. Jail Health shared its general staffing list for its 2023 adopted budget. The Society for Human Resource Management notes that revisiting staffing plans when making functional adjustments can help better reach goals. Given the multiple potential reasons for unfulfilled appointments and long wait times, Jail Health will need to develop a strategy to reduce wait times that is suited to its context and the needs of its patients and ensure its staffing plan is aligned with its needs to meet its goals.

An issue that makes it more difficult to address wait times is that Jail Health cannot track wait times for clinic appointments because of limitations in the current scheduling system. This means it is labor-intensive for Jail Health to monitor whether wait times are close to the standard and analyze wait times for potential continuous improvements. Jail Health is working on a project to improve scheduling, which will transition the system to scheduling appointments explicitly at the time of order. Staff state this new system will more easily allow Jail Health to monitor appointment wait times. The Washington State Department of Social and Health Services recommends monitoring appointment wait times as a key indicator of quality to drive process improvement efforts.

Recommendation 1

Jail Health Services should develop, document, and implement a plan to reduce psychiatric clinic wait times for patients in the general population at the King County Correctional Facility that includes, at a minimum:

- a review and update of current standards for psychiatric appointment wait times
- a behavioral health staffing plan
- a process to track wait times against the standard for patients with both more severe and less severe needs.

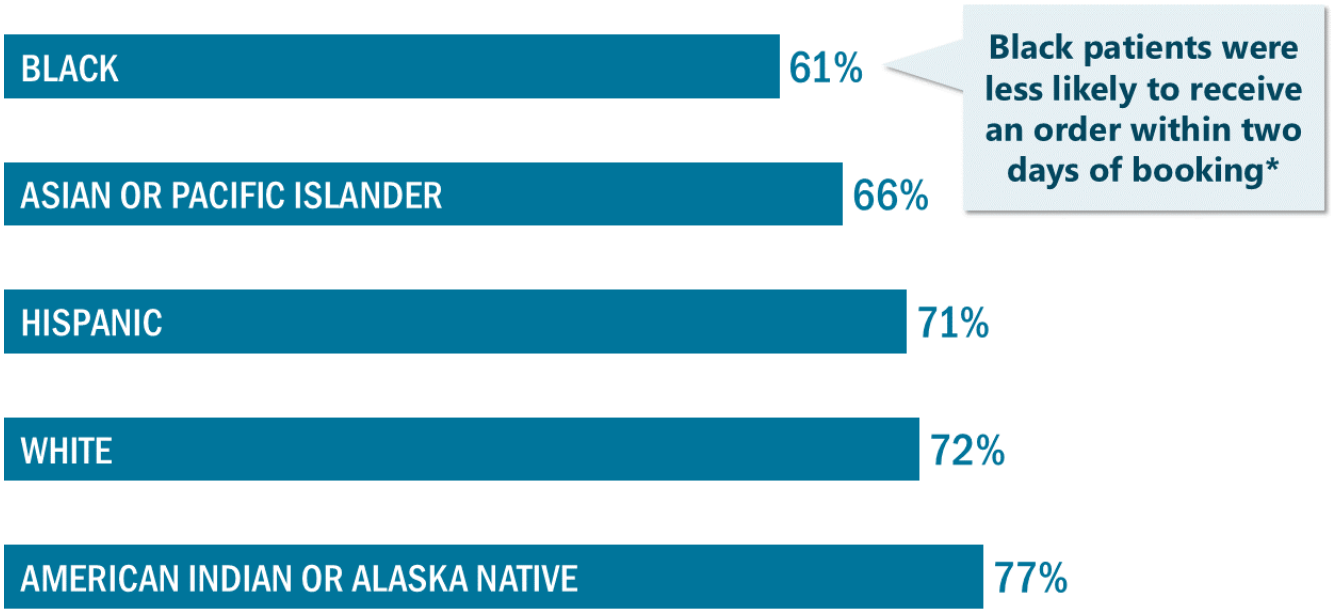
Jail Health policies may perpetuate existing inequities in health care access

Jail Health policies may perpetuate inequities in access to behavioral health care in the community. Black patients waited longer for medications than White patients while in jail. In 2023, 72 percent of White patients received a medication order within two days of booking, compared with 61 percent of Black patients.[5] These inequities result in part from Jail Health policies and practices that perpetuate the impact of factors outside of the jail. For example, Jail Health policy states that patients must have filled their prescription within the last 45 days to have their medication prescribed without seeing a psychiatric provider. Nurses told us that people experiencing homelessness are less likely to have filled their medications in the last 45 days due to having more immediate survival and safety needs to address, challenges to getting refills, relying on other substances to treat symptoms, etc. According to the National Alliance to End Homelessness, Black people experience homelessness at rates much higher than White people, meaning they may be less likely to have filled their prescriptions in the past 45 days.[6] Jail Health has expressed a commitment to interrupting systems that perpetuate inequity.

[5] Wait time calculations were based on all behavioral health medications, including medications to treat substance use disorder. Differences between White and Black patients remained statistically significant at a greater than 99% confidence level after controlling for type of medication.

[6] https://endhomelessness.org/resources/sharable-graphics/racial-inequalities-homelessness-numbers/

EXHIBIT G: Black patients waited longer for medication orders than White patients, even when holding the type of medication constant.



*The difference between White and Black patients was statistically significant at a greater than 99% confidence level, holding constant the type of medication. Other differences were not statistically significant at a 95% confidence level, potentially due to small sample size.

Source: King County Auditor's Office analysis of Jail Health Services medication order data

Jail Health has not yet completed its 2025 equity plan, reducing opportunities to address disparities

Jail Health's equity plan is still in development, reducing opportunities to analyze and address disparities. Disparities in care can stem from many causes and not all of them are in Jail Health's control. However, it is important to be aware of disparities to inform a purposeful response when issues are within the control of the County. At the time of this audit, Jail Health was still working on the development of its 2025 division equity plan after completing its 2023–24 equity plan. Jail Health is currently determining what specific elements it would include in the 2025 plan. Completing this equity plan and implementing strategies to address disparities could help Jail Health reduce the outcomes we found in this audit.

Recommendation 2

Jail Health Services should complete its equity plan and incorporate a strategy to address psychiatric appointment wait time disparities.

Section 3: Medication Changes and Discontinuations

SECTION SUMMARY

Jail Health's practices for changing and discontinuing patients' medications provide insufficient opportunities for patient input and have the potential to impact patient health and behavior in the jail. Staff members, patients and community advocates stated that some Jail Health practices for medication changes or discontinuations can result in negative side effects and health or behavioral issues that can worsen a patient's stay at the jail or transition to the community. Jail Health does not have a documented policy for periodically reviewing its prescribing guidelines and ensuring that a diversity of perspectives and a formal risk assessment are incorporated into the review process. Jail Health's current practices might not be sufficient to ensure patients receive notification about and understand medication changes before their next expected dose. Exacerbating these issues, Jail Health does not have a systemic way to track and identify how often psychiatric providers change or discontinue medications prescribed by a community provider, meaning that they cannot assess the overall impact of these decisions on patients.

Some medication changes may be harmful to patients

Jail Health psychiatric providers sometimes change or discontinue medications that were prescribed by a provider in the community. Staff members, patients, and community organizations shared concerns that some medication changes or discontinuations have the potential to worsen patient symptoms and behavior. Medication changes can include switching to a different medication for the same condition, raising or lowering the dosage, or discontinuing the medication altogether. Psychiatric providers follow internal prescribing guidelines to discontinue medications if the patient's prescription is not indicated on those guidelines or is a dosage deemed lower than the "minimum effective dose." There are procedures to review and approve medications outside of the formulary when needed. Staff we talked to said that medication discontinuations are more frequent than medication or dosage changes. Nursing staff observed that some patients experienced negative symptoms after providers discontinued their medications. For example, they observed that patients experienced night terrors and difficulty focusing (which one patient reported affecting their ability to participate in their legal case). One

community provider expressed concerns that Jail Health's practice of reducing medication dosages resulted in the medications not having an effect for some of her patients.

During the audit, Jail Health entered into an agreement with the United States Department of Justice that will affect how it makes medication changes going forward. The agreement states that Jail Health will not set "categorical exclusionary criteria" for medications that were prescribed by a community provider or set criteria against prescribing behavioral health medications below a minimum dosage. Jail Health also agreed to conduct an individualized medical assessment when making decisions about continuing or changing medications as opposed to the current practice which often relies on chart review alone. These new policies could reduce the number of patients that receive medication changes or discontinuations while in the jail. Several of our audit recommendations are in alignment with the US Department of Justice requirements and will result in additional procedures to ensure that medication changes are reasonable, documented, and well-communicated.

Limited input and risk analysis on medication change policies

Jail Health developed its prescribing guidelines without a formal risk assessment or input from nursing staff and patients, resulting in guidelines that may not align with Public Health's overall priorities, risk appetite, or patient needs. Jail Health went through a process within the Psychiatric Provider Team to develop, review, and document its prescribing guidelines for psychiatric medications. This document establishes what medications psychiatric providers should prescribe or continue and what considerations and risks to keep in mind when making prescription decisions. Jail Health also had the document reviewed by one external expert for potential improvements. Our expert panel stated that the guidelines were thoughtful and well-written. However, nurses, patients, and community advocates did not provide input during the policy development, and Jail Health did not perform a formal risk assessment when developing the guidelines. Performing risk assessments is a best practice for developing policies and procedures and evaluating their effectiveness, particularly for issues like medication prescribing which carries a variety of health, legal, and reputational risks. Public Health, the department that Jail Health resides within, has a risk assessment tool that can provide guidance for making high-impact decisions and encourages its use for issues where a small group of people should not be defining or solely responsible for the risks. Public Health recommends

incorporating multiple perspectives in the risk assessment process, and experts recommend incorporating diverse perspectives in prescription policy decisions.

Jail Health does not have a policy guiding regular updates and revisions to the prescribing guidelines, missing an opportunity for continuous improvement. Experts recommend regular reviews of prescribing policies in correctional facilities to weigh risks and benefits on an ongoing basis and incorporate multiple perspectives, information, and changing circumstances.

Recommendation 3

Jail Health Services should develop, document, and implement policies regarding its prescribing guidelines for behavioral health medications. This should include, at a minimum:

- frequency for review and updates
- a formal risk assessment
- process for inclusion of the expertise and perspectives of Public Health – Seattle & King County leadership, Jail Health Services nurses, patients, and community advocates.

Psychiatric providers do not document medical justification for changes

Jail Health policies do not require psychiatric providers to develop or document a justification for changing medication prescribed by a community provider, even if the patient or nurses disagree with the decision. Changing or discontinuing a medication prescribed by a community provider without understanding the reasoning of that provider might cause confusion, frustration, or result in additional side effects for the patient. Jail Health has agreed to provide a written explanation for the reason for any medication discontinuation as part of King County's agreement with the US Department of Justice. We identified two additional areas to reduce risks from medication changes or discontinuations for patients:

1. **Justification:** King County's agreement with the US Department of Justice does not include a requirement for justification for changes other than discontinuations. According to best practices from the NCCHC, providers should document their justification for any changes to a patient's treatment plan. Ensuring justification for all changes can help reduce the risks of changes for all patients.
2. **Consultation:** Psychiatric providers may make changes that do not consider a patient's treatment history with the medication. Psychiatric providers we

interviewed stated that they do not regularly reach out to providers in the community to understand why they prescribed a certain dosage or medication and get their perspective. Effective medication type and dose is highly individual; what works well for one patient may cause side effects for another. An expert we spoke with noted that some patients have worked with their community provider through trial-and-error to identify the best medication and dosage with minimal side effects. Recommended practices we reviewed for medication changes in a jail setting state that mental health professionals should reach out to community clinicians to gather information about the effectiveness of prior treatments, when indicated.

Recommendation 4

Jail Health Services should document and implement updates to its policy for changing or discontinuing behavioral health medication, including adding provisions for:

- documenting the medical justification for a change or discontinuation
- obtaining more information about the patient's medication history from the prior prescriber or patient when making a decision to change or discontinue the medication.

Patients might not always receive timely notice of medication changes

Jail Health has practices for communicating medication changes or discontinuations to patients, but those practices might not ensure that all patients and relevant staff know or understand the medication changes or discontinuations. Jail Health communicates medication changes or discontinuations to patients either face-to-face during appointments or through its internal written system ("KITE"). Several people we interviewed noted that the KITE system might not be consistently effective. One patient we spoke with noted that they learned their medication was discontinued after not receiving several doses and asking a nurse about it. Nursing staff said that some patients may receive changed medications before anyone has communicated the change to them. Nursing staff also shared that nurses are not always aware of when medications are discontinued or which medications they administer were changed, so they are not able to inform the patient at the time of administration. This means that some patients may not know that Jail Health changed their medications (or do not have a chance to ask their psychiatric provider questions about changes) before they receive the changed or missed dose. The American Medical Association states that providers should inform patients about

the nature, benefits, and risks of their care options.[7] To consent to treatment, patients must first have knowledge of changes to their medication.

In addition, the KITE system presents barriers for some patients who cannot read English, which could impede their ability to communicate with psychiatric providers. KITE forms for patients to fill out are in English and Spanish, but staff state that the responses they send back to patients are often written in English. Jail Health does not have a system in place for patients who have difficulty reading (for example, due to blindness or low reading comprehension) or who cannot read English, but some staff said they will read patients their KITE forms if the patient requests it. Nurses noted that many patients can navigate the KITE system, but people experiencing severe psychiatric symptoms often cannot. Community advocates expressed concern that the KITE system does not serve vulnerable patients housed in the general population.

The US Department of Justice's investigation also found gaps in communication services for patients with disabilities. The Americans with Disabilities Act requires that local governments communicate effectively with people who have vision, hearing, or speech disabilities. The goal is to ensure that communication with people with these disabilities is equally as effective as communication with people without disabilities. As part of the agreement with the US Department of Justice, Jail Health has agreed to provide an accessible communication option for patients with vision disabilities that allows them to communicate as independently as possible without relying unnecessarily on a third party. This presents an opportunity for Jail Health to review its communication practices more comprehensively, addressing patients for whom written communication in English might not be effective and helping ensure all patients can understand communications that include key information about their care.

[7] American Medical Association, Code of Medical Ethics, Opinion 2.1.1, "Informed Consent," https://code-medical-ethics.ama-assn.org/ethics-opinions/informed-consent.

Recommendation 5

Jail Health Services should develop, document, and implement a policy to improve the timeliness of communication about medication changes and discontinuations and provide patients an opportunity to ask questions about changes before taking the medication or missing a dose. The policy should include accommodations for patients with low English reading comprehension, visual impairment, or other barriers to accessing written information.

Insufficient tracking of medication changes

Jail Health does not track how often psychiatric providers change or discontinue medications that were prescribed to patients by providers in the community. As a result, it cannot fully assess the overall impact of medication changes. Since psychiatric providers do not track medication changes and discontinuations in their data system, Jail Health cannot determine how often patients' existing prescriptions are continued, changed, or discontinued without reviewing individual charts. As a result, Jail Health cannot use data to assess the frequency or impact of medication changes and discontinuations on patients. This means staff cannot assess to what extent current prescribing policies affect patients' access to their existing prescriptions. Best practice is to collect data and use it to inform decision-making. In King County's agreement with the US Department of Justice, Jail Health agreed to keep a log of all medication discontinuations. Tracking this information in a centralized data system would allow Jail Health to more easily aggregate and assess the scope and nature of the discontinuations to inform future decision-making and improvements, such as those discussed.

Recommendation 6

Jail Health Services should track behavioral health medication changes and discontinuations made at booking in a central data system, monitor how often these changes occur, and use this information to inform the review process discussed in Recommendation 3.

Section 4: Medications at Release

SECTION SUMMARY

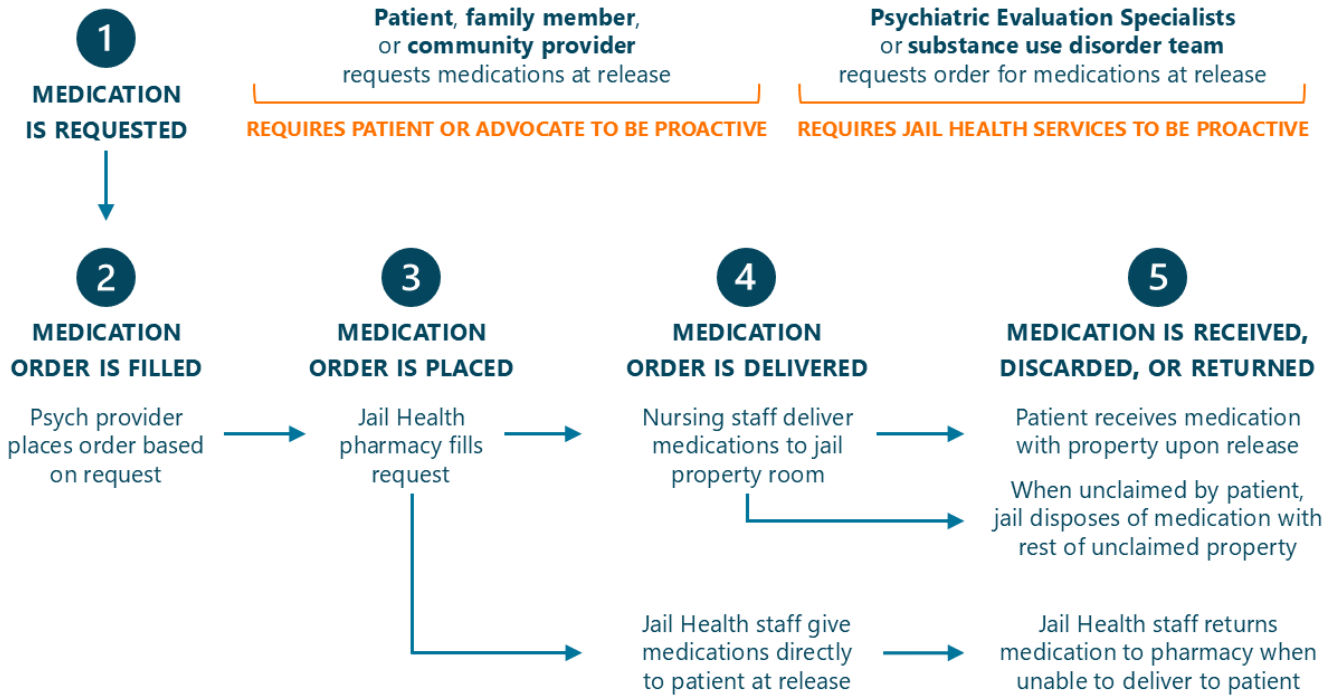
Fewer than 20 percent of people receiving behavioral health medications in the jail received a supply of their medication to take with them when they were released. Patients who leave the jail without medication can face challenges in getting a new prescription in the community, meaning they might have to stop taking their medications and experience worsening symptoms and potentially serious health outcomes. Jail Health provides patients that do receive medications at release with a seven-day supply, which is likely not enough due to long wait periods to meet with a psychiatric provider in the community. NCCHC standards require that a facility provide release planning support to patients with serious health needs, including a reasonable supply of current medications and prescriptions for planned releases to last until a person can follow-up with a provider in the community. Additionally, the jail has insufficient controls around the tracking and disposal of medications placed in patient property at the jail.

Jail Health has a process to provide some patients with medications at release

Jail Health providers order medications at release for patients when they determine it medically necessary or when requested by Jail Health staff, the patient, or a patient advocate. Medical providers place orders for medications to treat substance use disorder and psychiatric providers place orders for all other behavioral health medications. Jail Health care coordinators on the Social Services Team typically request medications for all patients on their caseload. For patients eligible for coordinated discharge services, they also schedule appointments with community providers, collect necessary resources and supplies, and arrange for a supply of medications to be provided at release. For many other patients, generally the patient or the patient advocate must make a request to Jail Health for a supply of medications at release. Multiple groups participate in getting medications to the patient, including the pharmacy, nurses, Social Services Team, and/or jail staff. Depending on the type of medication, either jail staff or the care team facilitate the hand-off. While jail staff can assist with getting patients non-controlled substances through the property room, Jail Health staff must deliver one medication for opiate

use disorder that is a controlled substance.[8] See exhibit H for a step-by-step view of this process.

EXHIBIT H: A simplified version of how King County provides medications at release.



Source: King County Auditor's Office analysis of Jail Health Services processes

Most patients do not receive medications at release

Most patients who took medications at the jail do not receive medications at release, increasing the likelihood of adverse impacts due to discontinuity of medication. Of patients released from KCCF in 2023 who were taking behavioral health medications, 17 percent received an order for medications at release (24% of all medications for substance use disorders and 10% of other behavioral health medications). Jail Health staff and patient advocates explained that patients or their advocates may have to proactively request a supply of medications at release.[9] Placing the responsibility on patients to request a supply of medications at release can prevent some patients from getting a supply. Multiple patients told us that they did not know they could (or needed to) request a supply of medications at release.

[8] Buprenorphine is a controlled substance for treating opiate use disorder. According to the National Institutes of Health, controlled substances are medications primarily active in the central nervous system and have a greater risk of causing dependence or addiction. They can also cause serious health consequences at high doses.

[9] Jail Health automatically requests medications at release for patients who are eligible for coordinated discharge services.

Patients who were aware of how to obtain a supply at release stated they learned this from various sources, including outside providers, previous jail stays, and other patients, indicating that Jail Health processes for communicating the availability of medications at release (such as including it in the Resident Handbook) might not be sufficient. A patient and patient advocate also indicated that some patients may be experiencing mental health symptoms that make proactively requesting a supply difficult, and some may have difficulty requesting one due to lower English proficiency. Psychiatric staff we interviewed stated they rarely, if ever, receive requests for a medication supply at release. Relying on patients to be proactive reduces access to behavioral health medication and hinders county and community efforts to meet behavioral health needs in the community. In addition, NCCHC standards state that facilities should provide discharge planning for patients with serious health needs, and that patients who have a planned release should receive a reasonable supply of medications which can include a combination of medications and prescriptions to allow the patient time to arrange follow-up within the community.

Patients who leave the jail without their medications can face challenges getting a new prescription in the community, meaning they might have to stop taking their medications and potentially experience significant worsening symptoms. Community health organizations indicated that demand for community health appointments for psychiatric care outweighs appointment availability, meaning that some patients will not be able to see a provider in the community and get a new prescription in time for their next dose. Community health providers and Jail Health staff also noted that some patients will not have health insurance immediately at release and that the first few days after release are critical for patients who might need to get medications from a community provider. Complications with insurance can reduce a patient's ability to get their medication from a community provider. Disruptions to medication after release from jail increases risks to the patient, including worsening symptoms of their underlying conditions, withdrawal, overdose through self-medication, and death. Additionally, community providers and Jail Health staff noted that patients who do not have access to their behavioral health medications at release may be more likely to end up back in the jail. Multiple studies also link adherence to behavioral health medications, like antipsychotics, with reduced risks of reoffending.

Internal and external barriers may limit expanding medications at release

Jail Health stated that significant expansion of providing medications at release may be impeded by limited budget, staffing, and space. Jail Health is expanding its coordinated discharge process to patients with psychiatric conditions. Additionally, Jail Health is considering participating in the Medicaid Waiver Reentry Demonstration Initiative, which would require significantly increasing the number of people receiving medications and the amount they receive.[10] These efforts could help increase the number of people who are able to receive a supply of their medication, but implementation is still in progress, and key decisions about resource allocation remain. Jail Health leadership also stated that there may be significant barriers to expanding release services and medications at release, including insufficient funding and staffing to meet with everyone at release. In addition, staff cited insufficient space to meet with patients at the time of release. Currently, the jail only has one dedicated office for discharge planning which can accommodate one patient at a time, so staff often meet with clients either outside, in front of the facility, or in a separate, unconnected office around the corner from the jail. Resolving these barriers may require collaboration with the King County Executive and Department of Adult and Juvenile Detention.

Jail Health provides pharmacy and coordinated discharge services 12 hours each day, which limits the number of patients who can receive a supply of a controlled substance medication at release. Jail Health states that this is because there is not sufficient funding for staffing to provide coordinated discharge services for 24 hours, even though patients can be released at any time throughout the day. There is no backup process to serve patients who are released after hours, increasing the likelihood of negative effects due to stopping medications. NCCHC standards indicate that "adequate discharge planning is contingent on timely notification by custody staff or court services staff of the inmate's scheduled release. However, if notification is not provided, health staff still have a responsibility to ensure ongoing patient care with community health professionals." Since NCCHC standards allow for either medication supply or a prescription, one potential backup option could be providing prescriptions with a partnering community pharmacy.

While factors cited by Jail Health might inhibit significant expansion, Jail Health can take steps to improve its current internal processes to better ensure patient awareness of the

[10] The Washington State Medicaid Waiver Reentry Demonstration Initiative provides funding for jails to provide up to 90 days of reentry services, including case management, medications for alcohol and opioid use disorder, and a 30-day supply of medications and medical supplies at release. Jails participating in the initiative must provide a 30-day supply of medications to all patients released from the jail. Jail Health has hired a program manager to evaluate the costs, benefits, and feasibility of participating in this program.

availability of medications at release and assist patients for whom required proactive steps would be prohibitive for obtaining a supply.

Recommendation 7

Jail Health Services should develop, document, and implement formal strategies to expand patient access to behavioral health medications when they are released from King County Correctional Facility including, but not limited to, improving communication with patients about the option of receiving medications at release.

Recommendation 8

Jail Health Services should develop and implement a process that allows people who are released after release planning service or pharmacy business hours to obtain a supply of, or a prescription for, behavioral health medication.

Jail Health provides an insufficient amount of medication on release

For those patients who receive a supply of medication at release, Jail Health provides a seven-day supply, which may result in patients running out before they have an opportunity to refill their medication. Jail Health policy requires that psychiatric providers prescribe a maximum of seven days' worth of medications for patients at release.[11, 12] Jail Health medical leadership indicated that it implemented this policy to mitigate the risks of overdose or misuse since patients do not always have community providers to monitor their medication use. Jail Health staff said they also consider other factors such as patient medical history and whether the patient has medications at home. However, in the *Wakefield v Thompson* decision (1999), the United States Court of Appeals for the Ninth Circuit held that jails must provide outgoing patients with a supply of medications sufficient to last until they can consult a provider and obtain a new supply.[13] NCCHC standards also require that, for planned discharges, health staff arrange for a reasonable supply of current medications (which can include a combination of medications and prescriptions) to allow the patient time

[11] Jail Health leadership indicated it is considering increasing to a maximum 14-day supply of medications at release but had not yet decided as of the time of the audit.

[12] Unless the person is heading to an inpatient treatment facility. If so, Jail Health may provide 30 days.

[13] *Wakefield v. Thompson*, 177 F.3d 1160 (1999)

to arrange for follow-up in the community. Some patients, community providers, Jail Health staff, and medical experts indicated that a seven-day supply is unlikely to be sufficient given community behavioral health care availability.[14] They instead recommended a supply ranging from 14 to 30 days. The American Public Health Association's *Standards for Health Services in Correctional Institutions* recommends at least a 14-day supply.

Recommendation 9

Jail Health Services should document and implement updates to its policy regarding behavioral health medications at release to provide a sufficient supply and/or prescription that takes into account appointment wait times in the community.

Jail staff improperly disposed of medications in property

Prior to our audit, jail staff in the property room threw away medication if the patient or their family member did not pick up their property, in violation of state law. The jail made immediate changes to its practices when it became aware of medication disposal requirements. The jail's prior policy was to throw patient property in the garbage if it had not been picked up within 30 days of release. Jail staff and leadership indicated it disposed of all property in the same manner, regardless of whether it contained medications. As noted later in the report the jail could not identify property that contained medications because staff did not track when they placed medications in patient property. This practice conflicted with Washington Administrative Code, which requires that agencies reuse, incinerate, or otherwise destroy medications to a non-retrievable standard.[15]

In response to our audit, the jail has implemented a new policy to prevent improper disposal of medications. The policy directs staff to search any collected property for medications and to dispose of them separately in designated waste medication bins. The jail then delivers the uncollected medications to the Jail Health pharmacy for proper medical disposal.

[14] Jail Health indicated Medications for Opioid Use Disorder (MOUD) might be accessible in the community within a shorter period of time compared to other behavioral health medications, although social service staff indicated that they have had some difficulty accessing those services.

[15] WAC 173-303-071(3)(nn) and WAC 173-303-555.

Recommendation 10

The Department of Adult and Juvenile Detention should incorporate the updated medication disposal processes into policy and ensure compliance with Washington Administrative Code to prevent potential misuse and improper disposal of medications placed in patient property.

Insufficient tracking for medications in patients' property

The jail does not have sufficient controls to track whether patients received medications at release, preventing effective monitoring and increasing the risk of misuse of medication. When a psychiatric provider orders (non-controlled) medications at release, Jail Health staff deliver the medication to jail staff in the property room.[16] Jail staff then place the medication in the patient's property. After delivering the medication to the property room, Jail Health staff sign and scan a document into Jail Health's data system to confirm the delivery to the jail. Neither agency can determine whether the patient received their medications from the property room because the jail does not track whether it placed medication in the patient's property. This reduces Jail Health's ability to monitor and improve its processes for providing medications at release. The jail's lack of a tracking system means medications are vulnerable to theft and misuse. In the current system, if a staff member were to keep medication for themselves, there would be no reliable paper trail to show that the patient did not receive the medication. Best practices suggest that management establish controls to safeguard assets vulnerable to misuse, such as medications. For example, management should periodically count and compare assets to logs.

Recommendation 11

The Department of Adult and Juvenile Detention should ensure sufficient controls to track medications in its property room.

[16] If the medication is a controlled substance, staff deliver medications to patients directly as they are released from KCCF (or returned to the pharmacy if they were unable to deliver). Controlled substances are not stored in the property room.

Section 5: Mental Health Care Standards

SECTION SUMMARY

Jail Health and King County jails do not have behavioral health–specific standards, reducing opportunities for accountability and continuous improvement for care in an inpatient care facility serving thousands of patients each year. Our findings in this report note where Jail Health could apply external standards for behavioral health medication and services to help improve patient care and outcomes. Jail Health is a county agency subject to the legal and professional requirements of health care in a jail setting, but it has not adopted standards for behavioral health to serve as a framework for care. Adopting behavioral health standards (in addition to the general jail health care standards it already follows) can help Jail Health ensure that comprehensive policies and processes are in place to continuously improve behavioral health care, and that its work is regularly checked by independent oversight — which could help improve outcomes for patients and communities.

Jail Health does not have behavioral health-specific standards

Jail Health follows NCCHC Standards for Health Services in Jails but does not follow any specific set of behavioral health standards for facility or agency-level oversight, reducing opportunities for accountability and continuous improvement of behavioral health care services and outcomes for patients. Jail Health is a county agency subject to the legal and professional requirements of health care in a jail setting. Jail Health also achieved successful reaccreditation in October 2023, and 100% compliance with all applicable Jail Health standards, which includes mental health screening and evaluation, mental health services, medication services, and discharge planning. However, Jail Health does not have overarching behavioral health care standards for behavioral health to which it is responsible. There are several potential licensing and accreditation options that could help Jail Health ensure its practices receive regular independent, field-specific review and feedback:

1. **National Commission on Correctional Health Care Mental Health Standards**: The NCCHC Mental Health Standards provide detailed mental health care standards that help facilities determine proper levels of care, organize systems more effectively and efficiently, and demonstrate that

constitutional requirements for mental health care are being met. NCCHC representatives we spoke with stated these standards are being updated in 2025.

2. **Washington State Department of Health (DOH):** The DOH licenses, regulates, and certifies inpatient and outpatient behavioral health agencies that may be certified to provide mental health, substance use disorder, and other services. The Washington State Department of Corrections is certified as a behavioral health agency under the DOH.
3. **CARF International Behavioral Health Standards:** CARF International provides accreditation and support services for health and human service programs, including behavioral health and substance use disorder programs in criminal legal environments.[17]

External accreditation or certification for behavioral health services in jail or prison settings may not be an industry norm or expectation, and there are pros and cons to adoption. NCCHC notes that correctional health providers face challenges regarding financing, political support, risks, and staffing that make correctional health care operations unique from private or community providers. An NCCHC representative we spoke with said that only 20 out of an estimated 3,500 of correctional health care facilities in the United States are accredited under its Mental Health Standards. However, industry publications stated that adopting standards helps improve behavioral health care and other health care in a correctional setting, which could improve outcomes for patients and communities.

Recommendation 12

Jail Health Services should develop, document, and implement a plan to evaluate standards specific to its behavioral health services for adoption.

[17] Founded as the Commission on Accreditation of Rehabilitation Facilities, the accreditation organization uses CARF International as its name.

Appendix 1: Executive Response

King County

Shannon Braddock
King County Executive
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Seattle, WA 98104
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TTY Relay: 711
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June 3, 2025

Kymber Waltmunson
King County Auditor
516 Third Ave., Suite1033
Seattle, WA 98104

Dear Ms. Waltmunson:

Thank you for the opportunity to review and comment on the audit report titled *"Jail Health: Behavioral Health Medications Reach Many Patients, but Gaps Remain for Some"*. The enclosed recommendation table outlines responses to each of the twelve recommendations. The agencies audited concur with all twelve recommendations.

We appreciate the time and effort your staff have put into this audit. We look forward to the improvements that will be implemented because of this effort. Please note that availability of resources may impact the department's ability to implement recommendations as projected.

If you have any questions regarding this response, please contact Danotra McBride, Division Director, Jail Health Services, Department of Public Health or Steve Larsen, Deputy Department Director, Department of Adult and Juvenile Detention.

Sincerely,

DocuSigned by:
Dwight Dively
F9A6961003F9436

Dwight Dively
Director of Performance, Strategy and Budget

Karan Gill, Deputy County Executive, King County Executive Office
Kelli Carroll, Director of Special Projects, King County Executive Office
Jennifer Hills, Deputy Chief Operating Officer, King County Executive Office
Danotra McBride, JHS Director, Department of Public Health
Hikari Tamura, Deputy Director, Department of Public Health
Alan Nance, Director, Department of Adult and Juvenile Detention
Steve Larsen, Deputy Director, Department of Adult and Juvenile Detention

Recommendation 1

Jail Health Services should develop, document, and implement a plan to reduce psychiatric clinic wait times for patients in the general population at the King County Correctional Facility that includes, at a minimum:

- **a review and update of current standards for psychiatric appointment wait times**
- **a behavioral health staffing plan**
- **a process to track wait times against the standard for patients with both more- severe and less -severe needs.**

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 3/1/2026

RESPONSIBLE AGENCY Jail Health Services

COMMENT JHS will develop and implement a plan to reduce psychiatric clinic wait times for patients in the general population at KCCF.

Recommendation 2

Jail Health Services should complete its equity plan and incorporate a strategy to address psychiatric appointment wait time disparities.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2027

RESPONSIBLE AGENCY Jail Health Services

COMMENT This work and ongoing monitoring will be completed in the Continuous Quality Improvement Committee.
Recommendation #1 must be complete before work can begin on this item, because it is dependent on data that will be generated by completing that recommendation.

Recommendation 3

Jail Health Services should develop, document, and implement policies regarding its prescribing guidelines for behavioral health medications. This should include, at a minimum:

- **frequency for review and updates**
- **formal risk assessment**
- **process for inclusion of the expertise and perspectives of Public Health – Seattle & King County leadership, Jail Health Services nurses, patients, and community advocates.**

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2027

RESPONSIBLE AGENCY Jail Health Services

COMMENT Developing a policy that includes a frequency for review and updates, and a formal risk assessment can be completed by March 2026. Developing a process for including the perspectives of PHSKC leadership, JHS nurses, patients and community advocates will take the remaining implementation time.

Recommendation 4

Jail Health Services should document and implement updates to its policy for changing or discontinuing behavioral health medication, including adding provisions for:

- **documenting the medical justification for a change or discontinuation**
- **obtaining more information about the patient's medication history from the prior prescriber or patient when making a decision to change or discontinue the medication.**

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2026

RESPONSIBLE AGENCY Jail Health Services

COMMENT The ability to "obtain more information" is not within JHS control and depends on the entity from which we are requesting information. We can commit to attempting to obtain relevant information and documenting these attempts.

Recommendation 5

Jail Health Services should develop, document, and implement a policy to improve the timeliness of communication about medication changes and discontinuations and provide patients an opportunity to ask questions about changes before taking the medication or missing a dose. The policy should include accommodations for patients with low English reading comprehension, visual impairment, or other barriers to accessing written information.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2027

RESPONSIBLE AGENCY Jail Health Services

COMMENT

There are instances where a community-prescribed medication is not ordered at intake due to an acute safety concern, and it may not be feasible for the patient to talk with a provider before missing a dose. JHS can make policy provisions for timely communication regarding medication changes as well as providing additional information to the patient at intake about what to expect regarding medication changes, but in situations where there is a safety concern, safety will be highest priority.

JHS concurs with this recommendation and will make an exception for emergency and safety situations.

Recommendation 6

Jail Health Services should track behavioral health medication changes and discontinuations made at booking in a central data system, monitor how often these changes occur, and use this information to inform the review process discussed in Recommendation 3.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/1/2025

RESPONSIBLE AGENCY Jail Health Services

COMMENT JHS concurs with this audit, and will implement it consistent with the DOJ agreement, by recording information about behavioral health medications and medications for opioid use disorder that are changed or discontinued at booking.

The information recorded will be analyzed with information available in other systems for targeted quality review.

Recommendation 7

Jail Health Services should develop, document, and implement formal strategies to expand patient access to behavioral health medications when they are released from King County Correctional Facility, including but not limited to, improving communication with patients about the option of receiving medications at release.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2029

RESPONSIBLE AGENCY Jail Health Services, King County Executive Office

COMMENT JHS concurs with the value of this recommendation and will develop and evaluate a plan. Full implementation will depend on operational feasibility and the availability of funding and resources. We commit to assessing the needs for implementation and incorporating any needed resources into a future budget request.

Currently, JHS receives notification of release for a small population of residents, and the staffing model does not include having pharmacy and release planners available 24 hours per day. This recommendation requires full assessment of a new release process, with appropriate medical staff available at all times, and connections to community providers. For these reasons, the implementation timeline is contingent upon approval of funding, staffing, and other resources to ensure timely notification of release, operational considerations, and medication fulfillment needs upon release.

Recommendation 8

Jail Health Services should develop and implement a process that allows people who are released after release planning service or pharmacy business hours to obtain a supply of, or a prescription for, behavioral health medication.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2029

RESPONSIBLE AGENCY Jail Health Services, King County Executive Office

COMMENT JHS concurs with the value of this recommendation and will develop and evaluate a process. Full implementation will depend on operational feasibility and the availability of funding and resources. We commit to assessing the needs for implementation and incorporating any needed resources into a future budget request. For the reasons described in recommendation 7, the implementation timeline is contingent upon approval of funding, staffing, and other resources to ensure timely notification of release, operational considerations, and medication fulfillment needs upon release.

Recommendation 9

Jail Health Services should document and implement updates to its policy regarding behavioral health medications at release to provide a sufficient supply and/or prescription that takes into account appointment wait times in the community.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2029

RESPONSIBLE AGENCY Jail Health Services, King County Executive Office

COMMENT JHS concurs with the value of this recommendation and will evaluate policy updates. Full implementation depends on operational feasibility and the availability of funding and resources. We commit to assessing the needs for implementation and incorporating any needed resources into a future budget request. For the reasons described in recommendation 7, the implementation timeline is contingent upon approval of funding, staffing, and other resources to ensure timely notification of release, operational considerations, and medication fulfillment needs upon release.

Recommendation 10

The Department of Adult and Juvenile Detention should incorporate the updated medication disposal processes into policy and ensure compliance with Washington Administrative Code to prevent potential misuse and improper disposal of medications placed in patient property.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 9/30/2025

RESPONSIBLE AGENCY Department of Adult and Juvenile Detention

COMMENT Process was implemented 3/31/2025 and will be in DAJD policy by end of Q3 2025

Recommendation 11

The Department of Adult and Juvenile Detention should ensure sufficient controls to track medications in its property room.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 9/30/2025

RESPONSIBLE AGENCY Department of Adult and Juvenile Detention

COMMENT Process was implemented 3/31/2025 and will be in DAJD policy by end of Q3 2025

Recommendation 12

Jail Health Services should develop, document, and implement a plan to evaluate standards specific to its behavioral health services for adoption.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 6/1/2027

RESPONSIBLE AGENCY Jail Health Services

COMMENT JHS can evaluate potential standards for adoption by March 2026. Developing a plan to adopt those standards will take the remaining implementation time.

Appendix 2: Statement of Compliance, Scope, Objective, & Methodology

Statement of Compliance with Government Auditing Standards

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Scope of Work on Internal Controls

We reviewed internal controls as they relate to control and monitoring activities, risk assessment, and the overall control environment of Jail Health Service's administration of behavioral health medication at the King County Correctional Facility (KCCF) and the Department of Adult and Juvenile Detention's handling of medications in property.

Scope

This audit will evaluate King County's administration of behavioral health medication to adults at the KCCF in 2023. We may review data outside of 2023 for context. We will review administration of all behavioral health medications, including substance use disorder and psychiatric medications. We may include information related to Maleng Regional Justice Center for context.

Objectives

1. To what extent does Jail Health Services provide continuity and timely administration of behavioral health medication for people when they are in the jail, and what are the barriers, if any, to continuity and timely administration?
2. To what extent do Jail Health Services and the Department of Adult and Juvenile Detention provide continuity of behavioral health medication for people leaving the jail, and what are the barriers, if any, to providing continuity?

Methodology

To determine the extent to which Jail Health Services (Jail Health) provided continuity and timely administration of behavioral health medication for people when they are in the jail, we analyzed Jail

Health data from 2023 on orders for behavioral health medications, including anti-anxiety medications, antidepressants, antipsychotics, mood stabilizers, and substance use treatment medications. In order to determine timeliness, we reviewed and pulled administration times from paper-based medication administration records for a sample of the 2023 orders and calculated the time between booking and order and order to administration for the sample. We selected a random sample for this analysis that was generalizable to all 2023 orders with 95% confidence. We also utilized race and gender data to disaggregate the results.

To determine wait times for restarting discontinued prescriptions or obtaining new prescriptions, we obtained and analyzed Jail Health data on psychiatric appointment orders and completions to calculate wait times for psychiatric appointments, including those in psychiatric housing and in the general population (clinic appointments). This included data on reasons why an appointment order was canceled (not completed). To understand how long it takes for patients to get medications after booking, we narrowed out analysis to the first psychiatric housing and clinic appointment ordered for patients booked in the jail in 2023.

To understand Jail Health policies, procedures, and practices for behavioral health medications, we reviewed Jail Health documents, reviewed accreditation reporting, interviewed staff and leadership, and conducted a site visit. We also consulted with three experts in the field of forensic psychiatry and pharmaceuticals to review Jail Health's prescribing guidelines and medication administration manual for positive practices and potential improvements. Additional sources of data we reviewed include patient grievance data and data from Jail Health internal quality control processes.

In addition to our quantitative analysis, we conducted 89 interviews with 66 people to gather qualitative information for the audit, including patients, Jail Health staff, other King County staff, experts in the field, community organization representatives, community health providers, and a comparable jurisdiction. These interviews provided data and feedback on behavioral health medication policies and practices at the KCCF as well as perspectives on larger challenges and promising practices in the field. For example, to better understand the perspectives of patients, we conducted semi-structured interviews with a sample of 10 incarcerated patients at the KCCF, including patients who needed interpretation services for the interview. We also surveyed and conducted semi-structured interviews with Jail Health staff, including in-person interviews with 13 nursing staff and supervisors (about 10 percent of nursing staff at KCCF), four psychiatric evaluation specialists (about 50 percent of specialists), and four psychiatric providers (about 50 percent of providers). We used theme saturation qualitative sampling methods to determine when we reached an appropriate sample. In addition, we interviewed managers and supervisors for nursing, psychiatric services, pharmacy, and social services. We spoke with staff from community organizations and medical providers to understand their experiences working with formerly incarcerated patients and working with Jail Health. This data was analyzed for themes using qualitative analysis software.

Appendix 3: List of Recommendations

Recommendation 1

Jail Health Services should develop, document, and implement a plan to reduce psychiatric clinic wait times for patients in the general population at the King County Correctional Facility that includes, at a minimum:

- a review and update of current standards for psychiatric appointment wait times
- a behavioral health staffing plan
- a process to track wait times against the standard for patients with both more- severe and less -severe needs.

Recommendation 2

Jail Health Services should complete its equity plan and incorporate a strategy to address psychiatric appointment wait time disparities.

Recommendation 3

Jail Health Services should develop, document, and implement policies regarding its prescribing guidelines for behavioral health medications. This should include, at a minimum:

- frequency for review and updates
- formal risk assessment
- process for inclusion of the expertise and perspectives of Public Health – Seattle & King County leadership, Jail Health Services nurses, patients, and community advocates.

Recommendation 4

Jail Health Services should document and implement updates to its policy for changing or discontinuing behavioral health medication, including adding provisions for:

- documenting the medical justification for a change or discontinuation
- obtaining more information about the patient's medication history from the prior prescriber or patient when making a decision to change or discontinue the medication.

Recommendation 5

Jail Health Services should develop, document, and implement a policy to improve the timeliness of communication about medication changes and discontinuations and provide patients an opportunity to ask questions about changes before taking the medication or missing a dose. The policy should include accommodations for patients with low English reading comprehension, visual impairment, or other barriers to accessing written information.

Recommendation 6

Jail Health Services should track behavioral health medication changes and discontinuations made at booking in a central data system, monitor how often these changes occur, and use this information to inform the review process discussed in Recommendation 3.

Recommendation 7

Jail Health Services should develop, document, and implement formal strategies to expand patient access to behavioral health medications when they are released from King County Correctional Facility, including but not limited to, improving communication with patients about the option of receiving medications at release.

Recommendation 8

Jail Health Services should develop and implement a process that allows people who are released after release planning service or pharmacy business hours to obtain a supply of, or a prescription for, behavioral health medication.

Recommendation 9

Jail Health Services should document and implement updates to its policy regarding behavioral health medications at release to provide a sufficient supply and/or prescription that takes into account appointment wait times in the community.

Recommendation 10

The Department of Adult and Juvenile Detention should incorporate the updated medication disposal processes into policy and ensure compliance with Washington Administrative Code to prevent potential misuse and improper disposal of medications placed in patient property.

Recommendation 11

The Department of Adult and Juvenile Detention should ensure sufficient controls to track medications in its property room.

Recommendation 12

Jail Health Services should develop, document, and implement a plan to evaluate standards specific to its behavioral health services for adoption.

Advancing Performance & Accountability

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