

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

**Monitor**

**UNITED STATES DISTRICT COURT**  
**CENTRAL DISTRICT OF CALIFORNIA**  
**WESTERN DIVISION**

UNITED STATES OF AMERICA,  
Plaintiff,

v.

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

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

**MONITOR'S FOURTH REPORT**

1 Pursuant to the Paragraph 109 of the Joint Settlement Agreement Regarding  
2 Los Angeles County Jails, the Monitor appointed by this Court hereby submits the  
3 attached Report “describing the steps taken” by the County of Los Angeles and  
4 the Los Angeles County Sheriff during the six-month period from January 1,  
5 2017, through June 30, 2017, “to implement the Agreement and evaluating the  
6 extent to which they have complied with this Agreement.” This Report takes into  
7 consideration the advice and assistance I have received from the Subject Matter  
8 Experts appointed by this Court and the comments from the parties in accordance  
9 with Paragraph 110 of the Agreement. I am available to answer any questions the  
10 Court may have regarding my Report at such times as are convenient for the Court  
11 and the parties.

12  
13 DATED: September 1, 2017

Respectfully submitted,

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

This Fourth Report sets forth the Monitor's assessments of the implementation of the terms 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 Health Services ("DHS").<sup>1</sup> It covers the County's reported results for the period from January 1, 2017, through June 30, 2017 (the "Fourth Reporting 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 Fourth Report is based upon the Monitor's review of the policies, procedures, and directives proposed and/or implemented by the Department and DHS; assessments and observations of the Subject Matter Experts; multiple tours of the jails by the Monitor and the Subject Matter Experts; the County's Fourth Self-Assessment Status Report (the "Fourth Self-Assessment"), which was received on June 15, 2017; and the augmented Fourth Self-Assessment Status Report (the "augmented Fourth Self-Assessment"), which was received on July 17, 2017. It also takes into consideration the comments the Monitor received from the County and DOJ on the draft of this Report that was submitted to the parties on August 1, 2017.

During the Fourth Reporting Period, the Mental Health Subject Matter Expert, with the assistance of two clinicians retained by the Monitor, conducted qualitative assessments of the County's compliance with certain Substantive Provisions in the Settlement Agreement, and they used different methodologies to test some of the County's reported results. Although the agreed-upon Compliance Measures did not include qualitative assessments, the parties agreed that the quality of the County's compliance with various provisions should be assessed, and they left it to the Monitor and the Subject Matter Expert to decide what assessments should be conducted and what impact, if any, the results would have on the determination of the County's compliance with these provisions. In this Report, the Monitor's determination of the County's compliance, with the advice of the Subject Matter Experts, is based upon on the quantitative thresholds in the Compliance Measures (and any other applicable requirements in the Compliance Measures), unless the quality of the County's performance is plainly inadequate or the results reported by Subject Matter Expert vary significantly from the results reported by the Department.

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<sup>1</sup> The Department of Health Services includes the Department of Mental Health's Custody Services Division.

The Monitor and the Mental Health Subject Matter Expert believe the County has made substantial progress in establishing compliance with many of the Substantive Provisions of the Settlement Agreement, but there remain significant challenges to achieving and maintaining Substantial Compliance with respect to quality improvement plans, therapeutic services, out-of-cell time, and discharge planning.<sup>2</sup> They believe that the County can achieve and maintain Substantial Compliance with most of the Substantive Provisions in the next 18 months, but achieving and maintaining Substantial Compliance in the challenging areas will likely take considerably more than 18 months.

As in prior reports, this Fourth Report reflects the results of audits by the Monitor's auditors to verify results reported by the County. The Monitor has deemed the County to be in Substantial Compliance "as of" the beginning of the quarter reported by the County if the auditors have verified that the County has 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 in a future period when the County's reported results are verified by the auditors. If the County maintains Substantial Compliance with a provision for twelve consecutive months, pursuant to Paragraph 111 of the Agreement, the Monitor and Subject Matter Experts will "no longer. . . assess or report on that provision" in future reporting periods.

Some of the Substantial Compliance results reported by the County in the Fourth 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 auditors.

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

As has been the case since the beginning of the Initial Reporting Period, the County cooperated completely with the Monitor and the Subject Matter Experts during the Fourth Reporting Period. The Department, DHS, 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, transparency, professionalism, and courtesy in handling our monitoring requests.

Richard Drooyan, Monitor  
September 1, 2017

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<sup>2</sup> The requirements for discharge planning under Paragraph 34 of the Settlement Agreement are the subject of on-going negotiations among the County, DOJ, and the intervenors.

## 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 24 provisions, in Partial Compliance with 27 provisions, and in Non-Compliance with 10 provisions. In addition, there are four provisions in which the Department is in Substantial Compliance at some facilities and in Partial Compliance or Non-Compliance at other facilities, and one provision in which the Department is in Partial Compliance at some facilities and in Non-Compliance at other facilities. There is also one provision (Paragraph 20) that is Not Currently Subject to Monitoring, one provision (Paragraph 34) that remains stayed pending litigation initiated by third party intervenors, and one provision (Paragraph 83) for which the Department is in Substantial Compliance at certain facilities and that is not currently subject to monitoring at other facilities. There are 29 provisions for which the County and the Department are in Substantial Compliance at some or all of the facilities.<sup>3</sup>

There are 10 provisions that are no longer subject to monitoring because the County and Department maintained Substantial Compliance for twelve consecutive months as required by Paragraph 111 of the Settlement Agreement.<sup>4</sup> There are another four provisions for which some facilities are no longer subject to monitoring because those facilities maintained Substantial Compliance for twelve consecutive months.<sup>5</sup>

As of the date of this Report, and subject to verification by the Monitor's auditors and/or qualitative assessments in some cases, 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 maintained Substantial Compliance for twelve consecutive months at PDC East, PDC South, PDC North, NCCF, IRC, and TTCF with Paragraph 21, which requires Custody personnel to maintain CPR certifications. The County has also provided documentation that it has maintained Substantial Compliance for twelve consecutive months at CRDF and for nine consecutive months at MCJ. The results for CRDF and MCJ are subject to verification by Monitor's auditors.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 22, 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.

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<sup>3</sup> 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.

<sup>4</sup> There are two additional provision for which the Department's reported results showing Substantial Compliance for twelve consecutive months are subject to verification by the Monitor's auditors.

<sup>5</sup> The provisions that are no longer subject to monitoring at some are all of the facilities are highlighted in bold in the Appendix to this Report.

The County has provided documentation reflecting that, as of January 1, 2017 through March 31, 2017, it achieved Substantial Compliance with Paragraph 30, which requires initial mental health assessments. The reported results are subject to verification by the Monitor's auditors.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 32, which requires that a serious suicide attempt be entered in the prisoner's electronic medical record in a timely manner.

The County has provided documentation reflecting that, as of July 1, 2016, and through March 31, 2017, it achieved Substantial Compliance with Paragraph 33, which requires mental health supervisors to review electronic medical records on a quarterly basis to assess their accuracy. These results are subject to verification by the Monitor's auditors and a qualitative assessment by the Subject Matter Expert.

The County has maintained Substantial Compliance for twelve consecutive months 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's requests for out-of-cell interviews.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 44, which requires the Department to install protective barriers in High Observation Housing and other mental health housing areas.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 45, which requires Suicide Prevention Kits and first-aid kits in control booths in all facilities.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 48, which requires the Department to have written housekeeping, sanitation, and inspection plans to ensure proper cleaning in accordance with California regulations.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 49, which requires the Department to have maintenance plans to respond to routine and emergency maintenance needs.

The County has maintained Substantial Compliance for twelve consecutive months, with Paragraph 50, which requires pest control in the jails.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 51, which requires the Department to ensure that all prisoners have access to basic hygiene supplies in accordance with state regulations.

The County has provided documentation showing that it has maintained Substantial Compliance for twelve consecutive months with Paragraph 54, which

requires the Department to ensure that prisoners not 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's auditors.

The County has provided documentation reflecting that, as of October 1, 2016, through June 30, 2017, it achieved Substantial Compliance at CRDF and TCCF with the provision of Paragraph 55 that requires custody, medical and mental health staff to meet daily in High Observation Housing and weekly in Moderate Observation Housing. It has also provided documentation that as of April 1, 2017 through June 30, 2017, it achieved Substantial Compliance at MCJ and PDC North with Paragraph 55. The reported results are subject to verification by the Monitor's auditors.

The County has provided documentation reflecting that it has maintained Substantial Compliance for twelve consecutive months 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 reported results are subject to verification by the Monitor's auditors.

The County has provided documentation reflecting that it has achieved Substantial Compliance at MCJ and PDC North from January 1, 2017, through March 31, 2017 with Paragraph 57, which requires safety checks in mental health housing. The reported results are subject to verification by the Monitor's auditors.

The County has provided documentation reflecting that it has maintained Substantial Compliance for twelve consecutive months at PDC South, North and East with Paragraph 58, which requires safety checks in non-mental health housing. The reported results are subject to verification by the Monitor's auditors.

The County has achieved Substantial Compliance at MCJ, PDC North, PDC East, and PDC South from January 1, 2017, through March 31, 2017 with Paragraph 59, which requires unannounced daily supervisory rounds to verify safety checks.

The County has maintained Substantial Compliance for twelve consecutive months at all facilities other than TCCF and CRDF with Paragraph 68, which requires staggered contraband searches in housing units and visual inspection of HOH cells. The County has provided documentation reflecting that it has maintained Substantial Compliance as of October 1, 2016, through June 30, 2017, at CRDF and as of January 1, 2017, through June 30, 2017 at TCCF. The reported results for CRDF and TCCF are subject to verification by the Monitor's auditors.

The County has maintained Substantial Compliance as of September 1, 2016, through June 30, 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 provided documentation reflecting that, as of July 1, 2016,



through March 31, 2017, it achieved Substantial Compliance with Paragraph 71, which requires the County to 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. These results are subject to verification by the Monitor's auditors.

The County has maintained Substantial Compliance as of January 1, 2017 through June 30, 2017, with Paragraph 72, which requires the Department to report on meetings to review suicides and incidents of serious self-injurious behavior. These results are subject to qualitative assessment by the Subject Matter Expert and clinicians.

The County has maintained Substantial Compliance as of September 1, 2016, through June 30, 2017, 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 maintained Substantial Compliance as of September 1, 2016, through June 30, 2017, with Paragraph 76, which requires the Department to follow certain procedures whenever there is an apparent or suspected suicide.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 78, which requires the Suicide Prevention Advisory Committee to meet twice a year.

The County has maintained Substantial Compliance as of July 15, 2016, through June 30, 2017, with Paragraph 82, which requires the Department to co-locate personnel responsible for collecting prisoners' grievances at CRDF.

The County has maintained 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, through June 30, 2016, at MCJ and IRC; as of October 1, 2015, through September 30, 2016, at TTCF, and as of April 1, 2016, through March 31, 2017, at CRDF. Under the applicable Compliance Measures, the County needs to retain the videos from TTCF through September 30, 2017, and from CRDF through March 31, 2018, to achieve Substantial Compliance at these facilities.

The County has provided documentation reflecting that, as of July 1, 2016, through March 31, 2017, it has achieved Substantial Compliance with Paragraph 84, which requires investigations of force incidents and administrative actions to be completed timely. The results are subject to verification by the Monitor's auditors.

The County has maintained Substantial Compliance for twelve consecutive months at MCJ and CRDF with Paragraph 86, which requires inventory policies and control of weapons. It has also maintained Substantial Compliance as of October 1, 2016, through June 30, 2017, at PDC North; as of February 1, 2017, through June 30, 2017, at PDC South and East, and as of March 1, 2017, through June 30, 2017 at NCCF, and as of April 1, 2017, through June 30, 2017, at IRC.



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, concluded in the First Reporting Period 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. On May 30, 2017, the Monitor, in consultation with the Subject Matter Expert, approved a revision to the two-hour course for existing Deputy Sheriffs and Custody Assistants.

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 County's Fourth Self-Assessment reports that "the Department has continuously provided the required training for new Deputies in the Jail Operations Continuum and new Custody Assistants in the Custody Assistants Academy." It also reports that as of June 7, 2017, 1,028 Deputies and 269 Custody Assistants have been trained.

The Monitor's auditors have received training records reflecting that 95% of new deputies and new Custody Assistants hired after July 1, 2015, through December 31, 2015, received the required training. Notably, the auditors have not received any documentation from the Department reflecting the training of new deputies in 2016 or 2017.

Assuming that the Department maintained Substantial Compliance for new personnel in 2016, and continues to do so in the future, 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.

It is unclear when the County will reach the 85% threshold for the training of existing deputies and Custody Assistants to achieve Substantial Compliance. Although the Compliance Measures contemplated that the County would reach Substantial Compliance by December 31, 2016, the Monitor is of the view that a later date is acceptable as long as at least 95% of new deputies and Custody Assistants hired after July 1, 2015, continue to receive the required training until the County reaches the 85% threshold for Substantial Compliance for existing personnel.

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 County's Fourth Self-Assessment reports that the Department has conducted 78 DeVRT courses, and has trained 1,290 existing Deputies, 1,024 new Deputies, and 166 "newly graduated Custody Assistants." It also reports that 234 Custody Assistants have received the eight hours of training in identifying and working with mentally ill prisoners as required by Paragraph 19(b).

As noted in the Monitor's previous reports, a number of the Deputies and Custody Assistants attended DeVRT classes before March 4, 2016, when the training materials developed by the Department for DeVRT were finally approved by the Monitor and the *Rosas* Monitors. These Deputies and Custody Assistants will be required to attend an additional eight-hour training course after the Department completes the initial 32-hour training of existing staff.<sup>6</sup>

While the Monitor's auditors have received training records for new deputies and Custody Assistants, they have not received a detailed list of the individuals required to take the training in order 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."

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 hired after that date have received the training, and those Deputies and Custody Assistants who attended DeVRT classes before March 4, 2016, receive the additional required DeVRT training in the first refresher course.

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<sup>6</sup> The Fourth Self-Assessment does not indicate how many Deputies and Custody Assistants attended the classes before March 4, 2016.

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 to commence before the next reporting period, which began on 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 (as of October 1, 2015, through September 30, 2016 at PDC East and South (verified))**

**SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through December 31, 2016 at NCCF, PDC North and IRC (verified))**

**SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through March 31, 2017, at TTCF (verified))**

**SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through December 31, 2016, (verified), and through March 31, 2017, at CRDF (unverified))**

**SUBSTANTIAL COMPLIANCE (as of July 1, 2016 through December 31, 2016 (verified) and through March 31, 2017 at MCJ (unverified))**

The Compliance Measures provide that the Department will demonstrate Substantial Compliance when 95% of the designated custody staff have the required CPR and first aid certifications for 12 consecutive months.

The Monitor's auditors have now verified that PDC South and PDC East were in Substantial Compliance as of October 1, 2015, through September 30, 2016, and that NCCF, PDC North and IRC were in Substantial Compliance as of January 1, 2016, through December 31, 2016. Accordingly, pursuant to paragraph 111 of the Settlement Agreement, PDC South, PDC East, PDC North, NCCF, and IRC are no longer subject to monitoring for Substantial Compliance with Paragraph 21.

The County's Augmented Fourth Self-Assessment reports that the Department has been able to maintain Substantial Compliance at TTCF as of April 1, 2016, through March 31, 2017. These results have been verified by the Monitor's auditors and TTCF is no longer subject to monitoring for Substantial Compliance with Paragraph 21.

Finally, the Augmented Fourth Self-Assessment reports that the Department has achieved Substantial Compliance at MCJ as of July 1, 2016, through March 31, 2017, and maintained Substantial Compliance for twelve consecutive months at CRDF through March 31, 2017. These results are still subject to verification by the Monitor's auditors, who have requested additional information from the County.



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, through June 30, 2017)**

The Justice Data Interface Controller ("JDIC") message the Department has been using since June 29, 2016, is sufficient to establish Substantial Compliance with Paragraph 22. The Monitor has confirmed that the Department continued to maintain Substantial Compliance in the first and second quarters of 2017, and, as a result, Paragraph 22 is no longer subject to monitoring under Paragraph 111 of the Settlement Agreement.

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 advice of 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 modified and updated its Suicide Hazard Mitigation plan to address the comments of the Monitor and the Mental Health Subject Matter Expert. Although the plan addresses critical issues such as fixtures, parts of it consist of analysis or discussion rather than specific remedies with completion dates. Recognizing that the plan is not static, the Substantial Compliance finding in the Monitor's Third Report was subject to the caveat that the plan must be updated at least six weeks before this Fourth Report is due and again six weeks before the Fifth Report is due, showing the status and completion of items in the plan.

On July 17, 2017, the Department submitted the required updated Suicide Hazard Mitigation Plan, but it is inadequate in several respects. For every uncompleted item listed in the Plan that requires some work,<sup>7</sup> the "Start Date" is "TBD;" that is "To Be Determined." There also are several entries noting that the Department requires input from the Mental Health Subject Matter Expert without indicating what information is needed, and there are several entries dated 3/16/17 stating that the item "[r]equires funding and approval from Custody Admin, FPB, and FSB," without indicating whether anything has been done in the last four months to obtain the funding. It is difficult to determine from the Plan when, if ever, the open items will be addressed by the Department.

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<sup>7</sup> There are a several items designated "No Action" or "N/A" because the Department determined that "no further action [is] required."

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**

CDM 3-06/020.00 FACILITIES INSPECTIONS requires Custody Support Services (CSS) to “review and inspect housing areas on a least an annual basis to identify suicide hazards.”

The Monitor and Subject Matter reviewed a revised annual suicide hazard inspection tool that was submitted by the Department on December 13, 2016, and approved it with the caveat that, in order to achieve Substantial Compliance, the sample sizes of randomly selected cells must be large enough to ensure that the cells are representative of each housing type at a facility. Further, if a problem is found in the randomly selected cells, a complete inspection or remediation of the area or setting should then be conducted. An updated tool was submitted by the Department on February 9, 2017; it also was approved with the same caveats.

The County's Fourth Self-Assessment reports that the Department has used the inspection tool to inspect TTCF and PDC North,<sup>8</sup> and it is currently working to determine "the proper sample size of cells to ensure proper representation of each housing type at each facility." As noted by the Mental Health Subject Matter Expert, the "right sample size is not an easy thing to establish. . . .The smaller the number of cells of any one type, the greater the percentage of cells that needs to be inspected to ensure that the inspected sample is representative."

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<sup>8</sup> It also recently used the tool to inspect PDC South on June 19, 2017.

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<sup>9</sup> requires that any arrestee who "displays obvious suicidal ideation or exhibits unusual behavior that clearly manifest[s] 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, such inmates . . . shall be under unobstructed visual observation or in a suicidal restraint location with safety checks every 15 minutes."

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 to determine compliance with Paragraph 25 of the Agreement. The County's Fourth Self-Assessment reports that the Department concluded that only 23% and 26% -- "rather than the required 95%" -- of the records reviewed by the Department for the Fourth Quarter of 2016 and the First Quarter of 2017 reflect the information required to establish Substantial Compliance with Paragraph 25. The Self-Assessment also reports that the Department is conducting training at station jails regarding the required documentation and "anticipate[s] a marked improvement in the next reporting period."

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<sup>9</sup> The status of the proposed revision to the Station Jail Manual is not clear.

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**

The Compliance Measures require the Department to "review Arrestee Medical Screening Forms (SH-R-422) (or its equivalent) and the Medical/Mental Health Screening Questionnaires of 100 randomly selected prisoners during one randomly selected week per quarter at CRDF and at IRC." Substantial Compliance requires that (1) 95% of the forms "include the required mental health information" and (2) 90% of the prisoners having urgent or emergent needs were "seen by a QMHP within four hours." The County's posted results for the one randomly selected week in the Fourth Quarter of 2016 reflect that 93% of the screening forms reviewed had the required mental health information, and 55% of the prisoners were seen by a QMHP within four hours. The posted results for the First Quarter of 2017, reflect that 92% of the forms had the required information and 69% of the prisoners were seen within four hours.

The Mental Health Subject Matter Expert and the clinicians retained by the Monitor reviewed the "qualitative aspects of the intake process and subsequent documentation" to look for "inconsistencies and errors in intake documentation" and whether urgent or emergent mental health conditions were missed at intake. The Mental Health Subject Matter Expert concluded that "[i]n general, the intake process seems to be working well to detect urgent and emergent cases," with some "failure[s] to resolve inconsistencies and some deficiencies in detecting important conditions at the nursing second triage." The Subject Matter Expert and his team "found that 94% of emergent or urgent cases were detected [at intake]," but he is concerned that the County's methodology does not identify "false negatives."

The Monitor and Mental Health Subject Matter Expert have walked through the intake process at IRC and CRDF on several occasions. The Subject Matter Expert has expressed a concern that the County needs to ensure that all inmates who have mental health needs are evaluated in private by the QMHP. If this cannot be done in the clinic in IRC because of security concerns about an aggressive or agitated male inmate, he should be transferred immediately to the HOH intake area in 172 in TTCF and evaluated privately by a QMHP in that area. Similarly, if a female inmate cannot be privately evaluated in 1200 in CRDF, she should be transferred immediately to HOH and evaluated in that area.

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**

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 Fourth Self-Assessment reports that in the fourth quarter of 2016, Qualified Medical Personnel or trained custody staff filled out a Medical/Mental Health Screening Questionnaire for 99 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 assessed the 32 inmates identified as having mental health needs. In the first quarter of 2017, the required forms were filled out for all 100 of the prisoners within 12 hours and the required documentation was available to the QMHP's who assessed the 28 inmates identified as having mental health needs. The Monitor's auditors have verified the County's reported results for the fourth quarter of 2016 and the first quarter of 2017.

Qualitative assessment by the Mental Health Subject Matter Expert and the clinicians confirmed the results reported by the County. They found "that 95% of the intake documentation was complete and available [and] 95% of routine cases were detected." "[I]n a minority of cases," however, there were "poor quality assessments that missed mental health conditions," which "appears to reflect the need for clinical supervision and remediation more than a systems problem." The Subject Matter Expert is also concerned that the County's methodology does not identify "false negatives."

In order to satisfy the requirements of Paragraph 27, inmates must be privately screened. The windows in the intake-triage area where the Medical/Mental Health Screening Questionnaire is administered at CRDF are not sufficiently private to satisfy this requirement. Inmates are often seated in close proximity to each other and Custody personnel take supplies from the closets behind the windows while inmates are at the windows. The lack of privacy also exists in IRC in the area where the questionnaire is administered for male inmates.

The Monitor and Mental Health Subject Matter Expert have discussed with the County several options for reconfiguring the areas in front of the intake windows so that the process will be sufficiently private to satisfy the requirements 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: PARTIAL COMPLIANCE**

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 Fourth Self-Assessment reports that the County "continue[s] to have difficulty capturing the data at this time." The results for IRC for the fourth quarter of 2016 and the first quarter of 2017 (at 65% and 81%) are somewhat below the 85% threshold for expediting inmates through the booking process, but during unannounced visits, all inmates having urgent or emergent needs were under unobstructed visual observation and checked every 15 minutes as required by paragraph 28. The results of CRDF (at 40% and 16%) are considerably below the 85% threshold.<sup>10</sup>

Notwithstanding the lack of quantitative results, the Monitor and Mental Health Subject Matter Expert believe that the County has achieved Partial Compliance based upon what they have observed at CRDF and IRC. As the Fourth Self-Assessment correctly notes, "the Department regularly screens, identifies, and expedites inmates with emergent or urgent mental health needs."

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<sup>10</sup> There were no inmates at CRDF who required observation under Paragraph 28 during unannounced visits by CCSB.



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: PARTIAL COMPLIANCE**

The Compliance Measures require the Department to review randomly selected records of the prisoners 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 Fourth Self-Assessment reports that in the fourth quarter of 2016 and the first quarter of 2017 the Department completed mental health assessments for 64% and 63% of the inmates within the required time periods. This is sufficient to achieve Partial Compliance.<sup>11</sup>

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<sup>11</sup> The Fourth Self-Assessment reports that the County has encountered "challenges with meeting the required timing standards when inmates are sent to court after intake but before they received their mental health assessment. The County's compliance rate will improve if the 'clock' contemplated in this Provision is 'paused' when the inmate goes to court." Subject to discussions with DOJ and the County, the Monitor and the Mental Health Subject Matter Expert do not object to pausing the 24-hour (72-hour) clock during periods in which inmates are not physically in IRC or CRDF as long as it does not "further delay inmates' access to psychotropic medication," which is a concern that has been expressed by DOJ. The Mental Health Subject Matter Expert does not believe that this will have "much impact on the timeliness of receiving medications as it will only extend the period by a matter of (at most) a half day."

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: SUBSTANTIAL COMPLIANCE (as of January 1, 2017, through March 31, 2017 (unverified))**

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 County's Fourth Self-Assessment reports that 96% of the housing assignments reviewed in the fourth quarter of 2016 followed the housing recommendations in the initial treatment plans, which exceeds the 95% threshold for Substantial Compliance, and that 87% of the initial mental health assessments had the information required by Paragraph 30, which exceeds the 85% threshold. The Monitor's auditors determined, however, that only 76% of the assessments had the required information. The Self-Assessments reports 100% of housing assignments and 93% of the initial assessments complied with the requirements of Paragraph 30 in the first quarter of 2017. These results are subject to verification by the Monitor's auditors.

The Mental Health Subject Matter Expert and the clinicians evaluated a random sample of mental health assessments to determine if there was an initial treatment plan and the identification of immediate issues, and also "whether the determination of immediate issues was reasonable in light of available information." They also evaluated "whether the initial treatment plan covered the elements required by existing County policy, which goes beyond the content of the formal compliance measure." They found that 90% of the cases had an initial treatment plan and identified immediate issues. They also found that the determination of the immediate issues "was reasonable" in 80% of the cases, which is sufficient to support a finding of Substantial Compliance in light of the quantitative results.<sup>12</sup>

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<sup>12</sup> The Mental Health Subject Matter Expert and the clinicians also found that all but one of the cases "failed to meet County policy regarding discharge planning."

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**

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 Fourth Self-Assessment reports that for TTCF, 90% of the records reviewed contained the required mental health alerts in the fourth quarter of 2016, and 78% for the records contained the alerts in the first quarter of 2017. For CRDF, the results were 80% for the fourth quarter of 2016 and 66% for the first quarter of 2017, which is below the required 85%. While the alerts for inmates who showed "suicidal ideation" exceeded the 85% threshold at both facilities, alerts for inmates who were removed from Risk Precaution status and alerts for inmates identified as hoarding medicines fell below the threshold at both facilities.<sup>13</sup> The County's Fourth Self-Assessment reports that the County has established working groups to address these issues. The Monitor and Mental Health Subject Matter Expert note that there may be a problem with the County's methodology in relying only on nurses' notes rather than also using the results of cell searches to identify hoarding of medicine.

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<sup>13</sup> The Mental Health Subject Matter Expert concurs with the County's Self-Assessment that it needs "to improve consistency in evaluating inmates for placement on Risk Precaution so that this designation is used in the most clinically appropriate and useful way."

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, through December 31, 2016 (verified))**

The Compliance Measures require the County to review the electronic medical records of all prisoners who had a serious suicide attempt in the prior quarter. The County's Third Self-Assessment reported that 100% of the electronic medical records of prisoners who had a serious suicide attempt in the second, third, and fourth quarters of 2016 reflect the suicide attempts and 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.<sup>14</sup>

The Department's reported results through the fourth quarter of 2016 have been verified by the Monitor's auditors. In addition, under the Monitor's supervision, the Monitor's staff reviewed the Department's documentation and confirmed that the County was in Substantial Compliance in this reporting period.

The Mental Health Subject Matter Expert and the clinicians used an alternative methodology and confirmed the Department's results, finding that 95% of the cases were identified in the electronic medical record within one day of the attempt. They noted, however, that the documentation to determine "the nature of the suicide attempt, primarily its potential lethality, the presence of suicidality, and the presence of a reckless disregard for the prisoner's own safety" was adequate only 80% of the time.

The Subject Matter Expert has expressed concerns about the County's methodology for determining if a suicide attempt is serious, which is an issue for several of the provisions that are subject to monitoring. With respect to Paragraph 32, however, this is not an issue because all suicide attempts, which necessarily include serious suicide attempts, were entered into the records within one day of the attempt. Accordingly, the County has maintained Substantial Compliance for twelve consecutive months with Paragraph 32,<sup>15</sup> and this provision is no longer subject to monitoring pursuant to Paragraph 111 of the Agreement.

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<sup>14</sup> "In an abundance of caution," the Department provided results for the first quarter of 2017, which again showed 100% of the suicide attempts were entered in the records within one day of the attempt.

<sup>15</sup>The County previously reported Substantial Compliance in the first quarter of 2016.

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: SUBSTANTIAL COMPLIANCE (as of July 1, 2016, through March 31, 2017 (subject to verification and qualitative review))**

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 previously reported Substantial Compliance for the third quarter of 2016. The County's Augmented Forth Self-Assessment reports "that 100% -- 15% more than the required 85% -- of the mental health supervisors complied with the requirements of this provision for both Fourth Quarter 2016 and First Quarter 2017." The results are still subject to verification by the Monitor's auditors, which will include verifying that the supervisors' reviews of the clinicians include the content required by Paragraph 33(b). In addition, the Monitor has asked the Subject Matter Expert to assess the quality of the reviews for compliance with the requirements of Paragraphs 33(b), (c), and (d).

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 Fourth Self-Assessment reports that the litigation "has not been resolved" and, "[a]ccordingly, the Department has stayed its collection of compliance data 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-COMPLIANCE**

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 for "routine" mental health care to determine the timeliness of the referrals. The Monitor and Mental Health Subject Matter Expert believe that it will be a challenge for the County to determine when Custody personnel identify inmates who have a potential need for routine mental health care. The Department has changed its BOMHR form to "help [it] capture more accurate data," and it also developed "an electronic version of the BOMHR." It is likely going to take some time before the Department achieves Substantial Compliance with this provision.

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**

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; and provide a staffing schedule for on-call services. The County's Fourth Self-Assessment reports that 60% of the prisoners identified in the two randomly selected weeks in the fourth quarter of 2016 received an assessment by a QMHP within four hours, and only 43% of the prisoners received a timely assessment by a QMHP in the first quarter of 2017. These results are well-below the 95% threshold and down from the 87% reported in the third quarter of 2016. The Mental Health Subject Matter has expressed a concern that it is "not clear how [the County is] detecting adverse triggering event[s]," which "must be sufficient for detecting false negatives" and determining the "time of referral."

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 of observing prisoners following adverse triggering events at CRDF now satisfies Paragraph 36. As at TTCF, benches have been installed next to the officers' stations in housing areas at CRDF. Custody staff reported that prisoners who experience triggering events are handcuffed to the benches and under constant visual observation until the QMHPs arrive to meet with the prisoners. Staff also indicated that the clinicians are called immediately when prisoners experience triggering events.

DOJ and the County have now agreed that instead of unannounced quarterly visits,<sup>16</sup> "the Department will randomly select five BOMHRS" from a randomly selected date, "review videos to determine how the inmate was being observed while waiting for the QMHP," and "produce screen shots and movement records as part of their self-assessment. The County reports that four of the five selected prisoners (80%) at CRDF and three of the five selected prisoners (60%) at TTCF were on the videos "under

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<sup>16</sup> Since triggering events are random and variable, there were often no inmates to observe during the unannounced visits.

unobstructed visual observation pending assessment." All of these prisoners were seen by QMHP within four hours.

The Fourth Self-Assessment reports that the County achieved 100% compliance with a staffing schedule that provides on-call services 24 hours a day, 7 days a week, pursuant to Compliance Measure 36.2.

37. Sheriff's Court Services Division staff will complete a Behavioral Observation and Mental Health Referral ("BOMHR") 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, review written communications and orders that refer to a suicide risk or serious mental health crisis for a prisoner and incident reports for self-injurious behavior by prisoners appearing in the selected courts, and determine if these incidents are reflected in BOMHR forms completed by the Court Services Division staff in the selected courts.

The County's Fourth Self-Assessment reports that significant problems with the use and completion of the BOMHR form by the Court Services Division continued through the first quarter of 2017. Only 10% of the incidents covered by Paragraph 37 were reflected on BOMHRs in the fourth quarter of 2016 and only 33% were reflected on BOMHRs in the first quarter of 2017. These results are far below the 90% threshold for Substantial Compliance. The Self-Assessment reports that CCSB has conducted "road shows" to remind Court Services Division deputies of their obligations to fill out BOMHRs as required by Paragraph 37. The Monitor expects to conduct random checks of courthouse lock-ups to determine where these prisoners are housed and if they are "under unobstructed visual observation or subject to 15-minute checks."

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, through December 31, 2016 (verified))**

The Compliance Measures require the Department to review the documentation of the weekly cell-by-cell rounds and the JMET Logs for a randomly selected week each quarter to confirm that the required cell-by-cell checks were conducted and out-of-cell interviews were handled in accordance with this provision. Substantial Compliance requires that (a) 90% of the required weekly cell-by-cell checks were completed; and (b) 85% of the out-of-cell interviews requested were granted, absent documented justification for denial of the request.

The County's reported results consistently showed that in 2016, 100% of the weekly cell-by-cell checks were completed at all the facilities to which this provision applies (CRDF, MCJ, NCCF, PDC North, and TTCF) and that, with the exception of MCJ in the second quarter, 100% of the out-of-cell interviews were granted at the facilities in both quarters. At MCJ 95% of the interviews were granted in the second quarter. These results were verified by the Monitor's auditors.

Accordingly, pursuant to paragraph 111 of the Settlement Agreement, the County is no longer subject to monitoring for Substantial Compliance with Paragraph 38.

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**

During tours of the jail facilities in the Fourth Reporting Period, the Monitor observed that the new healthcare referral forms for prisoners requesting medical or mental health care and envelopes were available either in the modules or at the deputies' stations adjacent to these housing areas, and prisoners are able to ask staff for the forms and envelopes if they do not have access to the box or it is empty. In some areas in Men's Central Jail where the inmates are in single cells in rows (e.g., for K-10 inmates), the forms are in boxes outside of the rows and must be obtained from the deputies and Custody Assistants assigned to the areas.

Based upon a review of the County's policies and procedures, multiple tours of the facilities, interviews, and the County's Semi-Annual Report, the Monitor is satisfied that the Department has adequate processes and procedures for inmates to make confidential self-referrals for mental health care.

Substantial Compliance requires the Department to (a) verify that housing areas have the required forms and (b) review randomly selected self-referrals for mental health care from prisoners to confirm that (i) the referrals "were forwarded to DMH" by the Department, and (ii) that "DMH documented the timeliness and nature of DMH's response to the self-referrals[.]" The thresholds for Substantial Compliance are that 90% of the self-referrals must be forwarded by the Department to the Department of Health Services – Custody Health Services (DHS-CHS) and 90% must contain the required documentation of DHS-CHS's response.

The County's Fourth Self-Assessment reports that it achieved Substantial Compliance with Compliance Measure 39.4(a) at PDC North, PDC South, PDC East, CRDF, MCJ, and TTCF in the fourth quarter of 2016 and Partial Compliance at NCCF in that quarter. The Self-Assessment also reports Substantial Compliance at all facilities in the first quarter of 2017. The posted results show that more than 85% of the housing areas in all of the facilities other than NCCF had the self-referral forms required by Compliance Measure 39.4(a) in the fourth quarter of 2016 and in all of the facilities including NCCF in the first quarter of 2017.

The County's Semi-Annual Report for Paragraph 39 reports that in the fourth quarter of 2016, 100% of the self-referrals forms from CRDF, TTCF, MCJ, and NCCF were forwarded by the Department to DHS-CHS as required by Compliance Measure 39.4(b), and DHS-CHS documented the timeliness and nature of its response in 95% of those referrals, as required by Compliance Measure 39.4(c). As noted in the Monitor's Third Report, there are instances when the County is counting a visit with the mental health professional before a self-referral request, which is not appropriate where the visit did not address the substance of the request. Further, there are some instances in which

the documented response does not address the content of the request.

The Augmented Self-Assessment concludes "that it was unable to assess this provision at PDC East, PDC South, PDC North, and NCCF" because "[t]here were no self-referrals for mental health care" from these "facilities during the randomly selected weeks." Given the populations at South and East, it is not likely that there will be many requests for mental health care at those facilities, but results from North need to be included in future self-assessments because North now has two mental health modules with plans to expand to four modules. Results from NCCF should also be included given the nature and size of its inmate population. The Department should expand the universe by randomly selecting additional weeks if necessary. Also, absent extenuating circumstances, DHS-CHS must respond to self-referrals within seven days.

The County's Semi-Annual Report indicates that preliminary results for the first quarter of 2017 show that 79% of the self-referrals at CRDF and 71% of the self-referrals at MCJ were responded to by DHS-CHS within seven days. The Augmented Fourth Self-Assessment reports, however, that "71% -- rather than the required 90% -- of the time DHS-CHS documented the timeliness and nature of DMH's response to the self-referrals received from [CRDF]" and only 2% of the self-referrals received from MCJ documented the timeliness and nature of the response. According to the County, this discrepancy is because the Semi-Annual Report is based on the nurses' time stamps, while the Augmented Fourth Self-Assessment is based upon mental health's time stamps. It "attributes this to a training issue and anticipates marked improvement in the Third Quarter assessment." The Mental Health Subject Matter Expert notes that most of the patients whose cases he reviewed were seen by someone from mental health within seven days.



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**

Substantial Compliance requires DHS-CHS (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 that a QMHP responded to all referrals, and 90% of the referrals within four hours. The County's Fourth Self-Assessment reports that in the fourth quarter of 2016, a QMHP responded to 95% of referrals and 72% were within four hours. The results for the first quarter of 2017 show that a QMHP responded 100% of the time and 68% were within four hours. Future results reporting Substantial Compliance will be subject to a qualitative assessment that the QMHP provided "clinically appropriate mental health crisis intervention services" as required by Paragraph 40.

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: PARTIAL COMPLIANCE**

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 Second and Third Self-Assessments reported that there were four prisoners (a) who were on suicide watch in the randomly selected months and (b) who were discharged from FIP before the end of the quarters. The Self-Assessments also reported that the step-down protocols required by Paragraph 41 were followed for these four patients. The County's Fourth Self-Assessment reports that all of the FIP patients on suicide watch during the Fourth Reporting Period either remained on suicide watch at the end of the period or they "did not remain in the system (they were transferred to prison), and therefore did not go through the protocols."

The Monitor is of the view that there is no basis for concluding that the County has or has not met the requirements of the sub-parts of Paragraph 41 in the Fourth Reporting Period since the predicate for the County's obligations have not occurred since the third quarter of 2016. The Mental Health Subject Matter also has expressed concern about evaluating whether the County has implemented "step-down protocols that provide clinically appropriate transition when prisoners are discharged from FIP after being the subject of suicide watch" as required by Paragraph 41 based upon the very limited number of cases. He noted the importance of the step-down protocols, which require "cooperation between custody and [mental health] and careful [mental health] assessment to restore property and privileges (to the extent permitted by the patient's custody level) while balancing safety and minimizing restrictions."

The Mental Health Subject Matter Expert questions whether the County is counting all prisoners on suicide watch and notes that the County's self-assessment "seems to limit the pool of patients to those who were in restraints or on direct constant observation," and may not include patients "formally placed on any form of suicide watch/protection status: safety gown, checks, restraint, or constant observation." He is of the view that "anybody placed in any form of suicide protection should be subject to step-down in accordance with [the provisions of DMH policy 70.7.]"

The Mental Health Subject Matter Expert also indicates that the County should be, but is not, "assessing whether the policy is being followed and that sequential step-downs are being utilized appropriately." He reviewed the four cases involving patients released from FIP after being on Suicide Watch in the earlier periods, and he found that "[a]ll four remained on some form of suicide restrictions that were generally the same as the restrictions in FIP." He also found that the documentation was "insufficient to show what intermediate steps were taken between these highly restrictive measures and the discontinuation of suicide watch,"<sup>17</sup> and thus he could not determine whether the stepdown processes were implemented as required by this provision."

The Monitor plans to meet with the parties and the Mental Health Subject Matter Expert to discuss revisions to the Compliance Measures that will increase the number of inmates subject to the step-down protocols of Paragraph 41 and ensure that the County's implementation of step-down protocols for FIP patients on suicide watch "ameliorate the impact of the restrictions" and have the necessary "level of precautions based upon individual assessment[s]" of the patients.

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<sup>17</sup> The Subject Matter Expert noted that in reviewing records for other provision there "was clear evidence of the implementation of sequential restoration of privileges and property consistent with policy 70.7 and in accordance with Paragraph 41.

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: PARTIAL COMPLIANCE (at CRDF)**

**NON-COMPLIANCE (at TTCF)**

Substantial Compliance requires the Department to review the medical records of prisoners in HOH on risk precautions for one randomly selected month each quarter, and to report on the implementation of the step-down protocols and the results of the medical records review. The County’s Fourth Self-Assessment reports that for the fourth quarter of 2016 at CRDF, “81% -- instead of the required 90% -- of the records reflected that the QMHP determined on an individualized basis whether to implement step-down procedures” and “81% -- instead of the required 85% -- of the records reflected that step-down procedures were implemented per the QMHP assessment, where applicable.” For this quarter at TTCF, “23% -- instead of the required 90% -- of the records reflected that the QMHP determined on an individualized basis whether to implement step-down procedures” and “the Department did not have records that reflected that step-down procedures were implemented per the QMHP assessment, where applicable, and therefore was unable to assess Compliance Measure 42-4(c).”

The County’s Fourth Self-Assessment also reports that for the first quarter of 2017 at CRDF, “67% -- instead of the required 90% -- of the records reflected that the QMHP determined on an individualized basis whether to implement step-down procedures” and “33% -- instead of the required 85% -- of the records reflected that step-down procedures were implemented per the QMHP assessment, where applicable.” For the first quarter at TTCF, “6% -- instead of the required 90% -- of the records reflected that the QMHP determined on an individualized basis whether to implement step-down

procedures” and “0% -- instead of the required 85% -- of the records reflected that step-down procedures were implemented per the QMHP assessment, where applicable.”<sup>18</sup> As noted by the Mental Health Subject Matter Expert, “[t]o qualify as step-down from Risk Precautions, the record must reflect that a QMHP assessed the nature of the patient's risk and made a determination [of the level of care/housing] on the basis of that individualized assessment of risk.”

To address these poor results, the Fourth Self-Assessment reports that:

“DMH-CHS has determined that the challenges with compliance for 42-4(b) and (c) are the result of documentation and practice issues. To this end, training efforts began in May 2017. The Compliance and Population Management (“CPM”) Program Head began meeting with the supervisors at TTCF and CRDF to provide feedback and to review the issues related to RP Step Down procedures with more of a focus on training efforts. A workgroup with staff from both CRDF and TTCF began meeting in June 2017 to address training and documentation process with staff in both programs.”

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<sup>18</sup> The Mental Health Subject Matter Expert notes that the County's results “may be an issue of interpretation of what ‘step-down’ entails.” He is of the view that “cases where patients were removed from R[isk] P[recaution]” and a QMHP discussed the relationship of the “restoration of privilege and/or property” to the “danger to self” should count “as step-down measures.”

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**

In response to comments by the Monitor and DOJ, the Department submitted proposed revisions to its discipline policies on May 30, 2017. After consulting with the Subject Matter Experts, the Monitor provided his written comments to the Department on June 29, 2017. The DOJ provided its comments to the Department the same day. Approval of the revised policies by the Monitor and Subject Matter Experts will satisfy the requirements of Compliance Measure 43.9(a).

The County previously reported to the Monitor and DOJ that it has "stopped the practice of moving inmates with mental illness to [disciplinary] housing." The Department reports that "no inmates with mental illness had lost behavioral credits for disciplinary reasons" in the first quarter of 2017, which addresses Compliance Measure 43.9(e).

The Department has collected data for the first quarter of 2017 for the

Compliance Measures 43.9(c) and (d), which require that QMHPs meet with prisoners receiving psychotropic medication who are transferred from disciplinary housing and also walk through each disciplinary housing unit at least once a week.<sup>19</sup> It has not, however, been able to provide any conclusions regarding Compliance Measures 43.9(b), which requires custody staff to consult with a QMHP prior to transferring prisoners from mental health housing to disciplinary housing.

The Mental Health Subject Matter Expert and the clinicians reviewed medical records to determine "whether each [inmate] was seen or consulted on time by a QMHP, whether the QMHP considered a higher level of mental health housing, whether the QMHP provided recommendations regarding restrictions being clinically contraindicated, whether the QMHP evaluation was based on the mental health condition of the prisoner as required, [and] whether the recommendations were followed."

As summarized by the Mental Health Subject Matter Expert,

"the QMHPs are not consistently involved in evaluating those [inmates] in MOH and HOH prior to the imposition of discipline. When done, the QMHP assessments rarely considered the potential impact of different forms of discipline on the mental health condition of the patient."

When there were "assessments with recommendations," the recommendations were almost always followed.

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<sup>19</sup> The results varied among the facilities. For example, QMHPs walked through disciplinary housing 20% of the time at NCCF, 60% of the time at MCJ, 80% at TTCF and 100% at CRDF and PDC North, and they met with prisoners receiving psychotropic medications who were transferred to disciplinary housing 56% of the time at TTCF, 57% of the time at MCJ, and 60% of the time at CRDF. There were no results for this at PDC North or NCCF.

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, through December 31, 2016)**

The County has maintained Substantial Compliance with Paragraph 44 of the Agreement since January 1, 2016. Pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 44 is no longer subject to monitoring.



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 (as of October 1, 2015, through September 30, 2016, at CRDF, NCCF, PDC EAST, PDC SOUTH, and TTCF (verified))**

**SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through December 31, 2016, at MCJ and PDC North (verified))**

The County has maintained Substantial Compliance with Paragraph 45 for twelve consecutive months at all facilities. Pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 45 is no longer subject to monitoring.

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 County reports that "the Department is unable to collect the universe of incidents when an inmate *threatened* self-injurious behavior" as opposed to when an inmate *exhibited* such behavior.

The County's Fourth Self-Assessment reports that for the fourth quarter of 2016, "85% -- rather than the required 95% -- of the records reviewed . . . reflected that appropriate aid and (when necessary) 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 Fourth Self-Assessment sets forth what the County has done to implement each of the paragraphs of the Settlement Agreement and provides a summary of "changes in mental health staffing at the County's custody facilities." As of September 1, 2016, "44 positions were funded and allocated to mental health, bringing the total number of employees to 410." As of June 15, 2017, "Mental Health has a total of 29 vacancies," and DHS "anticipates adding 80 positions after July 1, [2017]." – essentially completing the transition of DMH and the upcoming transition of the Medical Services Bureau to DHS, and the mental health staffing levels assigned to the Custody facilities under the new County-wide organization. The County's Augmented Fourth Self-Assessment reports that "CHS is working with the County's Chief Executive Office to authorize 80 new positions in the next year."

For purposes of Paragraph 47, "Critical Incidents" include **inmate deaths, inmate suicides, serious suicide attempts, assaults on staff by inmates in mental health housing units or on mental health caseloads resulting in serious injuries to staff, and Category 3 uses of force** (or a statement that no such incidents occurred). The County's Augmented Fourth Self-Assessment reports that the County "is still working on compiling this list" of critical incidents that "must be evaluated to determine whether staffing levels were a factor in that critical incident and/or non-compliance."

Notwithstanding the lack of information about the critical incidents, the Monitor believes that the County has achieved Partial Compliance with Paragraph 47 because the Fourth Self-Assessment and the Augmented Fourth Self-Assessment report "the steps taken by the County and the Sheriff during the review period to implement the terms of this Agreement" and describe "the barriers to implementation" of specific paragraphs.

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, through December 31, 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 had been implemented as of January 1, 2016.

The County maintained Substantial Compliance with Paragraph 48 of the Agreement at all facilities for twelve consecutive months from January 1, 2016 through December 31, 2016. Pursuant to Paragraph 111 of the Settlement Agreement, this provision is no longer subject to monitoring.

During the Fourth Reporting Period, the Monitor and Subject Matters Experts visited the facilities on a number of occasions to assess compliance with other provisions of the Settlement Agreement, and again observed that the Department had maintained “an acceptable level of cleanliness, sanitation, repair and safety” in each facility.

The most significant problems remain in the HOH units in TTCF when severely mentally ill inmates refuse to come out of their cells so that the cells can be cleaned of trash, debris, food, and sometimes human waste that has accumulated over a number of days. Overall, however, the common areas in the facilities were generally clean and relatively few of the cells had an undue buildup of trash and debris.

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, through February 28, 2017)**

CDM 4-07/020, effective January 26, 2016, requires Unit Commanders to establish plans for their facilities that address the requirements of Paragraph 49. Unit Orders for each facility have been issued, for example, to “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 problem. The Department submitted a memorandum from FSB, dated February 3, 2016, indicating what steps FSB takes to treat the problem.

Each facility has a 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 Internal Services Departments, as well as the coordinator for inmate work crews.

On February 7 and 8, 2017, and again on May 31, and June 1, 2017, the Monitor and the Use of Force Subject Matter Expert inspected each of the facilities (other than CRDF to assess the Department’s compliance with Paragraph 49. On April 5, and June 8, 2017, the Monitor inspected CRDF. During the inspections the Monitor and Subject Matter Expert again found that the lighting systems, heating, ventilation and cooling systems in each facility were “adequately maintained and installed.”

The County maintained Substantial Compliance with Paragraph 49 of the Agreement at all facilities for twelve consecutive months from March 1, 2016 through February 28, 2017. Pursuant to Paragraph 111 of the Settlement Agreement, this provision is no longer subject to monitoring.

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 (as of January 1, 2016, through December 31, 2016, at all facilities other than PDC South and PDC East (verified))**

**SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through March 31, 2017, at PDC South and PDC East (verified))**

On February 7 and 8, 2017, and again on May 31, and June 1, 2017, the Monitor and the Use of Force Subject Matter Expert inspected each of the facilities (other than CRDF), and on April 5, 2017, and June 8, 2017, the Monitor inspected CRDF. 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.

The County's Fourth Self-Assessment reports that the Department has achieved Substantial Compliance for twelve consecutive months at all facilities, other than at PDC South and East, through the fourth quarter of 2016, and at PDC South and East through the first quarter of 2017. The results provided by the County have been verified by the Monitor's auditors, and Paragraph 50 is no longer subject to monitoring.

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 January 1, 2016, through December 31, 2016 for all facilities other than CRDF (verified))**

**SUBSTANTIAL COMPLIANCE (as of July 1, 2016 through June 30, 2017 at CRDF (verified))**

The Monitor and Subject Matter Expert have 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 Fourth Self-Assessment reports Substantial Compliance for all facilities except CRDF for twelve consecutive months through December 31, 2016 and at CRDF for twelve consecutive months through June 30, 2017. The results at all the facilities have been verified by the Monitor's auditors, and Paragraph 51 is no longer subject to monitoring.

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.” DMH 70.7 requires the same level of property restrictions where two inmates are housed in the same cell in HOH.

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.<sup>20</sup>

During the most recent tours of TTCF and CRDF in June 2017, the Monitor and the DOJ representative noted that the property of inmates in the HOH units generally matched the allowable property reflected on the door signs, which was some improvement from earlier tours in the Fourth Reporting Period.

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<sup>20</sup> The parties and the Monitor have agreed that the Department will randomly select and review the medical records of all inmates, up to a maximum of 100 prisoners, who were placed in HOH during each month in a quarter (and not already assigned to HOH).



The County's Fourth Self-Assessment reports that it has not achieved Substantial Compliance at either TTCF or CRDF, which are the only facilities with an HOH. For the first quarter of 2017, the County reports that 89% and 91% 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 98% of the inmates placed in HOH "for more than 24 hours" at both TTCF and CRDF had "allowable property as recommended by a QMHP[.]"

The Mental Health Subject Matter Expert and the clinicians assessed the results reported by the Department and "qualitatively evaluated whether the restrictions were based on an analysis of relevant risks and whether patients had access to unrestricted allowable property." They found that "a QMHP provided an assessment" in 63% of the cases and saw the patient within 24 hours 72% of the time. The recommendations were followed approximately one-half the time, and "allowable property was based on relevant risks" only 28% of the time.

The County's Fourth Self-Assessment reports the results for Compliance Measures 52.5(b) and 52.5(e), but again it does not include results for 52.5(c) and (d), which are required to establish Substantial Compliance. The County needs to provide evidence of a formal assessment by a QMHP of what property is allowed; the placement of a door sign is not enough to establish either the timeliness or the sufficiency of the assessment. It must also show how it determines if a QMHP made an assessment.

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: PARTIAL COMPLIANCE**

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 reports that in the fourth quarter of 2016, and the first quarter of 2017, 85% and 50% respectively of the mentally ill prisoners who were eligible for and denied work were not denied the work because of their mental health condition or a prescription for medication alone, which is below the 90% threshold for Substantial Compliance.

The Mental Health Subject Matter Expert agrees that inmates who meet the P4 mental health level of care (the most severely impaired) may be excluded because they are not capable of participating or benefitting from these programs, but this should be the only population that is excluded from this provision.

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, through March 31, 2016 (unverified); as of April 1, 2016, through December 31, 2016 (verified))**

Substantial Compliance requires the Department to audit the records of a maximum of 100 randomly selected 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 Fourth Self-Assessment reports that it has achieved Substantial Compliance for the fourth quarter of 2016. The reported results for the second, third, and fourth quarters of 2016 have been verified by the Monitor's auditors, but the results for the first quarter of 2016 have not been verified. If verified, Paragraph 54 will no longer be subject to monitoring.

There is a concern that the Compliance Measure may not adequately address the Substantive Provision. As noted by the Mental Health Subject Matter Expert, the randomly selected population "does not pre-select for patients on [mental health] rolls or on medication, so it is possible that all cases reviewed had no mental health problem that might have resulted in a denial." In the event that the 100 randomly selected prisoners did not include any prisoners with mental health problems, a finding that none of the prisoners were denied privileges and programming because of their mental health status would not show that the Department is complying with the requirements of Paragraph 54. In response to the Monitor's request for comments on how to address this issue, both parties expressed a willingness to discuss a possible revision of the Compliance Measures.

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

**STATUS: SUBSTANTIAL COMPLIANCE (as of October 1, 2016, through March 31, 2017 (verified), and through June 30, 2017, at TTCF (unverified))**

**SUBSTANTIAL COMPLIANCE (as of October 1, 2016, through June 30, 2017 at CRDF (unverified))**

**SUBSTANTIAL COMPLIANCE (as of April 1, 2017 through June 30, 2017 at MCJ and PDC North (unverified))**

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 a DOJ representative attended a daily HOH meeting at CRDF on June 8, 2017, which included custody, medical, and mental health personnel who appeared to be very knowledgeable about the condition and issues of individual HOH inmates. The Mental Health Subject Matter Expert also attended a number of meetings for HOH and MOH units at both CRDF and TTCF, which were well attended and thorough, and the staff actively participated.

On July 11, 2017, the Department provided semi-annual reports for each of the facilities with HOH and/or MOH units "verifying the coordination and communication at the staff meetings" at these units during the first six months of 2017 as required by Compliance Measures 55.4 and 55.6(c). The County's Fourth Self-Assessment reports that the Department has achieved Substantial Compliance as of the fourth quarter 2016 at CRDF and TTCF with Compliance Measures 55.3, 55.6(a) and 55.6(b). The Augmented Fourth Self-Assessment reports that it has achieved Substantial Compliance at MCJ as of the first quarter 2017, and all applicable facilities (which includes PDC North) for the second quarter of 2017. All of the Substantial Compliance results are subject to verification by the Monitor's auditors.

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

**STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through June 30, 2016 (verified), through September 30, 2016 (unverified), and through December 31, 2016 (verified))**

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 Fourth Self-Assessment reports that it has achieved Substantial Compliance for the fourth quarter of 2016 based upon (i) medical records reflecting the required medical and/or mental health approvals 100% of the time, and (ii) 96% of the prisoners who were the subject of a suicide notification were clinically assessed, and their post-incident housing was approved, by clinical staff. These reported results have been verified by the Monitor's auditors, but the previously reported results for the third quarter of 2016, are still subject to verification by the Monitor's auditors. If verified, Paragraph 56 will no longer be subject to monitoring.

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 (as of January 1, 2017 through March 31, 2017 at MCJ and PDC North (unverified))**

**PARTIAL COMPLIANCE (at TTCF and CRDF)**

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 County's Fourth Self-Assessment reports that it has achieved Substantial Compliance in the first quarter of 2017 in the MOH units at MCJ (the "Hope Dorm") and at PDC North, where 96.7% and 99.4% of the safety checks were in compliance, and Partial Compliance in the HOH and MOH units at TTCF and CRDF, where 87.8% and 80.1% were in compliance. The Self-Assessment also reports that a QMHP approved 98% of the new mental health housing assignments for all facilities. These results are subject to verification by the Monitor's auditors, which will include verifying that the safety checks were staggered as required by Paragraph 57(c). As DOJ correctly notes, "Title 15 checks routinely separated by the same length of time do not comply with [the] requirement that the safety check be staggered."

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 (58):           SUBSTANTIAL COMPLIANCE (as of January 1, 2016 through December 31, 2016 at PDC South, and PDC North (verified))**

**SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through September 30, 2016, (verified), and through December 31, 2016 (unverified) at PDC East)**

**PARTIAL COMPLIANCE (at TTCF, CRDF, IRC, MCJ, and NCCF)**

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 Fourth Self-Assessment reports that the Department has achieved Substantial Compliance at PDC South, PDC North, and PDC East for twelve consecutive months as of December 31, 2016. These results at PDC South and North have been verified by the Monitor's auditors through December 31, 2016, and the results at PDC East have been verified through September 30, 2016, but are subject to verification through December 31, 2016. Based upon these results, Paragraph 58 is no longer subject to monitoring at PDC North and PDC South. If the results at PDC East through December 31, 2016 are verified by the Monitor's auditors, Paragraph 58 will no longer be subject to monitoring at PDC East as well.

Based upon a review of the County's data, which is generally in the 80% range, the Monitor has concluded that the County has achieved Partial Compliance at the remaining 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: SUBSTANTIAL COMPLIANCE (as of January 1, 2017, through March 31, 2017 at PDC North, East, and South, and MCJ, (verified))**

**PARTIAL COMPLIANCE (at CRDF, TTCF, and NCCF)**

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. In response to the Monitor's comments, the Department's e-UDAL forms were modified to include a specific notation that the Supervisor verified that the safety checks were conducted.

The County's Fourth Self-Assessment reports that the Department achieved Substantial Compliance at PDC East, North, and South and MCJ in the first quarter of 2017. These results have been verified by the Monitor's auditors. The Monitor has also determined that the Department achieved Partial Compliance at the remaining facilities during that quarter.

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: PARTIAL COMPLIANCE**

Compliance Measures 60.2 and 60.3(b) require the County to prepare semi-annual reports setting 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 submitted "CHS Semi-Annual Report on Quality Improvement/Assurance" to the Monitor on July 18, 2017. The report is broken into two parts: 1) a description of the existing Continuous Quality Improvement ("CQI") Program and 2) the plans of Dr. Jonathan Liu, the Director of Quality & Performance Improvement, for "a robust quality improvement program for [Correctional Health Services] that permeates through all levels of staff and across all service lines," including mental health services. The Mental Health Subject Matter Expert observes that the report "is solid work. Once in place, the County will have the backbone of a sound QA/QI program."

The first part of the report describes the functions of various committees, programs, projects, and meetings that comprise the existing CQI process under the responsibility of the Correctional Health Services-Mental Health Services ("CHS-MHS") Compliance and Population Management Program. The second part of the report is a description of the goals of, and progress towards, the core components of Dr. Liu's plans in the following areas: 1) Quality and Safety Knowledge; 2) Availability of Real-Time Data; 3) Quality Improvement Methodology; 4) Project Tracking; and 5) Patient Safety Culture.

Although the report generally describes the County's current CQI efforts<sup>21</sup> and its progress in developing a "robust quality improvement program,"<sup>22</sup> it does not set forth any clinical issues that mental health personnel have identified as placing prisoners at significant risk, describe any corrective actions and systemic improvements to address such issues, or assess the effectiveness of any such steps as required by Compliance Measures 60.2 and 60.3(b) described above.

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<sup>21</sup> For example, it describes the process of the Critical Incident Review Committee ("CIRC") in reviewing suicides and serious suicide attempts, the tracking of Corrective Action Plans ("CAP") through the Joint Quality Improvement Program, and the functions of various other projects, committees, and work groups.

<sup>22</sup> The Mental Health Subject Matter Expert comments that the report reflects "all the right sorts of approaches," and recommends that the program "more explicitly include measures of care and access to care[.]"

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**

Substantial Compliance requires that the County's semi-annual reports to (a) review, collect, and aggregate data in the areas set forth in paragraph 61; (b) recommend corrective actions and systemic improvements in those areas; and (c) assess the effectiveness of actions and improvements in prior reporting periods.

The "CHS Semi-Annual Report on Quality Improvement/Assurance" that the County submitted to the Monitor on July 18, 2017, describes the existing CQI Program and the plans to develop "a robust quality improvement program" for Correctional Health Services. This Report does not, however, "(i) review, collect, and aggregate data in the areas set forth in paragraph 61; (ii) recommend corrective actions and systematic improvements in those areas; [or] assess the effectiveness of actions and improvements in prior reporting periods" as required by Compliance Measure 61-3(b).

The Department's Response to Monitor's Draft Conclusion (61) sets forth a summary of CHS's Quality Improvement Program, including how data is collected on self-directed violence (SDV) in the jails by CHS and CCSB and the reviews of the SDV incidents by QMHP's (to determine the seriousness of the incidents based upon a Centers for Disease Control Risk Rating Score), Mental Health Supervisors (to determine if incidents meet the criteria for referrals to the Critical Incident Review Committee ("CIRC")), the CIRC (to review serious suicide attempts), the Joint Quality Improvement Committee ("JQIC") (to track and review the progress of corrective action plans), and the

Suicide Prevention Advisory Committee ("to review known system issues and recommend coordinated approaches to improving suicide prevention"). While this is a helpful summary of the quality improvement program, it does not address any of the requirements of Compliance Measure 61-3(b).

The Monitor and the Mental Health Subject Matter Expert recognize that the County is continually working to enhance and improve its quality improvement program and that it has made "substantial strides." It may be, as reported by the County, that the QI program tracks data, recommends improvements, and assesses the effectiveness of the recommendations, but that information is not set forth in either the CHS Semi-Annual Report on Quality Improvement/Assurance or the Department's Response to Monitor's Draft Conclusion (61) as required by Compliance Measure 61-3(b).

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**

Substantial Compliance requires the County's semi-annual Self-Assessments to set forth (a) the "development of corrective action plans to address the most recent recommendations of the quality improvement program;" and (b) the "implementation and tracking of corrective action plans to address recommendations of the program in prior quarters."

As noted above, the "CHS Semi-Annual Report on Quality Improvement/Assurance" that the County submitted to the Monitor on July 18, 2017, describes the existing CQI Program and the plans to develop "a robust quality improvement program" for Correctional Health Services. It generally describes the tracking and reviewing of CAPs at monthly CIRC meetings; the "discussion of systemic issues and improvements" at monthly meetings of the Joint Quality Improvement Program; and the Longitudinal Improvement Project to "track projects, especially corrective action items identified during Death Reviews and the CIRC process." The report, however, fails to describe the development, implementation and tracking of specific corrective action plans to address specific recommendations. As noted by the Mental Health Subject Matter Expert, the list of CAPs that the County provided, while "consistent with the spirit" of Paragraph 62, needs "to be folded into the CQI program proper."

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: NON-COMPLIANCE (at TTCF and CRDF)**

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. As the Mental Health Subject Matter Expert has noted, this analysis must be from an "identified fixed capacity rather than expanding beds day-to-day." In addition, for two random weeks, the Department is required to review the count sheets documenting the number of occupied and available beds in the MOH and HOH units at TTCF and CRDF. Substantial Compliance requires "the immediate availability of HOH and MOH beds at TTCF and CRDF 95% of the time."

The County reports the number of days in which the total number of HOH and MOH available beds was equal to or more than the number of HOH and MOH inmates for the two randomly selected weeks in the fourth quarter of 2016 are as follows:

	MOH	HOH
TTCF	100%	100%
CRDF	0%	85%

The County also reports the number of days in which the total number of HOH and MOH available beds was equal to or more than the number of HOH and MOH inmates for the two randomly selected weeks in the first quarter of 2017 are as follows:

	MOH	HOH
TTCF	100%	100% <sup>23</sup>
CRDF <sup>24</sup>	92%	85%

<sup>23</sup> The County's Fourth Self-Assessment for TTCF indicates that it "did not properly capture HOH bed availability for purposes of this provision." The Department's Response to Monitor's Draft Conclusion (63) states that "there are concerns with the accuracy of the data collected by the upgraded technology at TCCF [sic], which are being addressed." Accordingly, the Monitor is unclear on how to evaluate the County's reported results for TTCF.

<sup>24</sup> Although the posted Self-Assessment for CRDF reports 92% for MOH and 85% for HOH, the summary tables in that Self-Assessment reflect the slightly higher percentages set forth above. The Monitor's view is that the higher percentages are correct because the County satisfies the requirements of Compliance Measure 63.3 when a bed is available for every HOH or MOH inmate. Nevertheless, the Monitor has concerns about the MOH data for CRDF for the two randomly selected weeks in the first quarter of 2017.

On August 15, 2017, the County submitted Semi-Annual Reports for the Fourth Reporting Period for both TTCF and CRDF setting forth the average daily populations in HOH and MOH units at CRDF and at TTCF, the average number of beds, the average number of step-downs per week,<sup>25</sup> and the number of days in which there beds were available in HOH or MOH housing at CRDF and MOH housing at TTCF. The County also reported on the immediate availability of beds (that is, more beds than prisoners) during the entire reporting period as required by the Compliance Measure 63.3 as follows:

	MOH	HOH
TTCF	97.23%	100%
CRDF	.5%	78.45%

The Monitor is of the view that the Department has not achieved Partial Compliance at either CRDF or TTCF because the Department has expressed concerns about the accuracy of the data reported for HOH prisoners at TTCF and the Monitor has concerns about the data for MOH prisoners at CRDF. *See* notes 24, 25, *supra*.

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Although the number of MOH beds is consistent with the number of beds in the randomly selected weeks in the fourth quarter of 2016 and the average number of beds in the Fourth Reporting Period, the number of MOH prisoners in those two weeks is significantly below the number of MOH prisoners in the two weeks in the fourth quarter of 2016 and the average number of MOH prisoners in each month in the Fourth Reporting Period.

<sup>25</sup> Data for the months of May and June was not provided for this element.



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 July 14, 2017, the County submitted to the Monitor a Plan Regarding Availability of Licensed Inpatient Mental Health Care (Long Term and Short Term Plans) to provide "an update regarding the County's current efforts to meet the needs of the acutely mentally ill." The County is working to "divert some of the most acute psychiatric patients in custody to inpatient care at a new [inpatient psychiatric] unit at Olive-View-UCLA Medical Center," which will open with 18 beds by the end of 2017.

The Plan also describes various "Other Programmatic Enhancements to Decrease Need for Licensed Inpatient Mental Health Care," including involuntary medication of inmates who are incompetent to stand trial, out of custody alternatives for Misdemeanor Incompetent to Stand Trial ("MIST") inmates and other mentally ill inmates, and the use of a Sterile Pod to house "patients who are at a high risk of self-harm due to accessibility to particular items such as razors or sharp objects."

The Plan also reports on efforts to address the need for additional FIP beds during the Fourth Reporting Period. On April 10, 2017, CHS added 15 beds in the CTC "dedicated to those with acute mental health needs." To reduce the number of patients who need to be housed in the FIP unit, an additional FIP step down housing unit for 24 patients has been added beginning July 1, 2017. This reflects the success of the existing FIP step down unit in reducing the likelihood of a return to the FIP unit and "providing an enhanced therapeutic environment for those who are on the list waiting to be admitted to the FIP."<sup>26</sup>

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<sup>26</sup> This is consistent with the observations of the Monitor and Mental Health Subject Matter Expert on site visits to TTCF.

As stated in the Fourth Self-Assessment, the short-term and long-term "plans communicate the County's dual strategy to increase both inpatient beds and the resources necessary to obviate the need for these beds. The thought is that with increased services that address the underlying mental health needs (both through appropriate medication and clinical treatment) the need for inpatient services will decline." Future reports from the County should report on the effectiveness of the measures in the updated Plan, including any reductions in the number of patients on the FIP waiting list and who are incompetent to stand trial.

While the updated Plan addresses what the County is doing in the short-term to address the availability of the licensed inpatient mental health care for prisoners, neither the Fourth Self-Assessment nor the updated Plan projects how many beds will be required over the long-term (several years), which the Mental Health Subject Matter Expert indicates "is desperately needed."<sup>27</sup> As he previously noted, the plans must have a reasonable basis for projecting need in order to establish Substantial Compliance with Paragraph 64.

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<sup>27</sup> The County's Augmented Fourth Self-Assessment notes that "the County continues to work towards addressing [this issue] regarding the methodology used to assess the number of in-patient beds required in both the long and short term."

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: NON-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 Fourth Self-Assessment is somewhat confusing. It first reports the "County's Conclusion" that the Department has achieved Partial Compliance with this provision in the fourth quarter of 2016 and the first quarter of 2017, but then states that the "County's Self-Assessment for the Fourth Quarter 2016 and First Quarter 2017 for this Provision reflect that the Department has achieved 'Substantial Compliance' with this provision."

Regardless of the County's conclusion, the Monitor finds the County to be in Non-Compliance. Once again, medication was found during a significant number of cell or module searches during the first quarter of 2017,<sup>28</sup> which causes the Monitor and Subject Matter Expert to question how medications are being administered so as "to prevent misuse, hording, and overdose" as required by Paragraph 65.

During this Reporting Period, the Monitor and a DOJ representative observed pill calls at TTCF and CRDF that appeared at first to be sufficiently rigorous in conducting mouth checks to prevent the possibility of misuse, hoarding and overdose.

The Monitor nevertheless had doubts about whether the pill calls he observed reflected the "usual" pill calls at TTCF and CRDF, and also about the accuracy of the reported results. Based upon information that was provided by an inmate at TTCF that what Monitor had observed was not a "normal" pill call, the Monitor requested videos of pill calls at TTCF and at CRDF at the same time on other days. The pill calls shown on the videos provided by the Department were not at all similar to the pill calls the Monitor observed at these facilities, and they were not sufficiently rigorous to prevent misuse or hoarding of medication. The videos show inmates walking away from the nurse's station before (or without) swallowing the pills; nurses and custody staff failing to ensure that the pills were swallowed, and the custody staff failing to provide the required security.

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<sup>28</sup> 45 unknown medications were found during 144 unannounced searches at CRDF, 1,228 medications were found during 118 searches at TTCF, 765 medications during 450 searches at MCJ, and 171 medications during 757 searches at NCCF. As noted above, the results of these searches should be used to determine whether hoarding alerts are being initiated timely.

The County's posted Self-Assessment reports that "the overall compliance rate of documenting weekly medication visually for Q1 is 100%." Having reviewed videos of pill calls, the Monitor questions how the auditors could possibly have found 100% "Program Compliance,"<sup>29</sup> in each month of the first quarter at each facility.

In its Augmented Fourth Self-Assessment, the County acknowledges that there are "ongoing issues regarding reporting and compliance with this provision, and is actively pursuing improvements on both fronts."

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<sup>29</sup> This includes 100% for "Nurse Ensure Med Ingest," "Security Provided," and "Custody Ensure Med Ingest." This is not what the Monitor saw on the videos.

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**

Substantial Compliance requires the Department to review, on a random basis, the electronic medical records of prisoners in HOH and MOH or with a Serious Mental Illness ("SMI") to assess whether they have remained on an active mental health caseload, been offered structured mental health treatment, and been seen by a QMHP at least monthly, regardless of whether they refuse medications. For the first quarter of 2017, the County posted results show that only 34% of prisoners in HOH, 14% in MOH, and 33% of the prisoners with serious mental illness who reside in other housing areas were "offered clinically appropriate mental health treatment and were seen by a QMHP at least once a month."

The Mental Health Subject Matter Expert and the clinicians "found virtually no evidence of treatment that qualified as structured or clinically appropriate;" "[F]requent prisoner moves and the resultant inability to maintain a course of treatment. . . limit the County's ability to meet this measure;" and "custody continues to determine group participation, precluding clinicians' ability to direct patients to appropriate services."

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**

Substantial Compliance requires the County to review the electronic medical records of prisoners in HOH and MOH who refused psychotropic medication during the quarter to verify that the records reflect the documentation and consideration of the matters required by Paragraph 67. The Fourth Self-Assessment reports that the Department "continues to experience challenges implementing and assessing compliance with this provision" and "is pursuing a technolog[ical] solution."

The Mental Health Subject Matter Expert and the clinicians reviewed 13 cases and found that in "46% of the cases, there was consideration of a transfer to a higher level of mental health housing;" in 23% of the cases, "clinically appropriate measures to encourage compliance were employed;" and in "14% of [the seven] cases where there was evidence of grave disability or danger to self or others," the "record demonstrate[d] consideration of involuntary medications or transfer to FIP." They determined that in most cases where such considerations were in the record, the "consideration of transfer to a higher level of care or involuntary medications was reasonable." They noted, however, that "patients are not consistently being seen" and, when seen, the "assessment frequently does not address the issues specified in the [compliance] measures."

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 (as of January 1, 2016, through December 31, 2016, at MCJ, NCCF, PDC East, PDC South, and PDC North (verified))**

**SUBSTANTIAL COMPLIANCE (as of October 1, 2016, through March 31, 2017 (verified) and through June 30, 2017 (unverified) at CRDF)**

**SUBSTANTIAL COMPLIANCE (as of January 1, 2017, through March 31, 2017 (verified) and through June 30, 2017 (unverified) at TTCF)**

Substantial Compliance requires Self-Assessments to include a summary of searches conducted in the second quarter of the last reporting period and the first quarter of the current reporting period 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 Fourth Self-Assessment reports that the Department has maintained Substantial Compliance at CRDF through the first quarter of 2017 where 96% of the modules were searched and 100% of the HOH cells were visually inspected as required by Paragraph 68. Further, it achieved Substantial Compliance during this quarter at TTCF, where 100% of the modules were searched and 96% of the HOH cells were visually inspected.

The County's Augmented Fourth Assessment reports that the Department has maintained Substantial Compliance at CRDF through the second quarter of 2017, where 90% of the modules were searched and 100% of the HOH cells were visually inspected. It also achieved Substantial Compliance during this quarter at TTCF, where 96% of the modules were searched and 100% of the HOH cells were visually inspected.<sup>30</sup> The Substantial Compliance results through March 31, 2017, have been verified by the Monitor's auditors, but the results through June 30, 2017, have not been verified.

The County previously maintained Substantial Compliance for twelve consecutive months at MCJ, NCCF, PDC East, PDC South, and PDC North and these facilities are no longer subject to monitoring for compliance with Paragraph 68.

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<sup>30</sup> Notwithstanding the Department's Substantial Compliance with the requirements of Paragraph 68 with respect to contraband searches, the extent of the hoarding discovered during the searches is a matter of concern. See n. 25, *supra*.

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**

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,<sup>31</sup> and documented, and that the results of medical welfare checks on restrained prisoners were also documented. The County's Fourth Self-Assessment reports that for the fourth quarter of 2016, "78% -- rather than the required 95% -- of electronic medical records reviewed. . . reflected that, for inmates placed in clinical restraints for psychiatric purposes, the restraints were used, approved and documented as required by this provision." The Fourth Self-Assessment also reports that the County has been monitoring the requirement of an "individualized face to face follow-up assessment by a psychiatrist. . . within 24 hours," and found that "all but one" was completed as required by the provision.

The County's Augmented Fourth Self-Assessment reports that, for the first quarter of 2017, "73% -- rather than the required 95% -- of electronic medical records reviewed . . . reflected that, for inmates placed in clinical restraints for psychiatric purposes, the restraints were used, approved and documented as required by this provision."<sup>32</sup>

The Mental Health Subject Matter Expert and the clinicians assessed "whether a psychiatrist timely approved the restraints and performed an assessment, whether a QMHP was present at the time of the restraint, and whether [other] monitoring requirements were met." They found that the psychiatric assessments were "usually timely and sound," but that "it was sometimes difficult to determine whether a QMHP was present at the time of the restraint" and they could not "find the information [they] needed to determine compliance with monitoring requirements." They did not, however, find evidence that "a QMHP was not present in any cases;" there was "abundant evidence of checking being done and logs being utilized;" and "most episodes of restraint were very brief with most less than two hours."

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<sup>31</sup> Per agreement of the parties, with the concurrence of the Monitor and Subject Matter Expert, "a non-psychiatrist physician can order medical/clinical restraints as long as it is for medical reasons."

<sup>32</sup> The Mental Health Expert is of the opinion that the County's policies place excessive requirements and should be revised "to bring them in line with accepted standards" regarding monitoring of inmates in restraints.



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, through June 30, 2017)**

CDM 7-03/000.05 FIXED RESTRAINTS, effective August 31, 2016; CDM 7-03/000.15 SECURITY RESTRAINTS IN MENTAL HEALTH HOUSING, effective August 31, 2016; CDM 7-03/010.00 WAIST-CHAIN PROCEDURES, effective August 31, 2016; and CDM 7-01/240.00 HANDLING INSUBORDINATE, RECALCITRANT, HOSTILE OR AGGRESSIVE INMATES address the requirements of Paragraph 70. The Department provided confirmation that these provisions were published in the Custody Division Manual and that Custody Support Services sent notice to Custody Operations managers on September 1, 2016.

The Mental Health Subject Matter Expert reviewed force packages from HOH or MOH settings to assess the Department's compliance with paragraph 70(d). Of seven force packages evidencing an inmate having a mental health crisis, six showed "mental health involvement either during or upon prompt referral. This amounts to 85.7% having appropriate referrals." They also observed that in a number of cases where the inmate was not in a crisis, mental health was still involved in the incident.

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: SUBSTANTIAL COMPLIANCE (as of July 1, 2016, through December 31, 2016 (verified) and through March 31, 2017 (unverified))**

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 Fourth Self-Assessment reports that "100% -- 10% over 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" in the fourth quarter of 2016, and 90% of the inmates received the services in the first quarter of 2017. These reported results for the first quarter of 2017 have not been verified by the Monitor's auditors.

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

**STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2017 through June 30, 2017) (subject to qualitative assessment))**

Substantial Compliance requires the Self-Assessments to report on (a) suicide review meetings and (b) CIRC meetings that review incidents of serious self-injurious behavior in the reporting period.

There were two suicides during the Fourth Reporting Period, and the Monitor attended the suicide review meetings during that period, which addressed the requirements of Paragraph 72.

The Fourth Self-Assessment reports that "DHS-CHS has strengthened the self-directed violence analysis process which identifies 'serious' and otherwise appropriate incidents of self-directed violence for review at the CIRC meetings conducted in accordance with this provision. Through this process, the CHS compliance team evaluates all incidents of self-directed violence during the past quarter." The Mental Health Subject Matter Expert notes that this "may assuage my concern about identifying self-injurious behavior depending on how they are case-finding the universe in the first place[.]"

The County's posted Self-Assessment results for the Fourth Reporting Period reflect that the Department has achieved Substantial Compliance in that both suicides and all 15 serious suicide attempts were reviewed to determine whether there were any staff violations or any improvements were warranted as required by Paragraph 72. The Mental Health Subject Matter Expert is of the view that "[f]or the cases [the County] reviewed and posted, . . . they are meeting the requirements of this measure." The Substantial Compliance conclusion is, however, still subject to an analysis of the County's methodology by the Subject Matter Expert and clinicians to ensure that the County is "reliably detecting serious suicide attempts." In addition, the Monitor will assess "whether the County is adequately reviewing potential non-custody staff misconduct" as requested by DOJ.

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: PARTIAL COMPLIANCE**

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 Fourth Self-Assessment reports that the County "cannot yet capture incidents involving threats of self-injurious behavior" as opposed to "incidents of self-injurious behavior." It also reports that for the fourth quarter of 2016, "64% -- rather than the required 90% -- of reports reviewed have all of the information required by paragraph 73 of the Settlement Agreement" and that "100% -- equal to the required standard of 100% -- of incidents involving an apparent or suspected suicide were reported to the Inspector General[.]"

The County's Augmented Fourth Self-Assessment reports that for the first quarter of 2017, only "38% -- rather than the required 90% -- of reports reviewed have all of the information required by paragraph 73 of the Settlement Agreement" and that "100% -- equal to the required standard of 100% -- of incidents involving an apparent or suspected suicide were reported to the Inspector General[.]"

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, through June 30, 2017)**

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 was one suicide during the Third Reporting Period for which the Executive Inmate Death Review was due in the Fourth Reporting Period. The suicide occurred on November 18, 2016, and the Executive Inmate Death Review was timely submitted to the Monitor on May 18, 2017. The Executive Inmate Death Review included a Homicide Report prepared by the Detective Division of the Homicide Bureau that reports the steps taken to preserve all of the evidence; lists the interviews of persons involved in, or who witnessed, the incident; and notes if the interviews were recorded. The Homicide Report satisfies the requirements of Paragraph 74.

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**

Substantial Compliance requires (a) DMH to review documentation of randomly selected 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) that the Department and DMH reviewed the relevant information known at that time and the status of any corrective actions taken, and they 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 Fourth Self-Assessment reports that for the fourth quarter of 2016, "90% -- 5% more than the required 85% -- of documents reviewed showed DMH staff considered the inmate's mental health status and need for immediate corrective action;" that "100% -- 5% more than the required 95% -- of suicide attempts are reflected in the Department's database;" and "50% -- rather than the required 95% of the suicide attempts [determined to be serious] were reviewed" by "management and command-level personnel" from Custody, mental health, and medical.

The results posted for the first quarter of 2017 reflect that 91% of documents reviewed showed DMH staff considered the inmate's mental health status and need for

immediate corrective action; 100% of the suicide attempts are reflected in the Department's database; and 100% of the serious suicide attempts were reviewed by management and command-level personnel. Although these percentages meet the quantitative thresholds for Substantial Compliance, there is no evidence of tracking and statistical analysis.

The Monitor also has concerns about the qualitative aspects of the County's reviews of serious suicide attempts. The Mental Health Subject Matter Expert and the clinicians reviewed 12 cases to qualitatively assess the reviews of serious suicide attempts required by paragraph 75. They "noted that [corrective action plans] were rarely recommended, despite frequent evidence of problems in clinical management being noted in the review. There were also instances where identified systems problems were not converted into CAPs." They found that "[i]n only 9/24 = 38% of cases did we agree with the County' decision whether a CAP was indicated."

The Mental Health Subject Matter Expert also expressed a concern "that the County is not detecting all cases of serious suicide attempts." As pointed out by DOJ, only three of 245 suicide attempts in the first quarter of 2017 were determined to be sufficiently serious to require review by the CIRC.

In the Department's Response to Monitor's Draft Conclusion (75), the County "challenges" the Mental Health Subject Matter Expert's assertion "in light of the process used to identify and assess incidents of self-directed violence (SDV)" described in the Department's Response to Monitor's Draft Conclusion (61). The Mental Health Subject Matter Expert's concern is, however, that "[w]hile the County is likely detecting all cases of serious self-harm," it is "not clear" that the County is "actually categorizing all serious self-harm attempts as serious." The Mental Health Subject Matter Expert and the clinicians "found numerous instances [in patient charts] of self-harm that were detected but where the information in the related progress notes was insufficient to determine whether the self-harm was serious."

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):            SUBSTANTIAL COMPLIANCE (as of  
September 1, 2016, through June 30, 2017)**

There were two suicides during the Fourth Reporting Period. The first suicide occurred at TTCF on March 9, 2017. An initial Death Review was held within two working days of the death on March 13, 2017, and the seven-day review was held on March 20, 2017. The Monitor attended both meetings, which included command-level personnel from the Department and DHS 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 the Monitor attended, was held on April 12, 2017.

The second suicide occurred at the Crescenta Valley station jail on May 25, 2017. An initial Death Review was held within two working days of the death on May 30, 2017, and the seven-day review was held on June 6, 2017. The Monitor attended both meetings, which again included command-level personnel from the Department and DHS and reviewed the information known about the suicide and corrective or preventive actions taken or required by Paragraph 76. The 30-day death review occurred on July 10, 2017, and a 60-day review occurred on August 30, 2017.

Paragraph 76(c) requires the County to provide a "final written report regarding the suicide" within six months of a suicide that addresses the 10 subparts of subparagraph (c). On May 18, 2017, the County timely provided an Executive Inmate Death Review report for the suicide that occurred at TTCF on November 18, 2016. The Review included the required supplemental reports from [or interviews of] the deputies who first discovered the inmate and the deputies who participated in the rescue attempt of the inmate, including deputies who first responded and deputies who subsequently participated in, or helped with, life-saving efforts. The Monitor, the Mental Health Subject Matter Expert, and one of the clinicians reviewed the report and concluded that it meets the requirements in the ten subparts of paragraph 76(c). As noted by the Mental Health Subject Matter Expert, the reports "are generally thorough and [the County] is clearly taking the process seriously."

On July 17, 2017, the County submitted to the monitor a Semi-Annual Summary Report for Apparent or Suspected Suicides during the Fourth Reporting Period that summarizes the discussions at each of the required death reviews for the two suicides that occurred in the Fourth Reporting Period and the resulting corrective action plans.

The Mental Health Subject Matter Expert and the clinicians evaluated all deaths in the jails during the Fourth Reporting Period "to determine whether apparent and suspected suicides were being reliably detected" and whether "there is a clear and bona fide documented effort to cleave to the terms of [Paragraph] 76." They "found that the county reliably detected all apparent and suspected suicides." They also noted that "the County would benefit greatly by greater integration of medical, mental health, and custody input in these complex cases that touch on elements of the function of each."

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**

On July 17, 2017, the County submitted a Semi-Annual Report of CCSB Activities during the Fourth Reporting Period. The report summarizes each of the Suicide Reviews and CIRC reviews of serious suicide attempts during the Fourth Reporting Period, listing the issues raised and corrective actions considered. It includes sections on each of the subparts of Paragraph 77. The section on "Patterns and trends and statistical analysis of suicides and serious suicide attempts in the jails" reports on cross-sectional data during this most recent reporting period, but it does not include any trend or statistical analysis of changes over time. The section on "Analysis of staffing, personnel/disciplinary, prisoner classification, and mental health service delivery issues as they relate to suicides and serious suicide attempts" notes when a classification issue was identified during a CIRC meeting and an Administrative Investigation was opened. Other than concluding that "staffing levels had no bearing" on the incidents, even though there were 29 mental health staffing vacancies as of June 15, 2017, it does not analyze the impact of any of these other issues on these incidents.

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, through May 31, 2017)**

Section 4.13 of DMH 70.7, effective July 7, 2016, requires DMH and LASD to "maintain a county-level Suicide Prevention Advisory Committee" open to representatives of the entities identified in Paragraph 78. A fourth meeting of the Suicide Prevention Advisory Committee was held on May 18, 2017, 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 fourth meeting of the Suicide Prevention Advisory Committee, Dr. Tim Belavich from DHS-CHS discussed various initiatives to address systems issues and coordinated approaches to suicide prevention in the jails. This was a comprehensive meeting and there was significant input from other members of the Committee. As with the meetings on May 11, 2016, and November 10, 2016, this meeting achieved the objectives of Paragraph 78.

The County has maintained Substantial Compliance with paragraph 78 for twelve consecutive months, and this provision is no longer subject to monitoring.

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**

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; 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 randomly select and review electronic medical records of prisoners who reside outside of mental health housing and receive psychotropic medications to confirm that medication support services were provided to these prisoners.

The County's Fourth Self-Assessment reports that in the fourth quarter of 2016, 82% of the prisoners who reside outside of mental health housing and were receiving psychotropic medications were "provided medication support services," which is below the 85% threshold required by Compliance Measure 79.5(d) for Substantial Compliance. For the first quarter of 2017, 76% of such prisoners were provided the support services. The Mental Health Subject Matter Expert observes that on this requirement, "the County is doing fairly well," and found that "80% were getting sound support services.

The County's Fourth Self-Assessment does not address Compliance Measures 79.1(a)-(c) and 70.5(b), which require the County to maintain records of "therapeutically appropriate" visits and programming by QMHPs. Further, it does not indicate how often the medication support services are provided to the patients in the sample.

As noted in the Monitor's Third Report, a finding of Substantial Compliance with Paragraph 79(a) is, subject to a determination by the Monitor, after consultation with the

Subject Matter Expert, "that the treatments are clinically appropriate." The Mental Health Subject Matter Expert notes that the provision requiring "therapeutically appropriate" treatment to inmates in HOH and MOH units "is not ripe for several reasons. The County is not yet conducting treatment according to a treatment plan and is rarely offering structured treatment . . . . Until the County is able to render structured treatment based on sound treatment methods according to a treatment plan, it will not be possible to meet the treatment components of the agreement."

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 workday. 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**

Paragraph 80 requires that 100% of the prisoners in HOH receive "ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week" "no later than 18 months after the Effective Date [July 1, 2015]." The parties have agreed that up to five hours of the structured time can consist of education or work programs, but at least five hours of the time must be therapeutic.

The County's Augmented Fourth Self-Assessment reports that "72.6% combined for CRDF and TTCF -- rather than the required 100% -- of prisoners residing in HOH were offered the required out-of-cell time by Custody staff" and that "17.2% -- rather than the required 100% -- of prisoners residing in HOH were offered the required out-of-cell time by DMH staff." The Mental Health Subject Matter Expert continues "to have serious concerns about how the County is tracking out of cell time" because it counts as out-of-cell time "large numbers of hours when the inmate was not in fact out of his or her cell," categorizing it as "refused/ineligible." While there may be exceptional circumstances in which an inmate cannot be taken out of his or her cell without jeopardizing the safety of staff or other inmates, this should not be a routine justification for not providing the actual out-of-cell time required by Paragraph 80. The County is also counting time to court as unstructured recreational time, which is not appropriate.

The Department's Response to Monitor's Draft Conclusion (80) reports that "the County is working to identify new technology that will assist with compliance with this Provision" so that time to court will not be counted as unstructured recreational time.

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); 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).

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 approved revised policies to implement Paragraphs 13.1-13.2 (discipline for PREA violations, dishonesty, and failure to report force incidents).

Paragraphs 3.1-3.4, 4.6-4.9, and 12.1 of the *Rosas* Implementation Plan reflect training requirements that were supposed to be, but were not, completed by December 31, 2016. This is due in part to the delays that have occurred in the review and approval of the Department's use of force and investigations training program. The Monitor does not believe that it is essential for the training to have been completed by the end of 2016 as long as the Department continues to meet the required thresholds for new deputies until it achieves the thresholds for existing deputies. At that time, virtually all of the personnel in the jails will have received the required training in either the Jail Operations Continuum or in-service training.



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.

In the Fourth Reporting Period, the Monitor reviewed 18 randomly selected completed force packages for CRDF, NCCF, and PDC North, most of which were also reviewed by the Use of Force Subject Matter Expert. The Monitor concluded that the Department is complying with its policies regarding the use of force and documentation of force incidents at these facilities, and that the force investigations are thorough and complete. The Use of Force Subject Matter Expert concurs with this conclusion. As expressed by the Use of Force Subject Matter Expert, "the reports and packages are complete and comprehensive. Reviewing supervisors conduct critical analysis of the force incidents[.]"

With one exception, the Monitor and Use of Force Subject Matter Expert did not find any significant issues with either the force incidents or the force investigations in the force packages they reviewed. In one case, Custody personnel were dealing with a very abusive, hostile, and uncooperative inmate over an extended period of time late at night and in the early morning hours at CRDF. The staff made extensive efforts to gain the inmate's cooperation, when the inmate made a sudden move forward, the supervising sergeant ordered her to be sprayed even though the inmate was chained to the chair. Further, the sergeant who directed the use of force also conducted the force investigation in violation of Department policy. It was of concern that this violation was not noted by the commanders who reviewed the incident.

The Monitor and Use of Force Subject Matter Expert both noted that there is a significant time lag in completing force packages. During the Forth Reporting Period in the first six months of 2017, they were reviewing force incidents from the second and third quarters of 2016. This time lag should be addressed in the next reporting period by expediting the completion of force packages for force incidents beginning January 1, 2017.

The Monitor and Use of Force Subject Matter Expert were often unable to determine from the force packages whether the Department was in compliance with the provisions of the *Rosas* Implementation Plan relating to the timeliness of the use of force reports by Custody staff and where inmates are asked to be interviewed. These issues can be addressed by adding the time that the reports are prepared by the reporting deputy and issuing a directive that inmates are not to be asked whether they are willing to be interviewed when they are in the vicinity of other inmates.

All of the force incidents at CRDF and North reviewed by the Monitor and Subject Matter Expert were captured on fixed closed circuit television cameras at CRDF and North. Some parts of some force incidents at NCCF were captured with a handheld

camera after the incident started. The Monitor strongly urges the Department to complete the installation of closed circuit television cameras at NCCF. Based upon numerous reviews of force packages at all of the facilities in the Los Angeles County jail system,<sup>33</sup> it is apparent that the cameras significantly reduce the level of force used and enhance the quality of the investigations. Although the Department has until July 1, 2018, under the Paragraph 83 of the Settlement to install the cameras at NCCF, the Monitor urges the County to complete the installation as soon as possible.

During the Fourth Reporting Period, the Monitor met with the Inmate Grievance Teams at CRDF, NCCF, and PDC North (which also handles the grievances at PDC South). The teams at CRDF and NCCF have significantly improved their tracking of grievances at both facilities, but many grievances still take too long to resolve. The teams should be more proactive in identifying overdue grievances in the tracking systems and following-up with sergeants responsible for investigating these grievances. There are relatively few grievances at PDC North and South, and the Grievance Team does a good job monitoring the handling of those grievances.

The Monitor also met with the Division Inmate Grievance Coordinator who has oversight responsibility for the implementation of the new grievance system to discuss improvements to the tracking system that are being implemented throughout the Custody division. The Monitor anticipates continued improvement in the tracking of inmate grievances and that grievances will be handled more expeditiously in future reporting periods.

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<sup>33</sup> The Monitor also has reviewed numerous force packages at MCJ, IRC, and TTCF in his role as one of the three monitors in the *Rosas* case.

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: SUBSTANTIAL COMPLIANCE (as of July 15, 2016, through June 30, 2017)**

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."

CRDF has its own Inmate Grievance Team with the staffing required by CDM 8-01.020.00. The Monitor met with CRDF's Inmate Grievance Team during the Fourth Reporting Period and reviewed the operation of the grievance system at CRDF. As noted above, the team has a good system in place to track the status of inmate grievances, but should be more proactive in following up with investigative sergeants to complete overdue investigations.

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 (as July 1, 2015, through June 30, 2016 at MCJ and IRC)**

**SUBSTANTIAL COMPLIANCE (as of October 1, 2015, through September 30, 2016 at TTCF)**

**SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through March 31 2017, at CRDF)**

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

The Monitor and Subject Matter Experts toured TTCF, MCJ, IRC, and CRDF during the Fourth Reporting Period, and the Monitor confirmed that the closed circuit security cameras were operational in the Common Areas in these facilities. All or almost all of the cameras were operational at TTCF, IRC, and CRDF. At MCJ, 23 of the 885 cameras were off-line on the day of the tour, and another 18 needed adjustments or clearing. Although this was significantly more than at the other facilities, over 95% of the cameras were fully operational at MCJ.

The Monitor has previously verified that the County has maintained Substantial Compliance for twelve consecutive months with Compliance Measure 83.8(a) at MCJ, IRC, and TTCF by reviewing videos of force incidents in common areas to verify the accuracy of information on inventories provided by the Department. During the Fourth Reporting Period, the Monitor has verified that the County also maintained Substantial Compliance with this requirement at CRDF through March 31, 2017.

Paragraph 83 also requires the Department to provide evidence that all video recordings of force incidents were adequately stored and retained for a period of at least one year after the force incident occurs. The County's Fourth Self-Assessment reports that it has achieved Substantial Compliance for this measure at CRDF, IRC, MCJ and TTCF through the first quarter of 2017. This requirement of Paragraph 83 is still subject

to monitoring at MCJ and IRC until June 30, 2017;<sup>34</sup> at TTCF until September 30, 2017; and at CRDF until March 31, 2018. The Augmented Fourth Self-Assessment reports that it has maintained Substantial Compliance with this requirement in the second quarter of 2017 at CRDF, but there are no results for MCJ, IRC or TTCF.

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<sup>34</sup> The Monitor agrees that if the Department maintains Substantial Compliance at MCJ and IRC through the second quarter of 2017, this provision is no longer subject to monitoring at these facilities.

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 July 1, 2016, through March 31, 2017 (unverified))**

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 Monitor's determination of the Department's compliance with Paragraph 84 will be largely based upon the timeliness of the completion of the investigations, but the Monitor also has randomly selected and reviewed several internal investigations, which appeared to be very thorough and unbiased.

The County's Fourth Self-Assessment reports that after having achieved Substantial Compliance in the first quarter of 2016, the Department did not achieve Substantial Compliance in the second quarter of 2016. This requires that the twelve-month period for maintaining Substantial Compliance to start over with the next reporting period for which the Department achieved Substantial Compliance, which was the third quarter of 2016. The Self-Assessment reports that the Department has maintained Substantial Compliance from July 1, 2016, through March 31, 2017. These results are subject to verification 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: PARTIAL 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 posted results show that 57.6% of the IAB investigators completed all three of the required courses as of March 31, 2017.

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 (as of April 1, 2016, through March 31, 2017 at MCJ and CRDF)**

**SUBSTANTIAL COMPLIANCE (as of October 1, 2016, through June 30, 2017 at PDC North)**

**SUBSTANTIAL COMPLIANCE (as of February 1, 2017, through June 30, 2017 at PDC South and PDC East)**

**SUBSTANTIAL COMPLIANCE (as of March 1, 2017 through June 30, 2017 at NCCF)**

**SUBSTANTIAL COMPLIANCE (as of April 1, 2017 through June 30, 2017 at IRC)**

**NON-COMPLIANCE (at TTCCF)**

CDM 7-08/080 ACCOUNTABILITY OF SPECIALWEAPONS, effective October 14, 2016, requires each facility to have unit orders that “establish procedures for the storage, issuance, reissuance, accountability, maintenance, 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.”

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 Use of Force Subject Matter Expert inspected the armory of each jail facility at PDC North, PDC South, PDC East, MCJ NCCF, and TTCCF on February 7 and 8, 2017, and again (including IRC, but not PDC East) on May 31 and June 1, 2017. On June 8, 2017, the Monitor inspected the armory at CRDF. All of these armories are well-organized and the weapons and ammunition are easy to locate and to inventory.

The inventory logs were checked daily in the MCJ, CRDF, IRC, and PDC North



armories, weekly in the PDC South armory and regularly in the PDC East armory.<sup>35</sup> Each facility has reasonably up-to-date unit orders and all weapons were accounted for during recent inspections, with one exception at CRDF, where some weapons had been taken out of the armory for a training exercise, but not noted on a daily log.<sup>36</sup> The Department submitted the required armory audit logs for all of the facilities for the first quarter of 2017.

The main armory at NCCF is checked daily and, except for one discrepancy (a deputy forgot to note on the inventory log that a Taser had been checked out) the inventories for the sub-armories matched the weapons in the sub-armories. In addition, a new unit order was effective on September 7, 2016.

The Monitor and Use of Force Subject Matter Expert noted significant problems with the armory at TTCF. They reviewed the inventory in the main armory during the am shift on their most recent visit, but it reflected that the same deputy had checked the armory on both the am shift and the pm shift that had not yet started. Further, there were some days when the armory was not checked during certain shifts (mostly early morning). They also observed that it was difficult to match weapons and inventories in the sub-armories. On a positive, note, the Unit Order for TTCF was revised at the end of the last reporting period.

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<sup>35</sup> Because PDC East is a fire camp with very few inmates, weapons in the armory are almost never used.

<sup>36</sup> The supervisor in charge of the armory knew where the weapons were and the Monitor does not believe that this discrepancy takes CRDF out of Substantial Compliance.

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**APPENDIX**

NO.	PROVISION	STATUS	SUBSTANTIAL COMPLIANCE DATES
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, CRDF, TTCF, IRC, & MCJ)	(10/1/15 – 9/30/16 PDC East, and South) <sup>1</sup> (1/1/16 – 12/31/16 NCCF, PDC North, and IRC) (4/1/16 – 3/31/17 TTCF) (4/1/16 – 3/31/17 CRDF) (7/1/16 – 3/31/17 MCJ)
22	Use of Arresting and Booking Documents	Substantial Compliance	(7/1/16 – 6/30/17)
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	

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<sup>1</sup> Substantial Compliance Dates in **bold** reflect that the Department has achieved Substantial Compliance for twelve consecutive months, the results were verified by the Monitor's auditors when required, and the County or designated facilities are no longer subject to monitoring of this provision pursuant to paragraph 111 of the Settlement agreement.

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**APPENDIX**

28	Expedited Booking of Suicidal Inmates	Partial Compliance	
29	Mental Health Assessments	Partial Compliance	
30	Initial Treatment Plans	Substantial Compliance	(1/1/17 – 3/31/17)
31	Electronic Medical Records Alerts	Partial Compliance	
32	Electronic Medical Records – Suicide Attempts	Substantial Compliance	<b>(1/1/16 – 12/31/16)</b>
33	Supervisor Reviews of Electronic Medical Records	Substantial Compliance	(7/1/16 – 3/31/17)
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	<b>(1/1/16 – 12/31/16)</b>
39	Confidential Self-Referral	Partial Compliance	
40	Availability of QMHPs	Partial Compliance	
41	FIP Step-Down Protocols	Partial Compliance	
42	HOH Step-Down Protocols	Partial Compliance (CRDF) Non-Compliances (TTCF)	
43	Disciplinary Policies	Partial Compliance	
44	Protective Barriers	Substantial Compliance	<b>(1/1/16 – 12/31/16)</b>

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**APPENDIX**

45	Suicide Intervention and First Aid Kits	Substantial Compliance	<b>(10/1/15 – 9/30/16 CRDF, NCCF, TTCF, PDC East &amp; PDC South) (1/1/16 -- 12/31/16 MCJ &amp; PDC North)</b>
46	Interruption of Self-Injurious Behavior	Partial Compliance	
47	Staffing Requirements	Partial Compliance	
48	Housekeeping and Sanitation	Substantial Compliance	<b>(1/1/16 – 12/31/16)</b>
49	Maintenance Plans	Substantial Compliance	<b>(3/1/16 – 2/28/17)</b>
50	Pest Control	Substantial Compliance	<b>(1/1/16 – 12/31//16 MCJ, NCCF, PDC North, TTCF, CRDF) (4/1/16 – 3/31/17 PDC South &amp; East)</b>
51	Personal Care & Supplies	Substantial Compliance	<b>(1/1/16 – 6/ 30/16 all facilities other than CRDF) (7/1/16-6/30/17 CRDF)</b>
52	HOH Property Restrictions	Partial Compliance	
53	Eligibility for Education, Work and Programs	Partial Compliance	
54	Privileges and Programs	Substantial Compliance	<b>(1/1/16 – 12/31/16)</b>
55	Staff Meetings	Substantial Compliance (at CRDF, TTCF, PDC North, and MCJ)	<b>(10/1/16 – 6/30/17 CRDF &amp; TTCF) (4/1/17—6/30/17 MCJ and PDC North)</b>
56	Changes in Housing Assignments	Substantial Compliance	<b>(1/1/16 – 12/31/16)</b>

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**APPENDIX**

57	Inmate Safety Checks in Mental Housing	Substantial Compliance (at MCJ and PDC North) Partial Compliance (TTCF and CRDF)	(1/1/17 – 3/31/17 MCF & PDC North)
58	Inmate Safety Checks in Non-Mental Housing	Substantial Compliance (at PDC South, North and East) Partial Compliance (at TTCF, CRDF, IRC, MCJ and NCCF)	<b>(1/1/16 – 12/31/16 PDC South, North)</b> (1/1/16 – 12/31/16 PDC East)
59	Supervisor Rounds	Substantial Compliance (at PDC North, East, and South, and MCJ) Partial Compliance (at CRDF, TTCF, and NCCF)	(1/1/17 – 3/31/17 PDC North, East, and South, and MCJ)
60	Implementation of Quality Improvement Program	Partial Compliance	
61	Requirements of Quality Improvement Program	Non-Compliance	
62	Tracking of Corrective Action Plans	Partial Compliance	
63	Sufficient HOH and MOH Housing	Non-Compliance	
64	Plans for Availability of Inpatient Health Care	Partial Compliance	
65	Administration of Psychotropic Medication	Non-Compliance	
66	Active Mental Health Caseloads	Non-Compliance	
67	Prisoner Refusals of Medication	Non-Compliance	

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**APPENDIX**

68	Contraband Searches	Substantial Compliance (at MCJ; NCCF; PDC East, South and North; CRDF; and TTCF)	<b>(1/1/16 – 12/31/16 MCJ, NCCF, PDC East, South and North)</b> (10/1/16 – 6/30/17 CRDF) 1/17/17 – 6/30/17 at TTCF)
69	Clinical Restraints in CTC	Partial Compliance	
70	Security Restraints in HOH and MOH	Substantial Compliance	(9/1/16 – 6/30/17)
71	Therapeutic Services for Inmates in Clinical Restraints	Substantial Compliance	(7/1/16 – 3/31/17)
72	Administrative Reviews	Substantial Compliance	(1/1/17 – 6/30/17)
73	Reporting of Self-Injurious Behavior and Threats	Partial Compliance	
74	Law Enforcement Investigations of Suicides	Substantial Compliance	(9/1/16 – 6/30/17)
75	Management Reviews of Suicide Attempts	Partial Compliance	
76	Management Reviews of Suicides	Substantial Compliance	(9/1/16 – 6/30/17)
77	Custody Compliance and Sustainability Bureau	Partial Compliance	
78	Suicide Prevention Advisory Committee	Substantial Compliance	<b>(6/1/16 – 5/31/17)</b>
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	

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APPENDIX

82	Collection of Grievances at CRDF	Substantial Compliance	(7/15/16 – 6/30/17)
83	Closed Circuit Cameras	Substantial Compliance (MCJ, TTCF, IRC, and CRDF) Not Currently Subject to Monitoring (Remaining Facilities)	(7/1/15 – 6/30/16 MCJ & IRC) <sup>2</sup> (10/1/15 – 9/30/16 TTCF) (4/1/16 – 3/31/17 at CRDF)
84	Investigation of Staff Misconduct	Substantial Compliance	(7/1/16 – 3/31/17)
85	Internal Affairs Bureau Training	Partial Compliance	
86	Maintenance and Inventory of Security Equipment	Substantial Compliance (at MCJ, CRDF, PDC North, PDC South PDC East, NCCF, and IRC) Non Compliance (at TTCF)	<b>(4/1/16 – 3/31/17 MCJ and CRDF)</b> (10/1/16 – 6/30/17 PDC North) (2/1/17 – 6/30/17 PDC South and East) (3/1/17 – 6/30/17 NCCF) (4/1/17 – 6/30/17 IRC)

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<sup>2</sup> Paragraph 83 also requires the Department to maintain video recording of force incidents for at least one year. This requirement is still subject to monitoring at MCJ and IRC until 6/30/17 and at TTCF until 9/30/17.