

**.UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

Case No. 13-cv-21570-BLOOM

UNITED STATES OF AMERICA,

Plaintiff,

v.

MIAMI-DADE COUNTY, THE BOARD
OF COUNTY COMMISSIONERS, *et al.*,

Defendants.

ORDER ON THIRD REVISED SUMMARY ACTION PLAN

THIS CAUSE is before the Court following a status conference held on February 7, 2018. *See* ECF No. [82]. Plaintiff United States of America (the “Government”) and Defendants Miami-Dade County, Miami-Dade County Board of County Commissioners, and Miami-Dade County Public Health Trust (collectively, “Defendants” or the “County”) entered into a Consent Agreement, ECF No. [5-2] (“Consent Agreement”), effective May 22, 2013, that addressed alleged constitutional violations regarding the provision of medical and mental health care at the correctional facilities operated by Miami-Dade County Corrections and Rehabilitation Department (“MDCR”). According to the Consent Agreement, on April 2, 2008, the Government notified Miami-Dade County officials of its intention to investigate conditions at MDCR. *Id* at 4. After tours of the MDCR facilities in 2008 and 2009, the Government issued a Findings Letter on August 24, 2011 that concluded “certain conditions in the MDCR Jail violated the constitutional rights of inmates” *Id*. In the months that followed, cooperation between the Government and the County resulted in two agreements: the Consent Agreement

before this Court and a separate Settlement Agreement, which addressed protection from harm, fire and life safety, and inmate grievances. *Id.* at 5.

The Consent Agreement. The Consent Agreement contained deadlines and requirements for implementation of 119¹ provisions or paragraphs (the “Paragraphs”). The parties selected an Independent Monitor to “oversee implementation of the [Consent] Agreement.” ECF No. [5-2] at 31 (“Independent Monitor”). Except where otherwise agreed to under a specific provision of the Consent Agreement, the County was to implement all provisions of the Consent Agreement within 180 days of the Effective Date. *Id.* at 33. On May 22, 2013, the Honorable William J. Zloch entered a final order approving and entering the Consent Agreement. ECF No. [9]. For approximately five years, Judge Zloch, and now this Court, have continued to monitor compliance with the Consent Agreement based on reports supplied by the parties and status conferences held before the Court.

First Revised Summary Action Plan. The County did not achieve full compliance with the Consent Agreement within 180 days as originally contemplated in the Consent Agreement. ECF No. [25] at 1; *see also* Independent Monitor’s Report No. 1, ECF No. [11], dated November 5, 2013; Independent Monitor’s Report No. 2, ECF No. [12], dated May 22, 2014; Independent Monitor’s Report No. 3, ECF No. [22], dated November 28, 2014. The Court held status conferences regarding the non-compliance on October 21, 2014 and November 17, 2014. *See* ECF No. [19] & [21]. On December 17, 2014, the parties filed a Joint Motion for Entry of Stipulated Order, ECF No. [25], which attached a Consent Agreement Summary Action Plan, ECF No. [25-2] (“First Revised Summary Action Plan”). The First Revised Summary Action Plan included revised compliance deadlines which extended from May of 2015 through

¹ According to the Independent Monitor, this number was later reduced to 115. ECF No. [80] at 88.

November of 2016. *See* ECF No. [25-2] at 1. The Court entered an Order granting the motion and approving and adopting the First Revised Summary Action Plan on December 18, 2014. ECF No. [27].

Second Revised Summary Action Plan. On April 20, 2016, the Court held a status conference during which the parties noted that the County was not in full compliance with the Consent Agreement. *See* ECF No. [44]. By May of 2016, the “Defendants stipulate[d] that they have not yet come into full compliance with several provisions of the Consent Agreement and [First Revised Summary Action Plan]” and that “they will be unable to meet many upcoming deadlines.” ECF No. [42] at 2; *see also* Independent Monitor’s Report No. 4, ECF No. [32], dated July 3, 2015; Independent Monitor’s Report No. 5, ECF No. [38], dated February 15, 2016. The parties therefore filed a Joint Motion for Entry of Stipulated Order, ECF No. [42], which attached a Consent Agreement Revised Summary Action (Compliance) Plan, ECF No. [42-1] (“Second Revised Summary Action Plan”). The Second Revised Summary Action Plan included revised compliance deadlines which extended from July of 2016 through February of 2017. *See* ECF No. [42-1] at 1–2. The Court entered an Order granting the motion and approving and adopting the Second Revised Summary Action Plan on May 23, 2016. ECF No. [43]. On September 9, 2016, the Independent Monitor filed its sixth report with the Court, which again noted that the County had still not reached full compliance with the Consent Agreement. ECF No. [45].

In advance of the February 21, 2017 deadlines, the Court held a hearing on January 26, 2017, during which the Government represented to the Court that the County had committed to full compliance with the Consent Agreement by the end of February 2017. ECF No. [56] at 7. On April 4, 2017, the Independent Monitor submitted its seventh report, which indicated that the

County had not achieved full compliance with the Consent Agreement. ECF No. [57]. The Court held a status conference on April 21, 2017. ECF No. [60]. At that hearing, the Government represented to the Court that “the latest summary action plan that had been filed with the Court showed that they would be in full compliance with all provisions by February. And obviously, those deadlines were missed. And this is now the third set of deadlines, unfortunately, that got missed.” ECF No. [63] at 11. Based on this hearing, the Court entered an Order, ECF No. [61], requiring the Independent Monitor to submit monthly reports regarding certain clinical performance measures.

On July 28, 2017, the Court held a status conference. ECF No. [68]. While the parties reported progress, they also reported that the County was still not in full compliance with the Consent Agreement. *See* ECF No. [70]. During the hearing, the Government represented that the parties planned a “full compliance tour” scheduled for the week of September 11, 2017. *Id.* at 5. Due to Hurricane Irma, that tour was postponed until December 2017, and a status conference was set for February 7, 2018. ECF No. [75].

On January 19, 2018, the Independent Monitor filed its eighth report. ECF No. [80]. The report stated that the County had again not achieved full compliance with the Consent Agreement and that it was fully compliant with 29 of the 115 Paragraphs of the Consent Agreement. *Id.* at 95. Specifically, the Independent Monitor noted in the report that for certain provisions of the Consent Agreement “performance is poor,” “poorly documented,” and/or data is “insufficiently analyzed,” and that the County had made “insignificant progress,” has “not improved,” or has implemented “poorly conceived and ineffective” processes in response to the requirements of the Consent Agreement. *Id.* at 96.

The Independent Monitor further reported that MDCR is classifying any inmate who receives a mental health care emergency treatment order as a “use of force” incident and “require[e]s the Qualified Mental Health Professional (QMHP . . .) to write an order authorizing use of force” for these incidents, a policy which is “outside the practice parameters of a QMHP” and which must “be stopped immediately.” *Id.* at 97. The Monitor further reported that two inmate deaths by suicide “may have been prevented had the patients been appropriately leveled,” that is, properly classified based on their mental health history and risk, per the Consent Agreement. *Id.* at 97. The report notes that “mental health staff [did] not follow[] the leveling guidelines despite having access to all relevant information” and that they instead used their “ ‘clinical judgment’ rather than following the guidelines, which lead to the errors.” *Id.*²

On February 7, 2018, the parties appeared before the Court for a status conference. At the Conference, the parties reiterated their commitment to full compliance, and the Independent Monitor highlighted several areas that required improvement. *See* ECF No. [83], Hearing Tr. at 24, 28–33, 35, 38. During colloquies with the Court, the Government represented that the parties had met and conferred regarding a new revised summary action plan and that the parties were prepared to file such plan on February 8, 2018 for Court approval. *Id.* at 24–25. However, while the Government informed the Court that the parties could file a revised summary action plan the following day, neither the Government nor the County was able to represent to the Court that the parties were *able* to comply with the deadlines contemplated in the proposed plan as drafted.

Third Revised Summary Action Plan. Following the hearing, the Court entered its Order, ECF No. [84], requiring that the parties submit a Proposed Third Revised Summary

² The Monitor further notes that “[h]ad the individuals of committed suicide been leveled appropriately, they would have been housed at a higher level of care (e.g., level 1) and their chance of completed suicide would have presumably decreased.” *Id.*

Action Plan. Specifically, the Court ordered that the proposed order must include final deadlines by which the parties agree full compliance with the Consent Agreement will be achieved. The Court further ordered that the proposed order must also include interim deadlines that allow sufficient time and opportunity for reports to be produced, analyzed, and any noncompliance remediated prior to the Final Deadlines. *Id.* at 6–7. In the Order, the Court further stated:

This Court has been far too generous in the time permitted for the parties to remedy the unconstitutional conditions at MDCR, which were initially investigated by the Government nearly a decade ago and which “Defendants stipulate[d], and this Court [found], necessitate the remedial measures contained in th[e Consent] Agreement.” ECF No. [5-2] at 5. Although the parties have represented to this Court—time after time—that they are committed to compliance, years have worn on without ever achieving full compliance while the safety and welfare of many individuals continue to be placed at risk. These are inmates who have no choice as to their housing and rely upon the government, here the Defendants, to comply with the law. Full compliance is necessary *as a first step* to achieve the sustainable and systemic change contemplated in the Consent Agreement. In sum, **this Court will no longer tolerate vague representations of the parties’ “commitment” in place of demonstrable and documented full compliance.**

Id. at 5–6 (emphasis added).

On March 15, 2018, the parties filed a Notice of Compliance which attached a Proposed Order and Third Revised Summary Action Plan. ECF No. [90-1] and [90-2]. Despite this Court’s admonitions to the parties during the February 7, 2018 status conference and in its February 8, 2018 Order, many of the deadlines contain a disclaimer that Defendants will perform certain action items—which the parties concede seek to remedy *ongoing constitutional violations at MDCR*—solely in an effort to “move toward compliance with” a particular Paragraph of the Consent Agreement.

This Court has been very clear: it will no longer tolerate commitments to attempt or try to comply with the Consent Agreement at some point in the future in place of *actual compliance*. Accordingly, the Court **modifies** the proposed order submitted by the parties and it is **ORDERED AND ADJUDGED** as follows:

1. As a result of Defendants' failure to achieve full compliance with the Consent Agreement, additional remedial relief is necessary, as set forth in the action steps and document production requirements below.

2. The additional relief set forth below complies in all respects with the provisions of 18 U.S.C. § 3626(a). The relief is narrowly drawn, extends no further than necessary to correct violations of federal rights as alleged by the United States in its Complaint and Findings Letter, is the least intrusive means necessary to correct these violations, and will not have an adverse impact on public safety or the operation of the criminal justice system.

3. This Order outlines final deadlines for compliance with the Consent Agreement ("Final Deadlines"). In advance of each Final Deadline, the parties shall:

a. **At least ten (10) days prior to a Final Deadline**, Defendants shall complete each of the action steps due by that Final Deadline and produce all supporting documents delineated in the Third Summary Action Plan for that Final Deadline. Wherever "findings and analysis" are referenced in the below action steps, this shall include the development and production of corrective action plans, where applicable; corrective action plans shall be timely implemented.

b. **At least five (5) days prior to the Final Deadline**, the parties and the Independent Monitor shall meet and confer to determine whether Defendants

have achieved compliance on the action items specified for that Final Deadline of the Consent Agreement.

- c. **On the Final Deadline**, the parties and the Independent Monitor shall file a **joint declaration** averring whether compliance with action items specified for that Final Deadline have been achieved. In the declaration, the parties must also specify, for each Paragraph of the Consent Agreement, which Paragraphs are in full compliance and which are in partial or non-compliance.

4. In addition to the requirements of Paragraph 3, above, the Independent Monitors shall provide timely feedback to the Defendants to facilitate compliance with the provisions of the Consent Agreement.

5. The language of this Order shall control, should there be any discrepancies between this Order and the Third Summary Action Plan.

6. **Final Deadline: April 16, 2018:**

- a. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.4.a (medication administration):
- i. Audit medication administration to determine if actual practices are consistent with policy and procedure regarding medication administration, including:
 1. Referring patients with serial missed medications to a practitioner to determine reasons and implement remedies;
 2. Implementing a medication utilization project through the Pharmacy & Therapeutics sub-committee to minimize overuse of medications, e.g., medications for sleep;

3. Implementing a process to ensure timely notification to a prescribing practitioner if a patient refuses to take his or her psychotropic medication for more than 24 hours, or misses three consecutive doses of non-psychotropic medication or three doses in a seven day period of non-psychotropic medication;
 4. If necessary, implement a corrective action plan developed jointly between Corrections Health Services (“CHS”) and Miami-Dade Corrections and Rehabilitation Department (“MDCR”) to ensure CHS and MDCR staff actively participate in mouth checks, and monitor the effectiveness of that plan;
 - ii. Produce the results of a discussion between CHS and MDCR about improving communication between CHS and MDCR on all levels regarding excessive medication found during searches, and jointly developed specific action plans to address identified issues;
 - iii. Produce any additional documentation demonstrating implementation of these recommendations, including, where applicable, corrective action plans, committee minutes, a new clinical performance measurement tool, and an initial assessment using that tool.
- b. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.5.a (maintenance of medical and mental health records): Implement the Independent Monitors’ recommendations from the Eighth Report regarding the management of medical and mental health

records, including:

- i. Eliminate paper systems for ordering x-rays and other diagnostics;
 - ii. Train and supervise staff to document patient encounters in a manner that is adequate to assist in providing and managing the medical and mental health needs of patients; and
 - iii. Explore methods to simplify access to the Medication Administration Record.
- c. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.5.d (exchange of medical and mental health records with outside providers): Provide an implementation plan for the Independent Monitors' recommendations from the Eighth Report regarding review of medical records from outside providers, including:
- i. Develop and implement a template or form to document consistent information about patients upon their return from off-site care and use that form to communicate with providers about continuation of care; and
 - ii. Ensure practitioners document their review of available medical records and incorporate the relevant findings into their documentation through the modification of an existing clinical performance measurement tool or creation of a new tool, as applicable.
- d. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.3.a (use of restraints):
- i. Produce an implementation plan for the Independent Monitors'

- recommendations from the Eighth Report regarding the use of clinical restraints to ensure all orders for the use of clinical restraints are appropriately reflected in the electronic health record; and
- ii. Produce an audit, with findings and recommendations, of three months of data, to analyze status of compliance with the clinical restraints policy.
- e. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.3.b (medical care following uses of force): Develop and produce a policy on care for inmates involved in uses of force, which includes a mechanism for regularly measuring conformance with the policy (policy CHS-042 Patient Injury and Response to Resistance).
- f. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.3.c (medical care following uses of force; questioning inmates and reporting suspected abuse): Produce an implementation plan for the Independent Monitors' recommendations from the Eighth Report regarding use of force care, including
- i. Ensure health care staff conduct post-use-of-force questioning regarding cause of injury out of earshot of custody staff, per Consent Agreement § III.B.3.c;
 - ii. Modify policy CHS-042 Patient Injury and Response to Resistance to allow a health professional to provide a report on inmate injury to someone other than the front-line officer; and
 - iii. Consider developing a role-modeling video to train new CHS staff

members on recognizing possible staff-on-inmate assaults and how to respond.

g. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.2.e (interdisciplinary treatment plans for mental health care):

i. Produce drafts of the following clinical performance measurement tools:

1. Level of care internal audit tool for Level I;
2. Level of care internal audit tool for Level II;
3. Level of care internal audit tool for Level III; and
4. Level of care internal audit tool for Level IV;

ii. Produce additional audit, including findings and analysis, incorporating measures requested by the Independent Monitors in their Eighth Report, including:

1. How many patients are on the mental health caseload at each level;
2. How many level I and II patients on each level receive an interdisciplinary treatment plan, the time frame in which each patient received the initial interdisciplinary treatment plan, and the time frame in which each individual received a follow up treatment plan; and
3. How patients who are not required to receive an interdisciplinary treatment plan are assessed and evaluated to

ensure their needs are addressed.

- h. Defendants shall produce a draft of the new measure(s) added to the Suicide Risk Screening clinical performance measurement tool to measure the quality of suicide risk assessments. Consent Agreement § III.C.3.a(4) (quality suicide risk assessments).
- i. Defendants shall submit a draft of policy CHS-044: Segregated Patients. Consent Agreement § III.C.6.a (custodial segregation).
- j. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.9.a (risk management system):
 - i. Finalize and produce policy CHS-010: Mortality and Morbidity Review; and
 - ii. Finalize and produce policy CHS-010B: Risk Management.
- k. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.D.1.b (self-audits): Produce the 2017 Clinical Quality Improvement Plan, including an evaluation of the quality improvement program in 2017, and a quality improvement plan for 2018, documenting the implementation of a quality improvement program.

7. **Final Deadline: May 1, 2018:**

- a. Defendants shall produce final versions of the following policies:
 - i. Policy IP-002: Supervising and Recognizing Inmates with Mental Illness;
 - ii. Policy CHS-068: Clinical Restraints;

- iii. Policy CHS-011: Patient Health Care Grievances;
 - iv. Policy CHS-056: Patients with Special Needs;
 - v. Policy CHS-042: Patient Injury and Response to Resistance; and
 - vi. Policy DSOP 11-041: Response to Resistance Policy.
- b. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.2.a (health assessments to administer preventative care):
- i. Demonstrate through the use of current clinical performance measurement tools that all incoming and current inmates are receiving:
 - 1. Health assessments within 14 days of entering an MDCR facility conducted by a clinically appropriate level of provider; and
 - 2. Primary care relationships for preventive care, chronic care, and medication management; and
 - ii. Modify current clinical performance measurement tools, if necessary.
- c. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.2.c (mental health assessments following adverse triggering events):
- i. Re-train all Qualified Mental Health Professionals (“QMHPs”) on the Columbia Suicide Screening Tool;
 - ii. Finalize and produce inter-agency policy IP-003: Inmate Suicide Prevention and Response Plan;
 - iii. Produce post-training testing results, competency results and the

- results of a random audit, including findings and analysis, on the suicide risk assessment training;
- iv. Produce clinical performance measures on Self-Harm Incidents, including findings and analysis; and
 - v. Produce Mental Health Review Committee (“MHRC”) meeting minutes demonstrating a review of self-harm incidents and identified Corrective Action Plans, as clinically indicated.
- d. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.1(a-c) (acute care and detoxification):
- i. Provide annual training regarding care for patients suffering from drug and alcohol withdrawal to booking Advanced Registered Nurse Practitioners (“ARNPs”) and psychiatry providers covering the detox unit and/or detox patients;
 - ii. Produce orientation and retraining sign-in sheets demonstrating staff training on acute health needs;
 - iii. Produce post-training testing results, competency results completed to date, and the results of a random audit on training for acute health needs, including findings and analysis; and
 - iv. Produce post-training testing results, competency results completed to date, and the results of a random audit on training regarding withdrawal from alcohol and other substances, including findings and analysis.
- e. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.B.3.a (use of restraints):

- i. Produce an analysis of Emergency Treatment Order (“ETO”) data to ascertain the underlying factors associated with ETOs and, if appropriate, a corrective action plan to decrease their frequency; and
 - ii. Produce a joint plan developed by CHS and MDCR to declassify ETOs as uses of force, if force was not required to administer an ETO.
- f. Defendants shall produce the draft of a new measure, for the clinical performance measurement tool on Suicide Risk Screening, to track compliance with Consent Agreement § III.C.3.a(1) (property and privileges for acutely mentally ill and suicidal inmates).
- g. Defendants shall produce the draft of a new measure, for the clinical performance measurement tool on Suicide Risk Screening, to track compliance with Consent Agreement § III.C.3.a(2) (case-by-base decisions regarding clothing, bedding, and property for suicidal inmates).
- h. Defendants shall complete the following step to achieve compliance with Consent Agreement § III.C.3.a(4) (suicide risk assessments): Produce the finalized clinical performance measurement tool on quality of suicide risk assessments and an assessment utilizing that tool, including findings and analysis.
- i. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.6.a(1-4) (custodial segregation): Produce the procedural directive implementing screening prior to placement in custodial segregation to identify acute medical and/or mental health contraindications

and to implement a 24-hour referral for evaluation by a QMHP of any patient with serious mental illness.

- j. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.8.d (staff certification in cardiopulmonary resuscitation):
 - i. Provide the results of a self-audit of compliance with the requirement that all correctional custodial staff are certified in cardiopulmonary resuscitation (“CPR”), including findings and analysis;
 - ii. Provide a plan with a training timeline for any staff identified as requiring training in CPR.
- k. Defendants shall complete and produce a report that meets the requirements of Consent Agreement § III.D.2.a.6 (report of reportable incidents).

8. Final Deadline: June 1, 2018:

- a. Defendants shall produce lesson plans, curriculum and a training schedule for applicable staff on the following policies:
 - i. Policy CHS-010: Mortality and Morbidity Review;
 - ii. Policy CHS-010B: Risk Management;
 - iii. Policy CHS-042 Patient Injury and Response to Resistance;
 - iv. Policy CHS-068: Clinical Restraints; and
 - v. Policy DSOP-11041: Response to Resistance;
- b. Defendants shall update the Suicide Prevention Training curriculum with the procedure from interagency policy IP-003: Inmate Suicide Prevention and

Response Plan, and initiate training.

c. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.A.1.b (mental health screenings on intake):

- i. Launch a performance improvement plan to streamline intake;
- ii. Implement IT enhancement to provide for a six hour routine referral form for behavioral health QMHPs;
- iii. Ensure all clinicians and nursing staff have completed secondary training regarding updates to the intake screening process;
- iv. Ensure all clinicians and nursing staff have completed training on the symptoms of withdrawal;
- v. Produce the following documentation:
 1. The MDCR Queue Management System (“QMS”) Report demonstrating the length of time inmates are spending in the intake process;
 2. A copy of the new routine referral form;
 3. Post-training testing results, competency results and the results of a random audit for intake screening training, including findings and analysis;
 4. Post-training testing results, competency results and the results of a random audit for symptoms of withdrawal training, including findings and analysis;
 5. Clinical performance measures on Mental Health Evaluation at Intake, including findings and analysis;

6. Clinical performance measures on Initial (Intake) Screen, including findings and analysis.
- d. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.1.c (inmates in need of constant observation):
 - i. Ensure nursing staff enter an emergent order and constant observation whenever a patient expresses suicidal ideations or thoughts, or whenever clinically indicated;
 - ii. Provide the Jackson Education Network (“JEN”) module training regarding the leveling policy to all QMHPs;
 - iii. Produce Suicide Risk Screening clinical performance measures, including findings and analysis;
 - iv. 4) Produce Initial (Intake) Screen clinical performance measures, including findings and analysis;
 - v. Produce JEN report demonstrating all QMHPs completed the leveling policy training; and
 - vi. Produce MHRC meeting minutes demonstrating the review and monitoring of the Initial (Intake) Screen and Suicide Risk Screening tools.
 - e. Defendants shall produce findings and analysis regarding diversion of patients to the hospital in medical emergent situations, based on data from the MDCR QMS Diversion Log. Consent Agreement § III.A.1.d (emergency mental health or medical referrals).
 - f. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.A.1.e (obtaining prior medical records):

- i. Develop, and produce evidence of, a place in the electronic health record to indicate offsite record checks; and
 - ii. Produce clinical performance measures for Repeat Jail Admits, including findings and analysis.
- g. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.3.a(1) (access to medical and mental health care):
 - i. Produce clinical performance measures on Urgent Care (Sick Call), including findings and analysis;
 - ii. Produce findings and analysis from an audit of the sick call process.
- h. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.3.a(2) (access to medical and mental health care for inmates with physical or cognitive disabilities): Ensure that Jackson Health System's communication system for patients with physical and/or cognitive disabilities is available at all times and provided to patients when necessary.
- i. Defendants shall produce findings and analysis of ongoing competency reviews and audits regarding medical and mental health care staff's knowledge of acute and chronic care needs of patients. Consent Agreement § III.A.3.b (adequate training on acute and chronic care).
- j. Defendants shall produce a draft of a new clinical performance measurement tool monitoring compliance on documentation being sent out with patients transferred to outside facilities. Consent Agreement § III.A.5.d (exchange of medical records with outside providers).

- k. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.6.a (discharge planning):
 - i. Finalize and produce policy CHS-049: Discharge Planning; and
 - ii. Produce clinical performance measures on Continuity of Care on Release, including findings and analysis.
- l. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.7(a-c) (mortality and morbidity reviews):
 - i. Conduct timely administrative reviews and root cause analyses for serious incidents, including patient deaths and suicide attempts;
 - ii. Develop corrective action plans including follow-up steps to ascertain pertinent information that is not available at the time of the initial review;
 - iii. Manage and monitor all corrective action plans derived from morbidity and mortality reviews using the Performance Logic Project Management Tool;
 - iv. Reconvene the Morbidity and Mortality Review Committee upon receipt of new findings/reports to update analyses and corrective action plans accordingly;
 - v. Produce Clinical Quality Improvement (“CQI”) meeting minutes demonstrating review of all morbidity and mortality corrective action plans to determine their effectiveness and recommendations for modifications as necessary.
- m. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.B.3.a (use of restraints):

- i. Develop and produce lesson plans and training curriculum for policy DSOP 11-041: Response to Resistance;
 - ii. Develop and produce lesson plans and training curriculum for policy CHS-068: Use of Clinical Restraints;
 - iii. Ensure a QMHP is notified immediately in the case of custody-ordered restraints, in order to review the health record for any contraindications or accommodations required, and to initiate health monitoring;
 - iv. Draft and issue a memo to staff to reinforce the need to document 15-minute checks on any inmate in restraints, and produce such memo;
 - v. Produce findings and analysis based on review of data from the Blackcreek System Report and manual logs;
 - vi. Produce findings and analysis based on review of data from the ISAS incident tracking database.
- n. Defendants shall complete the following steps to achieve compliance with h

Consent Agreement § III.B.3(b-c) (medical care following uses of force):

- i. Train all nurses to ensure they assess and document patients immediately following any use of force;
- ii. Implement in the electronic health record a prompt to ensure patient privacy is enforced and properly documented, and produce screen shots of new prompt;
- iii. Train all clinical staff on how to identify patient abuse or suspicion of

- patient abuse;
- iv. Produce post-training testing results, competency results and the results of a random audit, including findings and analysis, for nurse training on assessing and documenting patients following uses of force;
 - v. Produce post-training testing results, competency results and the results of a random audit, including findings and analysis, for training on how to identify patient abuse or suspicion of patient abuse;
 - vi. Produce clinical performance measures on Nursing Documentation Following Use of Force, including findings and analysis.
- o. Defendants shall produce a draft of an internal clinical performance measurement tool to audit whether emergency referrals to the QMHP after intake are being completed within two hours. Consent Agreement § III.C.1.a(1) (access to care and emergency referrals).
 - p. Defendants shall complete and produce a report on CHS's validation of the mental health leveling system. Consent Agreement § III.C.2.f (mental health classification by level of care).
 - q. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.2.g (provision of mental health care):
 - i. Demonstrate the use of the quality improvement program and the ability to self-monitor, incorporating a description of performance indicators including:
 - 1. Wait times for psychiatry visits;

2. Psychotropic medication utilization;
 3. Numbers of use of force incidents;
 4. Utilization of group counseling;
 5. Utilization of recreation time;
 6. Episodes of self-harm;
 7. Grievances; and
 8. Adherence to medication.
- ii. Produce new clinical performance measurement tools, as applicable.
- r. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.2.k (internal review of behavioral health services): Produce the finalized version of the following clinical performance measurement tools, and an assessment utilizing those tools, including findings and analysis:
- i. Level of care internal audit tool for Level I;
 - ii. Level of care internal audit tool for Level II;
 - iii. Level of care internal audit tool for Level III; and
 - iv. Level of care internal audit tool for Level IV.
- s. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.3.a(1) (property and privileges for acutely mentally ill and suicidal inmates):
- i. Train Mental Health Treatment Center custodial staff and medical and mental health staff on policy CHS-058B: Behavioral Health Levels of Care;

- ii. Produce finalized measure added to clinical performance measurement tool on Suicide Risk Screening to track compliance with Consent Agreement § III.C.3.a(1), and produce assessment utilizing that tool, including findings and analysis.
- t. Defendants shall produce finalized measure added to clinical performance measurement tool on Suicide Risk Screening to track compliance with Consent Agreement § III.C.3.a(2), and produce assessment utilizing that tool, including findings and analysis.
- u. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.3.a(3) (provision of bed and suicide-resistant mattress to inmates on suicide watch):
 - i. Ensure that each inmate on suicide watch has a bed and a suicide resistant mattress and monitor compliance during walkthroughs; and
 - ii. Produce findings and analysis based on information gathered during walkthroughs.
- v. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.3.a(4) (quality suicide risk assessments):
 - i. Train all QMHPs on an ongoing basis on the provision of quality suicide risk assessments; and
 - ii. Produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for QMHP training on the provision of quality suicide risk assessments.
- w. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.C.3.a(5) (prevention of retaliation through the use of suicide watch cells):

- i. Ensure that all new staff have been provided Suicide Prevention training;
 - ii. Ensure that all behavioral health staff have completed annual training on Suicide Prevention in the past year;
 - iii. Produce pre- and post-training test results and competency results for Suicide Prevention training; and
 - iv. Produce audit report, including findings and analysis, based on competency testing of suicide risk assessments and quarterly review of QMHP documentation.
- x. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.3.e (individualized treatment plans for suicidal inmates):
- i. Conduct annual review of policy CHS-058A: Interdisciplinary Treatment Team and implement modifications, if necessary, to fully implement the terms of the Consent Agreement;
 - ii. Produce revised policy CHS-058A, if applicable; and
 - iii. Produce clinical performance measures on Mental Health Treatment Planning, including findings and analysis.
- y. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.3 (suicide prevention):
- i. Implement training on policy IP-003: Suicide Prevention and

- Response Plan for all appropriate staff;
- ii. Produce training rosters demonstrating that custodial and medical and mental health staff have received biennial in-service training on suicide prevention in the past two years;
 - iii. Produce training rosters demonstrating that staff who work in intake, in custodial segregation, or who work with inmates on Behavioral Health Levels I-III, have received annual in-service training on suicide prevention in the past year.
- z. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.6.a.2 (screening prior to custodial segregation):
- i. Implement the Independent Monitors' recommendations from the Eighth Report regarding this provision, including the incorporation of a specific identifier for pre-segregation notes in the electronic medical record, for ease of identification and auditing;
 - ii. Collect, review, and analyze data regarding the use of custodial segregation for inmates on the mental health caseload, including:
 - 1. Medical and mental health screenings prior to initial placement in custodial segregation and notation of contraindications for inmates for whom acute medical or mental health condition is identified;
 - 2. The outcomes of mental health reviews/consultations prior to placement in custodial segregation;
 - 3. The number of patients per Level per month in custodial

segregation who are referred for mental health care, and the outcome of each referral;

4. The length of placement in custodial segregation for patients, by Level; and

5. Data and trends from the Blackcreek Watch System.

aa. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.6.a(6) (inmates with serious mental illness and custodial segregation): Implement the Independent Monitors' recommendations from the Eighth Report regarding this provision, including:

i. Develop and produce a plan to implement clear criteria to be used by mental health staff when evaluating patients with serious mental illness for placement in custodial segregation and/or determining whether a patient should continue to be housed in custodial segregation;

ii. Collect and analyze data regarding the assessment and treatment of patients after mental health symptoms develop in custodial segregation, including analysis of any patients who are housed in custodial segregation after decompensating or engaging in self-harm, and produce results of such analysis; and

iii. Develop and produce jointly between CHS and MDCR a clear working definition of "long-term custodial segregation" to allow for appropriate tracking and monitoring.

bb. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.C.6.a(11) (mental health referrals for inmates in custodial segregation): Collect, review, and analyze data, and produce findings and analysis, regarding mental health referrals of inmates in custodial segregation, including

- i. Analysis that demonstrates adherence to Consent Agreement § III.C.6.a(11); and
 - ii. Analysis regarding the timeliness of referrals of patients with serious mental illness during custodial segregation.
- cc. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.7.b (mental health staffing):
- i. Ensure that newly hired mental health staff receive corrections-specific mental health training;
 - ii. Produce lesson plans and training materials for this training.
- dd. Defendants shall produce documentation demonstrating that all new staff have received pre-service training and that all staff have received biennial in-service training on all relevant policies/procedures and the requirements of the Consent Agreement. Consent Agreement § III.C.7.f (training).
- ee. Defendants shall produce training materials, post-training testing results, competency results, and the results of a random audit, including findings and analysis, for training that meets the requirements of Consent Agreement § III.C.7.g (mental health training for corrections officers).
- ff. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.7.h (communication between mental health staff

and corrections officers):

- i. Develop and implement written policy(ies), procedure(s) and training that ensures appropriate and regular communication between mental health staff and corrections officers regarding inmates with mental illness;
- ii. Produce training materials, post-training testing results, competency results, and the results of a random audit, including findings and analysis, for training that meets the requirements of Consent Agreement § III.C.7.h; and
- iii. Produce policy CHS-004A: Mental Health Review Committee.

gg. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.9.a (risk management system): Produce a report reflecting an in-depth analysis of risk-management data to demonstrate that trends and incidents involving avoidable suicides and self-injurious behavior are being identified and corrected in a timely manner. This analysis should include

- i. Use of the harm score;
- ii. Triggers for non-suicidal self-harm;
- iii. An explanation of how an analysis of suicides led to changes in leveling; and
- iv. Corrective action plans, if applicable, to reflect how the County is addressing identified trends to further reduce or mitigate risk from suicides and self-injurious behavior.

- hh. Defendants shall produce documentation demonstrating risk management data analysis and associated interventions to prevent or minimize harm to inmates. Consent Agreement § III.C.9.b (risk management).
- ii. Defendants shall finalize and produce policy CHS-044: Segregated Patients.
- jj. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.9.a, b(1) (risk management):
 - i. Train applicable staff on policy CHS-010: Mortality and Morbidity Review and policy CHS-010B: Risk Management;
 - ii. Produce post-training testing results and attestations of understanding for staff trained on policy CHS-010 and policy CHS-010B.

9. **Final Deadline: July 1, 2018:**

- a. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.1.a (intake screenings): Conduct and produce reliability audits, including findings and analysis, of the following clinical performance measurement tools:
 - i. Mental Health Evaluation at Intake; and
 - ii. Initial (Intake) Screening.
- b. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.3.a(4) (screening and responding to medical and mental health requests):
 - i. Produce clinical performance measures on Complaints and Grievances, including findings and analysis; and

- ii. Produce clinical performance measures on Urgent Care (Sick Call), including findings and analysis.
- c. Defendants shall produce clinical performance measures on Medication Administration, including findings and analysis. Consent Agreement § III.A.4.a (medication administration).
- d. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.5.b (mental health care scheduling):
 - i. Conduct daily reviews of scheduling queues and no show reports; and
 - ii. Produce findings and analysis based on data reviewed.
- e. Defendants shall produce CHS and Jackson Health Services information technology monthly meetings schedule. Consent Agreement § III.A.5.c (documentation of clinical encounters).
- f. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.5.d (exchange of medical records with outside providers): Implement the Independent Monitors' recommendations from the Eighth Report, including
 - i. Create and produce a checklist for nurses to ensure documentation is being sent out with patients transferred to outside facilities;
 - ii. Develop, implement, and produce a template or form to document consistent information about patients upon their return from off-site care and use that form to communicate with providers about continuation of care;
 - iii. Develop a process with Health Information Management to receive

- records from outside facilities and to notify providers upon receipt and produce process flow chart;
- iv. Implement a check-box in the electronic health record to allow physicians to note acknowledgement of receipt of outside records; and
 - v. Implement and produce the finalized clinical performance measurement tool to monitor compliance on documentation being sent out with patients transferred to outside facilities, and produce an assessment utilizing that tool, including findings and analysis.
- g. Defendants shall produce a draft revised clinical performance measurement tool on Continuity of Care on Release, including a new measurement to analyze if referrals are being made as clinically indicated. Consent Agreement § III.A.6.a.(1) (referrals for planned discharges).
- h. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.3.a (inmates at risk of self-harm):
- i. Train all officers assigned to the Mental Health Treatment Center, all nursing staff, psychiatrists and psychiatric ARNPs on the following policies:
 - 1. Policy DSOP 11-041: Response to Resistance (clinical restraints);
 - 2. Policy CHS-068: Use of Clinical Restraints;
 - ii. Produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for trainings on policy DSOP 11-041 and policy CHS-068.

- i. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.3.c (medical care following uses of force; questioning inmates and reporting suspected abuse):
 - i. Implement an enhancement in the electronic health record for documentation of uses of force or injuries, which will allow clinical staff to identify if the patient's injury aligns with the patient's account of the injury, and produce screenshots of the enhancement;
 - ii. Train all nursing staff on the use of the enhancement described above;
 - iii. Ensure photographic evidence is taken in compliance with policy DSOP 11-041 and policy CHS-042 after any use of force or any suspected injury resulting from staff-on-patient abuse;
 - iv. Produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for training on the use of the new electronic health record enhancement, described above;
 - v. Produce 10 randomly drawn use of force incident reports; and
 - vi. Produce clinical performance measures on Nursing Documentation Following Use of Force, including findings and analysis.
- j. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.1.a(1-3) (referrals for mental health care):
 - i. Finalize and produce internal clinical performance measurement tool to audit whether emergency referrals to the QMHP after intake are being completed within two hours, and produce assessment utilizing

- that tool, including findings and analysis;
- ii. Train all nursing staff, using a Jackson Education Network module, to enter emergency referrals and constant observation orders whenever staff identify an inmate at risk of suicide or self-harm;
 - iii. Produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for training of nursing staff on entering emergency referrals and constant observation orders.
- k. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.1.b (access to mental health care):
- i. Ensure that all clinical staff have received annual behavioral health training in the past year;
 - ii. Produce post-test training results and attestations for behavioral health training;
 - iii. Produce findings and analysis regarding compliance with Consent Agreement § III.C.1.b, based on data from the QMHP Referral Report.
- l. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.2.a (policy for the delivery of mental health care)
- i. Ensure that all new staff have been trained in policy CHS-058 Basic Behavioral Health Services;
 - ii. Ensure that all new behavioral health staff have completed annual training on policy CHS-058 Basic Behavioral Health services, in the past year;

- iii. Produce post-training testing results for basic mental health services training; and
- iv. Produce MHRC meeting minutes demonstrating review and analysis of behavioral health assessments and sick call reports and, if indicated, development of corrective action plan.
- m. Defendants shall produce clinical performance measures on Mental Health Treatment Planning, including findings and analysis. Consent Agreement § III.C.2.e (interdisciplinary treatment plans for mental health care).
- n. Defendants shall produce clinical performance measures on Individuals on the Mental Health Caseload Involved in Use of Force Incidents, including findings and analysis. Consent Agreement § III.C.2.h (expansion of mental health care).
- o. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.2.g (provision of mental health care):
 - i. Create and produce a procedural directive addressing follow-up care for patients coming off of Level I;
 - ii. Produce clinical performance measures on Suicide Risk Screening, including findings and analysis.
- p. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.2.j (mental health care Level 1 services and care):
 - i. Create and produce a staffing matrix to ensure Level I services are completed in a timely manner;
 - ii. Produce morning huddle reports demonstrating inter-facility

communication to ensure Level I patients are seen.

- q. Defendants shall produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for suicide prevention training. Consent Agreement § III.C.3 (suicide prevention).
- r. Defendants shall produce post-training testing results, competency results, and the results of a random audit, including findings and analysis for training of custodial staff and medical and mental health staff on policy CHS-058-B Behavioral Health Levels of Care. Consent Agreement § III.C.3.a(1) (property and privileges for acutely mentally ill and suicidal inmates).
- s. Defendants shall produce a draft of a new internal audit tool measuring compliance with rapid response protocols. Consent Agreement § III.C.3.g (emergency response).
- t. Defendants shall produce a draft of a new internal audit tool measuring compliance with Consent Agreement § III.C.6 (custodial segregation).
- u. Defendants shall produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for training on policy IP-003: Suicide Prevention. Consent Agreement § III.C.8.a(1-8) (suicide prevention training).
- v. Defendants shall produce Facility Clinical Quality Improvement minutes containing a review and risk assessment of incidents reported. Consent Agreement § III.C.9.b(1) (risk management).
- w. Defendants shall complete the following steps to achieve compliance with Consent Agreement §§ III.C.9.a, b(2), d(1-2) (risk management):

- i. Conduct annual reviews of the following policies and implement modifications, if necessary, to fully implement the terms of the Consent Agreement:
 1. a) CHS-058 Basic Behavioral Health Services;
 2. b) CHS-058A Interdisciplinary Treatment Team;
 3. c) CHS-058B Behavioral Health Levels of Care;
 4. d) CHS-004A Mental Health Review Committee;
 5. e) CHS-039 Sick Call;
 6. f) CHS-033 Intake and Receiving Screening; and
 - ii. Produce revised policies, if applicable.
- x. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.9.c (mental health review committee): Conduct and produce, with findings and analysis, annual written performance assessments and present findings to the Interdisciplinary Treatment Team regarding
- i. The quality of nursing services regarding inmate assessments and dispositions; and
 - ii. Access to mental health care by inmates, by evaluating the process for screening and assessing inmates for mental health needs.
- y. Defendants shall produce clinical performance measures on Nursing Documentation Following Use of Force, including findings and analysis. Consent Agreement § III.C.9.c(5)i (assessment of nursing services).
- z. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.C.9.c(5)ii (assessment of access to mental health care services):

- i. Assess the quality of QMHP screening of inmates for mental health needs through live observation by the Chief Psychiatrist, or designee;
- ii. Produce report, including findings and analysis, documenting any corrective or remedial action taken, based on live observation of mental health screenings by Chief Psychiatrist or designee; and
- iii. Produce clinical performance measures on Initial (Intake) Screen, including findings and analysis.

aa. Defendants shall produce a Biannual Report that meets the requirements of Consent Agreement § III.D.2.a.

bb. Defendants shall produce medication reports, including findings and analysis, related to sleeping medication, abuse of medication, and the use of psychotropic medication by classification on a monthly basis. Consent Agreement § III.D.2.a(1) (biannual reports).

cc. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.D.2.a(2-4) (biannual reports):

- i. Produce an evaluation and report, including findings and analysis, of emergency room transfers;
- ii. Produce a report, including findings and analysis, on the appropriateness of relocation/transfer of patients to higher level of care;
- iii. Produce a report, including findings and analysis, on chronic disease;

- iv. Produce a report, including findings and analysis, on all suicide related incidents;
- v. Produce MHRC meeting minutes demonstrating a monthly analysis of mental health caseload; and
- vi. Produce a report, differentiating between individual and group therapy, which analyzes sustainability.

dd. Defendants shall ensure that corrective action plans are developed at the CQI meetings on a quarterly basis and produce CQI meeting minutes demonstrating development of corrective action plans and monitoring of sustainability. Consent Agreement § III.D.2.b (corrective action plans).

10. **Final Deadline: August 1, 2018:**

- a. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.3.a(2) (access to care for inmates with physical or cognitive disabilities):
 - i. Produce Mini-MAC meeting minutes for all facilities, demonstrating identification of an accommodation for any patients with physical and/or cognitive disabilities; and
 - ii. Produce findings and analysis based on data from the Americans with Disabilities Act (“ADA”) log monthly report.
- b. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.4.b(1) (continuity of medication on intake):
 - i. Produce findings and analysis of monthly rounding and record reviews

- by nursing leadership to ensure compliance with this provision; and
- ii. Produce clinical performance measures on Continuity of Medication on Intake, including findings and analysis.
- c. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.4.b(2) (serious medical or mental health needs on intake):
- i. Ensure that a medical doctor or psychiatrist is evaluating, in person, patients with serious medical or mental health needs, within 48 hours of entry to any MDCR facility;
 - ii. Produce clinical performance measures on Mental Health Evaluation at Intake, including findings and analysis; and
 - iii. Produce clinical performance measures on Initial (Intake) Screen, including findings and analysis.
- d. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.4.c (reviews on the use of psychotropic medication):
- i. Conduct reviews on the use of psychotropic medications and develop and implement corrective action plans, if necessary; and
 - ii. Produce Pharmacy and Therapeutics Meeting Minutes demonstrating findings and analysis from reviews on the use of psychotropic medications.
- e. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.4.d (medication administration and refusals):

- i. Distribute all narcotic (controlled) psychotropic medication in bubble packs;
 - ii. Provide the formulary reflecting the use of bubble packs for the distribution of all narcotic (controlled) psychotropic medication; and
 - iii. Produce clinical performance measures on Medication Refusal, including findings and analysis.
- f. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.4.e (orders for medication and laboratory tests):
 - i. Conclude scheduling process improvement plan to improve compliance with obtaining lab tests;
 - ii. Employ additional schedulers to ensure coverage 24 hours a day, seven days a week, and produce documentation demonstrating that coverage;
 - iii. Conduct weekly monitoring of the implementation of physician orders for medication and laboratory tests, and produce findings and analysis; and
 - iv. Produce findings and analysis based on data obtained from the electronic health record scheduling report.
- g. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.4.f (training on medication administration):
 - i. Implement and produce video training regarding the steps required to monitor safe medication administration for all new staff; and
 - ii. Produce MAC meeting minutes demonstrating supervisory spot

checks.

- h. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.6.a(1) (referrals for planned discharges):
 - i. Train all discharge planners (MSWs) on Discharge Planning policy;
 - ii. Finalize and produce added measure to clinical performance measurement tool on Continuity of Care of Release to measure if referrals are being made as clinically indicated;
 - iii. Produce post-training testing results, competency results, and the results of a random audit for discharge planning training, including findings and analysis; and
 - iv. Produce assessment utilizing revised tool on Continuity of Care on Release, including findings and analysis.
- i. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.6.a(2) (provision of bridge medications on discharge):
 - i. Implement enhancement in the electronic health record to bridge medications to be picked up at the Jackson Memorial Hospital pharmacy; and
 - ii. Produce a monthly report from the pharmacy of picked-up bridge medications, including findings and analysis.
- j. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.6.a(3) (discharge planning):
 - i. Ensure corrections staff notify the site Directors of Patient Care

- Services of planned release dates;
- ii. Ensure that all medications are ordered and medical clearance obtained, if applicable;
 - iii. Make referrals, as clinically appropriate, and develop a complete discharge plan for all planned discharges;
 - iv. Produce discharge notification list demonstrating appropriate notification of Directors of Patient Care services; and
 - v. Produce findings and analysis regarding medications being ordered on discharge, based on data from the medication administration record report.
- k. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.3.b (medical care following uses of force):
- i. Train all nursing staff and medical providers on policy CHS-042: Patient Injury and Response to Resistance; and
 - ii. Produce post-training testing results, competency results and the results of a random audit for CHS-042 training, including findings and analysis.
- l. Defendants shall produce the finalized internal audit tool measuring compliance with rapid response protocols, including findings and analysis.
Consent Agreement § III.C.3.g (emergency response).
- m. Defendants shall produce the finalized internal audit tool measuring compliance with Consent Agreement § III.C.6 (custodial segregation), including findings and analysis.

- n. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.6.a(1-4) (custodial segregation):
 - i. Ensure that all clinical staff have been trained in policy CHS-044 Segregated Patients; and
 - ii. Produce a schedule for annual training for all clinical staff on policy CHS-044 Segregated Patients;
- o. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.9.b(3-4), 9.c(1-5) (risk management):
 - i. Ensure that all clinical staff have received annual training on the following policies:
 - 1. CHS-058 Basic Behavioral Health Services;
 - 2. CHS-058A Interdisciplinary Treatment Team;
 - 3. CHS-058B Behavioral Health Levels of Care;
 - 4. CHS-039 Sick Call; and
 - 5. CHS-033 Intake and Receiving Screening;
 - ii. Produce post-training testing results, and the results of a random audit, including findings and analysis, for training on the policies listed above; and
 - iii. Produce MHRC meeting minutes documenting an analysis of self-harm incidents and the corrective action implemented, when applicable.
- p. Defendants shall produce clinical performance measures on Initial (Intake) Screen, including findings and analysis. Consent Agreement § III.C.9.d(1)

(review of suicide risk assessments).

- q. Defendants shall conduct quarterly CQI meetings and produce CQI meeting minutes demonstrating a review of corrective action plans and an analysis on effectiveness. Consent Agreement § III.C.9.d(2) (monitoring of risk management activities).
- r. Defendants shall develop and produce recommendations for further investigation of identified trends and for corrective action, including system changes, and present recommendations to the CQI Committee. Consent Agreement § III.C.9.d(5) (recommendations for further investigation).
- s. Defendants shall produce the internal audit tool to monitor disciplinary review assessments, including findings and analysis. Consent Agreement § III.D.2.a(5) (biannual reports).

11. **Final Deadline: September 1, 2018:**

- a. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.2.a (health assessments):
 - i. Modify appointment types in the electronic health record to allow for appointments to be made within 10 days rather than 14 days;
 - ii. Produce findings and analysis based on data obtained from the electronic health record scheduling report; and
 - iii. Produce clinical performance measures on Laboratory, including findings and analysis.
- b. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.2.b (mental health assessments):

- i. Re-train all QMHPs on the Columbia Suicide Screening Tool;
 - ii. Produce post-training testing, competency results, and results from a random audit on the Columbia Suicide Screening Tool training, including findings and analysis; and
 - iii. Produce clinical performance measures on Suicide Risk Screening, including findings and analysis.
 - c. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.2.d (risk profiles):
 - i. Complete and implement an interdisciplinary treatment team (“IDTT”) schedule, jointly between MDCR and CHS;
 - ii. Produce findings and analysis based on data from the IDTT Compliance Tracker; and
 - iii. Produce MHRC meeting minutes demonstrating review of trends regarding IDTT and discussion of modifying treatment plans for Levels I and II.
 - d. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.2.e (chronic care assessments):
 - i. Train all Patient Finance Specialists in all aspects of the scheduling process;
 - ii. Create and fill a lead Patient Finance Specialist position;
 - iii. Implement scorecards to monitor performance of Patient Finance Specialists and to create accountability for patient outcomes;
 - iv. Produce post-training test results, competency results, and the findings

- and analysis from an internal audit on the scheduling process training;
- v. Produce findings and analysis based on data obtained from the electronic health record scheduling report;
 - vi. Produce clinical performance measures on Medication Administration, including findings and analysis; and
 - vii. Produce clinical performance measures on Continuity of Medication on Intake, including findings and analysis.
- e. Defendants shall complete the following steps to achieve compliance with h Consent Agreement § III.A.2.f (intake screenings):
- i. Train all nurses on use of the electronic health record message center;
 - ii. Train all clinical staff to check electronic health record inboxes in order to review lab results;
 - iii. Produce post-training test results, competency results, and the findings and analysis from a random audit on the electronic health record message center training;
 - iv. Produce post-training test results, competency results, and the findings and analysis from a random audit on the electronic health record inbox training; and
 - v. Produce the following clinical performance management tools, including findings and analysis:
 - 1. Laboratory;
 - 2. Heath Assessments
 - 3. Chronic Care – Diabetes;

4. Chronic Care – Seizure Disorder;
 5. Chronic Care – Hypertension;
 6. Chronic Care – Asthma; and
 7. Anticoagulant Medication – Warfarin (Coumadin).
- f. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.A.2.g (training on health assessments and referrals):
- i. Utilize QMHPs to train all nurses regarding behavioral health treatment levels; and
 - ii. Conduct a staff survey to obtain feedback on the behavioral health level training and produce findings and analysis of training surveys, including a plan for modifying future trainings, if applicable.
- g. Defendants shall produce training sign-in sheets, competency results, and the findings and analysis from a random audit on chronic care training. Consent Agreement § III.B.2.a-b (medical and mental health assessments).
- h. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.B.3(a) (use of restraints):
- i. Train all corrections officers who work in the mental health treatment center, psychiatrists, psychiatric ARNPs, and nursing staff on policy CHS-068 Clinical Restraints; and
 - ii. Produce post-training testing, competency results, and results from a random audit on the clinical restraints training, including findings and analysis.
- i. Defendants shall complete the following steps to achieve compliance with

Consent Agreement § III.C.4.a(1-2) (disciplinary measures with regard to inmates with mental illness):

- i. Ensure that disciplinary reviews take into consideration whether the patient has the capacity to complete the disciplinary proceeding as well as whether the disciplinary charge was related to mental illness;
- ii. Conduct an annual review of policy CHS-008A: Disciplinary Review and implement modifications, if necessary, to fully implement the terms of the Consent Agreement;
- iii. Produce revised policy CHS-008A, if applicable;
- iv. Ensure that all new staff have been trained in policy CHS-008A;
- v. Ensure that all behavioral health staff have completed annual training on policy CHS-008A in the past year;
- vi. Develop and implement a disciplinary review assessment form and report in the electronic health record, and produce screenshot of form;
- vii. Produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for policy CHS-008A training; and
- viii. Produce a report on disciplinary review assessments, including findings and analysis, that includes
 1. Analysis of the number of patients on Levels I-IV per month referred for disciplinary proceedings and placed in custodial segregation; and
 2. A specific discussion of the use of data from the Inmate

Disciplinary System at the MHRC.

- j. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.4.b (assistance with the disciplinary process for mentally ill inmates):
 - i. Develop and implement an enhancement to the electronic health record to flag any patient unable to understand or meaningfully interact with staff due to mental illness and/or cognitive impairment, and produce screenshot of new flag;
 - ii. Ensure all patients with special needs are added to the ADA log and monitored monthly for continued assistance; and
 - iii. Produce a report on patients with special needs documented on the ADA log, including findings and analysis, based on information from the ADA log and the electronic health record.
- k. Defendants shall produce a report(s), with findings and analysis, on the status of compliance with Consent Agreement §§ III.C.5.a-b (mental health care housing).
- l. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.5.d (reporting on Mental Health Treatment Center):
 - i. Train all staff working in Mental Health Treatment Center on policy CHS-058B Behavioral Health Levels of Care;
 - ii. Produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for special

management unit training;

- iii. Produce reports, including findings and analysis, based on information gathered during rounding by Health Services Administrators; and
- iv. Produce a quarterly report that meets the requirements of Consent Agreement § III.C.5.d.
- m. Defendants shall produce clinical performance measures on Mental Health Evaluation at Intake, including findings and analysis. Consent Agreement § III.C.5.e (interdisciplinary plan of care).
- n. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.6.a(1-4) (custodial segregation):
 - i. Produce post-training testing results, competency results, and the results of a random audit, including findings and analysis, for training on policy CHS-044 Segregated Patients; and
 - ii. Implement screening prior to placement in custodial segregation to identify acute medical and mental health contraindications and implement a 24-hour referral for evaluation by a QMHP of any patient with serious mental illness.

12. **Final Deadline: October 1, 2018:**

- a. Defendants shall produce a report on the status of compliance with Consent Agreement §§ III.C.6.a(1-3) (custodial segregation), including findings and analysis.
- b. Defendants shall complete an audit, and produce findings and analysis,

regarding how the County tracks out-of-cell time for inmates in custodial segregation, including type and duration of activity. Consent Agreement § III.C.6.a(4)ii (documentation of out of cell time for inmates with serious mental illness in custodial segregation).

c. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.6.a(5, 7, 8) (inmates with serious mental illness and custodial segregation):

- i. Review and modify the Medical Incident Addendum form, and produce a screen shot of the revised form;
- ii. Create a list in the electronic health record of all patients with serious mental illness being housed in segregation to monitor mental health clearances of such placements; and
- iii. Produce a report, including findings and analysis, based on a review of the list of all patients with serious mental illness being housed in segregation.

d. Defendants shall produce a report, including findings and analysis, on the status of compliance with Consent Agreement § III.C.6.a(9) (rounds in custodial segregation).

e. Defendants shall complete the following steps to achieve compliance with Consent Agreement § III.C.6.a(10) (access to medical and mental health care in custodial segregation):

- i. Provide access to the Blackcreek Watch System to the Director of patient Care and to Health Services Administrators in order to review

nursing compliance with rounds in segregated housing units;

- ii. Produce a report, including findings and analysis, on the status of compliance with Consent Agreement § III.C.6.a(10).

13. **On or before November 1, 2018**, the parties and the Independent Monitor shall meet and confer to determine whether Defendants have achieved compliance on **all Paragraphs of Consent Agreement**.

14. **On or before November 8, 2018**, the parties and the Independent Monitor shall file a Notice of Compliance with paragraph 13, above. In the Notice, the parties must also specify, for each Paragraph of the Consent Agreement, which Paragraphs are in full compliance and which are in partial or non-compliance. If any Paragraphs remain in non-compliance or partial compliance, the parties shall propose a Fourth Summary Action Plan to remedy such non-compliance so that the parties will achieve complete compliance with the Consent Agreement on or before **December 10, 2018**.

15. **On or before December 10, 2018**, the parties and the Independent Monitor shall file **a joint declaration** averring whether complete compliance with the Consent Agreement has been achieved.

16. The items above or contained in the Third Summary Action Plan may be modified or amended by the Court, or without further Court order with the consent of both parties; however, no Final Deadline may be altered without an order by this Court.

17. Nothing in this Order replaces or negates any obligation or requirement of the Consent Agreement.

18. The entry of this Order does not preclude enforcement of the original Consent Agreement.

DONE AND ORDERED in Chambers at Miami, Florida, this 27th day of March, 2018.

A handwritten signature in black ink, appearing to be 'JB' with a long horizontal stroke extending to the right.

BETH BLOOM
UNITED STATES DISTRICT JUDGE

Copies to:
Counsel of Record