

1 **SCHEPER KIM & HARRIS LLP**
2 RICHARD E. DROOYAN (Bar No. 65672)
3 601 West Fifth Street, 12th Floor
4 Los Angeles, CA 90071-2025
5 Telephone: (213) 613-4655
6 Facsimile: (213) 613-4656
7 Email: rdrooyan@scheperkim.com

8 **Monitor**

9 **UNITED STATES DISTRICT COURT**
10 **CENTRAL DISTRICT OF CALIFORNIA**
11 **WESTERN DIVISION**

12 UNITED STATES OF AMERICA,
13 Plaintiff,

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

14
15 v.

MONITOR'S SECOND REPORT

16 COUNTY OF LOS ANGELES AND
17 LOS ANGELES COUNTY SHERIFF
18 JIM MCDONNELL, in his Official
19 Capacity,

20 Defendants.

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 January 1, 2016,
5 through June 30, 2016, “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
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

DATED: September 1, 2016

Respectfully submitted,

SCHEPER KIM & HARRIS LLP
RICHARD E. DROOYAN

By: /s/ Richard E. Drooyan
Richard E. Drooyan
Monitor

MONITOR'S SECOND REPORT

This Second Report sets forth the Monitor's assessments of the implementation of the Settlement Agreement (the "Agreement") between the County of Los Angeles (the "County") and the United States Department of Justice ("DOJ") by the Los Angeles Sheriff's Department (the "Department") and the County's Department of Mental Health ("DMH"). It covers the County's reported results for the period from January 1, 2016, through June 30, 2016 (the "Second Reporting Period"), and reflects the observations and comments of the Subject Matter Experts regarding the County's compliance during that period.

As used herein, "Substantial Compliance" means that the County has "achieved compliance with the material components of the relevant provisions of this Agreement in accordance with the [agreed-upon Compliance Measures for assessing Substantial Compliance]," which it must maintain for twelve-consecutive months; "Partial Compliance" means that the County has achieved "compliance on some, but not all, of the material components of the relevant provision of this Agreement;" and "Non-Compliance" means that the County has not met "most or all of the material components of the relevant provisions of this Agreement."

This Second Report is based upon the Monitor's review of the policies, procedures and directives proposed and/or implemented by the Department and DMH, assessments of the Subject Matter Experts, multiple tours of the jails by the Monitor and the Subject Matter Experts, the County's Second Self-Assessment Status Report (the "Second Self-Assessment"), which was received on June 15, 2016, and augmented on June 30, 2016, and results reported by the County after the close of the Second Reporting Period. It also takes into consideration the comments that the Monitor received from the County and DOJ on the draft of this Report submitted to the parties on August 1, 2016.

As noted in the Monitor's Initial Report, 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, which are subject to verification by the Monitor's auditors. This Second Report reflects the results of audits by the Monitor's auditors to verify results reported by the County in the Initial Reporting Period ending December 31, 2015, and in the first quarter of 2016 in the Second Reporting Period. The Monitor has deemed the County to be in Substantial Compliance as of the date reported by the County if the auditors verified that the County met the thresholds in the Compliance Measures. If the auditors were not able to verify the results reported by the County, the twelve-month period for maintaining Substantial Compliance will commence when the County's reported results in a future period are verified by the auditors.

Some of the Substantial Compliance results reported by the County in the Second Reporting Period have not been audited by the Monitor's auditors and cannot be considered final until verified by the auditors. 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 in the Monitor's future reports if the results are not verified by the Monitor's auditors.

The County has made progress in implementing provisions of the Agreement during the Second Reporting Period, which is the first period in which most of the provisions are subject to monitoring. As the County notes in its augmented Second Self-Assessment, it has encountered a number of challenges in gathering the necessary documentation or changing its processes and procedures to establish Substantial Compliance for a significant number of the provisions. This has resulted in findings of Partial Compliance or Non-Compliance for those provisions. The County's augmented Second Self-Assessment reports that it anticipates substantial progress during the next reporting period.

The Monitor has had discussions with the parties about having the Mental Health Subject Matter Expert perform qualitative assessments of the County's compliance with Substantive Provisions of the Settlement Agreement. The parties have deferred to the Monitor to determine, with the advice of the Mental Health Subject Matter Expert, what qualitative assessments should be performed beginning in the next Reporting Period.

Attached to this Second Report is an Appendix showing the status of each of the 69 provisions of the Agreement that are subject to monitoring under the Agreement and the twelve-month compliance triggering dates where the County is deemed to be in Substantial Compliance.

As was the case during the First Reporting Period, the County cooperated completely with the Monitor and the Subject Matter Experts during the Second Reporting Period. The Department, DMH, and County Counsel facilitated our visits and inmate interviews, answered our questions, and responded to our requests for documents and information. We appreciate their responsiveness, professionalism, and courtesy in handling our monitoring requests.

Richard Drooyan, Monitor
September 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 County and the Department are in Substantial Compliance with 14 provisions, in Partial Compliance with 30 provisions, and in Non-Compliance with 13 provisions. In addition, there are ten other provisions in which the Department is in Substantial Compliance at some facilities and in Partial Compliance or Non-Compliance at other facilities. Thus, there are 24 provisions for which the County and the Department are in Substantial Compliance at some or all of the facilities.¹ There is also one provision, Paragraph 20, that is Not Currently Subject to Monitoring and one provision, Paragraph 34, that has been stayed pending litigation initiated by third party intervenors.

As of the date of this Report and subject to verification by the Monitor and continuing monitoring, the County and the Department are in Substantial Compliance at some or all of the facilities with the following provisions of the Settlement Agreement:

The County has provided documentation reflecting that, as of October 1, 2016, it achieved Substantial Compliance with Paragraph 21, which requires active certifications in cardiopulmonary resuscitation and first aid, at the East and South facilities in the Pitchess Detention Center ("PDC"). The reported results have been verified by the auditors. The County also reported the Department had achieved Substantial Compliance at North County Correctional Facility ("NCCF"), the PDC North facility, and the Inmate Reception Center ("IRC") as of January 1, 2016, which has been verified by the auditors for NCCF and North, but not IRC.

The County has achieved Substantial Compliance as of July 1, 2016 with Paragraph 21, which requires the County and the Sheriff to provide instructional material on the use of arresting and booking documents to ensure the sharing of known relevant and available information on prisoners' mental health status and suicide risk.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance at IRC with Paragraph 28, which requires the Department to ensure that prisoners with emergent or urgent mental health needs are expedited through the booking process. The Monitor and Subject Matter Expert toured IRC and confirmed that there is an expedited booking process for inmates with these mental health needs.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance with Paragraph 29, which requires that a Qualified Mental Health Professional ("QMHP") conducts a mental health assessment of prisoners with non-emergent mental health needs within 24 hours (72 hours on weekends) of the nursing intake assessment. The reported results for the first quarter 2016 have been

¹ Under Paragraph 111 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.

verified by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance with Paragraph 32, which requires that a serious suicide attempt be entered in the prisoner's electronic medical record in a timely manner. The records reviewed by the Subject Matter Expert are consistent with the County's reported results, which have been verified by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance with Paragraph 38, which requires mental health staff or JMET teams to make weekly cell-by-cell rounds in restricted non-mental health housing modules to identify prisoners with mental illnesses and grant prisoner requests for out-of-cell interviews. The auditors have verified the reported results, which are consistent with the observations of the Monitor and the Mental Health Subject Matter Expert during tours of MCJ, TTCF, and CRDF.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance with Paragraph 41, which requires the Department and the DMH to implement step-down protocols when prisoners are discharged from FIP after being on a suicide watch. The source documents indicate that the step-down protocols required by Paragraph 41 were followed for the two prisoners who were transferred to mental health housing at TTCF.

The County has achieved Substantial Compliance as of January 1, 2016, with Paragraph 44, which requires the Department to install protective barriers in High Observation Housing and other mental health housing areas. The Monitor and Subject Matter Experts have observed that these barriers have been installed as required in TTCF and CRDF.

The County has achieved Substantial Compliance with Paragraph 45, which requires Suicide Prevention Kits and first-aid kits in control booths, as of October 1, 2015 for all facilities other than MCJ, IRC and PDC North, and as of January 1, 2016 for MCJ, IRC and PDC North. During visits to the jails in the Second Reporting Period, the Monitor and Subject Matter Experts randomly inspected control booths and staff stations, and opened Suicide Intervention Kits to verify that the Department has maintained Substantial Compliance during this period.

The County has achieved Substantial Compliance as of January 1, 2016, with Paragraph 48, which requires the Department to have written housekeeping, sanitation, and inspection plans to ensure proper cleaning in accordance with California regulations. During visits to the jails in the Second Reporting Period, the Monitor and Subject Matter Expert verified that the Department has maintained Substantial Compliance during this period.

The County has achieved Substantial Compliance as of March 1, 2016, with Paragraph 49, which requires the Department to have maintenance plans to respond to

routine and emergency maintenance needs. During subsequent visits to the jails in the Second Reporting Period, the Monitor and Subject Matter Expert verified that the Department has maintained Substantial Compliance during this period.

The County has achieved Substantial Compliance as of January 1, 2016, at all facilities other than PDC South and PDC East with Paragraph 50, which requires the Department to provide pest control in the jails. The monitors have reviewed the Department's documentation and verified the Department's reported results. During visits to the jails in the Second Reporting Period, the Monitor and Subject Matter Expert verified that the Department maintained Substantial Compliance during this period.

The County has provided documentation reflecting that, as of October 1, 2015, it achieved Substantial Compliance at all facilities other than CRDF with Paragraph 51, which requires the Department to ensure that all prisoners have access to basic hygiene supplies in accordance with state regulations. Although the Monitor and Subject Matter Experts verified that the kits were regularly available and provided to prisoners at all facilities, including CRDF, the Department did not have the required documentation for CRDF. The auditors have verified the reported results.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance at MCJ and NCCF with Paragraph 54, which requires the Department to ensure that prisoners in mental health housing are "not denied privileges and programming based solely on their mental health status or prescription for psychotropic medication." The reported results are subject to verification by the Monitor based upon the audit by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance with Paragraph 56, which requires custody, medical, and mental health staff to communicate regarding any change in a housing assignment following a suicide attempt or serious change in mental health condition. The auditors have verified the reported results.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance at MCJ with Paragraph 57, which requires the Department to ensure that safety checks in mental health housing are completed and documented and that QMHPs approve new housing assignments. The auditors have verified the reported results.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance at PDC South, North and East with Paragraph 58, which requires the Department to ensure that safety checks in non-mental health housing are completed and documented.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance at all facilities other than TTCF and CRDF with Paragraph 68, which requires the Department to conduct staggered contraband searches

and visible inspection of HOH cells. The reported results have been verified by the auditors.

The County has achieved Substantial Compliance as of September 1, 2016 with Paragraph 70, which requires the Department to have "policies and procedures regarding the use of Security Restraints in HOH and MOH."

The County has achieved Substantial Compliance as of September 1, 2016, with Paragraph 74, which requires the Department to have an objective law enforcement investigation of every suicide that occurs in the jails.

The County has achieved Substantial Compliance as of June 1, 2016, with Paragraph 78, which requires it to maintain a Suicide Prevention Advisory Committee.

The County has achieved Substantial Compliance with Paragraph 83, which requires it to install closed circuit security cameras throughout all of the common areas in the jails, as of July 1, 2015, at MCJ and IRC; as of October 1, 2015, at TTCF, and as of April 1, 2016, at CRDF. The Monitor and Subject Matter Expert have verified the installation and operation of the cameras during visits to the jails, and the Monitor verified that the cameras are capturing force incidents in the common areas.

The County has provided documentation reflecting that, as of January 1, 2016, it has achieved Substantial Compliance with Paragraph 84, which requires the Department's investigations of force incidents and administrative actions to be completed timely. The auditors have verified the reported results.

The County achieved Substantial Compliance with Paragraph 86, which requires inventory policies and control of all weapons, as of April 1, 2016 at MCJ and CRDF. The Monitor and Subject Matter Expert inspected the armory for each jail facility and reviewed a Custody Division directive, inventory logs, and unit orders.

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 Initial Self-Assessment Status Report delivered on December 14, 2015, reported that the Department commenced its suicide prevention training for new Deputy Sheriffs and Custody Assistants on July 1, 2015 and for existing Deputy Sheriffs and Custody Assistants before the Effective Date of the Settlement Agreement.

The Monitor's auditors have received training records for new deputies and new Custody Assistants sufficient to verify that the Department achieved Substantial Compliance for new personnel as of July 1, 2015, which it has maintained through December 31, 2015.

Assuming that the Department continues to maintain Substantial Compliance for new personnel, Substantial Compliance under Paragraph 18 will be achieved when 85% of the existing deputies and Custody Assistants in Custody as of July 1, 2015, have received the required training on or before the Completion Date of December 31, 2016.

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 training 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 and the *Rosas* Monitors approved the training materials developed by the Department for the DeVRT on March 4, 2016.

The Department's Initial Self-Assessment reported that new Deputies and Custody Assistants attended DeVRT classes beginning on August 3, 2015, and some existing Deputies and Custody Assistants 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, some additional training is required for Deputy Sheriffs to satisfy the requirements of this Substantive Provision. The Monitor, with the advice of the Subject Matter Expert, and the *Rosas* Monitors have agreed that this additional training can be included in the first refresher course required under the *Rosas* Implementation Plan.

The Monitor's auditors have not received the Department's training records for new deputies and Custody Assistants to determine whether the Department achieved (and has since maintained) Substantial Compliance as of October 1, 2015, which is the date that the Department's Initial Self-Assessment reported that this provision was "[r]eady for monitoring." The Department's Second Self-Assessment reports that its "compliance reporting with this provision is in progress."

The Second Self-Assessment reports that 360 existing deputies have attended 11 DeVRT classes and 140 new deputies attended the DeVRT classes in the post-Academy Jail Operations, but it does not indicate how many Custody Assistants have received the eight-hours of training in identifying and working with mentally ill prisoners as required by Paragraph 19(b).

Substantial Compliance will be achieved when 85% of the existing deputies and Custody Assistants in Custody Operations as of July 1, 2015, have received the required training, and 95% of the new deputies and Custody Assistants have received the training for twelve consecutive months.

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 training 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 (at PDC East and South (verified) as of October 1, 2015; NCCF and North (verified) and IRC (unverified) as of January 1, 2016)

NON-COMPLIANCE (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 County's Initial Self-Assessment indicated 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 Monitor's auditors have been unable to verify these results as of these dates, but have now verified that PDC South and PDC East were in Substantial Compliance as of October 1, 2015 through the first quarter of 2016, and that PDC North and NCCF were in Substantial Compliance as of January 1, 2016. The Department has also reported that it is in Substantial Compliance at IRC as of January 1, 2016, but these results have not been verified by the auditors.

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: SUBSTANTIAL COMPLIANCE (as of July 1, 2016)

The revised Justice Data Interface Controller ("JDIC") message that the Department provided to the Monitor on May 11, 2016, explained what information is required in the Arrestee Medical Screening Form (SH-R-422) "to ensure the sharing of known relevant medical information on inmates' mental health status and suicide risk," and also that the BOMHR form (SH-J-407) is required for "all arrestees who display obvious suicidal ideation or exhibits unusual behavior that clearly manifest self-injurious behavior or other clear indication of mental health crisis[.]" In response to comments by the Monitor and Mental Health Subject Matter Expert, the Department submitted a new version of the JDIC that includes links to instructions on how to fill out both forms. The Monitor has determined, with the advice of the Subject Matter Expert, that this version is sufficient to establish Substantial Compliance, and has verified that the Department began to use the new version on June 29, 2016.

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 reports that it inspected all of the housing units by January 14, 2016, and it has provided the Monitor with completed checklists documenting the inspections.

The County has submitted spreadsheets that list proposed work at CRDF, MCJ, and TTCF, which includes the CTC. These lists do not include times for starting and completing the work. The County also has submitted a Suicide Hazard Mitigation Plan with time-lines that reflects its responses to the observations and recommendations of the Mental Health Subject Matter Expert. The Monitor and Subject Matter Expert believe that the Department needs to create a more concrete plan specifying what work needs to be done to mitigate suicide risk, and a timetable for completing the work.

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

STATUS: PARTIAL COMPLIANCE

The proposed revision to 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,” but the Department has not issued a new policy that reflects the Monitor’s comments. On June 29, 2016, the Department provided the Monitor with a new version of the annual suicide hazard inspection tool it intends to use to identify suicide hazards beginning in the third quarter of 2016. In response to the Monitor's comments, the Department has agreed to revise the tool further and re-submit it to the Monitor.

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: NON-COMPLIANCE

The Proposed Revision 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."

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. The County's Second Self-Assessment reports that the Department has not been able to provide the documentation required to demonstrate Substantial Compliance, but it is working to capture the data required "to comply with Paragraph 25."

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: PARTIAL COMPLIANCE

Medical Service Bureau ("MSB") 201.01 RECEPTION CENTERS HEALTH SCREENING, effective February 17, 2016, provides that prisoners "with urgent or emergent medical/mental health needs will be expedited to mental health for an evaluation," and it requires a Registered Nurse to determine whether inmates with mental health conditions need to be expedited to the clinic for treatment. Section 2.2 of DMH 20.2 RECEPTION CENTER INITIAL ASSESSMENT, effective March 1, 2016, provides that inmates "who are identified as having emergent or urgent mental health needs 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 DMH 70.7 SUICIDE PREVENTION, effective July 7, 2016. Taken together, the policies and procedures in these provisions address the requirements of Paragraph 26 of the Agreement.

Substantial Compliance 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 95% of the forms "include the required mental health information" and "90% of the prisoners having urgent or emergent needs are seen by a QMHP within four hours." The County's Self-Assessment reports that it has not achieved compliance with either of these requirements; while 91% of the forms reviewed by the Department had the required mental health information, only 50% of the prisoners having the urgent or emergent mental health needs were seen by a QMHP within four hours.² The Department's Self-Assessment indicates that the 50% compliance rate is partially because the randomly selected dates were early in the reporting period when the Department was still implementing new practices.

² Notwithstanding the low 50% compliance with the four-hour requirement, the Monitor believes that the Department has achieved Partial Compliance in this Reporting Period based upon the policies that were issued in the quarter and that 91% of the forms had the required mental health information.

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: PARTIAL COMPLIANCE

MSB 201.01, effective February 17, 2016, provides that "[e]ach newly booked inmate into the Los Angeles County jail shall receive a medical/mental health screening prior to housing;" "[a]bsent extraordinary circumstance, each 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 within 12 hours of arrival into the Reception Center;" and 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." This policy addresses the requirements of paragraph 27.

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. The County's Second Self-Assessment reports that Qualified Medical Personnel or trained custody staff filled out a Medical/Mental Health Screening Questionnaire for all of the 100 randomly selected prisoners within 12 hours of their arrivals in the jails, and that the required documents were available to QMHPs who conducted further assessments of 19 inmates identified as having mental health needs.³

Notwithstanding the reported results, during a site visit the Mental Health Subject Matter Expert observed that not all inmates are privately screened as required by Paragraph 27.⁴ When inmates are shackled to chairs prior to screening, the screening was sometimes done in a public area. At CRDF, the deputies indicated that there were areas where the assessments of female inmates could be done in private, and prisoners could be taken directly to the clinic, but the process for private assessments was not clear.

The Mental Health Subject Matter Expert also noted that the quality of the

³Although the data supports the Department's conclusion that all of the randomly selected prisoners were seen within 12 hours of arrival in the jails, the Monitor and Subject Matter Expert have not undertaken a qualitative analysis of whether inmates having mental health needs are being identified at intake.

⁴The Monitor and Mental Health Subject Matter Expert will meet with the County to discuss the Subject Matter Expert's comments and observations regarding the Department's Compliance with Paragraph 27 and other provisions of the Settlement Agreement so that the Department and DMH will know what they must do to achieve Substantial Compliance with these provisions in future Reporting Periods.

completed Arrestee Medical Screening form was uneven; some were incomplete and some were inconsistent with information conveyed by inmates at intake. For these reasons, the Monitor believes that the Department is in Partial Compliance with Paragraph 27.

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: SUBSTANTIAL COMPLIANCE (at IRC as of January 1, 2016)

NON-COMPLIANCE (at CRDF)

CDM 5-03/030.00 PRE-SCREENING, which was revised effective August 25, 2016, provides for expedited booking for inmates with urgent or emergent mental health needs and requires 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.” This policy addresses the requirements of Paragraph 29 of the Settlement Agreement.

The Compliance Measures require the Department to review the records of randomly selected prisoners at CRDF and IRC who have urgent or emergent mental health needs to determine whether they were expedited through the booking process. The County’s Second Self-Assessment reports that it has achieved Substantial Compliance at IRC as of the first quarter of 2016, where 97% of the inmates with urgent or emergent needs were expedited through booking, and 100% were under constant observation in the IRC clinic during a site visit. The County also reports that it did not achieve Substantial Compliance at CRDF because only 20% of the inmates were expedited through booking.⁵

The Monitor and Mental Health Subject Matter Expert toured CRDF and IRC on May 12 and 13, 2016, and reviewed the process for expediting prisoners at intake who have emergent and urgent mental health needs. At IRC, an inmate with urgent or emergent mental health needs is initially detained on a bench directly in front of the officer’s station. He is then brought directly to the clinic where he “goes to the top of the list” to be assessed by clinicians. The inmate is under constant observation in the clinic until he is transferred to a High Observation Housing unit.⁶ At CRDF, the initial screening and assessment of female inmates usually takes place in front of the officers’ station on a series of benches.

⁵ In addition, the Department did not observe any inmates with urgent or emergent needs during the quarterly unannounced visit to CRDF.

⁶This was confirmed by the Subject Matter Expert on a second visit when he again observed inmates at IRC under direct observation during a site visit.

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: SUBSTANTIAL COMPLIANCE (as of January 1, 2016)

Section 2.1 of DMH 20.2 RECEPTION CENTER INITIAL ASSESSMENT, effective March 1, 2016, 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 policy 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 if the Department completed mental health assessment for 85% of the prisoners within the required time periods. The County’s Second Self-Assessment reports that the Department achieved Substantial Compliance as of the first quarter of 2016 by completing mental health assessments for 89% of the inmates within the required time periods. The reported results for the first quarter 2016 have been verified 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: PARTIAL COMPLIANCE

Section 2.3 of DMH 20.2, effective March 1, 2016, 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 policies 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 on (1) the percentage of assessments that have all of the information required by Paragraph 30, and (2) whether the housing recommendations were followed. The Second Self-Assessment reports that 98% of the housing assignments reviewed in the first quarter of 2016 followed the housing recommendations in the initial treatment plans, which exceeds the 95% threshold for Substantial Compliance. It also reports, however, that only 44% of the initial mental health assessments had the information required by Paragraph 30, which is well below the 85% threshold. In addition, the Mental Health Subject Matter Expert reviewed several of the County’s reviews of the mental health assessments, and he has “many questions about the accuracy of the data that need to be addressed before the next round.”

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: PARTIAL COMPLIANCE

Section 3.1 of DMH 80.1 MENTAL HEALTH ALERTS, effective February 4, 2016, 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[.]" This policy addresses the requirements of paragraph 31.

The Compliance Measures require the Department to review randomly selected electronic medical records for prisoners in certain at-risk groups to determine if the required mental health alerts are in 85% of the records reviewed, which is the threshold for Substantial Compliance. The County's Self-Assessment Reports that only 61% of the records reviewed contained the required mental health alerts.

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

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016)

Section 3.5.1 of DMH 80.1, effective February 4, 2016, 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 DMH 70.7, effective July 7, 2016, requires clinicians to "summarize the [Suicide Risk] assessment including the level of risk" in the prisoners EMR "within the same time frame as the documentation of the assessment."

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 10% of the records reviewed by the Department. The Second Self-Assessment reports that 100% of the electronic medical records of prisoners who had a serious suicide attempt in the first quarter 2016 reflect the suicide attempt and 100% reflect that the information was entered into the record within one day of the attempt. The results exceed the 95% and 85% thresholds for Substantial Compliance.

The records reviewed by the Subject Matter Expert are consistent with the Department's reported results, which have been verified 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: PARTIAL COMPLIANCE

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 prisoners from each clinician's caseload. The County has provided the required tool, and the Monitor will measure compliance in accordance with the Department's proposal to the DOJ for conducting the review required by paragraph 33(c) beginning in the next Reporting Period

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): STAYED PENDING LITIGATION

Paragraph 34 is the subject of on-going litigation as a result of a First Amended Complaint in Intervention challenging the provisions relating to discharge planning. The County's Self-Assessment reports that, "[a]ccordingly, the Department has stayed its compliance efforts with respect to this provision."

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: NON-COMPLIANCE⁷

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 referred by custody staff to a QMHP or JMET member to determine the timeliness of the referrals.

Although the County's Self-Assessment reports that 92% of the referrals were timely, which exceeds the 85% threshold for Substantial Compliance, the Monitor and Mental Health Subject Matter Expert have concerns regarding the reported results.

First, the Mental Health Subject Matter Expert notes that all of the cases appear to be emergent cases "demanding immediate response," rather than routine cases of inmates who have "a potential need for routine mental health care" as required by Paragraph 35 of the Settlement Agreement.⁸ Timely referrals of prisoners with "emergent or urgent" needs does not necessarily show that prisoners with less apparent, routine needs are also being timely referred. Accordingly, the County needs to base the results on randomly select records from a different inmate population to establish Substantial Compliance.⁹

Second, the BOMHR includes the date and time of the incident, but does not include a place for the date and time of the referral to a QMHP or a JMET. Instead, the County's reported results appear to be based upon the time the inmate is seen by medical personnel or mental health staff, or in some cases when the form was reviewed by a supervisor. The BOMHR form needs to be revised to reflect the date and time of the referral by custody staff personnel.

Third, the Monitor's staff reviewed the County's reported results and concluded that only 42 of the 50, or 84%, of the BOMHR records reflect that the inmate was seen by a medical personnel or mental health staff, or the form was reviewed by a supervisor,

⁷ This is without prejudice to the County's right to re-submit records for inmates who needed routine mental health care in the Second Reporting for purposes of assessing the triggering date of the County's Substantial Compliance.

⁸ The Settlement Agreement does not require Custody Operations staff to fill out a BOMHR if an inmate has an emergent or urgent mental health need (compare Paragraph 37, which requires the Court Services Division to fill out the form if an inmate displays "obvious suicidal ideation" or manifests a "clear indication of mental health crisis"), although it does require the form if an inmate "threatens or exhibits self-injurious behavior." (See Paragraph 73.)

⁹ Although the Monitor and Subject Matter Expert have other concerns as set forth above, the Non Compliance determination is because the Department's results are not based on the population of inmates with routine mental health needs.

before the end of the deputy's shift. Although this is just below the 85% threshold, one of the cases involved an incident that occurred five minutes before the end of a shift and the inmate was seen by medical personnel within an hour.

For purposes of determining Substantial Compliance in future reporting periods, a referral of an inmate who is "demonstrating a potential need for *routine* mental health care" within an hour prior to the end of a deputy's shift will be deemed timely if the referral is made within one hour after the end of the deputy's shift.

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: PARTIAL COMPLIANCE

Section 4.4 of DMH 70.7 SUICIDE PREVENTION, effective July 7, 2016, and DMH 70.2.1 MENTAL HEALTH TREATMENT PROGRAMS, effective February 4, 2016, address the requirements of Paragraph 36.

The Compliance Measures require the Department to review randomly selected records of prisoners 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 (with the Monitor and Subject Matter Expert on at least one occasion), and provide a staffing schedule for on-call services. The County reports that 97% of the assessments were completed within four hours, but the two inmates seen during unannounced visits (one at TTCF and one at CRDF) were not under unobstructed visual observation. The documentation provided to the auditors does not always reflect the times that the auditors need to verify the Department's conclusions.

During tours of TTCF and CRDF, the Monitor and Subject Matter Expert visited housing areas to observe where prisoners with adverse triggering events are housed pending a QMHP evaluation. The process and procedures for observing prisoners following adverse triggering events were highly variable. Although deputies understood that they had to observe the prisoners who expressed suicidal ideation pending the evaluation by a QMHP, the prisoners were not always under constant observation. For example, in a General Population dorm at CRDF, deputies reported using the dayroom or the recreation area as well as the area directly in front of the officers' station, and not necessarily handcuffing the prisoners. Since this was a General Population dorm, such incidents are relatively rare and the severity of the event varies. In one HOH setting in TTCF, Deputies noted that they would sometimes move a prisoner to a cell with better visibility, but it did not appear to allow for true unobstructed visual observation.

The Monitor and Subject Matter Expert believe that greater clarity on definitions, options, and expectations is necessary. In particular, when there is an "adverse triggering event," which by definition is a serious event "such as a suicide attempt, suicide threat, self-injurious behavior, or any clear de-compensation of mental health status," the inmate

must be brought to an area directly in front of an officer's station in the facility,¹⁰ and remain in unobstructed visual observation until a QMHP has completed his or her evaluation.

The on-call staffing schedules provided by the Department show the schedules for IRC for January through March and the on-call psychiatrists for January and February. There are no schedules for CRDF or for the on-call psychiatrists for March.

¹⁰ The area does not necessarily have to be in the housing unit where the event occurred, but can be in front of an officer's station in a nearby housing unit.

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: NON-COMPLIANCE

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.

The County's augmented Second Self-Assessment reports significant problems with the use and completion of the BOMHR form for this and other provisions of the Settlement Agreement, and that it is working on finalizing a revised form to "at least partially alleviate some of the issues it has been experiencing." Further, it is not clear from the source documents what is the basis for the percentages of compliance reported for the courts selected during the quarter, which as the Department has acknowledged are well-below the percentages required to achieve Substantial Compliance. The Mental Health Subject Matter Expert also has a number of comments regarding "completion of the BOMHR," the unobstructed visual observations, and the County's interpretation of inmates covered by this provision, which the Monitor and the Subject Matter Expert will discuss with the County during the next reporting period.

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 (as of January 1, 2016)

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 (1) 90% of the required weekly cell-by-cell checks were completed; and (2) 85% of the out-of-cell interviews requested were granted, absent documented justification for denial of the request.

The County's First Self-Assessment reported 100% success for the third and fourth quarters in 2015, but the Monitor's auditors were unable to verify these results. The Second Self-Assessment reports 100% success for the first quarter in 2016, which has been verified by the auditors.

During a tour of CRDF on May 12, 2016, the Monitor and Mental Health Subject Matter Expert observed the JMET team make cell-by-cell rounds in disciplinary segregation. The deputy and mental health professional worked well together as a team and interacted with the prisoners to an appropriate degree. We were very impressed with their communications skills and professionalism. During a tour of MCJ on May 20, 2016, the Monitor observed the JMET team make cell-by-cell rounds in disciplinary segregation in that facility. Again, the members of the team worked well together, and interacted with the prisoners to an appropriate degree. Finally, the Subject Matter Expert observed the JMET rounds at TTCF on June 10, 2016, and noted that the JMET deputy "went to each cell, asked appropriate questions, and identified inmates needing further [Mental Health] services."

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 requests to custody staff or other prisoners.

STATUS: PARTIAL COMPLIANCE

DMH 70.10 SELF-REFERRAL/REQUESTS, which was issued on April 11, 2016, sets forth policies and procedure for handling “self-referrals/requests for mental health services.” Paragraph 3.1 provides that inmates who want “to submit a self-referral/request for mental health care may do so by placing a request form in designated envelopes, if desired, available in each housing area.” Paragraphs 3.3 sets forth the procedures for handling the self-referrals/requests and, in particular, requires DMH coordinators and JMET to “[r]efer unmet requests to the appropriate psychiatrist or clinician for resolution and follow up to ensure that the request has been addressed timely.” This addresses the requirements of Paragraph 39 of the Agreement. Although CDM 8-03/020.00 HEALTHCARE INMATE GRIEVANCES, effective July 15, 2016, is still primarily directed at grievances, it addresses *requests for* healthcare services that are supposed to receive “priority handling by line staff,” who are directed to “deliver them to an on-duty supervising staff nurse[.]”

During multiple tours of all of the facilities in the Second Reporting Period, the Monitor randomly checked to see if confidential self-referral forms and envelopes were available to prisoners wanting to request mental health care. With the exception of Service Area modules (MOH housing) in TTCF, a couple of modules at NCCF, and some dorms at PDC South, all of the housing areas had both grievance forms and self-referral envelopes. With respect to the Service Area modules in TTCF and the modules in NCCF, the staff explained that prisoners empty the boxes almost as soon as the forms are put in the boxes and use the forms for other than the intended purposes (e.g., drawing). From a control booth in the Service Area, the Monitor watched as a deputy re-stocked the boxes and the prisoners who were out of their cells immediately began to empty the box. The Monitor noted that the forms and sealed envelopes were readily available in the areas adjacent to these housing areas, and prisoners are able to ask staff for the forms and envelopes if the box is empty.

The Monitor spoke to a sergeant at CRDF who was in the process of picking up the forms from the housing units, and he explained that he takes these forms directly to the medical clinic without opening them. The Monitor confirmed with nurses in the clinics in various facilities that they receive the sealed envelopes at least daily, and sometimes each shift, and they determine how to address the prisoner’s requests for medical or mental health services.

Only a few of the electronic kiosks that the Department intends to use for self-referrals, grievances, and requests have been installed. The prisoners who were interviewed by the Monitor and Subject Matter Expert indicated that the IPADs were easy to use and generally reliable. Although the Compliance Measures require the electronic kiosks to be functional, this is beyond what the Agreement actually requires.

Based upon a review of the County's policies and procedures, tours of the facilities, interviews, and the County's report, and with the concurrence of the Department of Justice regarding the kiosks, the Monitor is satisfied that Department has adequate processes and procedures for inmates at MCJ, TTCF and CRDF to make confidential self-referrals for mental health care. Although there were a few instances in which the forms were not in the boxes in the housing areas in TTCF, it is not practical for the Department to immediately and constantly re-stock the forms, which are readily available to the prisoners from the staff.

Substantial Compliance requires the Department to review randomly selected self-referrals for mental health care received by the Department from prisoners during one week per quarter and confirm that (i) the referrals "were forwarded to DMH" by the Department," and that "DMH documented the timeliness and nature of DMH's response to the self-referrals[.]" The County's augmented Second Self-Assessment reports that 94% of the self-referrals at CRDF,¹¹ and 100% at MCJ and TTCF in the first quarter of 2016 were reviewed by the Department and forwarded to DMH, and that DMH documented 100% of its responses to the self-referrals as required by the Compliance Measures.

The documentation provided to the Monitor does not support the reported results in the Second Self-Assessment because, in some instances, it does not reflect the nature of DMH's response. The Monitor and Subject Matter Expert do not believe a mere reference in the referral form to "seen by a clinician" is sufficient to document the nature of DMH's response. In other instances, the forms reflected what the clinicians did to address the inmates' requests.

¹¹ The underlying results reported by the Department reflect 91% compliance at CRDF.

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: PARTIAL COMPLIANCE

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 (1) to provide 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 (2) randomly select referrals for mental health crisis intervention received by a QMHP per quarter to verify compliance with Paragraph 40. The County's Second Self-Assessment reports "that a QMHP was assigned 24 hours a day, 7 days per week," but "that a QMHP responded to 99% -- instead of the required 100% -- of referrals" and that "86% -- instead of the required 90% of referrals. . .were responded to within four hours."

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: SUBSTANTIAL COMPLIANCE (as of January 1, 2016)

Sections 4.8 and 4.9 of revised DMH 70.7, effective July 7, 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. The County's augmented Second Self-Assessment reports that it examined the records of the only two prisoners who were (a) on suicide watch in the randomly selected month of March and (b) discharged from FIP before the end of the quarter. The source documents indicate that the step-down protocols required by Paragraph 41 were followed for the two prisoners who were transferred to mental health housing at TTCF.

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: NON-COMPLIANCE

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

Substantial Compliance requires the Department to review the medical records of all prisoners in HOH who are placed on risk precautions for one randomly selected month each quarter, and to submit a report on the implementation of the step-down protocols and the results of the medical records review. The County’s Second Self-Assessment reports that for the first quarter of 2016, only “5% -- instead of the required 90% -- of the records [reviewed] reflected that the QMHP determined on an individualized basis whether to implement step-down procedures” and only “33% -- instead of the required 85% -- of the records reflected that step-down procedures were implemented per the QMHP assessment, where applicable.” The County reports that, “[i]n response, the JMHS [Jail Mental Health Services] compliance team has taken steps to improve compliance.” The Monitor and Mental Health Subject Matter Expert will meet with the County in the next Reporting Period to discuss the County’s source documents.

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: PARTIAL COMPLIANCE

Sections 3.1.1, 3.1.2 and 3.1.7 of DMH 70.2.3 DISCIPLINARY SEGREGATION, effective December 31, 2015, address requirements of Paragraph 43. CDM 5-09/050 LIMITATIONS ON DISCIPLINARY ACTIONS and CDM 5-09/080.00 LOCATION OF DISCIPLINE, effective as of March 14, 2016, address the requirements of Paragraph 43(a). In response to comments by the Monitor and DOJ, the Department is revising its discipline policies applicable to Paragraph 43 of the Agreement.

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.

The County's augmented Second Self-Assessment for Paragraph 43 reports that for the first quarter of 2016 only "20% -- rather than the required 90% of the records reviewed reflected that a QMHP met with inmates receiving psychotropic medications and transferred [to discipline housing]"¹² at MCJ and TTCF within 24 hours of the placement. Elsewhere, the Assessment reports only 67% of the records reviewed for inmates at CRDF reflected the required meeting. The Second Self-Assessment also reports that 100% of the records reviewed confirmed that a QMHP "walked through each disciplinary housing unit at least once per week" at all three facilities.

The Second Self-Assessment also reports that "[n]o inmate[s] at TTCF were transferred to discipline housing from mental health housing during the randomly selected month of March 2016." The County's response to the Monitor's draft of this Second Report indicates that it has "stopped the practice of moving inmates with mental illness to that housing." Further, the County reports that "the Department did not remove behavioral credits from inmates with mental illness in the first quarter of 2016," and therefore did not have anything to report with respect to Paragraph 43(d), which requires that "the disciplinary decision-maker will receive and take into consideration information from a QMHP" before taking away behavioral credits of inmates in mental health housing for disciplinary reasons.

¹² The County's comments on the Monitor's draft of this Second Report clarified that this is the correct percentage for MCJ and TTCF.

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 (as of January 1, 2016)

During the Initial Reporting Period, the Monitor and Subject Matter Experts observed that the Department installed protective barriers on the second floor tier of High Observation Housing areas and most Moderate Observation Housing areas at TTCF and the CRDF during the Initial Reporting Period. During that period, the Department also provided the Monitor with a plan for the installation of additional protective barriers in other areas in mental health housing as required by Paragraph 44. On March 31, 2016, the Monitor verified that the Department completed the installation of the barriers in the remaining MOH modules at TTCF in accordance with the plan provided to the Monitor.

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 (for all facilities other than MCJ, IRC and PDC North as of October 1, 2015; as of January 1, 2016 for MCJ, IRC and PDC North)

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 as of October 1, 2015 at all jail facilities except for Men's Central Jail, and 100% compliance as of January 1, 2016, at all facilities, including Men's Central Jail. The auditors noted, however, that there were no results for IRC reported for the fourth quarter of 2015, but were reported for the first quarter of 2016, and the results reported for PDC North for the fourth quarter of 2015 were seemingly inconsistent.

As in the past, during visits to all of the jail facilities in this period the Monitor and Subject Matter Experts inspected control booths and staff stations on a random basis and verified that each inspected control booth and station had both a first-aid kit and a Suicide Intervention Kit. On these visits, the Monitor also asked Custody staff show him the kits, and Custody staff always knew where the kits were located. The Monitor also randomly asked Custody staff to open Suicide Intervention Kits and verified that each kit contained an emergency cut-down tool.

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: PARTIAL COMPLIANCE

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. The Department has posted results showing that "85%, rather than [the required] 95%, of the documents reviewed indicated that appropriate aid and immediate interruption of self-injurious behavior was provided by the Department."

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 augmented Second Self-Assessment sets forth what the County has done to implement each of the paragraphs of the Settlement Agreement and provides "updates about JMHS staffing, which is part of its overall effort to implement the terms of the Agreement."

The augmented Second Self-Assessment reports on two Critical Incidents that fall within the subject matter of the Agreement (inmate suicides) and one that does not (an upgrade of the electronic medical record system), and it notes that the "Departments have been discussing the appropriate definition of 'critical incident' with both the monitor and DOJ." The Monitor is of the view that, in addition to inmate deaths and suicides, Critical Incidents should include, at least, serious suicide attempts, assaults on staff by inmates in mental health housing units or on mental health caseloads resulting in injuries to staff or criminal referrals, and Category 3 uses of force (or a statement that no such incidents occurred).

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 (as of January 1, 2016)

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 provided the most recent Local Detention Health Inspection Report pursuant to California Health & Safety Code Section 101045 and Corrective Action Plans for each facility. The Monitor, after consultation with the Subject Matter Expert, certified in the Initial Report that the Department's plans satisfy the requirements of CCR Title 15, §1280 and have been implemented as of January 1, 2016.

On April 14 and 15, 2016, the Monitor and a Subject Matter Expert inspected each of the facilities to assess the Department's compliance with Paragraph 48 of the Agreement. On May 20 and 24, 2016, the Monitor again inspected the facilities (other than CRDF). During these inspections, we again interviewed facility staff and inmates and again inspected the food service departments, medical departments, intake areas and random housing units. We again found that there was "an acceptable level of cleanliness, sanitation, repair and safety" in each facility.

The Department has confirmed that it has a continuing obligation under the Agreement to comply with its plans and maintain "an acceptable level of cleanliness, sanitation, repair and safety" in each facility in the future.

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 (as of March 1, 2016)

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. Unit Orders for each facility have been issued to, for example, “establish policy and procedures for maintaining an acceptable level of cleanliness, sanitation, repair and safety through the facility.” Unit Orders address procedures for handling maintenance requests and the eUDAL and Maximo automated systems are used to track such requests while on-site. 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 submitted a memorandum from FSB, dated February 3, 2016, indicating what steps FSB takes to treat the problem, which was required to establish Substantial Compliance with Paragraph 49.

Each facility has 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). Each facility also has a maintenance coordinator who 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.

On April 14 and 15, 2016, 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 again interviewed facility staff and inmates and again inspected lighting systems, heating, ventilation and cooling systems for functionality and upkeep. We again found that these systems were “adequately maintained and installed.”

Again, the Department has confirmed that it has a continuing obligation under the Agreement to adequately maintain lighting systems, heating, ventilation and cooling systems in each facility in the future.

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: SUBSTANTIAL COMPLIANCE (at all facilities other than PDC South and PDC East as of January 1, 2016)

PARTIAL COMPLIANCE (at PDC South and PDC East)

CDM 5-11/030.00 CONTROL OF VERMIN, effective December 14, 2015, addresses the requirements of Paragraph 50 of the Settlement Agreement. On April 14 and 15, 2016, the Monitor and Subject Matter Expert again inspected each of the facilities found that there was "an acceptable level of cleanliness, sanitation, repair and safety" in each facility. The Monitor again inspected the facilities (other than CRDF) on May 20 and 24, 2016, and again found the acceptable level. During the inspections they again interviewed facility staff and inmates and inspected the food service departments, medical departments, intake areas and random housing units. The food service areas are serviced frequently for pest, rodent and insect control, but medical areas and housing units are not serviced as often. There was no indication of any pest control problems in the housing units, the medical units, kitchen, food storage areas, or elsewhere in the facilities.

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.

During the last Reporting Period, the Monitor and Subject Matter Expert 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 Second Self-Assessment reports that the Department has achieved Substantial Compliance at all facilities other than PDC South and East, where the Department is missing some of the required documentation for the first quarter of 2016. The County's report has been verified by the Monitor's auditors.

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 (as of March 1, 2016 for all facilities other than CRDF)

PARTIAL COMPLIANCE (for CRDF)

The Department has 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, and was required to establish Substantial Compliance with Paragraph 51.

During tours of CRDF and TTCF on May 12 and 13, 2016, MCJ and TTCF on May 20, 2016, and the facilities in the Pitchess Detention Center on May 24, 2016, the Department provided the Monitor and Subject Matter Expert with the Admission Kits for female and male inmates. The Monitor and Subject Matter Expert randomly inspected control booths and officers' stations and verified that the kits were readily available and regularly provided to the prisoners at all of the facilities. The kits are also provided to female inmates upon intake at CRDF with instructional materials in both English and Spanish, but not to the male inmates at IRC, which is a transit facility. The male inmates receive the kits without instructional materials when they arrive at their assigned facilities.

The Initial Self-Assessment reported Substantial Compliance for all facilities in the fourth quarter of 2015 based upon inspections and reviews of vendor documentation during the designated month of October. The Second Self-Assessment reports Substantial Compliance for all facilities except CRDF for the first quarter of 2016 based upon inspections and reviews of vendor documentation during the designated month of March. The Second Self-Assessment reports Partial Compliance rather than Substantial Compliance for CRDF because 20 of 50 signature sheets confirming receipt of hygiene kits were signed by custody staff rather than the inmate. The reported results are subject to verification 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: PARTIAL COMPLIANCE

The Department's ALLOWABLE INMATE PROPERTY policies – CDM 5/06.010.05 for male inmates and CDM 5/06.010.10 for female inmates – require that property restrictions for inmates in mental health housing be determined by “a mental health professional after a clinical assessment has been conducted.” The County’s Second Self-Assessment reports that DMH 70.7, which set forth property restrictions in HOH, is being revised in response to the Monitor’s comments to 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 County’s initial Self-Assessment and its augment Self-Assessment report that it has not achieved Substantial Compliance at either TTCF or CRDF, which are the only facilities with HOH, with any of the Compliance Measures for Paragraph 52. The County reports that 66% and 67% of the inmates initially placed in HOH at TTCF and CRDF, rather than the required 95%, were provided the property required by Paragraph 52, and that 90% and 93% of the inmates placed in HOH "for more than 24 hours," rather than the required 95% had "allowable property as recommended by a QMHP[.]” The

County also reports that 34% of the records reviewed for TTCF reflected a QMHP recommendation regarding allowable property based upon a clinical assessment "within 24 hours of initial placement in HOH" and 0% of the records of the Electronic Medical Records reviewed "reflected that property restrictions after 24 hours were based upon the clinical judgment and assessment by a QMHP." For CRDF, 0% of the records reviewed reflected clinical assessments either within or after 24 hours of the inmates' initial placements in HOH.

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: NON-COMPLIANCE (at CRDF and TTCF)

NOT SUBJECT TO MONITORING (at MCJ)

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.

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 County's augmented Second Self-Assessment and comments to the Monitor's draft of this Report indicate that only 50% of the records reviewed at CRDF and 66% of the records at TTCF "reflected that the relevant inmates were not rejected or disqualified because of a mental health diagnosis or prescription for medication alone," which is well below the 90% threshold for Substantial Compliance.

Although the Department's augmented Second Self-Assessment reports that it has achieved Substantial Compliance at MCJ, there were no inmates in mental health housing at MCJ who requested work or programs. The Monitor intends to measure the 12-month period for Substantial Compliance at MCJ from the date upon which MCJ achieves Substantial Compliance based upon inmates requests at MCJ. If, however, there are no such requests before the end of the 12-month period(s) in which TTCF and CRDF achieve Substantial Compliance, the Monitor will deem the entire Department to be in Substantial Compliance with this provision for purposes of Paragraph 111 of the Agreement.

The Monitor and Subject Matter Expert have had concerns that inmates with mental health needs may not be able to participate in programs that are only 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. Based upon the comments from the parties, we understand that this paragraph and Paragraph 54 are "aimed at the three downtown facilities, not Pitchess," and they do not require that programs at Pitchess be available to inmates with mental illnesses who are housed at the downtown facilities. Nevertheless, on a recent tour of the Pitchess Detention Center, the Monitor was advised that the Department is currently housing 68 inmates with some mental illnesses in one of the dorms at the North facility, with plans to house up to 320 such inmates in one of the four modules at that facility.¹³

¹³ There are four dorms in each module and each dorm can house up to 80 inmates with mental illnesses.

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: SUBSTANTIAL COMPLIANCE (as of January 1, 2016 at MCJ and NCCF)

NON-COMPLIANCE (as TTCF and CRDF)

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 County's Second Self-Assessment reports that the Department has achieved Substantial Compliance at MCJ and NCCF as of the first quarter 2016, but not at TTCF or CRDF. The reported results are 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: PARTIAL COMPLIANCE

Sections 3.5.2.3 and 3.5.3.2 of DMH Policy 70.2.1, effective February 4, 2016, require "relevant custody, medical and mental health staff" to meet in accordance with the requirements of Paragraph 55. The Monitor and the Mental Health Subject Matter Expert attended a weekly HOH meeting at CRDF on November 18, 2015, and were impressed with the level of communications among custody, medical, and mental health personnel. The Monitor and Subject Matter Expert understand that there are daily HOH meetings at CRDF with fewer participants, which we did not attend.

The County's augmented Second Self-Assessment reports that the Department has not achieved Substantial Compliance for Paragraph 55. According to the Assessment, the Department "did not meet the compliance percentages because individual meetings were either missing a member from one of the departments, or the sign-in sheet for the meetings was not located."

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: SUBSTANTIAL COMPLIANCE (as of January 1, 2016)

4.4.6 of DMH 70.7, effective July 7, 2016, provides that "JMHS and LASD shall ensure that custody, medical and mental health staff communicate regarding any change in an inmate's housing assignment following a suicide threat or attempt, other self-injurious behavior or other indication of an obvious and serious change in mental health condition."

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 County's augmented Second Self-Assessment reports that it has achieved Substantial Compliance with more than 95% of the records reviewed for the first quarter of 2016 reflecting the required medical and/or mental health approvals. These reported results have been verified 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): SUBSTANTIAL COMPLIANCE (at MCJ as of
January 1, 2016)**

PARTIAL COMPLIANCE (at CRDF and TTCF)

CDM 4-11/030.00 INMATE SAFETY CHECKS and CDM 4-11/030.05 TITLE 15 SCANNER, address the requirements of Paragraph 57, except for 57(e).

Substantial Compliance requires 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 in two randomly selected weeks 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 for one randomly selected week to determine if a QMHP approved the new mental health housing assignments as required by Paragraph 57(e). The Monitor met with the Department to review its new data system and concluded that it captures the timing of staggered safety checks to determine whether the Department is meeting the times required by Paragraphs 57 and 58. The Monitor has also observed Custody staff conduct safety checks at MCJ, TTCF, CRDF, and PDC North which are the facilities that house inmates with mental illnesses.

The County's augmented Second Self-Assessment reports that it has achieved Substantial Compliance with both of these Compliance Measures in the Hope Dorm at MCJ, which is Moderate Observation Housing, in the first quarter of 2016. The reported results for MCJ have been verified by the Monitor's auditors, who created a Microsoft Excel worksheet based upon the direct-feed data from the Department and confirmed that the times between the checks were less than 30 minutes for 95% of the checks. The auditors also verified that a QMHP approved the housing assignments of inmates in the Hope Dorm during the randomly selected week. The County also reports that QMHPs approved new mental housing assignments at TTCF and CRDF as required by Paragraph 57, but it has not achieved the threshold for conducting staggered safety checks.

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: SUBSTANTIAL COMPLIANCE (at PDC South, PDC North, and PDC East as of January 1, 2016)

PARTIAL COMPLIANCE (at NCCF)

NON-COMPLIANCE (at remaining facilities)

CDM 4-11/030.00 and 4-11/030.05 address the requirements of Paragraph 58.

Substantial Compliance requires the Department to audit the Title 15 Dashboard records (or UDAL records) 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. The County's augmented Second Self-Assessment and its response to the Monitor's draft

of this Report indicate that the Department has achieved Substantial Compliance at PDC South, PDC North, and PDC East. Based upon a review of the County's data, the Monitor has also concluded that the County achieved Partial Compliance at NCCF, but not at CRDF, MCJ, or TTCF, where the compliance percentages were well below the percentages required by the Compliance Measures. The Substantial Compliance results have been verified by the Monitor's auditors. The Monitor has also observed safety checks being conducted at NCCF, PDC North, and PDC South and reviewed with Department supervisors the systems in place for ensuring that safety checks are performed timely by Department personnel at these facilities.

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: PARTIAL COMPLIANCE

CDM 4/11-020.00 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." CDM 4/11.030.00 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. Although the County's augmented Second Self-Assessment reports that the Department is in Substantial Compliance with this provision at all facilities, the Monitor has not been able to determine from the documentation if custodial supervisors conducted the required unannounced daily rounds to ensure that custodial staff had conducted necessary safety checks.¹⁴ The e-UDAL forms need to be modified to include a specific notation that the Supervisor verified that the safety checks are being conducted.

¹⁴ Although the Monitor's First Report accepted the Department's conclusion that it had achieved Substantial Compliance at PDC South as of October 1, 2015, the report noted that the "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: NON-COMPLIANCE

DMH Policy 50.1 CONTINUOUS QUALITY IMPROVEMENT, effective December 31, 2015, is intended "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[.]"

Substantial Compliance requires the County's Self-Assessments to set forth (a) any identified clinical issues in the areas identified 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. The County's augmented Second Self-Assessment reports that the "Department's compliance reporting with this provision is in progress."

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: NON-COMPLIANCE

DMH 50.1 CONTINUOUS QUALITY IMPROVEMENT, effective December 31, 2015 is intended "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program."

Substantial Compliance requires the County's Self-Assessments to set forth (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.

The County's augmented Second Self-Assessment reports that the JMHS quality improvement programs "are in the preliminary stages" and that Exhibit A to the assessment "captures some initial activity by both CCSB and the JMHS quality improvement program." It also reports that "monthly meetings that take place are being expanded to cover some of the quality improvement subjects covered by this provision."

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: PARTIAL COMPLIANCE

DMH 50.1 CONTINUOUS QUALITY IMPROVEMENT, effective December 31, 2015, is intended "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program." CDM 2-00/070.00 CUSTODY COMPLIANCE AND SUSTAINABILITY BUREAU, effective February 4, 2016, 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."

Substantial Compliance requires the County's Self-Assessments to set forth (a) any 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.

As noted by the County, Exhibit A to the Second Self-Assessment "captures some initial activity by both CCSB and the JMHS quality improvement program" in that it identifies issues in the areas set forth in Paragraph 61, and it "includes recommendations and potential corrective action, status of the development of the corrective action and status of the implementation of corrective action plans on a variety of issues, including, and organized by, the mandated topics."

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: PARTIAL COMPLIANCE

The Compliance Measures require that the County's Self-Assessment 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. Substantial Compliance requires "the immediate availability of HOH and MOH beds at TTCF and CRDF 95% of the time."

The County's augmented Second Self-Assessment reports the following results of its review of Department records for the randomly selected weeks to determine the immediate availability of HOH and MOH beds:

	MOH	HOH
TTCF	100%	57%
CRDF	50%	36%

On August 15, 2016, the County reported on the average daily populations in HOH and MOH units at CRDF and at TTCF, the average number of beds, and the average number of step-downs per week, but not "the number of days in which there was a waiting list for HOH or MOH housing." The County also reported on the immediate availability of HOH and MOH beds during the entire reporting period as required by the Compliance Measures as follows:

	MOH	HOH
TTCF	100%	37%
CRDF	83%	43%

With the exception of the availability of beds in MOH housing at TTCF, the percentages are well below the 95% required by the Compliance Measure. Nevertheless, the County has achieved compliance "on some, but not all, of the material components" of Paragraph 63.

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: PARTIAL COMPLIANCE

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 an initial 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.

On January 22, 2016, the Department submitted a short-term plan to the Monitor. On March 2, 2016, it certified that it had implemented the short-term plan. On June 30, 2016, the Department submitted the long-term plan to the Monitor.

The Mental Health Subject Matter Expert comments that the short-term plan “is a reasonable plan and addresses capacity not just by adding beds but by other sound programmatic enhancements designed to decrease utilization[.]” Because the County has “recently decided to step back from [its] plans to use outside facilities in the long-term plan, however, it “undercut[s] some of the short-term plan” and leaves a “gap” in the long-term plan.

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: PARTIAL COMPLIANCE

Substantial Compliance requires the County's 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 are subject to the Monitor's conclusions, after consulting with the Subject Matter Expert, that psychotropic medications have been administered in a clinically appropriate manner.

The County's augmented Second Self-Assessment concludes that the Department "achieved substantial compliance with this provision," based upon "the result[s] of Administrative Audits documenting the visual observation of the administration of medication" of 92% for outpatients (in the jail facilities) and 100% for inpatients in CTC. While these unaudited percentages exceed the 85% threshold for Substantial Compliance, both the Monitor and Subject Matter Expert observed a pill call at CRDF that was not sufficiently rigorous in the identifying inmates and conducting mouth checks to prevent the possibility of misuse, hoarding and overdose.

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: NON-COMPLIANCE

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 County's Second Self-Assessment reports that the policy has been revised, but the "revisions have not been published."

Substantial Compliance requires 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 County's augmented Second Self-Assessment reports that the Department has not achieved Substantial Compliance because it has not been able to obtain documentation to establish compliance with this provision. It reports that the "Department expects to see more comprehensive and increasingly results over the next few quarters."

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: NON-COMPLIANCE

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 requires the County to review the electronic medical records (EMR) 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 County's augmented Second Self-Assessment reports that "less than 1% -- instead of the required 85% -- of the EMRs reviewed . . . reflected the documentation and consideration of the matters required by paragraph 67." As explained by the County, "[m]uch of this provision entails new procedures and requires massive changes across DMH and MSB" so that they can "track refusals, collect related data and take action based on that information."

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: SUBSTANTIAL COMPLIANCE (at MCJ, NCCF, PDC East, PDC South, and PDC North as of January 1, 2016)

NON-COMPLIANCE (at TTCF and CRDF)

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, which has been pending at the Department since February, the Department has issued a Directive "to establish additional procedures for conducting inmate contraband searches with respect to the hoarding of medication."

Substantial Compliance requires Self-Assessments to include a summary of searches conducted in the previous quarter¹⁵ 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 County's augmented Second Self-Assessment reports that the Department achieved Substantial Compliance at MCJ, IRC, NCCF, PDC East, PDC South, and PDC North, but not at CRDF, where 87% and 81% of the modules were searched in the relevant quarters, or at TTCF, where only 35% and 42% of the modules were searched. In addition, only 44% of the HOH cells at TTCF and 36% of the HOH cells at CRDF were visually inspected as required by Paragraph 68. The reported Substantial Compliance results have been verified by the Monitor's auditors.

¹⁵ The Monitor agrees with the County that this should be the second quarter of the last reporting period and the first quarter of this current reporting period.

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: PARTIAL COMPLIANCE

The County's policies on who can approve clinical restraints are confusing. CDM 7-03/030.00 MEDICALLY ORDERED RESTRAINT DEVICES, which County advised that Monitor on June 8, 2016 had been revised, permits multi-point restraints to be authorized by a MSB "medical provider *or* with the approval of a . . . licensed psychiatrist who has performed an individual assessment and an appropriate Forensic Inpatient order." Although DMH 100.8 CLINICAL RESTRAINTS defines a "clinical restraint" as a device "that has been ordered or approved by a licensed psychiatrist for the purpose of managing behavior that appears to be symptomatic of a mental illness," it is "guided by" Section 2-1f of the CTC Policy and Procedures Manual, which, as the Mental Health Subject Matter Expert notes, "speaks to a physician ordering restraints but does not specify licensure or that it must be a psychiatrist." Thus, it is not clear that the clinical restraints can only be ordered with the approval of a licensed psychiatrist. The policy also does not require an individual assessment by a psychiatrist.

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 County's augmented Second Self-Assessment reports that "50% -- rather than the required 95% -- of electronic medical records reviewed. . . reflected that, for inmates placed in clinical restraints, the restraints were used, approved and documented as required." As the County noted in response to the draft of this Report, however, the Department achieved close to 100% compliance with most of the components of the Compliance Measure.

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: SUBSTANTIAL COMPLIANCE (as of September 1, 2016)

CDM 7-03/000.05 FIXED RESTRAINTS, effective August 31, 2016, provides as follows: "Fixed restraints shall never be used as a form of punishment and shall only be used in the least restrictive means and for the shortest period of time necessary to provide safety." CDM 7-03/000.15 SECURITY RESTRAINTS IN MENTAL HEALTH HOUSING, effective August 31, 2016, provides as follows: "Security restraints in High Observation Housing (HOH) and Moderate Observation Housing (MOH), and for inmates awaiting housing assignments in the Correctional Treatment Center (CTC), will not be used as an alternative to mental health treatment and will be used only when necessary to ensure safety. Security restraints will not be used to punish inmates. Custody Personnel 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." This addresses the requirements of Paragraph 70(a), (b), and (c). CDM 7-03/010.00 WAIST-CHAIN PROCEDURES, effective August 31, contains a similar provision. In addition, it provides that "[i]f the inmate appears to be in mental health crisis, custody staff will immediately refer the inmate to Jail Mental Health (JMH) personnel, which addresses the requirements of Paragraph 70(d). CDM 7-01/240.00 HANDLING INSUBORDINATE, RECALCITRANT, HOSTILE OR AGGRESSIVE INMATES also provides that "[w]hen the inmate is, or appears to be mentally ill, personnel shall request a sergeant and a mental health professional to respond unless there is an immediate threat of physical harm" as required by Paragraph 70(d).

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: PARTIAL COMPLIANCE

Substantial Compliance requires 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 County's Second Self-Assessment reports that "60% -- rather than the required 90% -- of electronic medical records reviewed . . . reflected that, for inmates placed in clinical restraints, the inmates received therapeutic services as required by this provision." The Mental Health Subject Matter Expert comments that the Department is "generally responding to those released from restraints and addressing these issues in most cases[.]"

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

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. Although it does not specifically require the Department to determine "whether staff engaged in any violations of policies, rules, or laws," it now provides that the final written report shall include "[a] reference to the Internal Affairs Bureau or other personnel investigations, if any, and findings, if any."

CDM 4-10/060.00 CRITICAL INCIDENT REVIEW COMMITTEE – SUICIDAL INMATES, issued on February 24, 2016, covers attempted suicides as "serious suicidal behavior," but not "serious self-injurious behavior." The County's Second Self-Assessment reports that this will be addressed in the next revision of the policy expected by the end of the third quarter of 2016. This policy 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. The review will also 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."

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 to review incidents that involve serious self-injurious behavior in the reporting period. The Monitor attended two suicide review meetings, which addressed the requirements of Paragraph 72.

Although the Department reports Substantial Compliance, as observed by the Mental Health Subject Matter Expert (and confirmed by the Monitor) the reviews "do not uniformly cover all the topic areas specified in measure 72(a) and (b)" and "most do not go into adequate depth." In particular, while the CIRC meetings review the incidents involving serious self-injurious behavior, they do not always specifically address whether staff violated any policies or whether improvements are warranted. In many instances,

the answer to either or both of these issues may be negative, but that information needs to be reflected in the documentation to establish that the issues were considered. Further, the Subject Matter Expert was not able to confirm from the data provided by the County that 90% of incidents involving self-injurious behavior were reviewed to determine these matters.

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: NON COMPLIANCE

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, when issued, will address the requirements of Paragraph 73.

Substantial Compliance requires 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; and to provide the Monitor with the notifications to the Inspector General of all incidents involving an apparent or suspected suicide during the reporting period. The County's augmented Second Self-Assessment reports that "28% -- instead of the required 90% -- of records reviewed. . . had the information required by provision 73. The Subject Matter Expert notes, however, that the County may be under-reporting its success since it seems to require the presence of a BOMHR, an injury report, and an incident report in each case, even though all three reports are not necessarily required.

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: SUBSTANTIAL COMPLIANCE (as of September 1, 2016)

Substantial Compliance requires the Department to provide the Monitor with an Executive Suicide Death Review reflecting the results of the Department's investigation of any suicide in the Jails within six months of the suicide. The review must 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.

There were two suspected suicides during the Second Reporting Period for which the first Executive Suicide Death Review for the suicide that occurred on February 29, 2016, was due on or before August 28, 2016.

On August 25, 2016, the County timely provided an Executive Inmate Death Review of the first of the two suicides. The Review includes a thorough and objective report from the Department's Detective Division – Homicide Bureau of its investigation of the suicide. The detective's report lists the persons who were interviewed and whether the interviews were recorded. With one possible exception, it appears that all of the interviews were recorded and, therefore, the Department met the 90% threshold for Substantial Compliance

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 DMH 50.2, effective February 4, 2016, and CDM 4-10/060.00 CRITICAL INCIDENT REVIEW COMMITTEE—SUICIDAL INMATES, effective February 24, 2016, address the requirements of Paragraph 75.

Substantial Compliance requires (a) 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; (b) the Department and DMH 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 (c) that the information is reflected in the Department's database for tracking and statistical analysis. The County's augmented Second Self-Assessment reports "that 49% -- instead of the required 85% -- of the documentation reviewed pursuant to this provision was compliant with compliance measure 75-5(a);" "45% -- instead of the required 95%" for measure 75-5(b); and "100% -- 5% more than the required 95%" for measure 75-5(c). Further, as the County notes in its response to the Monitor's draft of this Report, DMH and the Department achieved compliance with most of the elements of Paragraph 75 and the corresponding Compliance Measures.

The Mental Health Subject Matter Expert has a number of comments regarding the County's compliance with paragraph 75. He notes that the "accuracy and completeness of the reviews is variable, but most are fairly good, a few quite good. The chief problem. . . is that the analysis and related CAPs are very uneven;" in particular, "[w] the information reviewed is sufficiently thorough, [the County's] identification of potential corrective actions is highly variable and tends to neglect systems issues, especially as they relate to access to care, isolation of the mentally ill, and systems practices."

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): PARTIAL COMPLIANCE

CDM 4-10/050.00 DEATH REPORTING REVIEW PROCESS, issued on March 1, 2016, addresses each of the requirements of Paragraph 76. It provides that within two working days personnel from DMH, the Custody Division and the 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 requires the Custody Compliance and Sustainability Bureau ("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 DMH policy 50.2 CRITICAL INCIDENT REVIEW is consistent with these provisions.

There was a suicide at TTCF on February 29, 2016. An initial Death Review was held within two working days of the death on March 2, 2016, and the seven-day review was held on March 8, 2016. I attended both meetings, which included command-level personnel from the Department and DMH and reviewed the information known about the suicide and corrective or preventive actions taken or required by Paragraph 76. The 30-day death review, which I was not able to attend, was held on April 6, 2016. The Executive Inmate Death Review discussed below summarizes the discussion during the 30-day review of the status of the corrective action plan.¹⁶

There was another suicide at TTCF on May 8, 2016. An initial Death Review was held within two working days of the death on May 10, 2016, and the seven-day review was held on May 17, 2016. I attended both meetings, which included command-level personnel from the Department and DMH and reviewed the information known about the suicide and corrective or preventive actions taken or required by Paragraph 76. The 30-day death review, which I was not able to attend, was held on June 17, 2016.

Paragraph 76(c) requires the County to provide a "final written report regarding the suicide" within six months of a suicide that address 10 subparts of subparagraph (c). On August 25, 2016, the County timely provided an Executive Inmate Death Review the report for the suicide that occurred on February 29, 2016.¹⁷ The Monitor reviewed the report and concluded that it meets most of the requirements in the ten subparts.

DOJ has raised concerns about two of the subparts addressed in the Executive

¹⁶ Although not required by the Settlement Agreement, the County also conducted a 60-day and a 90-day review of the incident and the corrective action plans.

¹⁷ The Subject Matter Expert notes that the two-day reviews for both suicides are "thorough and identify appropriate CAPs," except that "neither speak to the adequacy of mental health treatment other than medications, which was an issue in both cases in my opinion."

Inmate Death Review, which concerns the Monitor shares. The timeline required by (c)(ii) should reflect information that can be obtained from the video of the incident and the Clinical Morbidity and Mortality Review required by (c)(viii) should provide more analysis of the adequacy of the mental and medical health care received by the inmate prior to the suicide.

DOJ has also raised a concern about the adequacy of the Executive Inmate Death Review in addressing (c)(i), which requires the preparation of "incident reports and any supplemental reports. . .from custody staff who were directly involved in and/or witnessed the incident." In the case of the suicide that occurred on February 29, no member of the Custody staff witnessed the suicide, which occurred inside the inmate's cell before he was discovered by a member of the Custody staff, and it is not clear what (c)(i) means to be "directly involved in . . . the incident" under these circumstances.

Assuming no Department member witnesses the acts resulting in the suicide, the issue is whether (c)(i) requires more than report or reports from the member or members of the Custody staff who first discover the suicide, which was all that was included in the Executive Inmate Death Review in this case. The Monitor will seek input from the Subject Matter Experts on this issue and have further discussions with the parties during the next reporting period before reaching any conclusions regarding the scope of (c)(i).

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

CDM 2-00/070.00 CUSTODY COMPLIANCE AND SUSTAINABILITY BUREAU, effective February 4, 2016, provides for the creation of a bureau "to oversee, monitor, and audit the Department's jail suicide prevention program" in coordination with DMH. The Department provided the Monitor and Subject Matter Experts with an initial organizational chart for CCSB, but it has not updated the chart to reflect recent staff changes.

The Self-Assessment submitted to the Monitor on CCSB's activities on June 30, 2016, reports that on the first Monday of each month during the reporting period, the Department and DMH held an administrative review meeting to discuss at total of 28 suicide attempts (including suicides), which occurred in the months immediately prior to the meeting." In addition, "[b]eginning January 4, 2016, [there were] four Critical Incident Review Committee meetings" in which "a total of twenty-four incidents" were discussed. The Self-Assessment also reports on the "corrective actions taken by the

Department to mitigate suicide risks;” CCSB’s efforts with the Facility Services Bureau and the Data Services Bureau to enhance the infrastructure and e-UDAL system; “staffing, personnel/disciplinary, prisoner classification and mental health service delivery issues;” “remedial measures, including policy revisions,” staff training, and drills; and summaries of monthly Suicide Prevention Sub-Committee Meetings with members from DMH, CCSB, MSB, MCJ and TTCF “to develop, implement, and trace corrective actions plans.”

The Mental Health Subject Matter Expert comments that the “County has made great strides in conducting these reviews [required by 77(a)] both in terms of thoroughness and the establishment of meaningful corrective actions plans. He is concerned, however, that the reviews are “bereft of analysis of the adequacy of staffing and mental health service delivery;” and there is a lack “evidence that they have truly examined the adequacy of treatment,” “no discussion of the adequacy of non-pharmacological treatment, access to care, and such.” Finally, much of the Self-Assessment is a description of CCSB’s activities without a substantive assessment or analysis of those activities.

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: SUBSTANTIAL COMPLIANCE (as of June 1, 2016)

Section 4.13 of DMH 70.7, effective July 7, 2016, requires DMH and LASD to "maintain a Suicide Prevention Advisory Committee" open to the representatives of the entities identified in Paragraph 78. The augmented Second Self-Assessment reports that a second meeting of the Suicide Prevention Advisory Committee was held on May 11, 2016, which the Monitor attended.

Substantial Compliance requires (1) the Committee to meet twice per year and (2) "recommend coordinated approaches to suicide prevention in the Jails." At the second meeting of the Suicide Prevention Advisory Committee, Dr. J. Neil Ortego, the Chief Psychiatrist from the Department of Mental Health discussed various recommendations by DMH, including, as the Mental Health Subject Matter Expert notes, "staffing and provision of necessary mental health services." Although this was largely a presentation by Dr. Ortego, there was some input and recommendations from other members of the Committee as required by Paragraph 78. The other members need to be more engaged, however, if the Committee is to serve as an effective advisory body that "will address system issues and recommend coordinated approaches to suicide prevention in the Jails." This will require input from the other members in advance of the meeting so that there can be a meaningful discussion of their recommendations at the meeting.

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: NON-COMPLIANCE

DMH 70.2.1, effective February 4, 2016, 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). 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.

Although the County’s augmented Second Self-Assessment reports that it has complied with the compliance measures that require the Department to maintain records and describe the support services available to prisoners who are not in mental health housing and were receiving psychotropic medications, it was unable to establish compliance with measures that require the Department “to confirm that medication support services were provided to” prisoners who “resided outside of mental health housing and were receiving psychotropic medications at the end of the quarter.”

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): NON-COMPLIANCE

Section 3.5.2 of DMH 70.2.1, effective February 4, 2016, 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, which the augmented Second Self-Assessment reports will be provided to the Monitor “for review by the end of the third quarter.”

For the First Reporting Period, the Department provided an “Out of Cell Offered Tracker” for the week of 12/13/15 to 12/19/15 that listed 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.

Paragraph 80 requires that “[b]y no later than 12 months after the Effective Date [of July 1, 2015], [the County] 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.” On August 15, 2016, the Department reported that 57% of the inmates in HOH units at CRDF were offered more than 10 hours of out-of-cell time and 0% were offered more than 10 hours of therapeutic or programing time by the end of the Second Reporting Period. The Department also reported that 16% of the inmates in HOH units at TTCF were offered more than 10 hours of out-of-cell time and 3% were offered therapeutic or programing time by the end of the Second Reporting Period.

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);¹⁸ 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 approved by the *Rosas* Monitors and adopted by the Department in the First Reporting Period implemented 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.

In the Second Reporting Period, the *Rosas* Monitors approved policies to implement the following provisions of the *Rosas* Implementation Plan: Paragraphs 6.1-6.20 (grievance system); Paragraph 8.2 (combining "Complaints of Retaliation"). They also reviewed revised policies to implement Paragraphs 13.1-13.2 (discipline for PREA violations, dishonesty, and failure to report force incidents).

In the Second Reporting Period, the Monitor and Subject Matter Expert reviewed eight randomly selected completed force packages for CRDF, NCCF, and PDC North and concluded that the Department is adhering to its new force policies in these institutions, and that the force packages were thorough and in compliance with the Department new

¹⁸ As requested by the Department of Justice, these provisions were reviewed and approved by the Monitor's Use of Force Subject Matter Expert.

policies. As of the end of the Second Reporting Period, the Department had completed a total of 42 investigations of force incidents at these facilities that occurred during the Second Reporting Period.¹⁹ The Monitor and Subject Matter Expert will review and report on additional completed force packages in the next reporting period.

Among the observations the Use of Force Subject Matter Expert made are that the “use of force packages were comprehensive and complete;” inmates against whom force was used “were promptly provided medical attention,” “[s]taff and inmate witnesses were consistently interviewed;” “proper protocols were followed” in a cell extraction; force reports “were consistent” with videos of the force incidents; uses of force “were promptly reported;” all of the incidents were reviewed by Watch Commanders, Unit Commanders, and Commanders, although there seemed “to be a significant lag time in this [last] review” from the incident to the completion of the Commanders’ reviews; and some incidents were subject to reviews by the Custody Force Response Team were “promptly completed.”

In one case, there was a violation of the policy regarding the authorized use of weapons because a Custody Assistant who was not trained to use a taser, did so at the directions of a supervising deputy. In addition, the taser was not properly secured in a desk. There were exigent circumstances for the use of the taser in this instance, and the policy violation was identified in the force package with the Custody Assistant receiving a letter of reprimand. The Subject Matter Expert concluded that, “[c]onsidering the totality of circumstances, it seems like a reasonable resolution,” although he believes the supervising deputy “should also have received some type of remedial consequences.”

Paragraphs 3.1-3.4, 4.6-4.9, and 12.1 of the *Rosas* Implementation Plan 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. Finally, the Early Warning System to implement Paragraphs 19.1-19.3 will be completed in future reporting periods.

¹⁹ The overwhelming number of completed investigations involved force incidents at CRDF.

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: PARTIAL COMPLIANCE

The *Rosas* Monitors have approved a de-centralized inmate grievance system, which includes an Inmate Grievance Team co-located at Century Regional Detention Facility. The Department published its new grievance policies on July 15, 2016.

Under CDM 8-01/020.00 RESPONSIBILITIES, the Inmate Grievance Team is comprised of "a supervising deputy, a custody assistant and/or other appropriate professional staff" under the supervision of "at least one sworn supervisor of the minimum rank of sergeant who will serve as the Unit Inmate Grievance Coordinator and report to the Division Inmate Grievance Coordinator." Members of the team are "responsible for collecting from centrally located collection bins those requests and grievances not handled by line sergeants." The Department reports that "grievance teams have begun training relevant staff" and it "expects that approximately 100 sergeants will have completed the training by October 1, 2016."

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 (at MCJ and IRC as of July 1, 2015; TTCF as of October 1, 2015; and CRDF as of April 1, 2016)

**NOT CURRENTLY SUBJECT TO MONITORING
(REMAINING FACILITIES)**

On September 2, 2015, the Monitor and Subject Matter Experts toured TTCF, MCJ and IRC and confirmed that closed circuit security cameras had been installed and were 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 believes, and the Department of Justice concurs, that it is not necessary for the Monitor's auditors to review the actual work orders to verify the list since the Monitor and Subject Matter Experts have toured the facilities and confirmed that the cameras have been installed and are operational.

The Department has provided the Monitor with inventories and videos of 10 randomly selected force incidents in the Common Areas of TTCF, MCJ, and IRC during the third and fourth quarters of 2015, and the first and second quarters of 2016. Per an understanding with the Department and DOJ, the Monitor is to determine the Department's compliance with Paragraph 83 of the Settlement Agreement by viewing the videos to verify the accuracy of the information reflected on the inventory. Based upon the review of these videos by the Monitor and the Monitor's staff, the Monitor has determined that the Department is in Substantial Compliance with Paragraph 83 at MCJ and IRC as of the third quarter of 2015 and at TTCF as of the fourth quarter 2015.

On February 19, 2016, the Monitor and Subject Matter Expert toured CRDF and confirmed that closed circuit security cameras have been installed and are operational in

the Common Areas, although the display screens in Central Control were not operational. On March 25, 2016, the Monitor confirmed that the display screens in Central Control at CRDF were operational and the system was fully functional. The Department also provided the Monitor and Subject Matter Experts with summaries showing the number of cameras needed and installed at CRDF as of January 7, 2016, and a spreadsheet listing the completed work orders for the installation of the cameras installed in the Common Areas in TTCF. Finally, the Department has provided inventories and videos of 10 force incidents in the Common Areas of CRDF in the second quarter of 2016. Based upon the review of these videos by the Monitor and the Monitor's staff, the Monitor has determined that the Department is in Substantial Compliance with Paragraph 83 at CRDF as of the second quarter of 2016.

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: SUBSTANTIAL COMPLIANCE (as of January 1, 2016)

Substantial Compliance under the Compliance Measures requires the Department to demonstrate that 95% of the 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. Although Paragraph 84 requires the Department to implement policies for the "timely and thorough" investigation of force incidents, the subparagraphs and the Compliance Measures are focused on the timeliness of the completion of the investigations resulting in the imposition of discipline.

The County's augmented Second Self-Assessment reports that the Department has achieved Substantial Compliance with Paragraph 84 because all six of the administrative investigations in the first quarter of March 2016 that resulted in a "founded" finding were completed within the required time frames. The reported results have been verified by the Monitor's auditors.

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: NON-COMPLIANCE

Substantial Compliance requires 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. The County's Self-Assessment that was posted on July 25, 2016, reports that only 13% of the IAB investigators completed all of the required 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: SUBSTANTIAL COMPLIANCE (at MCJ and CRDF as of April 1, 2016)

PARTIAL COMPLIANCE (at remaining facilities)

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.” The subsequent proposed revision to this policy that was submitted to the Monitor on June 9, 2016, provides the necessary guidelines for the unit orders for all weapons, in addition to aerosol chemical agents, at the facilities. 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[.]”

In addition to providing written policies and procedures for the effective and accurate maintenance, inventory, and assignment of chemical agents and other security equipment, Substantial Compliance requires the Department to provide the Monitor and Subject Matter Experts with 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 and reviewed the inventory logs of the weapons in the armories on April 14 and 15, 2016. We noted that the inventory logs in the MCJ and CRDF armories were checked daily, both facilities have up-to-date unit orders, and all of the weapons in the armories were accounted for on the inventories. On August 3, the Department submitted the required armory audit logs for both MCJ and CRDF for the first quarter of 2016.

The inventory logs for two of the other facilities were not routinely checked, but all of the weapons were accounted for on the inventories. In the remaining facilities, there were still a few instances in which discrepancies were noted in the control of, and accountability for, OC canisters. Further, the unit orders of some facilities still need to be updated. These issues need to be addressed in addition to the required armory audit logs in order for these other facilities to be in Substantial Compliance with Paragraph 86.

#:2552
APPENDIX

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 (NCCF, PDC East, North & South & IRC) Non Compliance (Remaining Facilities)	(10/1/16 at PDC East, and South & IRC, 1/1/16 at NCCF, North and IRC)
22	Use of Arresting and Booking Documents	Substantial Compliance	(7/1/16)
23	Suicide Hazard Mitigation Plans	Partial Compliance	
24	Suicide Hazard Inspection	Partial Compliance	
25	Transportation of Suicidal Inmates	Non-Compliance	
26	Identification and Evaluation of Suicidal Inmates	Partial Compliance	
27	Screening for Mental Health Care and Suicide Risk	Partial Compliance	
28	Expedited Booking of Suicidal Inmates	Substantial Compliance (at IRC) Non-Compliance (at CRDF)	(1/1/16 at IRC)
29	Mental Health Assessments	Substantial Compliance	(1/1/16)
30	Initial Treatment Plans	Partial Compliance	
31	Electronic Medical Records Alerts	Partial Compliance	
32	Electronic Medical Records – Suicide Attempts	Substantial Compliance	(1/1/16)

#2553
APPENDIX

33	Supervisor Reviews of Electronic Medical Records	Partial Compliance	
34	Discharge Planning	Stayed Pending Litigation	
35	Referral for Mental Health Care	Non-Compliance	
36	Assessments After Triggering Events	Partial Compliance	
37	Court Services Division Referrals	Non-Compliance	
38	Weekly Rounds in Restricted Housing Modules	Substantial Compliance	(1/1/16)
39	Confidential Self-Referral	Partial Compliance	
40	Availability of QMHPs	Partial Compliance	
41	FIP Step-Down Protocols	Substantial Compliance	(1/1/16)
42	HOH Step-Down Protocols	Non-Compliance	
43	Disciplinary Policies	Partial Compliance	
44	Protective Barriers	Substantial Compliance	(1/1/16)
45	Suicide Intervention and First Aid Kits	Substantial Compliance	(10/1/15 at all facilities other than MCJ, IRC & North) (1/1/16 at MCJ, IRC & North)
46	Interruption of Self-Injurious Behavior	Partial Compliance	
47	Staffing Requirements	Partial Compliance	
48	Housekeeping and Sanitation	Substantial Compliance	(1/1/16)
49	Maintenance Plans	Substantial Compliance	(3/1/16)

#2554
APPENDIX

50	Pest Control	Substantial Compliance (at MCJ, TTCF, CRDF, NCCF & North) Partial Compliance (at PDC East & South)	(1/1/16)
51	Personal Care & Supplies	Substantial Compliance (at all facilities other than CRDF) Partial Compliance (at CRDF)	(3/1/16 at all facilities other than CRDF)
52	HOH Property Restrictions	Partial Compliance	
53	Eligibility for Education, Work and Programs	Non-Compliance (at CRDF and TTCF) Not Subject to Monitoring (at MCJ)	
54	Privileges and Programs	Substantial Compliance (at MCJ and NCCF) Non-Compliance (at CRDF and TTCF)	(1/1/16 at MCJ and NCCF)
55	Staff Meetings	Partial Compliance	
56	Changes in Housing Assignments	Substantial Compliance	(1/1/16)
57	Inmate Safety Checks in Mental Housing	Substantial Compliance (at MCJ) Partial Compliance (at CRDF and TTCF)	(1/1/16 at MCJ)
58	Inmate Safety Checks in Non-Mental Housing	Substantial Compliance (at PDC South, North and East) Partial Compliance (at NCCF) Non-Compliance (remaining facilities)	(1/1/16 at PDC South, North and East)
59	Supervisor Rounds	Partial Compliance	
60	Implementation of Quality Improvement Program	Non-Compliance	
61	Requirements of Quality Improvement Program	Non-Compliance	
62	Tracking of Corrective Action Plans	Partial Compliance	

#:2555
APPENDIX

63	Sufficient HOH and MOH Housing	Partial Compliance	
64	Plans for Availability of Inpatient Health Care	Partial Compliance	
65	Administration of Psychotropic Medication	Partial Compliance	
66	Active Mental Health Caseloads	Non-Compliance	
67	Prisoner Refusals of Medication	Non-Compliance	
68	Contraband Searches	Substantial Compliance (at MCJ, NCCF, PDC East, South and North) Non-Compliance (at CRDF and TTCF)	(1/1/16 at MCJ, NCCF, PDC East, South and North)
69	Clinical Restraints in CTC	Partial Compliance	
70	Security Restraints in HOH and MOH	Substantial Compliance	(9/1/16)
71	Therapeutic Services for Inmates in Clinical Restraints	Partial Compliance	
72	Administrative Reviews	Partial Compliance	
73	Reporting of Self-Injurious Behavior and Threats	Non-Compliance	
74	Law Enforcement Investigations of Suicides	Substantial Compliance	(9/1/16)
75	Management Reviews of Suicide Attempts	Partial Compliance	
76	Management Reviews of Suicides	Partial Compliance	

#:2556
APPENDIX

77	Custody Compliance and Sustainability Bureau	Partial Compliance	
78	Suicide Prevention Advisory Committee	Substantial Compliance	(6/1/16)
79	Therapeutic Services in Mental Health Housing	Non-Compliance	
80	Out-of-Cell Time in HOH	Non-Compliance	
81	Implementation of <i>Rosas</i> Recommendations	Partial Compliance	
82	Collection of Grievances at CRDF	Partial Compliance	
83	Closed Circuit Cameras	Substantial Compliance (MCJ, TTCF, IRC, and CRDF)	(7/1/15 at MCJ, IRC) (10/1/15 at TTCF) (4/1/16 at CRDF)
		Not Currently Subject to Monitoring (Remaining Facilities)	
84	Investigation of Staff Misconduct	Substantial Compliance	(1/1/16)
85	Internal Affairs Bureau Training	Non-Compliance	
86	Maintenance and Inventory of Security Equipment	Substantial Compliance (at MCF and CRDF) Partial Compliance (remaining facilities)	(4/1/16 at MCJ and CRDF)