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Monitor

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

UNITED STATES OF AMERICA,
Plaintiff,

v.

COUNTY OF LOS ANGELES AND
LOS ANGELES COUNTY SHERIFF
JIM MCDONNELL, in his Official
Capacity,
Defendants.

CASE NO. 15-cv-05903 DDP (JEMx)

MONITOR'S FIRST REPORT

1 Pursuant to the Paragraph 109 of the Joint Settlement Agreement Regarding
2 Los Angeles County Jails, the Monitor appointed by this Court hereby submits the
3 attached Report “describing the steps taken” by the County of Los Angeles and the
4 Los Angeles County Sheriff during the six-month period from July 1, 2015, to
5 December 31, 2015, “to implement the Agreement and evaluating the extent to
6 which they have complied with this Agreement.” This Report takes into
7 consideration the advice and assistance I have received from the Subject Matter
8 Experts appointed by this Court and the comments from the parties in accordance
9 with Paragraph 110 of the Agreement. I am available to answer any questions the
10 Court may have regarding my Report at such times as are convenient for the Court
11 and the parties.

12
13 DATED: March 1, 2016

Respectfully submitted,

14 SCHEPER KIM & HARRIS LLP
15 RICHARD E. DROOYAN
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18 By: /s/ Richard E. Drooyan
19 Richard E. Drooyan
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MONITOR'S REPORT

The Settlement Agreement (the "Agreement") between the County of Los Angeles (the "County") and the United States Department of Justice ("DOJ") requires the Monitor, with the advice of the Subject Matter Experts, "to assess and report on the implementation of the Agreement by the Los Angeles Sheriff's Department (the "Department") and Los Angeles County's Department of Mental Health ("DMH"), and whether the implementation is having the intended beneficial impact on conditions at the [County] Jails." This Report sets forth the status, and assesses, the implementation of each of the Substantive Provisions in Section V of the Agreement by Department and/or DMH as measured by the agreed-upon Compliance Measures for assessing Substantial Compliance during the initial reporting period from the Effective Date of July 1, 2015, through December 31, 2015 (the "Initial Reporting Period").

As used herein, "Substantial Compliance" means that the County has achieved Substantial Compliance as that term is used in the Agreement, which it must maintain for twelve-consecutive months; and "Partial Compliance" means that the County has made significant progress towards meeting the requirements of the Compliance Measures. In some cases, this Report summarizes what the County needs to do to achieve Substantial Compliance; these summaries do not, however, set forth all of the specific requirements or the percentages that the County must meet, which are governed by terms of the agreed-upon Compliance Measures.

The Agreement sets forth implementation dates for specific provisions (e.g., Paragraph 48 requires "written housekeeping, sanitation, and inspection plans" within three months of the Effective Date). Paragraph 115 further provides that "[u]nless otherwise agreed to under a specific provision of this Agreement, the County and Sheriff will implement all provisions of this Agreement within six months of the Effective Date." The County and DOJ have advised the Monitor that provisions subject to this "default" implementation date were not subject to monitoring during the Initial Reporting Period, unless specifically implemented by the County. This Report uses the term "Not Currently Subject to Monitoring" for those provisions that are subject to the default provision and were not implemented by the County during the Initial Reporting Period.

This Report is based upon a review of the policies, procedures and directives proposed and/or implemented by the Department and DMH, the assessments of the Subject Matter Experts, multiple tours of the jails by the Monitor and the Subject Matter Experts, and the Department's Self-Assessment Status Report (the "Self-Assessment"), which was received timely on December 14, 2015. It also takes into consideration additional results for the Initial Reporting Period reported to the Monitor by the County through February 26, 2016, along with comments received from the parties in accordance with Paragraph 110 of the Agreement.

Beginning in September 2015, the Department and DMH submitted proposed revisions of various policies to the Monitor and DOJ for review and comments pursuant to Paragraph 89 of the Agreement. The Monitor and the DOJ provided comments

regarding the proposed revisions of these policies. In most cases, the proposed revisions had not been finalized by the Department or DMH as of December 14, 2015, and the Department and DMH have continued to submit revised policies since that date, which the Monitor has taken into consideration in determining whether the County is in Substantial Compliance with the terms of the Agreement. Where the Monitor has deemed the County to be in Substantial Compliance as a result of required revised policies that were issued after the Initial Reporting Period, the Monitor will use the date of this Report for purposes of determining the twelve-month period of Substantial Compliance that the County must maintain under Paragraph 111 of the Agreement.

Many of the Compliance Measures require the County to report, either quarterly or semi-annually, the results of reviews of randomly selected Department and DMH records. Those results (and any conclusions regarding the County's compliance based on those results) are subject verification by the Monitor through inspections or audits by the Monitor's auditors during the next reporting period and cannot be considered final until verified. If the results of particular provisions are not verified by the Monitor, the County will not be deemed to be in Substantial Compliance as of the County's reported date for purposes of determining the twelve-month compliance period for those provisions under Paragraph 111.

Attached to this Report is an Appendix showing the status of each of the 69 provisions of the Agreement that are subject to monitoring and reporting by the Monitor under the Agreement and the triggering dates under Paragraph 111 for those provisions where the County is deemed to be in Substantial Compliance.

Richard Drooyan, Monitor
March 1, 2016

EXECUTIVE SUMMARY

There are 69 provisions in the Settlement Agreement that are subject to monitoring by the Monitor and Subject Matter Experts. As of the date of this Report, the Department is in Substantial Compliance with five of the provisions and in Partial Compliance with 16 provisions. There are an additional 43 provisions that were Not Currently Subject to Monitoring during the Initial Reporting Period. In addition, there are five provisions in which some facilities are in Substantial Compliance and others are either in Partial Compliance or Not Currently Subject to Monitoring. Under Paragraph 11 of the Agreement, the twelve-month period for which the County is required to maintain Substantial Compliance can be determined on a facility-by-facility basis.

As of the date of this Report and subject to verification by the Monitor and continuing monitoring, the Department is in Substantial Compliance with the following provisions of the Settlement Agreement:

The Department has provided documentation reflecting that it is in Substantial Compliance with Paragraph 21, which requires active certifications in cardiopulmonary resuscitation and first aid, at the North County Correctional Facility (“NCCF”) and the North, South, and East facilities in the Pitchess Detention Center. The underlying records upon which the results reported by the Department are based will be subject to verification by the Monitor through an audit by the Monitor’s auditors.

The Department has provided documentation reflecting that it is in Substantial Compliance with Paragraph 38, which requires mental health staff or JMETS teams to make weekly cell-by-cell rounds in restricted non-mental health housing modules. The Department’s results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

The Department is in Substantial Compliance with Paragraph 44, which requires the installation of protective barriers in High Observation Housing (“HOH”) and the development of a plan for the installation of such barriers in Moderate Observation Housing (“MOH”). As of the date of this Report, the Department has installed the protective barriers in all HOH units and all MOH units except one, which it anticipates it will install on or about March 1, 2016. The Monitor and Subject Matter Experts have toured these housing units and verified the installation of the barriers.

The Department has provided documentation showing that is in Substantial Compliance with Paragraph 45, which requires Suicide Intervention Kits and First Aid Kits in control booths and officer stations, at all facilities, except Men’s Central Jail (“MCJ”), for which it is in Partial Compliance. The Monitor and Subject Matter Experts have toured all of the facilities and verified, on random basis, that control booths and officer stations have the required kits. The Department’s results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

The Department is in Substantial Compliance with Paragraphs 48 and 49, which require it to have written housekeeping, sanitation, and inspection plans and maintenance plans to respond to routine and emergency maintenance needs. The Monitor and Subject Matter Experts inspected each of the facilities during the Initial Reporting Period, and reviewed Unit Orders, Local Detention Health Reports and Corrective Actions Plans for each facility.

The Department is in Substantial Compliance with Paragraph 51, which requires it to ensure that all prisoners have access to basic housekeeping supplies. The Department has provided the Monitor with a photograph of an Admission Kit and a copy of the form allowing prisoners to order Admission Kits. The Department has reported that it has inspected each facility and confirmed that the kits are readily available and that contract vendors have consistently provided the kits in response to prisoners orders. This report is subject to verification by the Monitor based upon the audit by the Monitor's auditors.

The Department has provided documentation reflecting that it is in Substantial Compliance with Paragraph 55, which requires daily and weekly custody, medical, and mental health staff meetings in HOH and MOH units, at Century Regional Detention Facility ("CRDF"), but not at the Twin Towers Correctional Facility ("TTCF"). The Department reports that it achieved Partial Compliance at TTCF. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

The Department has provided documentation reflecting that it is in Substantial Compliance with Paragraph 59, which requires unannounced daily rounds by custodial supervisors, at the South facility only. The other facilities are not currently subject to monitoring. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

The Department is in Substantial Compliance with Paragraph 83, which requires the installation of closed circuit cameras in Common Areas, at MCJ, TTCF, and the Inmate Reception Center ("IRC"). The other facilities were not subject to monitoring during the Initial Reporting Period. The Monitor and Subject Matter Experts toured MCJ, TTCF, and IRC and confirmed that the cameras have been installed and are operational in the Common Areas. The Department has provided documentation pertaining to the installation of the cameras, which will be audited by the Monitor's auditors, and an inventory of force incidents and video recordings, which the Monitor will review to verify that force incidents in the Common Areas are being recorded.

18. Within three months of the Effective Date, the County and the Sheriff will develop, and within six months of the Effective Date will commence providing: (1) a four-hour custody-specific, scenario-based, skill development training on suicide prevention, which can be part of the eight-hour training described in paragraph 4.8 of the Implementation Plan in *Rosas* to all new Deputies as part of the Jail Operations Continuum and to all new Custody Assistants at the Custody Assistants academy; and (2) a two-hour custody-specific, scenario-based, skill development training on suicide prevention to all existing Deputies and Custody Assistants at their respective facilities, which can be part of the eight-hour training described in paragraph 4.7 of the Implementation Plan in *Rosas*, through in-service Intensified Formatted Training, which training will be completed by December 31, 2016.

These trainings will include the following topics:

- (a) suicide prevention policies and procedures, including observation and supervision of prisoners at risk for suicide or self-injurious behavior;
- (b) discussion of facility environments and staff interactions and why they may contribute to suicidal behavior;
- (c) potential predisposing factors to suicide;
- (d) high-risk suicide periods and settings;
- (e) warning signs and symptoms of suicidal behavior;
- (f) case studies of recent suicides and serious suicide attempts;
- (g) emergency notification procedures;
- (h) mock demonstrations regarding the proper response to a suicide attempt, including a hands-on simulation experience that incorporates the challenges that often accompany a jail suicide, such as cell doors being blocked by a hanging body and delays in securing back-up assistance;
- (i) differentiating between suicidal and self-injurious behavior; and
- (j) the proper use of emergency equipment.

STATUS (18): PARTIAL COMPLIANCE

The Monitor, in consultation with the Mental Health Subject Matter Expert, has concluded that the Department's training on suicide prevention, together with the Department's De-escalation and Verbal Resolution Training ("DeVRT"), meets the requirements of Paragraph 18. The DeVRT curriculum was approved by the *Rosas* Monitors and the Monitor, in consultation with the Mental Health Subject Matter Expert, on November 4, 2015.

The County's Self-Assessment Status Report (the "Self-Assessment") delivered on December 14, 2015, reports that the Department commenced its suicide prevention training on July 1, 2015 for new Deputy Sheriffs and Custody Assistants and before July 1, 2015 for existing Deputy Sheriffs and Custody Assistants, and that this provision is "[r]eady for monitoring as of October 1, 2015." Substantial Compliance with respect to new deputies and Custody Assistants in Custody Operations will require that new personnel receive the required training for 12 consecutive months. The Monitor has not received the Department's training records for new deputies and Custody Assistants to determine whether the Department achieved (and since maintained) Substantial Compliance as of October 1, 2015, which is the date that the Department reports this provision was "[r]eady for monitoring."

Substantial Compliance with respect to existing deputies and Custody Assistants in Custody Operations as of July 1, 2015 will be determined when the percentage of those members still in Custody Operations who have received the training reaches 85% on or before the Completion Date of December 31, 2016. At that time the Monitor will need the Department's training records to confirm that the Department is in Substantial Compliance.

19. Commencing July 1, 2015, the County and the Sheriff will provide:
- (a) Custody-specific, scenario-based, skill development training to new Deputies during their Jail Operations training, and to existing Deputies assigned to Twin Towers Correctional Facility, Inmate Reception Center, Men's Central Jail, the Mental Health Housing Units at Century Regional Detention Facility, and the Jail Mental Evaluation Teams ("JMET") at North County Correctional Facility as follows:
 - (i) 32 hours of Crisis Intervention and Conflict Resolution as described in paragraphs 4.6 and 4.9 of the Implementation Plan in *Rosas* to be completed within the time frames established in that case (currently December 31, 2016). Deputies at these facilities will receive an eight-hour refresher course consistent with paragraph 4.6 of the Implementation Plan in *Rosas* every other year until termination of court jurisdiction in that case and then a four-hour refresher course every other year thereafter.
 - (ii) Eight hours identifying and working with mentally ill prisoners as described in paragraph 4.7 of the Implementation Plan in *Rosas* to be completed by December 31, 2016. This training requirement may be a part of the 32-hour training described in the previous subsection. Deputies at these facilities will receive a four-hour refresher course consistent with paragraph 4.7 of the Implementation Plan in *Rosas* every other year thereafter.
 - (b) Commencing July 1, 2015, the County and the Sheriff will ensure that new Custody Assistants receive eight hours of training in the Custody Assistant academy, and that all existing Custody Assistants receive eight hours of training related to identifying and working with mentally ill prisoners as described in paragraph 4.7 of the Implementation Plan in *Rosas*. This training will be completed by December 31, 2016. Custody Assistants will receive a four-hour refresher course consistent with paragraph 4.7 of the Implementation Plan in *Rosas* every other year thereafter.

STATUS (19): PARTIAL COMPLIANCE

As of November 4, 2015, the Monitor, in consultation with the Mental Health Subject Matter Expert and the *Rosas* Monitors, approved the curriculum for DeVRT, which provides for 32 hours of Crisis Intervention and Conflict Resolution and includes eight hours identifying and working with mentally ill prisoners. The DeVRT curriculum meets the requirements of Paragraph 19 of the Settlement Agreement and paragraphs 4.6, 4.7 and 4.9 of the *Rosas* Implementation Plan. The Mental Health Subject Matter Expert has reviewed and approved the training materials developed by the Department for the DeVRT, which materials are still being reviewed by the *Rosas* Monitors.

The Department Self-Assessment reports that new Deputies and Custody Assistants have attended DeVRT classes beginning on August 3, 2015, and some existing Deputies and Custody Assistants have attended the classes beginning on August 24, 2015. Although the classes covered much of the curriculum that was subsequently approved as of November 4, 2015, these Department members will need to attend some additional training in order to satisfy the requirements of this Substantive Provision. Substantial Compliance with respect to new deputies and Custody Assistants in Custody Operations will require that the new personnel receive the required training for 12 consecutive months.¹ The Monitor has not received the Department's training records for new deputies and Custody Assistants to determine whether the Department achieved (and since maintained) Substantial Compliance as of October 1, 2015, which is the date that the Department reports this provision was "[r]eady for monitoring."

Substantial Compliance with respect to existing deputies and Custody Assistants in Custody Operations as of July 1, 2015 will be determined when the percentage of those members still in Custody Operations reaches 85% on or before the Completion Date of December 31, 2016. At that time the Monitor will need the Department's training records to confirm that the Department is in Substantial Compliance.

¹ The Monitor acknowledges the Department's concerns regarding the "enormous cost of retraining [] a large number of staff," but the *Rosas* Monitors concluded that the Department's DeVRT training prior to November 4, 2015 did not meet all of the requirements of 4.6 and 4.9 of the Implementation Plan in *Rosas*. The Monitor believes that there are a limited number of essential topics that need to be covered, and it may be possible for the Department to provide the additional training in connection with the eight-hour refresher course.

20. Commencing no later than July 1, 2017, the County and the Sheriff will provide:
- (a) Custody-specific, scenario-based, skill development training to existing Deputies assigned to North County Correctional Facility, Pitchess Detention Center, and the non-Mental Health Housing Units in Century Regional Detention Facility as follows:
 - (i) 32 hours of Crisis Intervention and Conflict Resolution as described in paragraphs 4.6 and 4.9 of the Implementation Plan in *Rosas* to be completed by December 31, 2019. Deputies at these facilities will receive an eight-hour refresher course consistent with paragraph 4.6 of the Implementation Plan in *Rosas* every other year until termination of court jurisdiction in that case and then a four-hour refresher course every other year thereafter.
 - (ii) Eight hours identifying and working with mentally ill prisoners as described in paragraph 4.7 of the Implementation Plan in *Rosas* to be completed by December 31, 2019. This training requirement may be a part of the 32-hour training described in the previous subsection. Deputies at these facilities will receive a four-hour refresher course consistent with paragraph 4.7 of the Implementation Plan in *Rosas* every other year thereafter.

STATUS (20): NOT CURRENTLY SUBJECT TO MONITORING

As of November 4, 2015, the Monitor, in consultation with the Subject Matter Experts and the *Rosas* Monitors, approved the DeVRT curriculum for the Department's De-escalation and Verbal Resolution Training ("DeVRT"), which provides for 32 hours of Crisis Intervention and Conflict Resolution that meets the requirements of Paragraph 20 of the Settlement Agreement. This training of Deputies assigned to the North County Correctional Facility ("NCCF"), the Pitchess Detention Center ("PDC"), and the non-Mental Health Housing Units in Century Regional Detention Facility ("CRDF") is not required before July 1, 2017.

21. Consistent with existing Sheriff's Department policies regarding training requirements for sworn personnel, the County and the Sheriff will ensure that existing custody staff that have contact with prisoners maintain active certification in cardiopulmonary resuscitation and first aid.

**STATUS: SUBSTANTIAL COMPLIANCE (NCCF AND PDC ONLY)²
NOT CURRENTLY SUBJECT TO MONITORING
(REMAINING FACILITIES)**

The Compliance Measures provide that "[t]he Department will provide semi-annual Self Assessment reports to the Monitor and Subject Matter Experts regarding the active certification of custody staff in cardiopulmonary resuscitation and first aid. The Department will demonstrate Substantial Compliance when 95% of the designated custody staff have the required certification for 12 consecutive months."

The Self-Assessment indicates that the Department was "[r]eady for monitoring at PDC North, PDC South, and PDC East facilities as of July 1, 2015" and "at NCCF as of October 1, 2015." The Department has provided documents reflecting that it is in Substantial Compliance at NCCF as of October 1, 2015 and at the three other facilities as of July 1, 2015. It has not provided any documents for Men's Central Jail ("MCJ"), Twin Towers Correctional Facility ("TTCF"), Inmate Reception Center ("IRC"), or CRDF. The underlying records upon which the results documented by the Department are based will be subject to verification by the Monitor through audits by the Monitor's auditors.

² Compliance with this provision will be assessed on a facility-by-facility basis under Paragraph 111 of the Settlement Agreement. Subject to verification by the Monitor, the periods for determining whether the Department has "achieved and maintained" Substantial Compliance will begin on the "as of" dates upon which the Department reports that it achieved Substantial Compliance for each facility.

22. Within six months of the Effective Date and at least annually thereafter, the County and the Sheriff will provide instructional material to all Sheriff station personnel, Sheriff court personnel, custody booking personnel, and outside law enforcement agencies on the use of arresting and booking documents, including the Arrestee Medical Screening Form, to ensure the sharing of known relevant and available information on prisoners' mental health status and suicide risk. Such instructional material will be in addition to the training provided to all custody booking personnel regarding intake.

STATUS: PARTIAL COMPLIANCE

The Proposed Revision of Volume 6 of the Department's Station Jail Manual provides an overview for "the use of arresting and booking documents, including instructions to Department personnel and outside law enforcement agencies on the use of the Arrestee Medical Screening Form." It also requires a Behavioral Observation and Mental Health Referral ("BOMHR") form to be completed for inmates with symptoms of mental illness or who exhibit self-injurious behavior, but it does not provide any instructional material on filling out the form "to ensure the sharing of known relevant and available information on prisoners' mental health status and suicide risk."

Substantial Compliance requires the Monitor, after consultations with the Subject Matter Experts, to "approve the required instructional material," and the Department to provide on a quarterly basis the Justice Data Interface Controller ("JDIC") instructional message reflecting the approved instructional material. The Monitor, after consulting the Subject Matter Experts, believes that the policies and procedures reflected in the Manual are not sufficient to provide the necessary instructional materials to the various personnel responsible for arresting and booking inmates.

The Monitor also believes that the JDIC messages that the Department provided to the Monitor for IRC did not provide sufficient information on the "use of arresting and booking documents," including what information is required in the Arrestee Medical Screening Form and the use of the "BOMHR form or the Electronic Special Handling system for inmates who are at risk for suicide or have a history of mental illness," who have symptoms of mental illness, or who exhibit self-injurious behavior. The Department has advised the Monitor that it "has augmented the JDIC message" and "will submit a revised version to the Monitor[.]"

23. Within three months of the Effective Date, the County and the Sheriff will commence a systematic review of all prisoner housing, beginning with the Mental Health Unit of the Correctional Treatment Center, all High Observation Housing areas, all Moderate Observation Housing areas, single-person discipline, and areas in which safety precautions are implemented, to reduce the risk of self-harm and to identify and address suicide hazards. The County and the Sheriff will utilize a nationally-recognized audit tool for the review. From this tool, the County and the Sheriff will:

- (a) develop short and long term plans to reasonably mitigate suicide hazards identified by this review; and
- (b) prioritize planning and mitigation in areas where suicide precautions are implemented and seek reasonable mitigation efforts in those areas.

STATUS: PARTIAL COMPLIANCE

The Monitor has verified with the Subject Matter Expert that the Department's Suicide Hazard Inspection Check List tool is a nationally recognized audit tool for this review. The Department has provided a status report showing which housing units have been inspected at each facility and completed checklists for the inspections. It has also submitted proposed short and long term mitigation plans for CRDF. The proposed plans for this facility are set forth in a spreadsheet that lists what needs to be done to reasonably mitigate suicide hazards, but it does not include timelines for starting and completing the work, or who is responsible for the work (e.g., outside vendor or the Department's internal facilities services). As expressed by one of the Subject Matter Experts, "this is not a plan but a list of what needs to be done, albeit a reasonable list."

24. The County and the Sheriff will review and inspect housing areas on at least an annual basis to identify suicide hazards.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of CDM 3-06/020.00 FACILITIES INSPECTIONS provides that each “facility shall conduct an annual inspection of all inmate housing areas identifying potential suicide hazards.” Monitoring will commence in the next Reporting Period after the Department issues a revised policy reflecting the Monitor’s comments.

25. The County and the Sheriff will ensure that any prisoner in a Sheriff's Department station jail who verbalizes or who exhibits a clear and obvious indication of current suicidal intent will be transported to IRC, CRDF, or a medical facility as soon as practicable. Pending transport, such prisoners will be under unobstructed visual observation, or in a suicide resistant location with safety checks every 15 minutes.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of Volume 6 of the Station Jail Manual requires that any arrestee who "displays obvious suicidal ideation or exhibits unusual behavior that clearly manifests self-injurious behavior or other clear indication of mental health crisis shall be transported to the Inmate Reception Center (IRC), Century Regional Detention Facility (CRDF), or a medical facility as soon as practicable. Pending transport, Suicidal inmates. . .shall be under unobstructed visual observation or in a suicidal restraint location with 15 minute safety checks." A similar provision in the Proposed Revision to CDM 5-03/030.00 PRE-SCREENING also provides that an inmate who "verbalizes or exhibits self-injurious behavior or suicidal intent shall be under unobstructed visual observation, or in a suicide resistant location with safety checks conducted every 15 minutes." None of these provisions, however, provide guidance on which form of monitoring (unobstructed visual observation or a suicide resistant location) should be used under what circumstances.

The Compliance Measures require the Department to randomly select and analyze Arrestee Medical Screening Forms from station jails identifying prisoners who verbalize or exhibit a clear and obvious indication of current suicidal intent for analysis to determine compliance with Paragraph 25 of the Agreement. Monitoring will commence in the next Reporting Period after the Department issues the revised Manual and policy, and the results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

26. Consistent with existing Sheriff's Department policies, the County and the Sheriff will follow established screening procedures to identify prisoners with emergent or urgent mental health needs based upon information contained in the Arrestee Medical Screening Form (SH-R-422) or its equivalent and the Medical/Mental Health Screening Questionnaire and to expedite such prisoners for mental health evaluation upon arrival at the Jail Reception Centers and prior to routine screening. Prisoners who are identified as having emergent or urgent mental health needs, including the need for emergent psychotropic medication, will be evaluated by a QMHP as soon as possible but no later than four hours from the time of identification.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of Volume 6 of the Station Jail Manual requires the arresting deputy/officer to complete the Arrestee Medical Screening Form (SH-R-422) "for every person who is arrested by Sheriff's Department personnel or booked into a Sheriff's Department station/facility by an outside law enforcement agency." It provides that "[a]n affirmative answer to any question on the SH-R-422 form shall be brought to the attention of the watch sergeant who must sign the form in the indicated space."

The Proposed Revision of Medical Service Bureau ("MSB") 201.01 RECEPTION CENTERS HEALTH SCREENING provides that prisoners "with urgent or emergent medical/mental health needs will be expedited to mental health for an evaluation," and it requires the Registered Nurse to determine whether inmates with mental health conditions need to be expedited to the clinic for treatment and to review and expedite to the clinic those inmates who report suicidal thoughts.

Section 2.2 of the Proposed Revision of DMH 20.2 RECEPTION CENTER INITIAL ASSESSMENT provides that inmates "who are identified as having emergent or urgent mental health needs, including the need for emergent psychotropic medication, will be evaluated by a clinician as soon as possible but no later than 4 hours from the time of identification." Similar provisions are reflected in Section 4.1.1.2 of the Proposed Revised DMH 70.7 SUICIDE PREVENTION.

Taken together, the policies and procedures reflected in these proposed revisions address the requirements of Paragraph 26 of the Agreement. Substantial Compliance under the Compliance Measures requires the Department to "review Arrestee Medical Screening Forms (SH-R-422) (or its equivalent) and the Medical/Mental Health Screening Questionnaires of randomly selected prisoners during one randomly selected week per quarter at CRDF and at IRC to confirm that Department personnel are completing the form with the required mental health information." Monitoring will commence in the next Reporting Period after the proposed revised policies have been issued and the County begins to report the results of its random reviews, which will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

27. Consistent with existing Sheriff's Department policies, the County and the Sheriff will ensure that all prisoners are individually and privately screened by Qualified Medical Staff or trained custody personnel as soon as possible upon arrival to the Jails, but no later than 12 hours, barring an extraordinary circumstance, to identify a prisoner's need for mental health care and risk for suicide or self-injurious behavior. The County and the Sheriff will ensure that the Medical/Mental Health Screening Questionnaire, the Arrestee Medical Screening Form (SH-R-422), or its equivalent, and/or the Confidential Medical Mental Health Transfer Form are in the prisoner's electronic medical record or otherwise available at the time the prisoner is initially assessed by a QMHP.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of MSB 201.01 provides that "[e]ach newly booked inmate into the Los Angeles County jail shall receive a medical/mental health screening prior to housing" and that prisoners "with urgent or emergent medical/mental health needs will be expedited to mental health for an evaluation." This needs to be revised since prisoners with "urgent or emergent *medical* needs" should not be sent to "*mental health* for an evaluation."

The revision also provides that "[e]ach inmate at the entry into booking front will be asked questions listed on the Medical/Mental Health Screening Questionnaire by trained custody or medical personnel" and that the Medical/Mental Health transfer summary or Arrestee Medical Screening form are supposed to "be reviewed during the intake screening." A nurse is also supposed to "[p]rovide a hard copy of the arrestee screening form or transfer summary to the mental health clinician if the records have not been scanned into the patient's medical record." The policy does not, however, specifically require that the initial screening be completed within 12 hours of an inmate's arrival. The Department has advised the Monitor that it will re-publish the policy to address these remaining issues.

The Compliance Measures require the Department to review the records of "randomly selected prisoners who were processed for intake during one randomly selected week at CRDF and at IRC" to determine compliance with this provision. Monitoring will commence in the next Reporting Period after the Bureau issues this proposed revised policy reflecting the Monitor's comments, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

28. The County and the Sheriff will ensure that any prisoner who has been identified during the intake process as having emergent or urgent mental health needs as described in Paragraph 26 of this Agreement will be expedited through the booking process. While the prisoner awaits evaluation, the County and the Sheriff will maintain unobstructed visual observation of the prisoner when necessary to protect his or her safety, and will conduct 15-minute safety checks if the prisoner is in a cell.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of Volume 6 of the Department's Station Jail Manual requires any "arrestee who displays obvious suicidal ideation or exhibits unusual behavior that clearly manifest self-injurious behavior or other clear indication of mental health crisis" to be "transported" as soon as practical to IRC, CRDF or a medical facility, but it does not specifically provide for expedited "booking." Similarly, the Proposed Revision of CDM 5-03/030 PRE-SCREENING does not provide for expedited booking for such arrestees, but it does require the Department to maintain "unobstructed visual observation of the prisoner when necessary to protect his or her safety," and to "conduct 15-minute safety checks if the prisoner is in a cell." The Department has advised the Monitor that it will re-publish the policy to address these remaining issues.

The Compliance Measures require the Department to review for one randomly selected week each quarter the records of randomly selected prisoners at CRDF and at IRC who have been identified as having urgent or emergent mental health needs to determine whether they were expedited through the booking process. The Department is also supposed to conduct quarterly unannounced visits to CRDF and IRC (with the Monitor and at least one of the Subject Matter Experts on a least two occasions) to observe where prisoners with urgent or emergent mental health needs are housed pending a QMHP evaluation and whether required safety checks are being conducted. Monitoring will commence in the next Reporting Period after the Department issues proposed revised policies reflecting the Monitor's comments and addressing the booking process, and the reported results will be subject to verification by the Monitor.

29. The County and the Sheriff will ensure that a QMHP conducts a mental health assessment of prisoners who have non-emergent mental health needs within 24 hours (or within 72 hours on weekends and legal holidays) of a registered nurse conducting an intake nursing assessment at IRC or CRDF.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 2.1 of the Proposed Revision of DMH 20.2 RECEPTION CENTER INITIAL ASSESSMENT requires that “[w]ithin 24 hours on weekdays (or within 72 hours on weekends and legal holidays) of an intake nursing assessment in the [Reception Centers], a mental health clinician (Qualified Mental Health Professional) shall provide an initial assessment of all inmates referred for mental health evaluation who have non-emergent-urgent mental health needs.” This proposed revision addresses the requirements of Paragraph 29 of the Settlement Agreement.

The Compliance Measures require the Department to review randomly selected records of the prisoners who are identified in the intake nursing assessment as having non-emergent mental health needs to determine compliance with this requirement. Monitoring will commence in the next Reporting Period after the DMH issues this proposed revision of revised DMH 20.2, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

30. Consistent with existing DMH policies, the initial mental health assessment will include a brief initial treatment plan. The initial treatment plan will address housing recommendations and preliminary discharge information. During the initial assessment, a referral will be made for a more comprehensive mental health assessment if clinically indicated. The initial assessment will identify any immediate issues and determine whether a more comprehensive mental health evaluation is indicated. The Monitor and SMEs will monitor whether the housing recommendations in the initial treatment plan have been followed.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 2.3 of the Proposed Revision of DMH 20.2 requires that, “[t]he initial assessment” of inmates with non-emergent-urgent mental health needs “shall include a brief initial treatment plan that addresses housing recommendations and preliminary release information.” Section 3.1.5 provides that “[t]he initial assessment shall identify any emergent issues and determine whether a referral for a more comprehensive mental health evaluation is clinically indicated.” These proposed revisions address the requirements of Paragraph 30 of the Settlement Agreement

The Compliance Measures require the Department to review randomly selected initial mental health assessments and report to the Monitor and the Subject Matter Experts on the percentage of the assessments reviewed by the Department that meet this requirement. The Monitor is also supposed to determine whether the housing requirements have been followed. Monitoring will commence in the next Reporting Period after DMH issues a proposed revised DMH 20.2, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

31. Consistent with existing DMH and Sheriff's Department policies, the County and the Sheriff will maintain electronic mental health alerts in prisoners' electronic medical records that notify medical and mental health staff of a prisoner's risk for suicide or self-injurious behavior. The alerts will be for the following risk factors:

- (a) current suicide risk;
- (b) hoarding medications; and
- (c) prior suicide attempts.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 3.1 of Proposed Revision of DMH 80.1 MENTAL HEALTH ALERTS provides that electronic medical records ("EMR") alerts shall "apply" to the "client circumstances" that include the risk factors identified above. Section 3.5.1 requires that "EMR alerts shall be initiated whenever a JMHS psychiatrist or clinician become[s] aware of one or more of the client circumstances[.]" The Compliance Measures require the Department to review randomly selected records for prisoners in certain at-risk groups to determine if the required mental health alerts are in the electronic records. Monitoring will commence in the next Reporting Period after DMH issues proposed revised DMH 80.1, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

32. Information regarding a serious suicide attempt will be entered in the prisoner's electronic medical record in a timely manner.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 3.5.1 of the Proposed Revision of DMH 80.1 requires that electronic medical records ("EMR") "alerts" shall be "initiated" whenever a JMHS psychiatrist or clinician becomes aware of certain prisoner circumstances, including "Suicide Risk" and "Prior Suicide Attempts." Although it does not specifically require an alert when there is "a serious suicide attempt," such an attempt would presumably fall within the categories that are covered. Section 4.4.5 of the Proposed Revision of DMH 70.7 requires clinicians to "summarize the [Suicide Risk] assessment including the level of risk" in the prisoners EMR, but does not specify a timeline for the entry of the information in the EMR.

The Compliance Measures require the Department to review the electronic medical records of all prisoners who had a serious suicide attempt in the prior quarter and provide the Monitor and Subject Matter Experts with a random sample of the records reviewed by the Department. Monitoring will commence in the next Reporting Period after DMH issues proposed revised DMH 80.1, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

33. The County will require mental health supervisors in the Jails to review electronic medical records on a quarterly basis to assess their accuracy as follows:

- (a) Supervisors will randomly select two prisoners from each clinician's caseload in the prior quarter;
- (b) Supervisors will compare records for those prisoners to corroborate clinician attendance, units of service, and any unusual trends, including appropriate time spent with prisoners, recording more units of service than hours worked, and to determine whether contacts with those prisoners are inconsistent with their clinical needs;
- (c) Where supervisors identify discrepancies through these reviews, they will conduct a more thorough review using a DMH-developed standardized tool and will consider detailed information contained in the electronic medical record and progress notes; and
- (d) Serious concerns remaining after the secondary review will be elevated for administrative action in consultation with DMH's centralized Human Resources.

STATUS : NOT CURRENTLY SUBJECT TO MONITORING

The Department of Mental Health issued DMH 50.1 CONTINUOUS QUALITY IMPROVEMENT, effective December 31, 2015, to "provide Jail Mental Health Services (JMHS) staff policy and procedures for a Continuous Quality Improvement Program."

The Compliance Measures require the County to provide the Monitor and the Subject Matter Experts with the DMH-developed standardized tool required by Paragraph 33(c), and to report the results of its analysis of the electronic medical records of two randomly selected two prisoners from each clinician's caseload. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

34. The County and the Sheriff will conduct discharge planning and linkage to community mental health providers and aftercare services for all prisoners with serious mental illness as follows:

- (a) For prisoners who are in Jail seven days or less, a preliminary treatment plan, including discharge information, will be developed.
- (b) For prisoners who are in Jail more than seven days, a QMHP will also make available:
 - (i) for prisoners who are receiving psychotropic medications, a 30-day prescription for those medications will be offered either through the release planning process, through referral to a re-entry resource center, or through referral to an appropriate community provider, unless clinically contraindicated;
 - (ii) in-person consultation to address housing, mental health/medical/substance abuse treatment, income/benefits establishment, and family/community/social supports. This consultation will also identify specific actions to be taken and identify individuals responsible for each action;
 - (iii) if the prisoner has an intense need for assistance, as described in DMH policies, the prisoner will further be provided direct linkage to an Institution for Mental Disease ("IMD"), IMD-Step-down facility, or appropriately licensed hospital;
 - (iv) if the prisoner has a moderate need for assistance, as described in DMH policies, and as clinically appropriate to the needs of the prisoner, the prisoner will be offered enrollment in Full Service Partnership or similar program, placement in an Adult Residential Facility ("Board and Care") or other residential treatment facility, and direct assistance accessing community resources; and
 - (v) if the prisoner has minimal needs for assistance, as described in DMH policies, the prisoner will be offered referrals to routine services as appropriate, such as General Relief, Social Security, community mental health clinics, substance abuse programs, and/or outpatient care/support groups.
- (c) The County will provide a re-entry resource center with QMHPs available to all prisoners where they may obtain information about available mental health services and other community resources.

STATUS (34): NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revisions of DMH 20.2 (to provide “initial assessment policy and procedures for mental health evaluation while in the Reception Centers”) and DMH Policy 70.9 RELEASE PLANNING (to provide “policy and procedures for Release Planning”) are intended to address Paragraph 34 (and other paragraphs) of the Settlement Agreement. When issued, these proposed policies together will satisfy Paragraph 34. Section 4.7 of the Proposed Revision of DMH Policy 70.3.7 MEDICATION EVALUATION AND MANAGEMENT also covers Paragraph 34(b)(i).

The Compliance Measures require the Department to review randomly selected records of prisoners with serious mental illnesses to determine whether the required preliminary treatment plan was developed and whether the prisoners received the assistance required by the corresponding subparts of this provision, and to report the results to the Monitor on a semi-annual basis. Monitoring will commence in the next Reporting Period after DMH issues these revised policies, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

35. Consistent with existing DMH and Sheriff's Department policies, the County and the Sheriff will ensure that custody staff, before the end of shift, refer prisoners in general or special populations who are demonstrating a potential need for routine mental health care to a QMHP or a Jail Mental Evaluation Team ("JMET") member for evaluation, and document such referrals. Custody staff will utilize the Behavior Observation and Referral Form.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Compliance Measures require the Department to review, for a randomly selected month each quarter, the Behavior Observation and Mental Health Referral ("BOMHR") records for prisoners newly referred by custody staff for evaluation to a QMHP or JMET member to determine the timeliness of the referrals. Monitoring will commence in the next Reporting Period, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

36. Consistent with existing DMH policies, the County and the Sheriff will ensure that a QMHP performs a mental health assessment after any adverse triggering event, such as a suicide attempt, suicide threat, self-injurious behavior, or any clear de-compensation of mental health status. For those prisoners who repeatedly engage in such self-injurious behavior, the County will perform such a mental health assessment only when clinically indicated, and will, when clinically indicated, develop an individualized treatment plan to reduce, and minimize reinforcement of, such behavior. The County and the Sheriff will maintain an on-call system to ensure that mental health assessments are conducted within four hours following the notification of the adverse triggering event or upon notification that the prisoner has returned from a medical assessment related to the adverse triggering event. The prisoner will remain under unobstructed visual observation by custody staff until a QMHP has completed his or her evaluation.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revisions of DMH 70.7 SUICIDE PREVENTION (to “identify, screen, assess, and treat incarcerated individuals who may be at risk for suicide”) and DMH 70.2.1 MENTAL HEALTH TREATMENT PROGRAMS (to provide policy and procedures for “mental health treatment programs”) are intended to address Paragraph 36 (and other paragraphs) of the Settlement Agreement. When implemented, DMH Policy 70.7, sections 4.1.2. and 4.1.2.1, and DMH Policy 70.2.1, sections 2.2, 3.2.5.1, and 3.2.5.2 (with additions suggested by the Monitor and DOJ) will address the first and third sentences of Paragraph 36.

The Compliance Measures for Paragraph 36 require the Department to review randomly selected records of all prisoners who are newly admitted to mental health housing from a lower level of care due to an adverse triggering event during two randomly selected weeks per quarter; conduct quarterly unannounced visits and provide the Monitor with a staffing schedule for on-call services. Monitoring will commence in the next Reporting Period after the Department issues proposed revised policies reflecting the comments of the Monitor and DOJ, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

37. Sheriff's Court Services Division staff will complete a Behavioral Observation and Mental Health Referral Form and forward it to the Jail's mental health and/or medical staff when the Court Services Division staff obtains information that indicates a prisoner has displayed obvious suicidal ideation or when the prisoner exhibits unusual behavior that clearly manifests self-injurious behavior, or other clear indication of mental health crisis. Pending transport, such prisoner will be under unobstructed visual observation or subject to 15-minute safety checks.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Compliance Measures require the Department to randomly select nine courts from among the three Court Divisions each quarter and review written communications and orders that refer to a suicide risk or serious mental health crisis for a prisoner; incident reports for self-injurious behavior by prisoners appearing in the selected courts; and BOMHR forms completed by the Court Services Division staff in the selected courts to determine compliance with this provision. It is anticipated that monitoring of this provision will commence in the next Reporting Period, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

38. Consistent with existing DMH policies and National Commission on Correctional Health Care standards for jails, the County and the Sheriff will ensure that mental health staff or JMET teams make weekly cell-by-cell rounds in restricted non-mental health housing modules (e.g., administrative segregation, disciplinary segregation) at the Jails to identify prisoners with mental illness who may have been missed during screening or who have decompensated while in the Jails. In conducting the rounds, either the clinician, the JMET deputy, or the prisoner may request an out-of-cell interview. This request will be granted unless there is a clear and documented security concern that would prohibit such an interview or the prisoner has a documented history of repeated, unjustified requests for such out-of-cell interviews.

STATUS: SUBSTANTIAL COMPLIANCE

Section 3.1.7 of DMH 70.2.3 DISCIPLINARY SEGREGATION, effective December 31, 2015, addresses the requirements of Paragraph 38.

The Compliance Measures require the Department to review the documentation of the weekly cell-by-cell rounds and the JMET Logs for a randomly selected week each quarter to confirm that the required cell-by-cell checks were conducted and out-of-cell interviews were handled in accordance with this provision.

Substantial Compliance requires that (a) 90% of the required weekly cell-by-cell checks were completed; and (b) 85% of the out-of-cell interviews requested were granted, absent documented justification for denial of the request. The Monitor randomly selected the week of August 2, 2015 for this review.

As supported by the documentation provided to the Monitor, the Department's Self-Assessment reports 100% success for the third and fourth quarters in 2015, and that it has achieved Substantial Compliance with both subparts. The Department's reported results will be subject to verification by the Monitor based upon an audit by the Monitor's auditors. In addition to the audit, the Monitor will include direct observations and interviews in assessing whether the Department has "maintained" Substantial Compliance with this provision for purposes of Paragraph 111 of the Agreement.

39. The County and the Sheriff will continue to use a confidential self-referral system by which all prisoners can request mental health care without revealing the substance of their request to custody staff or other prisoners.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of CDM 8-03/020.00 MEDICAL AND MENTAL HEALTH GRIEVANCES is part of the new inmate grievance system the Department is creating to address Section 6 of the Implementation Plan in the *Rosas* case, but it does not adequately address prisoner requests for mental health care as distinct from grievances about the care (or lack of care), and it does not provide for confidentiality of the self-referral as required by the requirements of Paragraph 39. The Proposed Revision of DMH 70.10 SELF-REFERRAL/REQUESTS that was submitted to the Monitor and DOJ on December 30, 2016, sets forth policy and procedures for handling “self-referrals/requests for mental health services.”

Substantial Compliance requires the Department to inspect housing areas in each facility each quarter, and document that these areas have the required referral forms and envelopes and that electronic kiosks are functional. The Department is also required to review randomly selected self-referrals for mental health care received by the Department from prisoners during one week per quarter and report the handling of the self-referrals by the Department and DMH. Monitoring will commence in the next Reporting Period after the Department issues revised policies addressing the requirements of Paragraph 39, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

40. The County and the Sheriff will ensure a QMHP will be available on-site, by transportation of the prisoner, or through tele-psych 24 hours per day, seven days per week (24/7) to provide clinically appropriate mental health crisis intervention services.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 2.2 of the Proposed Revision of DMH 70.2.1 MENTAL HEALTH TREATMENT PROGRAMS addresses the requirements of Paragraph 40 of the Agreement.

Substantial Compliance requires DMH to provide to the Monitor with on-call schedules for two randomly selected weeks reflecting that a QMHP was assigned 24 hours a day, seven days per week and randomly select referrals for mental health crisis intervention received by a QMHP per quarter to verify compliance with Paragraph 40. Monitoring will commence in the next Reporting Period, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

41. Consistent with existing DMH policies, the County and the Sheriff will implement step-down protocols that provide clinically appropriate transition when prisoners are discharged from FIP after being the subject of suicide watch. The protocols will provide:

- (a) intermediate steps between highly restrictive suicide measures (e.g., clinical restraints and direct constant observation) and the discontinuation of suicide watch;
- (b) an evaluation by a QMHP before a prisoner is removed from suicide watch;
- (c) every prisoner discharged from FIP following a period of suicide watch will be housed upon release in the least restrictive setting deemed clinically appropriate unless exceptional circumstances affecting the facility exist; and
- (d) all FIP discharges following a period of suicide watch will be seen by a QMHP within 72 hours of FIP release, or sooner if indicated, unless exceptional circumstances affecting the facility exist.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Sections 4.8 and 4.9 of revised DMH 70.7, effective February 4, 2016, address Paragraph 41 of the Agreement.

Substantial Compliance requires DMH to review the medical records of all prisoners on suicide watch in FIP for one randomly selected month each quarter, and submit a report regarding the implementation of the step-down protocols and the results of its review of the medical records. Monitoring will commence in the next Reporting Period, and the reported results will be subject to verification by the Monitor's auditors.

42. Consistent with existing DMH policies, the County and the Sheriff will implement step-down protocols to ensure that prisoners admitted to HOH and placed on risk precautions are assessed by a QMHP. As part of the assessment, the QMHP will determine on an individualized basis whether to implement “step-down” procedures for that prisoner as follows:

- (a) the prisoner will be assessed by a QMHP within three Normal business work days, but not to exceed four days, following discontinuance of risk precautions;
- (b) the prisoner is counseled to ameliorate the negative psychological impact that any restrictions may have had and in ways of dealing with this impact;
- (c) the prisoner will remain in HOH or be transferred to MOH, as determined on a case-by-case basis, until such assessment and counseling is completed, unless exceptional circumstances affecting the facility exist; and
- (d) the prisoner is subsequently placed in a level of care/housing as determined by a QMHP.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 4.10 of revised DMH 70.7 addresses the requirements of Paragraph 42 of the Agreement.

Substantial Compliance will require the Department to review the medical records of all prisoners in HOH and placed on risk precautions for one randomly selected month each quarter, and submit a report on the implementation of the step-down protocols and the results of the medical records review. Monitoring will commence in the next Reporting Period , and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor’s auditors.

43. Within six months of the Effective Date, the County and the Sheriff will develop and implement written policies for formal discipline of prisoners with serious mental illness incorporating the following:

- (a) Prior to transfer, custody staff will consult with a QMHP to determine whether assignment of a prisoner in mental health housing to disciplinary housing is clinically contraindicated and whether placement in a higher level of mental health housing is clinically indicated, and will thereafter follow the QMHP's recommendation;
- (b) If a prisoner is receiving psychotropic medication and is placed in disciplinary housing from an area other than mental health housing, a QMHP will meet with that prisoner within 24 hours of such placement to determine whether maintenance of the prisoner in such placement is clinically contraindicated and whether transfer of the prisoner to mental health housing is clinically appropriate, and custody staff will thereafter follow the QMHP's recommendation;
- (c) A QMHP will participate in weekly walks, as specified in paragraph 38, in disciplinary housing areas to observe prisoners in those areas and to identify those prisoners with mental health needs; and
- (d) Prior to a prisoner in mental health housing losing behavioral credits for disciplinary reasons, the disciplinary decision-maker will receive and take into consideration information from a QMHP regarding the prisoner's underlying mental illness, the potential effects of the discipline being considered, and whether transfer of the prisoner to a higher level of mental health housing is clinically indicated.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Sections 3.1.1, 3.1.2 and 3.1.7 of DMH 70.2.3 DISCIPLINARY SEGREGATION, effective December 31, 2015, address the requirements of Paragraph 43.

Substantial Compliance requires the Department to maintain a log documenting weekly walks by a QMHP in each disciplinary housing area, review the medical records of prisoners who were in mental health housing units or were receiving psychotropic medication before being assigned to disciplinary housing, and report the results of its reviews. Monitoring will commence in the next Reporting Period, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

44. Within six months of the Effective Date, the County and the Sheriff will install protective barriers that do not prevent line-of-sight supervision on the second floor tier of all High Observation Housing areas to prevent prisoners from jumping off of the second floor tier. Within six months of the Effective Date, the County and the Sheriff will also develop a plan that identifies any other areas in mental health housing where such protective barriers should be installed.

STATUS: SUBSTANTIAL COMPLIANCE

The Monitor and Subject Matter Experts have observed that the Department has installed protective barriers on the second floor tier of High Observation Housing areas and most Moderate Observation Housing areas at TTCF and the CRDF. The Department has provided the Monitor and Subject Matter Experts with an updated plan for the installation of protective barriers in the remaining Moderate Observation Housing modules at TTCF and a timetable for the installation of these barriers within the first quarter of 2016. Further, the Department reports that as of February 12, 2016, there is only one MOH module awaiting a barrier, which the Department anticipates will be installed around March 1, 2016. The Monitor will verify the installation of the remaining barriers.

45. Consistent with existing Sheriff's Department policies, the County and the Sheriff will provide both a Suicide Intervention Kit that contains an emergency cut-down tool and a first-aid kit in the control booth or officer's station of each housing unit. All custody staff who have contact with prisoners will know the location of the Suicide Intervention Kit and first-aid kit and be trained to use their contents.

**STATUS: SUBSTANTIAL COMPLIANCE (EXCEPT MCJ);
PARTIAL COMPLIANCE (MCJ)**

Substantial Compliance requires the Department to verify once each quarter that each control booth or officer's station in each housing unit has both a first-aid kit and a Suicide Intervention Kit that contains an emergency cut-down tool, and to include training in the use of both the Suicide Intervention Kit and the first-aid kit in the curricula for Custody Assistants in the Academy, for new Deputy Sheriffs in the Jail Operations Continuum, and for existing deputies in the two-hours of Suicide Prevention Training. The Department has reported 100% compliance at all jail facilities except for Men's Central Jail. These results are subject to verification by the Monitor based upon the audit by the Monitor's auditors.

During visits to the jail facilities, including Men's Central Jail, the Monitor and Subject Matter Experts inspected control booths on a random basis and verified that each inspected control booth had both a first-aid kit and a Suicide Intervention Kit.

Training in the use of the Suicide Intervention Kit is included in the Department's Suicide Prevention Training and in comprehensive training in the Department's mandated First Aid Training.

46. The County and the Sheriff will immediately interrupt, and if necessary, provide appropriate aid to, any prisoner who threatens or exhibits self-injurious behavior.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance requires the Department to review the documentation from randomly selected incidents involving prisoners who threaten or exhibit self-injurious behavior, and include an assessment of the timeliness and appropriateness of the Department's responses to these incidents in its semi-annual Self-Assessment. Monitoring will commence in the next Reporting Period, and the reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

47. The County and the Sheriff will ensure there are sufficient custodial, medical, and mental health staff at the Jails to fulfill the terms of this Agreement. Within six months of the Effective Date, and on a semi-annual basis thereafter, the County and the Sheriff will, in conjunction with the requirements of Paragraph 92 of this Agreement, provide to the Monitor and DOJ a report identifying the steps taken by the County and the Sheriff during the review period to implement the terms of this Agreement and any barriers to implementation, such as insufficient staffing levels at the Jails, if any. The County and the Sheriff will retain staffing records for two years to ensure that for any critical incident or non-compliance with this Agreement, the Monitor and DOJ can obtain those records to determine whether staffing levels were a factor in that critical incident and/or non-compliance.

STATUS: PARTIAL COMPLIANCE

The County's semi-annual Self Assessment sets forth what the County has done to implement specific paragraphs of the Settlement Agreement that it reports were "ready for monitoring" in the Reporting Period. It does not, however, describe the steps it has taken to implement the remaining terms of the Agreement. Since the remaining terms of the Agreement should be ready for monitoring in the next Reporting Period, the Monitor anticipates the future Self Assessments will address this comment by reporting on the steps to implement those terms.

Looking to the future, the Monitor notes that the County's criteria for determining what is a Critical Incident is both too broad and too restrictive. As expressed in the Self-Assessment, situations such as a water main break and an inmate escape "do not fall within the subject matter of the Agreement," and therefore are not Critical Incidents that must be included in the Department's future Self-Assessments. At the same time, among the Critical Incidents that should be included, in addition to inmate deaths and suicides, are serious suicide attempts, inmate assaults on staff resulting in criminal referrals, riots, multiple-cell extractions, and incidents resulting in Category 3 uses of force (or a statement that no such incidents occurred). The term "Critical Incident" is not defined in either the Settlement Agreement or the Compliance Measures, but the Self-Assessments should include a broader range of incidents in reporting on Critical Incidents in the future.

48. Within three months of the Effective Date, the County and the Sheriff will have written housekeeping, sanitation, and inspection plans to ensure the proper cleaning of, and trash collection and removal in, housing, shower, and medical areas, in accordance with California Code of Regulations ("CCR") Title 15 § 1280: Facility Sanitation, Safety, and Maintenance.

STATUS: SUBSTANTIAL COMPLIANCE

The Department's revised CDM 5-11/020.00 SANITATION issued on July 6, 2015, requires each facility to "have a written housekeeping, sanitation and inspection plan." The Department has provided Unit Orders for each facility that, for example, "establish policy and procedures for maintaining an acceptable level of cleanliness, sanitation, repair and safety through the facility." As required by the Compliance Measures, the Department has provided the most recent Local Detention Health Inspection Report pursuant to California Health & Safety Code Section 101045 and Corrective Action Plans for each facility.

During this monitoring period, the Monitor and a Subject Matter Expert inspected each of the facilities to assess the Department's compliance with Paragraph 48 of the Agreement. During the inspections, we interviewed facility staff and inmates; reviewed housekeeping, sanitation, and inspection plans and forms; and inspected the food service departments, medical departments, intake areas and random housing units. We found that there was "an acceptable level of cleanliness, sanitation, repair and safety" in each facility.³

Following the on-site inspections, the Monitor and Subject Matter Expert reviewed each facility's written housekeeping, sanitation and inspection plans, Unit Orders, the Health Inspection Reports and the Corrective Action Plans. The Monitor, after consultation with the Subject Matter Expert, certifies that the Department's plans satisfy the requirements of CCR Title 15, § 1280 and have been implemented.

³ Notwithstanding the finding of "Substantial Compliance," the Monitor and Subject Matter Expert encourage the Department and DMH to further assess how to address those limited instances where severely mentally ill inmates refuse to clean their cells or to bathe.

49. Within three months of the Effective Date, the County and the Sheriff will have a maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet, sink, and lighting units, and heating, ventilation, and cooling system are adequately maintained and installed. The plan will also include steps to treat large mold infestations.

STATUS: SUBSTANTIAL COMPLIANCE

CDM 4-07/020, effective January 26, 2016, requires Unit Commanders to establish plans for their facilities that address the requirements of Paragraph 49 of the Agreement. The Department has provided Unit Orders for each facility that, for example, “establish policy and procedures for maintaining an acceptable level of cleanliness, sanitation, repair and safety through the facility.” The Unit Orders indicate that the Facilities Services Bureau (“FSB”) is to be notified when there is mold, and it will be responsible for treating the problems. The Department has submitted a memorandum from FSB, dated February 3, 2016, indicating what steps FSB takes to treat the problem.

During this monitoring period, the Monitor and a Subject Matter Expert inspected each of the facilities for the purpose of assessing the Department’s compliance with Paragraph 49. During the inspections we interviewed facility staff and inmates; reviewed maintenance plans for responding to routine and emergency needs; inspected shower areas, toilets, sinks and urinals (in housing units and medical areas); and inspected lighting systems, heating, ventilation and cooling systems for functionality and upkeep.

Following the on-site inspections, the Monitor and Subject Matter Expert reviewed each facility’s written maintenance plan for responding to routine and emergency needs and for addressing small and large mold infestations (minor mold infestations are handled by facility staff and inmate work crews and large mold infestations are reported to FSB for handling). We also reviewed Unit Orders that address procedures for handling maintenance requests and examined the eUDAL and Maximo automated systems that are used to track such requests while on-site. Each facility has a maintenance coordinator that serves as the point person between the facility, maintenance contractors and the Internal Services Departments, as well as serving as coordinator for inmate work crews. We also reviewed Local Detention Health Inspection Reports for each facility and Corrective Action Plans in response to those Reports.

50. Consistent with existing Sheriff's Department policies regarding control of vermin, the County and the Sheriff will provide pest control throughout the housing units, medical units, kitchen, and food storage areas.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

CDM 5-11/030.00 CONTROL OF VERMIN, revised December 14, 2015, addresses the requirements of Paragraph 50 of the Settlement Agreement. The Monitor and Subject Matter Expert inspected each of the facilities found that there was "an acceptable level of cleanliness, sanitation, repair and safety" in each facility.

Substantial Compliance requires the Department to provide the Monitor and Subject Matter Experts with a copy of a contract with an outside vendor for regular pest control services at each jail facility and, on a quarterly basis, a schedule of the pest control activities at each facility in the previous quarter; a pest control compliance checklist of the pest control activities taken at each facility in the previous quarter; documentation from the outside vendor reflecting visits to each jail facility and the work performed during the visits; and a copy of the most recent report by the County Department of Public Health concerning pest control in the jail facilities. The Self-Assessment reports that "[a]ll facilities are in the process of ensuring pest control documentation is completed properly to reflect the pest control activities taken at each facility once implementation begins."

During this monitoring period, the Monitor and a Subject Matter Expert inspected each of the facilities for the purpose of assessing the Department's compliance with Paragraph 50. During the inspections we interviewed facility staff and inmates; reviewed housekeeping, sanitation, and inspection plans and forms; and inspected the food service departments, medical departments, intake areas and random housing units. Following the inspections, we reviewed copies of the Department's contracts with outside vendors for regular pest control services for the jail facilities; the pest control compliance checklists of the pest control activities taken at each facility in the previous quarter; documentation from the outside vendor reflecting visits to each jail facility and the work performed during the visits; and a copy of the most recent report by the County Department of Public Health concerning pest control in the jail facilities.

The food service areas are serviced frequently for pest, rodent and insect control, but medical areas and housing units are not serviced as often. At TTCF, it appears that the modules are included for pest control services, but it is unclear what areas of the modules were actually serviced. We also noted an entry in the IRC documents for August 17, 2015, that, "Technician did not spray indicated area...he only filled out forms." Hopefully this is an isolated occurrence, but nevertheless, due diligence is required when carrying out pest control services.

51. Consistent with existing Sheriff's Department policies regarding personal care items and supplies for inmates, the County and the Sheriff will ensure that all prisoners have access to basic hygiene supplies, in accordance with CCR Title 15 § 1265: Issue of Personal Care Items.

STATUS: SUBSTANTIAL COMPLIANCE

The Department provided the Monitor with a photograph of an Admission Kit and a copy of the form allowing existing prisoners to order admission kits. The Department also issued revised CDM 5-13/090.00 PERSONAL CARE ITEMS AND SUPPLIES FOR INMATES, effective February 24, 2016, which requires that Admission Kits be provided to new prisoners and to existing prisoners upon request in accordance as required by CCR Title 15 § 1265.

The Department reported on February 12, 2016, that it has, as required by the Compliance Measures, inspected each facility and confirmed that kits are present in intake areas and readily available to all housing areas; provided documents confirming that contracted vendors have consistently provided kits in response to prisoner orders and the number of admission kits provided to prisoners; and reviewed randomly selected order forms to confirm that admission kits were provided to the inmates who submitted the forms. The Department's report is subject to verification by the Monitor based upon the audit by the Monitor's auditors.

52. The County and the Sheriff will implement policies governing property restrictions in High Observation Housing that provide:

- (a) Except when transferred directly from FIP, upon initial placement in HOH:
 - (i) Suicide-resistant blankets, gowns, and mattresses will be provided until the assessment set forth in section (a)(ii) below is conducted, unless clinically contraindicated as determined and documented by a QMHP.
 - (ii) Within 24 hours, a QMHP will make recommendations regarding allowable property based upon an individual clinical assessment.
- (b) Property restrictions in HOH beyond 24 hours will be based on clinical judgment and assessment by a QMHP as necessary to ensure the safety and well-being of the prisoner and documented in the electronic medical record.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Department has provided the Monitor with its Proposed Revisions of the Department's ALLOWABLE INMATE PROPERTY policies – CDM 5/06.010.05 for male inmates and CDM 5/06.010.10 for female inmates that require property restrictions for inmates in mental health housing to be determined by "a mental health professional after a clinical assessment has been conducted." Sections 4.7.2.1 and 4.7.2.2 of the Proposed Revision of DMH 70.7 set forth property restrictions that address the requirements of Paragraph 52, except that they do not require the same level of property restrictions where two inmates in mental health housing are co-housed in a single cell.

Substantial Compliance requires the Department to (1) randomly inspect the cells of prisoners placed in HOH (except from FIP) within the previous 24 hours to confirm that they have been provided with suicide-resistant blankets, gowns and mattresses unless clinically contraindicated, and document the results of the inspection; (2) randomly inspect the cells of prisoners placed in HOH (except from FIP) for more than 24 hours to confirm that they have been provided with allowable property as recommended by a QMHP; and (3) review the electronic medical records of prisoners assigned to HOH on the days of those inspections to verify compliance with the provisions of Paragraph 52. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

53. If otherwise eligible for an education, work, or similar program, a prisoner's mental health diagnosis or prescription for medication alone will not preclude that prisoner from participating in said programming.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revisions of CDM 5-13/100.00 RELIGIOUS PROGRAMS, CDM 5-13/130.00 INMATE EDUCATION (which is subject to a revision required by the Monitor), and CDM 5-01/020.00 INMATE WORKER ASSIGNMENTS address the requirements of Paragraph 53 of the Settlement Agreement. The Monitor and Subject Matter Expert are concerned, however, that inmates with mental health needs may not be able to participate in programs that may only be available at the Pitchess Detention Center because the Department is not able to house and provide mental health care for such inmates at the Pitchess facilities.

Substantial Compliance requires the Department to audit the records of prisoners who were eligible and rejected or disqualified for education and work programs to confirm that they were not rejected or disqualified because of a mental health diagnosis or prescription for medication alone. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

54. Prisoners who are not in Mental Health Housing will not be denied privileges and programming based solely on their mental health status or prescription for psychotropic medication.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revisions of CDM 5-13/100.00 RELIGIOUS PROGRAMS, CDM 5-13/130.00 INMATE EDUCATION (which is subject to a revision required by the Monitor), and CDM 5-01/020.00 INMATE WORKER ASSIGNMENTS address the requirements of Paragraph 54 of the Settlement Agreement. See Implementation Status of Paragraph 53, *supra*.

Substantial Compliance requires the Department to audit the records of prisoners who were eligible and denied privileges or programs to confirm that they were not rejected or disqualified because of a mental health diagnosis or prescription for psychotropic medication alone. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

55. Relevant custody, medical, and mental health staff in all High Observation Housing units will meet on Normal business work days and such staff in all Moderate Observation Housing units will meet at least weekly to ensure coordination and communication regarding the needs of prisoners in mental health housing units as outlined in Custody Services Division Directive(s) regarding coordination of mental health treatment and housing. When a custody staff member is serving as a member of a treatment team, he or she is subject to the same confidentiality rules and regulations as any other member of the treatment team, and will be trained in those rules and regulations.

**STATUS: SUBSTANTIAL COMPLIANCE (CRDF)
PARTIAL COMPLIANCE (TTCF)**

Sections 3.5.2.3 and 3.5.3.2 of the Proposed Revision of DMH Policy 70.2.1 require "relevant custody, medical and mental health staff" to meet in accordance with the requirements of Paragraph 55. The Monitor and a Subject Matter Expert attended a weekly HOH meeting at CRDF on November 18, 2015, and we were impressed with the level of communications among custody, medical, and mental health personnel. We understand that there are daily HOH meetings at CRDF with fewer participants, which we did not attend.

The Self-Assessment states that the "meetings are being conducted for all HOH and MOH units at [TTCF and CRDF] as required by the Agreement," and that the Department and DMH have gone beyond the requirements of Paragraph 55 by holding "additional interdisciplinary meetings. . .to facilitate conversations about inmates who may not be the most urgently in need, but who still benefit from a more thorough discussion about their needs." On February 9, 2016, the County reported that it had reviewed records of staff meetings in HOH and MOH units and confirmed that the Department and DMH have met the percentages required by the Compliance Measures at CRDF, but not at TTCF. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

56. Consistent with existing DMH and Sheriff's Department policies, the County and the Sheriff will ensure that custody, medical, and mental health staff communicate regarding any change in a prisoner's housing assignment following a suicide threat, gesture, or attempt, or other indication of an obvious and serious change in mental health condition.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance requires the Department to review in randomly selected periods the electronic medical records of (1) prisoners admitted to HOH following a suicide threat, gesture, or attempt, or other indication of an obvious and serious change in mental health condition to determine if the medical and/or mental health staff approved the placement of the prisoner in HOH and (2) prisoners who were the subject of a suicide attempt notification to determine if the prisoners were clinically assessed and that clinical staff approved the post-incident housing. The Department's reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

57. Within three months of the Effective Date, the County and the Sheriff will revise and implement their policies on safety checks to ensure a range of supervision for prisoners housed in Mental Health Housing. The County and the Sheriff will ensure that safety checks in Mental Health Housing are completed and documented in accordance with policy and regulatory requirements as set forth below:

- (a) Custody staff will conduct safety checks in a manner that allows staff to view the prisoner to assure his or her well-being and security. Safety checks involve visual observation and, if necessary to determine the prisoner's well-being, verbal interaction with the prisoner;
- (b) Custody staff will document their checks in a format that does not have pre-printed times;
- (c) Custody staff will stagger checks to minimize prisoners' ability to plan around anticipated checks;
- (d) Video surveillance may not be used to replace rounds and supervision by custodial staff unless new construction is built specifically with constant video surveillance enhancements and could only be used to replace 15 minute checks in non-FIP housing, subject to approval by the Monitor;
- (e) A QMHP, in coordination with custody (and medical staff if necessary), will determine mental health housing assignments; and
- (f) Supervision of prisoners in mental health housing will be conducted at the following intervals:
 - (i) FIP: Custody staff will perform safety checks every 15 minutes. DMH staff will perform direct constant observation or one-to-one observation when determined to be clinically appropriate;
 - (ii) High Observation Housing: Every 15 minutes;
 - (iii) Moderate Observation Housing: Every 30 minutes.

STATUS (57): PARTIAL COMPLIANCE

The Proposed Revisions of CDM 4-11/030.00 INMATE SAFETY CHECKS and CDM 4-11/030.05 TITLE 15 SCANNER, address the requirements of Paragraph 57,⁴ except for 57(e). Pending approval of CDM 4-11/030.00, the Department issued a directive to implement this paragraph.

Substantial Compliance will require the Department to audit the Title 15 Dashboard records (or UDAL records if the Title 15 scanner was not working) for all shifts for each module in each mental health housing unit to determine if the safety checks were staggered and conducted as required by paragraph 57 of the Agreement, and to audit the housing records for each mental health housing unit to determine if a QMHP approved the new mental health housing assignments. The Department's reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

⁴ The Monitor has advised the Department County and DOJ that the definition of "Unobstructed Visual Observation" in this policy, which is based upon the definition in the Agreement, is internally inconsistent. The parties have taken the Monitor's comments under consideration.

58. Within three months of the Effective Date, the County and the Sheriff will revise and implement their policies on safety checks. The County and the Sheriff will ensure that safety checks in non-mental health housing units are completed and documented in accordance with policy and regulatory requirements as set forth below:

- (a) At least every 30 minutes in housing areas with cells;
- (b) At least every 30 minutes in dormitory-style housing units where the unit does not provide for unobstructed direct supervision of prisoners from a security control room;
- (c) Where a dormitory-style housing unit does provide for unobstructed direct supervision of prisoners, safety checks must be completed inside the unit at least every 60 minutes;
- (d) At least every 60 minutes in designated minimum security dormitory housing at PDC South, or other similar campus-style unlocked dormitory housing;
- (e) Custody staff will conduct safety checks in a manner that allows staff to view the prisoner to assure his or her well-being and security. Safety checks involve visual observation and, if necessary to determine the prisoner's well-being, verbal interaction with the prisoner;
- (f) Custody staff will document their checks in a format that does not have pre-printed times;
- (g) Custody staff will stagger checks to minimize prisoners' ability to plan around anticipated checks; and
- (h) Video surveillance may not be used to replace rounds and supervision by custodial staff.

STATUS: PARTIAL COMPLIANCE

The Proposed Revisions of CDM 4-11/030.00 and CDM 4-11/030.05 address the requirements of Paragraph 58. Pending approval of CDM 4-11/030.00, the Department issued a directive to implement this paragraph.

Substantial Compliance will require the Department to audit the Title 15 Dashboard records (or UDAL records if the Title 15 scanner was not working) for all shifts for each module in each housing unit to determine if the safety checks were staggered and conducted as required by paragraph 58 of the Agreement. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

59. Consistent with existing Sheriff's Department policies regarding uniform daily activity logs, the County and the Sheriff will ensure that a custodial supervisor conducts unannounced daily rounds on each shift in the prisoner housing units to ensure custodial staff conduct necessary safety checks and document their rounds.

**STATUS: SUBSTANTIAL COMPLIANCE (SOUTH)
NOT CURRENTLY SUBJECT TO MONITORING
(REMAINING FACILITIES)**

The revision of CDM 4/11-020.00 UDAL, published January 22, 2016, requires shift floor sergeants to visit housing areas under their supervision once per shift to review the UDAL "for accuracy, and to ensure all inmate safety checks and other required officer activities are conducted and documented properly." The revision of CDM 4/11.030.00, also published January 22, 2016, requires the sergeants to "conduct an unannounced check of each housing area under their supervision, not less than once per shift, to ensure all inmate safety checks are conducted and properly documented." These provisions address the requirements of Paragraph 59 of the Agreement.

Substantial Compliance requires the Department to audit e-UDAL records for housing units in each facility to determine if the supervisors are conducting unannounced daily rounds in accordance with Paragraph 59. The Department reports that the South Facility is in Substantial Compliance with this provision. The report results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

60. Within six months of the Effective Date, the Department of Mental Health, in cooperation with the Sheriff's Unit described in Paragraph 77 of this Agreement, will implement a quality improvement program to identify and address clinical issues that place prisoners at significant risk of suicide or self-injurious behavior.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Effective December 31, 2015, DMH adopted revised Policy 50.1 CONTINUOUS QUALITY IMPROVEMENT "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program" that focuses on "identifying and addressing clinical issues that place inmates at significant risk of suicide or self injurious behavior[.]"

Although not subject to monitoring in this Reporting Period, the County has provided a description of DMH's quality improvement program under Provision 61 in the Self-Assessment, including a summary of what DMH is doing to review, collect and aggregate data and recommend Corrective Action Plans in each of the areas set forth in Paragraph 61 of the Agreement.

Substantial Compliance will require future Self-Assessments to set forth any (a) identified clinical issues in the areas in Paragraph 61 that place prisoners at significant risk of suicide or self-injurious behavior; (b) corrective actions and systemic improvements taken by DMH and the Department to address any such issues during the previous six months; and (c) an assessment of the effectiveness of steps taken by the Department to address issues identified during earlier reporting periods.

61. The quality improvement program will review, collect, and aggregate data in the following areas and recommend corrective actions and systemic improvements:

- (a) Suicides and serious suicide attempts:
 - (i) Prior suicide attempts or other serious self-injurious behavior
 - (ii) Locations
 - (iii) Method
 - (iv) Lethality
 - (v) Demographic information
 - (vi) Proximity to court date;
- (b) Use of clinical restraints;
- (c) Psychotropic medications;
- (d) Access to care, timeliness of service, and utilization of the Forensic In-patient Unit; and
- (e) Elements of documentation and use of medical records.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Effective December 31, 2015, the Department of Mental Health adopted revised DMH Policy 50.1 CONTINUOUS QUALITY IMPROVEMENT "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program." See the report of the Status of Paragraph 60, *supra*.

Substantial Compliance will require future Self-Assessments to set forth any (a) any identified clinical issues in the areas set forth in Paragraph 61 that place prisoners at significant risk of suicide or self-injurious behavior; (b) corrective actions and systemic improvements taken by DMH and the Department to address any such issues during the previous six months; and (c) an assessment of the effectiveness of steps taken by the Department to address issues identified during earlier reporting periods.

62. The County and the Sheriff's Unit described in Paragraph 77 of this Agreement will develop, implement, and track corrective action plans addressing recommendations of the quality improvement program.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Effective December 31, 2015, the Department of Mental Health adopted revised DMH 50.1 CONTINUOUS QUALITY IMPROVEMENT "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program." The Proposed Revision of CDM 2-00/070.00 provides that "[p]ersonnel from CCSB will conduct follow up assessments upon the completion of corrective action reports to verify that any identified deficiencies have been addressed" and "will participate in meetings with DMH to develop, implement, and track corrective action plans addressing recommendations of the quality improvement program." The Proposed Revision addresses the requirements of Paragraph 62.

Upon approval of CDM 2-00/070.00, Substantial Compliance will require future Self-Assessments to set forth any (a) identified clinical issues in the areas set forth in paragraph 61 of the Agreement that place prisoners at significant risk of suicide or self-injurious behavior; (b) corrective actions and systemic improvements taken by DMH and the Department to address any such issues during the previous six months; and (c) an assessment of the effectiveness of steps taken by the Department to address issues identified during earlier reporting periods.

63. The County and the Sheriff will maintain adequate High Observation Housing and Moderate Observation Housing sufficient to meet the needs of the jail population with mental illness, as assessed by the County and the Sheriff on an ongoing basis. The County will continue its practice of placing prisoners with mental illness in the least restrictive setting consistent with their clinical needs.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance will require that future Self-Assessments set forth (a) the average daily populations in HOH and MOH units in TTCF and CRDF during the reporting period; (b) the average number of beds in those units during the reporting period; (c) the number of days in which there was a waiting list for HOH or MOH housing; and (d) the average number of step-downs per week (i) from HOH to MOH and (ii) from MOH to the least restrictive setting consistent with the prisoners' clinical needs. The Department must also review the count sheets for available beds in two random weeks and report on the availability of HOH and MOH beds at TTCF and CRDF. The Department's reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

64. Within six months of the Effective Date, the County and the Sheriff will develop a short-term plan addressing the following 12-month period, and within 12 months of the Effective Date, the County and the Sheriff will develop a long-term plan addressing the following five-year period, to reasonably ensure the availability of licensed inpatient mental health care for prisoners in the Jails. The County and the Sheriff will begin implementation of each plan within 90 days of plan completion. These plans will describe the projected capacity required, strategies that will be used to obtain additional capacity if it is needed, and identify the resources necessary for implementation. Thereafter, the County and the Sheriff will review, and if necessary revise, these plans every 12 months.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance requires the Department to (1) develop a short-term plan that will address the availability of licensed inpatient mental health care for prisoners in the following 12-month period; (2) commence to implement the plan within 90 days after it is developed; (3) develop a long-term plan within 12 months after the short term plan that will address the availability of licensed inpatient mental health care for prisoners in the following five-year period; and (4) commence to implement the long-term plan within 90 days after it is developed.

65. Consistent with existing Sheriff's Department policies, the County and the Sheriff will ensure that psychotropic medications are administered in a clinically appropriate manner to prevent misuse, hoarding, and overdose.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of CDM 5-03/050.00 STANDARDS OF MEDICAL CARE provides that "[i]t is the responsibility of the licensed nurse to ensure that medication has been ingested," but does not otherwise set forth what the nurse is required to do to ensure the medication has been ingested. It adds that "Custody personnel shall assist the pill call nurse" and refers to MSB policy M205.01. It does not, however, by itself address the requirements of Paragraph 65.

Substantial Compliance requires the Self-Assessments to set forth the (1) the results of weekly medication Administration Audits documenting the visual observation of the administration of medication during the quarter; (2) unauthorized medications found as a result of cell searches during the reporting period; and (3) incidents involving confirmed prescription drug overdoses. The reported results will be subject to the Monitor's conclusions, after consulting with the Subject Matter Expert, that psychotropic medications have been administered in a clinically appropriate manner.

66. Consistent with existing DMH policies, prisoners in High Observation Housing and Moderate Observation Housing, and those with a serious mental illness who reside in other housing areas of the Jails, will remain on an active mental health caseload and receive clinically appropriate mental health treatment, regardless of whether they refuse medications.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 2.3 of DMH policy 70.3.7 provides that prisoners in HOH units, and any prisoners in MOH units "who are refusing medications and are having significant symptomatology due to refusing, and clients with Serious Mental Illness (SMI) housed in other areas of the jails shall remain on an active mental health caseload and receive clinically appropriate mental health treatment, regardless of whether they refuse medications. . . . " and "shall be managed in such a way as to increase the likelihood of psychotropic medication compliance." The policy needs to be further revised so to make it clear that it applies to all HOH and all MOH prisoners who refuse medications, not just those "having significant symptomatology due to refusing." The Department has advised the Monitor that it will re-publish the policy to address this remaining issues.

Substantial Compliance will require the Department to review, on a random basis, the electronic medical records of prisoners in HOH and MOH or with SMI to assess whether they remain on an active mental health caseload, have been offered structured mental health treatment, and have been seen by a QMHP at least monthly, regardless of whether they refuse medications. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

67. Within three months of the Effective Date, the County and the Sheriff will implement policies for prisoners housed in High Observation Housing and Moderate Observation Housing that require:

- (a) documentation of a prisoner's refusal of psychotropic medication in the prisoner's electronic medical record;
- (b) discussion of a prisoner's refusal in treatment team meetings;
- (c) the use of clinically appropriate interventions with such prisoners to encourage medication compliance;
- (d) consideration of the need to transfer non-compliant prisoners to higher levels of mental health housing; and
- (e) individualized consideration of the appropriateness of seeking court orders for involuntary medication pursuant to the provisions of California Welfare and Institutions Code sections 5332-5336 and/or California Penal Code section 2603(a).

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Section 4.5 of DMH 70.3.7 addresses the requirements of Paragraph 67(a) through (e) for prisoners in HOH or MOH units (and others) who refuse psychotropic medications for specified periods.

Substantial Compliance will require the County Department to review the electronic medical records of prisoners in HOH and MOH who refused psychotropic medication during the quarter to verify that the records reflect the documentation and consideration of the matters required by the terms of paragraph 67. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

68. Within six months of the Effective Date, the County and the Sheriff will develop and implement a procedure for contraband searches on a regular, but staggered basis in all housing units. High Observation Housing cells will be visually inspected prior to initial housing of inmates with mental health issues.

STATUS: PARTIAL COMPLIANCE

The Proposed Revision of CDM 5-08/010.00 SEARCHES, which requires contraband searches on a regular, but staggered basis in all housing units, and visual inspection of HOH housing units prior to housing prisoners with mental health issues in HOH units, addresses the requirements of Paragraph 68. Pending approval of this policy, the Department has issued a Directive "to establish additional procedures for conducting inmate contraband searches with respect to the hoarding of medication."

Upon issuance of the revised policy, Substantial Compliance will require Self-Assessments to include a summary of searches conducted in the previous quarter and to randomly select and review 25 Checklist forms for HOH units to confirm that the units were visually inspected prior to initial housing of prisoners in these units. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

69. Consistent with existing DMH policies regarding use of clinical restraints, the County and the Sheriff will use clinical restraints only in the Correctional Treatment Center and only with the approval of a licensed psychiatrist who has performed an individualized assessment and an appropriate Forensic Inpatient order. Use of clinical restraints in CTC will be documented in the prisoner's electronic medical record. The documentation will include the basis for and duration of the use of clinical restraints and the performance and results of the medical welfare checks on restrained prisoners. When applying clinical restraints, custody staff will ensure a QMHP is present to document and monitor the condition of the prisoner being placed in clinical restraints.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of CDM 7-03/030.00 MEDICALLY ORDERED RESTRAINT DEVICES sets forth the Department's policies regarding use of clinical restraints. Although it was approved by the *Rosas* Monitors to address Paragraph 17.7 of the Implementation Plan in that case, it does not satisfy Paragraph 69 of the Settlement Agreement, which requires the approval of a "licensed psychiatrist" who has performed an individualized assessment and an appropriate Forensic Inpatient order.⁵ The Proposed Revision of DMH 100.8 CLINICAL RESTRAINTS, together with CTC MHU Policy 2-1f, provides "policy and procedures for the use of clinical restraints by JMHS staff."

Subject to a further revision of CDM 7-03/030.00, Substantial Compliance requires the Department to review the electronic medical records of all prisoners placed in clinical restraints to verify that the restraints were used, approved, and documented, and that the results of medical welfare checks on restrained prisoners were also documented, as required by Paragraph 69 of the Agreement. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

⁵ The Subject Matter Expert believes that it is, however, reasonable for a medical physician to order restraints in some circumstances.

70. Within three months of the Effective Date, the County and the Sheriff will have policies and procedures regarding the use of Security Restraints in HOH and MOH. Such policies will provide that:

- (a) Security Restraints in these areas will not be used as an alternative to mental health treatment and will be used only when necessary to insure safety;
- (b) Security Restraints will not be used to punish prisoners, but will be used only when there is a threat or potential threat of physical harm, destruction of property, or escape;
- (c) Custody staff in HOH and MOH will consider a range of security restraint devices and utilize the least restrictive option, for the least amount of time, necessary to provide safety in these areas; and
- (d) Whenever a prisoner is recalcitrant, as defined by Sheriff's Department policy, and appears to be in a mental health crisis, Custody staff will request a sergeant and immediately refer the prisoner to a QMHP.

STATUS: PARTIAL COMPLIANCE

CDM 7-03/000.00 SECURITY RESTRAINTS AND HANDCUFFING INMATES, which was approved by the *Rosas* Monitors, sets forth the Department's policies regarding use of security restraints generally, and as required by Paragraph 70(a), (b), and, in part, (d). It does not, however, specifically address the requirements of Paragraph 70(c) or require referrals to a QMHP as required by Paragraph 70(d). Proposed revision of CDM 7-03/010.00 WAIST-CHAIN PROCEDURES provides that "[p]ersonnel assigned to HOH and MOH will consider a range of security restraint devices and utilize the least restrictive option, for the least amount of time, necessary to provide safety in these areas," which addresses the requirements of Paragraph 70(c), but does not address referrals to a QMHP as required by Paragraph 70(d).

Substantial Compliance requires the Department to implement the policies and procedures required by Paragraph 70.

71. The County and the Sheriff will ensure that any prisoner subjected to clinical restraints in response to a mental health crisis receives therapeutic services to remediate any effects from the episode(s) of restraint.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance will require the Department to review the electronic medical records of all prisoners placed in clinical restraints to verify that the prisoners received therapeutic services as required by Paragraph 71. The reported results will be subject to verification by the Monitor based upon the audits by the Monitor's auditors.

72. The County and the Sheriff will develop and implement policies and procedures that ensure that incidents involving suicide and serious self-injurious behavior are reported and reviewed to determine: (a) whether staff engaged in any violations of policies, rules, or laws; and (b) whether any improvements to policy, training, operations, treatment programs, or facilities are warranted. These policies and procedures will define terms clearly and consistently to ensure that incidents are reported and tracked accurately by DMH and the Sheriff's Department.

STATUS: PARTIAL COMPLIANCE

There are gaps in the revised policies proposed by the Department and DMH. Proposed Revision of CDM 4-10/05.00 INMATE DEATH – REPORTING AND REVIEW PROCESS requires certain notifications in the event of an inmate death, along with corrective action plans as necessary. It does not, however, encompass incidents involving "serious self-injurious behavior" or specifically require the Department to determine "whether staff engaged in any violations of policies, rules, or laws."

Proposed Revision of CDM 4-10/060.00 CRITICAL INCIDENT REVIEW COMMITTEE – SUICIDAL INMATES covers attempted suicides as "serious suicidal behavior" by DMH, but not actual or suspected suicides or "serious self-injurious behavior."⁶ It requires the Critical Incident Review Committee to consider, within 30 days of the incident "whether violations of policy or laws by department personnel were a factor. If so, the review will consider improvements to policy, training, programs or the facility are warranted." Further, it provides that "Correction action plans (CAP) which identify areas in need of improvement and propose solutions will be developed and documented."

The revision of DMH 50.2 CRITICAL INCIDENT REVIEW, effective February 4, 2016, encompasses "actual or suspected suicides" as well as "serious self-injurious behavior" in the review process that includes "determining whether staff engaged in any violations of policies, rules or laws and whether improvements to policy, training, operations or treatment programs are warranted."

In addition to approval of written policies and procedures that address the requirements of Paragraph 72, Substantial Compliance requires the Self-Assessments to report on (a) suicide review meetings and (b) CIRC meetings reviewing incidents that involve serious self-injurious behavior in the reporting period. The Department's Self-Assessment for the Initial Reporting Period reports that five CIRC meetings reviewed "a total of 43 serious suicide attempts in the jails" for which "the Department created a total of 50 [Correction Action Plans] were created. Future Self-Assessments will need to indicate and describe "whether staff engaged in any violations of policies, rules, or laws" and "whether any improvements to policy, training, operations, treatment, programs, or facilities are warranted."

⁶ The Self-Assessment does, however, indicate that the CRIC, "in collaboration with CCSB, ensures that incidents involving suicide and serious suicide attempts (including serious self-injurious behavior) in the jails are reported and reviewed."

73. Depending on the level of severity of an incident involving a prisoner who threatens or exhibits self-injurious behavior, a custody staff member will prepare a detailed report (Behavioral Observation and Mental Health Referral Form, Inmate Injury Report, and/or Incident Report) that includes information from individuals who were involved in or witnessed the incident as soon as practicable, but no later than the end of shift. The report will include a description of the events surrounding the incident and the steps taken in response to the incident. The report will also include the date and time that the report was completed and the names of any witnesses. The Sheriff's Department will immediately notify the County Office of Inspector General of all apparent or suspected suicides occurring at the Jails.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of CDM 4-05/000 BEHAVIORAL OBSERVATION AND MENTAL HEALTH REFERRAL REPORTS requires "[a]ll custody personnel who identify an inmate, either through observation, information received from another person (i.e. relative, clergy, etc.), intake screening, or exhibited behavior indicative of possible mental illness, or who threatens or exhibits self-injurious behavior" to complete a BOMHR "no later than the end of shift." Proposed revision of CDM 2-00/070.00 CUSTODY COMPLIANCE AND SUSTAINABILITY BUREAU requires the Custody Compliance and Sustainability Bureau ("CCSB") to promptly notify the County Office of Inspector General (OIG) of all apparent or suspected suicides occurring at the Jails. These propose revisions address the requirements of Paragraph 73.

Substantial Compliance will require the Department to review quarterly a random sample of reports of any threats or exhibitions of self-injurious behavior to verify that the reports have the information required by Paragraph 73; to report the results of its review to the Monitor; and to provide the Monitor with the notifications to the Inspector General of all incidents involving an apparent or suspected suicides during the reporting period. The reported results will be subject to verification by the Monitor based upon the audit by Monitor's auditors.

74. The Sheriff's Department will ensure that there is a timely, thorough, and objective law enforcement investigation of any suicide that occurs in the Jails. Investigations shall include recorded interviews of persons involved in, or who witnessed, the incident, including other prisoners. Sheriff's Department personnel who are investigating a prisoner suicide or suspected suicide at the Jails will ensure the preservation of all evidence, including physical evidence, relevant witness statements, reports, videos, and photographs.

STATUS : NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance requires the Department to provide the Monitor with a report of any Executive Suicide Death Review during a quarter reflecting the results of the Department's investigation of any suicide in the Jails, which must be completed within six months of the suicide; reflect steps taken to preserve all of the evidence; and list the interviews of persons involved in, or who witnessed, the incident, and whether the interviews were recorded. The reported results will be subject to verification by the Monitor.

75. Within three months of the Effective Date, the County and the Sheriff will review every suicide attempt that occurs in the Jails as follows:

- (a) Within two working days, DMH staff will review the incident, the prisoner's mental health status known at the time of the incident, the need for immediate corrective action if any, and determine the level of suicide attempt pursuant to the Centers for Disease Control and Prevention's Risk Rating Scale;
- (b) Within 30 working days, and only for those incidents determined to be a serious suicide attempt by DMH staff after the review described in subsection (a) above, management and command-level personnel from DMH and the Sheriff's Department (including Custody Division and Medical Services Bureau) will meet to review relevant information known at that time, including the events preceding and following the incident, the prisoner's incarceration, mental health, and health history, the status of any corrective actions taken, and the need for additional corrective action if necessary;
- (c) The County and the Sheriff will document the findings that result from the review of serious suicide attempts described in subsection (b) above; and
- (d) The County and the Sheriff will ensure that information for all suicide attempts is input into a database for tracking and statistical analysis.

STATUS: PARTIAL COMPLIANCE

Sections 4.2, 4.7.2 and 4.8 of the Proposed Revision of DMH 50.2 address each of the requirements of Paragraph 75 of the Settlement Agreement. Proposed Revision of CDM 4-10/060.00 CRITICAL INCIDENT REVIEW COMMITTEE—SUICIDAL INMATES addresses the requirement of Paragraph 75(b). The County's Self-Assessment indicates that "[d]uring the reporting period, there were 5 CIRC meeting during which a total of 43 incidents were reviewed" and "a total of 50 CAPs were created."

Substantial Compliance will require (1) DMH to randomly select and review documentation of suicide attempts during the previous quarter to verify that the prisoner's mental health status and need for immediate corrective action were considered timely by the DMH staff and that the staff determined whether the suicide attempt was serious; (2) the Department and DMH to review the documentation of CIRC meetings to confirm that CIRC reviewed the relevant information known at that time, the status of any corrective actions taken, and that it considered the need for additional corrective action if necessary; and (3) that the information is reflected in the Department's database for tracking and statistical analysis. The reported results will be subject to verification by the Monitor.

76. The County and the Sheriff will review every apparent or suspected suicide that occurs in the Jails as follows:

- (a) Within no more than two working days, management and command-level personnel from DMH and the Sheriff's Department (including Custody Division and Medical Services Bureau) will meet to review and discuss the suicide, the prisoner's mental health status known at the time of the suicide, and the need for immediate corrective or preventive action if any;
- (b) Within seven working days, and again within 30 working days, management and command-level personnel from DMH and the Sheriff's Department (including Custody Division and Medical Services Bureau) will meet to review relevant information known at that time, including the events preceding and following the suicide, the prisoner's incarceration, mental health, and health history, the status of any corrective or preventive actions taken, and the need for additional corrective or preventive action if necessary; and
- (c) Within six months of the suicide, the County and the Sheriff will prepare a final written report regarding the suicide. The report will include:
 - (i) time and dated incident reports and any supplemental reports with the same Uniform Reference Number (URN) from custody staff who were directly involved in and/or witnessed the incident;
 - (ii) a timeline regarding the discovery of the prisoner and any responsive actions or medical interventions;
 - (iii) copies of a representative sample of material video recordings or photographs, to the extent that inclusion of such items does not interfere with any criminal investigation;
 - (iv) a reference to, or reports if available, from the Sheriff's Department Homicide Bureau;
 - (v) reference to the Internal Affairs Bureau or other personnel investigations, if any, and findings, if any;
 - (vi) a Coroner's report, if it is available at the time of the final report, and if it is not available, a summary of efforts made to obtain the report;
 - (vii) a summary of relevant information discussed at the prior review meetings, or otherwise known at the time of the final report, including analysis of housing or classification issues if relevant;
 - (viii) a clinical mortality review;
 - (ix) a Psychological Autopsy utilizing the National Commission on Correctional Health Care's standards; and
 - (x) a summary of corrective actions taken and recommendations regarding additional corrective actions if any are needed.

STATUS (76): NOT CURRENTLY SUBJECT TO MONITORING

The Proposed Revision of CDM 4-10/050.00 DEATH REPORTING REVIEW PROCESS addresses each of the requirements of Paragraph 76. It provides that, within two working days, personnel from DMH, the Custody Division and Medical Services Bureau will meet "to review the circumstances surround[ing] all in-custody deaths," including in the case of an apparent or suspected suicide "a discussion of the inmate's mental health status known at the time of the suicide." It also provides for CCSB "to conduct a death review within seven (7) working days and again within thirty (30) working days," which "will include a discussion of relevant information known at that time, including the events preceding and following the suicide[.]" It also provides for a final report within six months. Section 4.7 of the Proposed Revised of DMH policy 50.2 CRITICAL INCIDENT REVIEW is consistent with these provisions. CDM 4-10/050.00 also refers to Executive Inmate Death Reviews, but does not indicate when those reviews are supposed to take place.

Paragraph 76 is not subject to monitoring because, as the County's Self-Assessment Status notes, "there have been no suicides since the Effective Date of the Agreement."

Substantial Compliance requires, in the event of an apparent or suspected suicide, that the Department and/or DMH will review the documentation of each initial management and command-level personnel meeting and any subsequent management and command-level personnel meetings to confirm that they took place timely, and all of the required information was discussed, and the status of a corrective or preventive action was reported. In addition, within six months of each suicide in the Jails, the Department will provide the Monitor and Subject Matter Experts with a completed Executive Suicide Death Report that complies with the requirements of Paragraph 76(c).

77. The County and the Sheriff will create a specialized unit to oversee, monitor, and audit the County's jail suicide prevention program in coordination with the Department of Mental Health. The Unit will be headed by a Captain, or another Sheriff's Department official of appropriate rank, who reports to the Assistant Sheriff for Custody Operations through the chain of command. The Unit will be responsible for:

- (a) Ensuring the timely and thorough administrative review of suicides and serious suicide attempts in the Jails as described in this Agreement;
- (b) Identifying patterns and trends of suicides and serious suicide attempts in the Jails, keeping centralized records and inputting data into a unit database for statistical analysis, trends, and corrective action, if necessary;
- (c) Ensuring that corrective actions are taken to mitigate suicide risks at both the location of occurrence and throughout the concerned system by providing, or obtaining where appropriate, technical assistance to other administrative units within the Custody Division when such assistance is needed to address suicide-risk issues;
- (d) Analyzing staffing, personnel/disciplinary, prisoner classification, and mental health service delivery issues as they relate to suicides and serious suicide attempts to identify the need for corrective action where appropriate; and recommend remedial measures, including policy revisions, re-training, or staff discipline, to address the deficiencies and ensure implementation; and
- (e) Participating in meetings with DMH to develop, implement, and track corrective action plans addressing recommendations of the quality improvement program.

STATUS: PARTIAL COMPLIANCE

Proposed Revision of CDM 2-00/070.00 CUSTODY COMPLIANCE AND SUSTAINABILITY BUREAU provides for the creation of a bureau "to oversee, monitor, and audit the Department's jail suicide prevention program" in coordination with DMH. Upon issuance, this policy will address each of the requirements of Paragraph 77 of the Settlement Agreement. The Department has also provided the Monitor and Subject Matter Experts with an organizational chart for CCSB.

The Self-Assessment is divided into sections that track the requirements of the Compliance Measures, but subsections (b), (e) and (f) do not address any trends, staff/personnel issues, or remedial measures as a result of serious suicide attempts. While it is fortunate that there have not been any suicides, there were 43 serious suicide attempts, which need to be discussed in these subsections. In addition, future Self-Assessment Status Reports will need to provide more detail with respect to subsections (c) and (g), and not simply refer the Monitor to the underlying documents.

78. The County and the Sheriff will maintain a county-level Suicide Prevention Advisory Committee that will be open to representatives from the Sheriff's Department Custody Division, Court Services, Custody Support Services, and Medical Services Bureau; the Department of Mental Health; the Public Defender's Office; County Counsel's Office; the Office of the Inspector General; and the Department of Mental Health Patients' Rights Office. The Suicide Prevention Advisory Committee will meet twice per year and will serve as an advisory body to address system issues and recommend coordinated approaches to suicide prevention in the Jails.

STATUS: PARTIAL COMPLIANCE

The Self-Assessment indicates the Suicide Prevention Advisory Committee met on November 12, 2015, and the Department has provided the sign-in sheet, agenda, slide presentation and minutes for the meeting. Substantial Compliance requires (1) the Committee to meet twice per year and (2) "recommend coordinated approaches to suicide prevention in the Jails." Although the materials provided reflect that the initial meeting was a comprehensive review of the year 2015 in review, none of the materials reflect any recommendations of "coordinated approaches to suicide prevention" as required by Paragraph 78 and by the Compliance Measures for this provision.

79. (a) Unless clinically contraindicated, the County and the Sheriff will offer prisoners in mental health housing:
- (i) therapeutically appropriate individual visits with a QMHP; and
 - (ii) therapeutically appropriate group programming conducted by a QMHP or other appropriate provider that does not exceed 90 minutes per session;
- (b) The County and the Sheriff will provide prisoners outside of mental health housing with medication support services when those prisoners are receiving psychotropic medications and therapeutically appropriate individual monthly visits with a QMHP when those prisoners are designated as Seriously Mentally Ill; and
- (c) The date, location, topic, attendees, and provider of programming or therapy sessions will be documented. A clinical supervisor will review documentation of group sessions on a monthly basis.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Proposed revision of DMH 70.2.1 sets forth “policy and procedures for mental health treatment programs” in the Jails. Sections 3.2.7 and 3.5 provide for individual visits and group programming as required by Paragraph 79(a) and (c), although it is not clear that these provisions are intended to cover only those inmates who are in “mental health housing.” Section 3.5.4 addresses the requirements of Paragraph 79(b).

Substantial Compliance requires the Department to maintain records of therapeutically appropriate individual visits and group programming, and the names of the clinical supervisors who reviewed the documentation of group sessions; to provide a description of the medication support services available for prisoners who are not in mental health housing and who are receiving psychotropic medications; and to randomly select and review electronic medical records of prisoners who reside outside of mental health housing and receive psychotropic medications to confirm that medication support services were provided to these prisoners. The reported results will be subject to verification by the Monitor based upon the audit by the Monitor's auditors.

80. (a) The County and the Sheriff will continue to make best efforts to provide appropriate out-of-cell time to all prisoners with serious mental illness, absent exceptional circumstances, and unless individually clinically contraindicated and documented in the prisoner's electronic medical record. To implement this requirement, the County and the Sheriff will follow the schedule below:

- (i) By no later than six months after the Effective Date, will offer 25% of the prisoners in HOH ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week;
- (ii) By no later than 12 months after the Effective Date, will offer 50% of the prisoners in HOH ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week; and
- (iii) By no later than 18 months after the Effective Date, will offer 100% of the prisoners in HOH ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week.

(b) No later than six months after the Effective Date, the County and the Sheriff will record at the end of each day which prisoners in HOH, if any, refused to leave their cells that day. That data will be presented and discussed with DMH staff at the daily meeting on the following Normal business work day. The data will also be provided to the specialized unit described in Paragraph 77 and to DMH's quality improvement program to analyze the data for any trends and to implement any corrective action(s) deemed necessary to maximize out-of-cell time opportunities and avoid unnecessary isolation.

STATUS (80): PARTIAL COMPLIANCE

Section 3.5.2 of the Proposed Revision of DMH 70.2.1 requires inmates in HOH areas to “be offered ten hours per week structured therapeutic or programmatic time unless individually clinically contraindicated[.]” The Department has not provided a similar provision requiring “unstructured out-of-cell recreational time” for HOH inmates.

The Department has provided an “Out of Cell Offered Tracker” for the week of 12/13/15 to 12/19/15 that lists the names of the inmates in HOH at CRDF and TTCF; the amount of unstructured out-of-cell recreation time and structured therapeutic or programming time offered to these inmates; if the inmates have refused the time offered; and (in many cases) the reasons for the refusals. Based on the Average Daily Population in HOH during the prior two weeks and the tracker, CCSB reports that 28.9% of the inmates in HOH units at CRDF and TTCF were offered 10 hours of unstructured out of cell time during that week, but it does not report on the percentage of inmates who received 10 hours of structured therapeutic or programmatic time.

Substantial Compliance requires the Department to provide the Monitor and Subject Matter Experts with records of daily staff meetings reflecting that prisoners in HOH who refused to leave their cells on any days in the prior two weeks were discussed; and documentation reflecting that their refusals were analyzed by CCSB and DMH.

81. Except as specifically set forth in Paragraphs 18-20 of this Agreement, and except as specifically identified below, the County and the Sheriff will implement the following paragraphs of the Implementation Plan in *Rosas* at all Jails facilities, including the Pitchess Detention Center and the Century Regional Detention Facility, by no later than the dates set forth in the Implementation Plan or as revised by the *Rosas* Monitoring Panel: Paragraphs 2.2-2.13 (use of force policies and practices); 3.1-3.6 (training and professional development);⁷ 4.1-4.10 (use of force on mentally ill prisoners); 5.1-5.3 (data tracking and reporting of force); 6.1-6.20 (prisoner grievances and complaints); 7.1-7.3 (prisoner supervision); 8.1-8.3 (anti-retaliation provisions); 9.1-9.3 (security practices); 10.1-10.2 (management presence in housing units); 11.1 (management review of force); 12.1-12.5 (force investigations, with the training requirement of paragraph 12.1 to be completed by December 31, 2016); 13.1-13.2 (use of force reviews and staff discipline); 14.1-14.2 (criminal referrals and external review); 15.1-15.7 (documentation and recording of force); 16.1-16.3 (health care assessments); 17.1-17.10 (use of restraints); 18.1-18.2 (adequate staffing); 19.1-19.3 (early warning system); 20.1-20.3 (planned uses of force); and 21.1 (organizational culture).

STATUS: PARTIAL COMPLIANCE

Policies have been approved by the *Rosas* Monitors and adopted by the Department to implement the following provisions of the *Rosas* Implementation Plan: Paragraphs 2.2-2.13 (use of force policies and practices); 3.6 (training and professional development); 4.1-4.5 (use of force on mentally ill prisoners); 5.1-5.3 (data tracking and reporting of force); 7.1-7.3 (prisoner supervision); 8.1-8.3 (anti-retaliation provisions); 9.2-9.3 (security practices); 10.1-10.2 (management presence in housing units); 11.1 (management review of force); 12.2-12.5 (force investigations); 14.1-14.2 (criminal referrals and external review); 15.1-15.7 (documentation and recording of force); 16.1-16.3 (health care assessments); 17.1-17.10 (use of restraints); 18.1-18.2 (adequate staffing); 20.1-20.3 (planned uses of force); and 21.1 (organizational culture). The Department's implementation of these policies at CRDF and the Pitchess Detention Center will be assessed by the Monitor and the Use of Force Subject Matter Expert.

Paragraphs 3.1-3.4, 4.6-4.9, and 12.1 reflect training requirements that are supposed to be completed by December 31, 2016. Paragraphs 4.10 and 9.1 are moot since the Settlement Agreement requires the Crisis Intervention and Conflict Resolution training to be extended to the remaining deputies and Custody Assistants, and it specifies the required cell checks in the Jails. Paragraph 8.2 (combining "Complaints of Retaliation") will be included in a new system for handling prisoner grievances and complaints that will be adopted by the Department to implement Paragraphs 6.1-6.20. It is anticipated that these provisions along with policies to implement Paragraphs 13.1-13.2 will be adopted on or before June 1, 2016, and that the Early Warning System to implement Paragraphs 19.1-19.3 will be completed sometime thereafter.

⁷ As requested by the Department of Justice, these provisions were reviewed and approved by the Monitor's Use of Force Subject Matter Expert.

82. With respect to paragraph 6.16 of the *Rosas* Implementation Plan, the County and the Sheriff will ensure that Sheriff's Department personnel responsible for collecting prisoners' grievances as set forth in that paragraph are also co-located in the Century Regional Detention Facility.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING.

The Department has provided a proposed organizational chart for personnel assigned to handle prisoner grievances in the Jails, dated April 29, 2015, that provides for a sergeant, a bonus deputy, and a Custody Assistant to be assigned to handle grievances at CRDF. The draft procedures and policies provided by the Department to the *Rosas* Monitors in December are consistent with the proposed organizational chart. It is anticipated that a new system for handling inmate grievances and requests will be implemented on or before June 1, 2016, through Custody Operations, and it will include the assignment of personnel to CRDF.

83. The County and the Sheriff will install closed circuit security cameras throughout all Jails facilities' common areas where prisoners engage in programming, treatment, recreation, visitation, and intra-facility movement ("Common Areas"), including in the Common Areas at the Pitchess Detention Center and the Century Regional Detention Facility. The County and the Sheriff will install a sufficient number of cameras in Jails facilities that do not currently have cameras to ensure that all Common Areas of these facilities have security-camera coverage. The installation of these cameras will be completed no later than June 30, 2018, with TTCF, MCJ, and IRC completed by the Effective Date; CRDF completed by March 1, 2016; and the remaining facilities completed by June 30, 2018. The County and the Sheriff will also ensure that all video recordings of force incidents are adequately stored and retained for a period of at least one year after the force incident occurs or until all investigations and proceedings related to the use of force are concluded.

**STATUS: SUBSTANTIAL COMPLIANCE (MCJ, TTCF, AND IRC)⁸
NOT CURRENTLY SUBJECT TO MONITORING
(REMAINING FACILITIES)⁹**

On September 2, 2015, the Monitor and Subject Matter Experts toured TTCF, MCJ and IRC and confirmed that closed circuit security cameras have been installed and are operational in the Common Areas. On October 13, 2015, the Department provided the Monitor and Subject Matter Experts with summaries showing the number of cameras needed and installed at these facilities as of November 27, 2012, and the number of additional cameras needed and installed at MCJ as of May 12, 2014 and at TTCF as of August 11, 2014. The Department also provided a spreadsheet listing the completed work orders for the installation of the cameras installed in the Common Areas in TTCF, MCJ and IRC. The Monitor's auditors will need to review the actual work orders to verify the list.

The Department has provided the Monitor and Subject Matter Experts with lists of force incidents in Common Areas of the facilities where cameras have been installed, an inventory of the video recordings of those force incidents stored and retained by the Department, and descriptions of the video recordings, which confirm that the force incidents were recorded. The Monitor will review randomly selected recordings to verify that force incidents in the Common Areas are being recorded.

⁸ Notwithstanding this finding, the Monitor and Subject Matter expert encourage the Department to continue to improve the camera surveillance in the identified areas where there are potential blind spots or where camera surveillance could be improved by installing additional cameras.

⁹ The Department has substantially completed the installation of the cameras in the Common Areas at CRDF, which was not required in the Initial Reporting Period. The Department's further compliance with the requirements of Paragraph 83 will be included in the Monitor's next report.

84. The Sheriff will continue to maintain and implement policies for the timely and thorough investigation of alleged staff misconduct related to use of force and for timely disciplinary action arising from such investigations. Specifically:

- (a) Sworn custody staff subject to the provisions of California Government Code section 3304 will be notified of the completion of the investigation and the proposed discipline arising from force incidents in accordance with the requirements of that Code section; and
- (b) All non-sworn Sheriff's Department staff will be notified of the proposed discipline arising from force incidents in time to allow for the imposition of that discipline.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance will require the Department to demonstrate that investigations of force incidents in which sworn custody staff and non-sworn custody staff were found to have violated Department policy or engaged in misconduct were completed and administrative action, which could include discipline, was taken within the time frames provided for in Government Code Section 3304 and relevant Department policies.

85. The County and the Sheriff will ensure that Internal Affairs Bureau management and staff receive adequate specialized training in conducting investigations of misconduct.

STATUS: NOT CURRENTLY SUBJECT TO MONITORING

Substantial Compliance will require the Department to provide the Monitor and Subject Matter Experts with (1) the curriculum/syllabus for the three specialized courses given to IAB management, and (2) a list of the sworn personnel assigned to IAB and proof that such personnel successfully completed the training

86. Within three months of the Effective Date, the County and the Sheriff will develop and implement policies and procedures for the effective and accurate maintenance, inventory, and assignment of chemical agents and other security equipment. The County and the Sheriff will develop and maintain an adequate inventory control system for all weapons, including OC spray.

STATUS: PARTIAL COMPLIANCE

The Proposed Revision of CDM 7-08/100 ACCOUNTABILITY OF WEAPONS requires each facility to “establish procedures for the storage, issuance, reissuance, accountability, and periodic inventory of all weapons. . . stored at, or issued from the facility,” which includes detailed requirements for the “Inventory, Control, and Accountability of Aerosol Chemical Agents.” Pending adoption of the proposed revision, the Department issued Custody Directive 15-008, dated December 10, 2015, “to establish additional procedures for the accurate inventory and adequate control of personally assigned aerosol chemical agents[.]”

Substantial Compliance requires the Department to provide to the Monitor and Subject Matter Experts with written policies and procedures for the effective and accurate maintenance, inventory, and assignment of chemical agents and other security equipment, a written description of the Department’s inventory control system for all weapons, including OC spray (which may be included in the policies and procedures responsive to paragraph 1 above), up-to-date Unit Orders for each Jail requiring the inventory and inspection of special weapons, and armory audit logs documenting the inventory and control of armory-level weapons.

The Monitor and Subject Matter Expert inspected the armory of each jail facility. Although the controls of most authorized weapons were adequate, there were a few instances in which discrepancies were noted in the control and accountability regarding OC canisters and security equipment. Further, although some of the facilities have up-to-date unit orders, others have orders that were issued as long as eight years ago and have not been updated.

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NO.	PROVISION	STATUS	COMPLIANCE DATE
18	Suicide Prevention Training	Partial Compliance	
19	Crisis Intervention & Conflict Resolution Training	Partial Compliance	
20	Training at NCCF, PDC and CRDF	Not Currently Subject to Monitoring	
21	CPR Certification	Substantial Compliance (PDC and NCCF) Not Currently Subject to Monitoring (Remaining Facilities)	7/1/15 (PDC) 10/1/15 (NCCF)
22	Use of Arresting and Booking Documents	Partial Compliance	
23	Suicide Hazard Mitigation Plans	Partial Compliance	
24	Suicide Hazard Inspection	Not Currently Subject to Monitoring	
25	Transportation of Suicidal Inmates	Not Currently Subject to Monitoring	
26	Identification and Evaluation of Suicidal Inmates	Not Currently Subject to Monitoring	
27	Screening for Mental Health Care and Suicide Risk	Not Currently Subject to Monitoring	
28	Expedited Booking of Suicidal Inmates	Not Currently Subject to Monitoring	
29	Mental Health Assessments	Not Currently Subject to Monitoring	
30	Initial Treatment Plans	Not Currently Subject to Monitoring	
31	Electronic Medical Records Alerts	Not Currently Subject to Monitoring	
32	Electronic Medical Records – Suicide Attempts	Not Currently Subject to Monitoring	

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33	Supervisor Reviews of Electronic Medical Records	Not Currently Subject to Monitoring	
34	Discharge Planning	Not Currently Subject to Monitoring	
35	Referral for Mental Health Care	Not Currently Subject to Monitoring	
36	Assessments After Triggering Events	Not Currently Subject to Monitoring	
37	Court Services Division Referrals	Not Currently Subject to Monitoring	
38	Weekly Rounds in Restricted Housing Modules	Substantial Compliance	7/1/15
39	Confidential Self-Referral	Not Currently Subject to Monitoring	
40	Availability of QMHPs	Not Currently Subject to Monitoring	
41	FIP Step-Down Protocols	Not Currently Subject to Monitoring	
42	HOH Step-Down Protocols	Not Currently Subject to Monitoring	
43	Disciplinary Policies	Not Currently Subject to Monitoring	
44	Protective Barriers	Substantial Compliance	1/1/16
45	Suicide Intervention and First Aid Kits	Substantial Compliance Partial Compliance (MCJ)	10/1/15
46	Interruption of Self-Injurious Behavior	Not Currently Subject to Monitoring	
47	Staffing Requirements	Partial Compliance	
48	Housekeeping and Sanitation	Substantial Compliance	1/1/16
49	Maintenance Plans	Substantial Compliance	3/1/16
50	Pest Control	Not Currently Subject to Monitoring	
51	Personal Care & Supplies	Substantial Compliance	3/1/16
52	HOH Property Restrictions	Not Currently Subject to Monitoring	

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53	Eligibility for Education, Work and Programs	Not Currently Subject to Monitoring	
54	Privileges and Programs	Not Currently Subject to Monitoring	
55	Staff Meetings	Substantial Compliance (CRDF) Partial Compliance (TTCF)	3/1/16
56	Changes in Housing Assignments	Not Currently Subject to Monitoring	
57	Inmate Safety Checks in Mental Housing	Partial Compliance	
58	Inmate Safety Checks in Non-Mental Housing	Partial Compliance	
59	Supervisor Rounds	Substantial Compliance (South) Not Currently Subject to Monitoring (Remaining Facilities)	3/1/16
60	Implementation of Quality Improvement Program	Not Currently Subject to Monitoring	
61	Requirements of Quality Improvement Program	Not Currently Subject to Monitoring	
62	Tracking of Corrective Action Plans	Not Currently Subject to Monitoring	
63	Sufficient HOH and MOH Housing	Not Currently Subject to Monitoring	
64	Plans for Availability of Inpatient Health Care	Not Currently Subject to Monitoring	
65	Administration of Psychotropic Medication	Not Currently Subject to Monitoring	
66	Active Mental Health Caseloads	Not Currently Subject to Monitoring	
67	Prisoner Refusals of Medication	Not Currently Subject to Monitoring	

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68	Contraband Searches	Partial Compliance	
69	Clinical Restraints in CTC	Not Currently Subject to Monitoring	
70	Security Restraints in HOH and MOH	Partial Compliance	
71	Therapeutic Services for Inmates in Clinical Restraints	Not Currently Subject to Monitoring	
72	Administrative Reviews	Partial Compliance	
73	Reporting of Self-Injurious Behavior and Threats	Not Currently Subject to Monitoring	
74	Law Enforcement Investigations of Suicides	Not Currently Subject to Monitoring	
75	Management Reviews of Suicide Attempts	Partial Compliance	
76	Management Reviews of Suicides	Not Currently Subject to Monitoring	
77	Custody Compliance and Sustainability Bureau	Partial Compliance	
78	Suicide Prevention Advisory Committee	Partial Compliance	
79	Therapeutic Services in Mental Health Housing	Not Currently Subject to Monitoring	
80	Out-of-Cell Time in HOH	Partial Compliance	
81	Implementation of <i>Rosas</i> Recommendations	Partial Compliance	
82	Collection of Grievances at CRDF	Not Currently Subject to Monitoring	
83	Closed Circuit Cameras	Substantial Compliance (MCJ, TTCF, and IRC) Not Currently Subject to Monitoring (Remaining Facilities)	10/1/15

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| 84 | Investigation of Staff
Misconduct | Not Currently Subject to Monitoring |
| 85 | Internal Affairs Bureau
Training | Not Currently Subject to Monitoring |
| 86 | Maintenance and Inventory of
Security Equipment | Partial Compliance |