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**Monitor**

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

UNITED STATES OF AMERICA,

Plaintiff,

v.

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

Defendants.

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

**MONITOR'S FIFTH REPORT**

1 Pursuant to the Paragraph 109 of the Joint Settlement Agreement Regarding  
2 Los Angeles County Jails, the Monitor appointed by this Court hereby submits the  
3 attached Report “describing the steps taken” by the County of Los Angeles and the  
4 Los Angeles County Sheriff during the six-month period from June 30, 2017, to  
5 December 31, 2017, “to implement the Agreement and evaluating the extent to  
6 which they have complied with this Agreement.” This Report takes into  
7 consideration the advice and assistance I have received from the Subject Matter  
8 Experts appointed by this Court and the comments from the parties in accordance  
9 with Paragraph 110 of the Agreement. I am available to answer any questions the  
10 Court may have regarding my Report at such times as are convenient for the Court  
11 and the parties.

12  
13 DATED: March 1, 2018

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 FIFTH REPORT

This Fifth Report sets forth the Monitor's assessments of the implementation of the Settlement Agreement (the "Agreement") between the County of Los Angeles (the "County") and the United States Department of Justice ("DOJ") for the treatment of mentally ill inmates in the County's jail facilities 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 July 1, 2017, through December 31, 2017 (the "Fifth 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 Fifth Report is based upon the Monitor's review of the policies, procedures, and directives proposed and/or implemented by the Department and DHS in the Fifth Reporting Period; assessments and observations of the Subject Matter Experts; multiple tours of the jails by the Monitor and the Subject Matter Experts; the County's Self-Assessment Status Report (the "Fifth Self-Assessment"), which was received on December 15, 2017; and the augmented Self-Assessment Status Report (the "augmented Fifth Self-Assessment"), which was received on January 17, 2018. 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 February 1, 2018.

During the Fifth Reporting Period, the Mental Health Subject Matter Expert, with the assistance of two clinicians retained by the Monitor, conducted additional qualitative assessments of the County's compliance with certain Substantive Provisions in the Settlement Agreement, and they again used different methodologies to test some of the County's reported results. The Monitor's determination of the County's compliance, with the advice of the Subject Matter Expert, is based upon the quantitative thresholds in the Compliance Measures (and any other applicable requirements in the Compliance Measures), unless the quality of the County's performance as determined by the qualitative assessment is plainly inadequate or the results reported by Subject Matter Expert vary significantly from the results reported by the Department.

During the Fifth Reporting period, the County established compliance with additional provisions of the Settlement Agreement, and made progress in addressing the significant challenges to achieving and maintaining Substantial Compliance with respect to quality improvement plans, therapeutic services, and out-of-cell time.

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<sup>1</sup> The Department of Health Services includes Correctional Health Services ("CHS"), which is responsible for Mental Health Services in the Los Angeles County jails.

As in prior reports, this Fifth 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 Fifth 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 if the results are not verified by the auditors.

Appendix A to this Fifth Report shows 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. Appendix B shows the County's progress from the Initial Reporting Period through the Fifth Reporting Period in achieving Substantial Compliance and in maintaining Substantial Compliance for twelve consecutive months on provisions that are no longer subject to monitoring.

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 Fifth 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  
March 1, 2018

## 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 23 provisions, in Partial Compliance with 24 provisions, and in Non-Compliance with 7 provisions. In addition, there are ten provisions in which the Department is in Substantial Compliance at some facilities and in Partial Compliance or Non-Compliance at other facilities, and two provisions in which the Department is in Partial Compliance at some facilities and in Non-Compliance at other facilities. There is also one provision (Paragraph 34), that remains stayed pending litigation initiated by third party intervenors, one provision (Paragraph 41) that is Not Rated, and one provision (Paragraph 83) for which the Department is in Substantial Compliance at certain facilities and not currently subject to monitoring at other facilities. There are 34 provisions for which the County and the Department are in Substantial Compliance at some or all of the facilities.<sup>2</sup>

There are 15 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. There are another five provisions for which some facilities are no longer subject to monitoring because those facilities maintained Substantial Compliance for the twelve consecutive months.<sup>3</sup>

As of the date of this Report, and subject to verification by the Monitor's auditors and 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 provided documentation reflecting that the County has achieved Substantial Compliance at Men's Central Jail ("MCJ") and Pitchess Detention Center ("PDC") South as of October 1, 2017, at North County Correctional Facility ("NCCF") as of September 1, 2017, and at PDC East as of December 1, 2017 with Paragraph 18, which requires the training of Deputy Sheriffs and Custody Assistants on suicide prevention. The results are subject to verification by the Monitor's auditors.

The County has achieved Substantial Compliance at PDC East, PDC North, and NCCF as of August 1, 2017 and at PDC South as of October 1, 2017, with Paragraph 20, which requires the training of Deputy Sheriffs on Crisis Intervention and Conflict Resolution and on working with mentally ill prisoners. The County also has provided documentation reflecting that the County has achieved Substantial Compliance with Paragraph 20 as of August 1, 2017, at Century Regional Detention Facility ("CRDF").

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<sup>2</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>3</sup> The provisions that are no longer subject to monitoring at some are all of the facilities are highlighted in bold in Appendix A.

The County has maintained Substantial Compliance for twelve consecutive months at PDC East, PDC South, PDC North, NCCF, the Inmate Reception Center ("IRC"), and Twin Towers Correctional Facility ("TTCF") with Paragraph 21, which requires Custody personnel to maintain CPR certifications. The County also has maintained Substantial Compliance for nine consecutive months at MCJ.

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.

The County has achieved Substantial Compliance as of January 1, 2018, with Paragraph 23, which requires the Department conduct a systematic review of prisoner housing to reduce the risk of self-harm and to identify and address suicide hazards, and to develop plans to reasonably mitigate suicide hazards identified in the review.

The County has achieved Substantial Compliance as of October 1, 2017, with Paragraph 24, which requires the Department to conduct annual reviews and inspections of prisoner housing to identify suicide hazards.

The County has provided documentation reflecting that, as of April 1, 2017, through December 31, 2017, it achieved Substantial Compliance at IRC with Paragraph 28, which requires the Department to expedite inmates having urgent or emergent mental health needs through the booking process. The reported results are subject to verification by the Monitor's auditors.

The County has provided documentation reflecting that, as of April 1, 2017, through December 31, 2017, it achieved Substantial Compliance with Paragraph 29, which requires mental health assessments of prisoners with non-emergent mental health needs within 24 hours of the intake nursing assessment. 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, through June 30, 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 achieved Substantial Compliance as of April 1, 2017, through September 30, 2017, at PDC South with Paragraph 39, which requires the County to use a confidential self-referral system for prisoners to request mental health care. The County also has provided documentation reflecting that, as of July 1, 2017 through September 30, 2017, at PDC North, TTCF and NCCF, it achieved Substantial Compliance with Paragraph 39. The 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 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 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." Per agreement of the parties, the County is required to maintain Substantial Compliance under revised Compliance Measures for two additional quarters.

The County has provided documentation reflecting that it achieved Substantial Compliance as of October 1, 2016, through September 30, 2017, at CRDF with Paragraph 55, which requires custody, medical and mental health staff to meet daily in High Observation Housing and weekly in Moderate Observation Housing. The County also has provided documentation reflecting it achieved Substantial Compliance as of



April 1, 2017, through September 30, 2017, at PDC North and MCJ with this paragraph. 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 maintained Substantial Compliance from July 1, 2017, through September 30, 2017, at MCJ with Paragraph 57, which requires safety checks in mental health housing.

The County has maintained Substantial Compliance for twelve consecutive months at PDC South, PDC North, and PDC East with Paragraph 58, which requires safety checks in non-mental health housing. The County also has maintained Substantial Compliance as of July 1, 2017 through September 30, 2017 at CRDF and TTCF with Paragraph 58.

The County has maintained Substantial Compliance from January 1, 2017, through September 30, 2017, at MCJ, PDC North, and PDC East, and from April 1, 2017 through September 30, 2017, at NCCF with Paragraph 59, which requires unannounced daily supervisory rounds to verify safety checks.

The County has maintained Substantial Compliance for twelve consecutive months at MCJ, NCCF, PDC East, PDC North, and PDC South with Paragraph 68, which requires staggered contraband searches in housing units.

The County has maintained Substantial Compliance for twelve consecutive months with Paragraph 71, which requires the County and the Sheriff 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.

The County has maintained Substantial Compliance for twelve consecutive months 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 for twelve consecutive months 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 for twelve consecutive months 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 for twelve consecutive months with Paragraph 82, which requires the Department to co-locate personnel responsible for collecting prisoners' grievances at CRDF.

The County has maintained Substantial Compliance for twelve consecutive months at MCJ, IRC, TTCF, and CRDF with Paragraph 83, which requires it to install closed circuit security cameras throughout all of the common areas in the jails. Under the applicable Compliance Measures, the County needs to retain the videos from CRDF through March 31, 2018, to fully achieve Substantial Compliance at that facility.

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

The County has maintained Substantial Compliance for twelve consecutive months at MCJ, CRDF, and PDC North with Paragraph 86, which requires inventory policies and control of weapons. It has also maintained Substantial Compliance as of February 1, 2017, through December 31, 2017, at PDC South and PDC East, and as of March 1, 2017, through December 31, 2017 at NCCF, and as of April 1, 2017, through September 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):           SUBSTANTIAL COMPLIANCE (as of October 1, 2017  
(unverified) at MCJ and PDC South)**

**SUBSTANTIAL COMPLIANCE (as of  
September 1, 2017 (unverified) at NCCF)**

**SUBSTANTIAL COMPLIANCE (as of  
December 1, 2017 (unverified) at PDC East)**

**PARTIAL COMPLIANCE (at TTCF, CRDF, IRC, and  
PDC North)**

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 on suicide prevention 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 Fifth 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" through September 30, 2017. It also reports that the Department achieved Substantial Compliance at MCJ, and PDC South as of October 1, 2017, at NCCF as of September 1, 2017,<sup>4</sup> and Partial Compliance at the other facilities in the Third Quarter of 2017.<sup>5</sup> The County's augmented Self-Assessment reports Substantial Compliance at PDC East as of November 1, 2017.<sup>6</sup> These results are subject to verification by the Monitor's auditors.

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<sup>4</sup> This is the first day of the month after the Department reached the required 85% threshold.

<sup>5</sup> The County's Self-Assessment reports Substantial Compliance at MCJ and PDC South as of September 2017 and at NCCF as of August 2017. The number of trained personnel in the posted Self-Assessment is, however, different than the numbers in the posted rosters for the course because, according to the County, "not all those on the posted rosters were assigned to the facilities after July 1, 2015." Further, there are different certification dates on different rosters, which the County indicates was "likely caused by miscommunications as to whether the 'date certified' or the date the course was taken was to be indicated."

<sup>6</sup> All of the two-hour training of existing Deputy Sheriffs and Custody Assistants occurred after the revision of the suicide prevention course was approved by the Monitor on May 30, 2017.

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.

Substantial Compliance requires the County to show that 95% of the new deputies hired after July 1, 2015 and 85% of the existing deputies as of that date received the required DeVRT training. It also requires that 95% of the new Custody Assistants hired after that date and 85% of the existing Custody Assistants as of that date received the required training in working with mentally ill inmates.

The County's Fifth Self-Assessment reports that the Department achieved Substantial Compliance at all facilities for new Deputies and new Custody Assistants as of January 1, 2017 through June 30, 2017. The County's augmented Fifth Self-Assessment reports that the Department has continued to maintain Substantial Compliance at all facilities for new Deputies and new Custody Assistants through September 30, 2017. The Department trained 95% of the existing Deputy Sheriffs at TTCF by the end of the Third Quarter of 2017, but only 5% of the existing Custody Assistants. Similarly, the Department trained 100% of the existing deputies at IRC by the end of the Third Quarter, but only 2% of the existing Custody Assistants.

The Fifth Self-Assessment also reports that "effective October 1, 2017, the Department has completed its obligation under the Agreement as it relates to" existing Deputy Sheriffs in the Mental Housing Units at CRDF and existing Custody Assistants at CRDF "and is no longer subject to monitoring." Although the Department reached the 85% threshold for the training of "existing" deputies at CRDF in the Third Quarter of 2017, which has been verified by the Monitor's auditors, the results for Custody Assistants at CRDF were, as the County has acknowledged, based upon a misinterpretation of Paragraph 19(b). The 85% threshold for existing deputies at CRDF is based upon the number of deputies assigned to the Mental Health Units at CRDF as of July 1, 2015, but the threshold for existing Custody Assistants is based upon the total number of Custody Assistants assigned to any unit at CRDF as of July 1, 2015. The Department's posted results indicate that it is not counting Custody Assistants "who were not assigned to Mental Health Housing Units" at CRDF and, as a result, that there were no "Trainable CAs" at CRDF in the third quarter of 2017.<sup>7</sup>

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<sup>7</sup> The County did not report any results regarding the training of existing deputies or Custody Assistants assigned to MCJ or the Jail Mental Evaluation Teams ("JMET") at NCCF.

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):           SUBSTANTIAL COMPLIANCE (as of August 1, 2017 (verified) at CRDF, PDC East, PDC North, and NCCF)**

**SUBSTANTIAL COMPLIANCE (as of October 1, 2017 (verified) at PDC South)**

As of November 4, 2015, the Monitor, in consultation with the Subject Matter Experts and the *Rosas* Monitors, approved the 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.

Substantial Compliance requires that 85% of deputies at the designated facilities as of July 1, 2017, receive the required DeVRT training. The County reports that as of August 1, 2017, 85% of the deputies assigned to PDC East, 89% of the deputies assigned to PDC North, 85% of the deputies assigned to NCCF, and 91% of the deputies assigned to the non-mental housing units at CRDF, had received the required training, and as of October 1, 2017, 96% of the deputies assigned to PDC South had received the training. The results at CRDF, PDC East, PDC North, PDC South, and NCCF have been verified by the Monitor's auditors, and these facilities are no longer subject to monitoring.<sup>8</sup>

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<sup>8</sup> While the Department has achieved Substantial Compliance with the thresholds for the initial training of deputies at these facilities and Paragraph 20 is no longer subject to monitoring, the Monitor expects the Department to show that the Deputies have attended the required refresher courses through the duration of the Settlement Agreement.



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 (verified) at PDC East and South)**

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

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

**SUBSTANTIAL COMPLIANCE (as of October 1, 2017, through December 31, 2017 (verified) at MCJ)**

**NON-COMPLIANCE (at CRDF)<sup>9</sup>**

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.

Pursuant to paragraph 111 of the Settlement Agreement, PDC South, PDC East, PDC North, NCCF, IRC, and TTCF are no longer subject to monitoring for Substantial Compliance with Paragraph 21.

The County's Fifth Self-Assessment reports that the Department failed to achieve Substantial Compliance at MCJ in the Second Quarter of 2017 through August 2017, but achieved Substantial Compliance again in October 2017. These results have been verified by the Monitor's auditors.

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<sup>9</sup> The County's response to the Monitor's Draft Conclusions for Paragraph 21 withdrew "its conclusion of Substantial Compliance at CRDF for First Quarter of 2017."

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, and the County maintained Substantial Compliance for twelve consecutive through June 30, 2017. Pursuant to Paragraph 111 of the Settlement Agreement, the County was not subject to monitoring for Substantial Compliance with Paragraph 22 in the Fifth Reporting Period.

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: SUBSTANTIAL COMPLIANCE (as of January 1, 2018)**

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 the Fourth Report was due and again six weeks before the Fifth Report was due, showing the status and completion of items in the plan.

As noted in the Monitor's Fourth Report, the Department submitted an updated Suicide Hazard Mitigation Plan on July 17, 2017, but it was inadequate because the "Start Date" for uncompleted items is "To Be Determined;" the Department required input from the Mental Health Subject Matter Expert without indicating what information was needed; and several entries dated 3/16/17 state that the item "[r]equires funding and approval from Custody Admin, FPB, and FSB," without indicating whether anything has been done to obtain the funding.

The Department submitted the required updated Plan to the Monitor on January 18, 2018. This plan is significantly improved and, after consultation with the Mental Health Subject Matter Expert, the Monitor is of the opinion that the updated Plan satisfies the requirements of Paragraph 23. To maintain Substantial Compliance, the Department must submit an updated plan that satisfies the requirements of Paragraph 26 on or before the Monitor submits the draft of his Sixth Report.

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

**STATUS: SUBSTANTIAL COMPLIANCE (as of October 1, 2017)**

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 Fifth Self-Assessment reports that the Department has conducted an Annual Suicide Hazard Inspection at each of its jail facilities. The Monitor, after consultation with the Mental Health Subject Matter Expert, approves the sufficiency of these reports and is of the opinion that the County has achieved Substantial Compliance as of October 1, 2017. The Subject Matter Expert notes that the "inspections appear to be of high quality and scored objectively."

The County will have maintained Substantial Compliance when it submits annual reports for each of its facilities for 2018 that are approved by the Monitor after consultation with the Mental Health Subject Matter Expert.

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: PARTIAL COMPLIANCE**

The Proposed Revision of the Station Jail Manual<sup>10</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 Fifth Self-Assessment reports that 41% of the records reviewed for the Second Quarter of 2017, and 54.5% of the records reviewed for the Third Quarter of 2017 reflect the information required to establish Substantial Compliance with Paragraph 25. While short of the required 95%, this is an improvement over the two prior quarters, where the results were 23% and 26%.

On September 19, 2017, the Monitor visited five randomly selected station jails to observe where the inmates are housed pending transportation to IRC, CRDF, or a medical facility; to inspect for suicide hazards; and to interview Department personnel about the handling of suicidal inmates. The five station jails varied in size and configuration, which resulted in different procedures for housing and observing suicidal inmates. In two of the smaller jails, suicidal inmates are housed in booking cells near the entry to the jails with 15-minute safety checks by Department personnel. In one slightly larger jail, suicidal inmates are kept under unobstructed direct visual observation until they are transferred. In the two larger jails, suicidal inmates are housed in booking cells that are directly observed by the administrative Custody Assistant and are also subject to 15-minute safety checks. Each of the facilities had closed circuit cameras in the booking cells, and each of the facilities that conducts 15-minute checks maintains a log of the checks. Custody personnel in each of the facilities were knowledgeable about the requirements of Paragraph 25. They all indicated that it is standard procedure to expedite the transfer of suicidal inmates to IRC, CRDF, or a medical facility. With one exception involving bunks in one facility, the Monitor did not see any apparent suicide hazards. In the one case, the Department was in the process of anchoring the bunks to the wall. Based upon these site visits, the Monitor is of the opinion that the Department has achieved Partial Compliance with Paragraph 25.

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<sup>10</sup> The County reports that the "proposed revision to the Station Jail Manual is expected to be published by or before the end of First Quarter 2018."

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 Second Quarter of 2017 reflect that 90% of the screening forms reviewed had the required mental health information, and 67% of the prisoners were seen by a QMHP within four hours.<sup>11</sup> The posted results for the Third Quarter of 2017, reflect that 92% of the forms had the required information and 55% of the prisoners were seen within four hours.

As previously noted, the Mental Health 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 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.

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<sup>11</sup> The County's posted results state in a "Note to Monitor" that, for five of the 45 inmates with urgent or emergent mental health needs, "we are auditing ourselves as compliant due to the time-to-contact being minutes after the four hour requirement." There is, however, no grace period in either the Paragraph 26 or Compliance Measure 26-4(b). Further, in most of these cases, the evaluation was conducted more than just a few minutes after the inmate was "identified as having emergent or urgent mental health needs." For these reasons, only 55% -- rather than 67% -- of the inmates were seen by a QMHP within four hours in the Second Quarter of 2017.

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 Fifth Self-Assessment reports that in the Second Quarter of 2017, Qualified Medical Personnel or trained custody staff filled out a Medical/Mental Health Screening Questionnaire for all of the 100 randomly selected prisoners within 12 hours of their arrivals in the jails, and that the required documents were available to QMHPs who assessed the 36 inmates identified as having mental health needs. In the Third 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 31 inmates identified as having mental health needs.<sup>12</sup>

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 County's Fifth Self-Assessment reports that "the County has struggled to create a private location at IRC screenings" to address concerns expressed by the Monitor and Mental Health Subject Matter Expert. Although there is such a location at CRDF, the County has not demonstrated that it is being used to screen all female inmates booked into CRDF. The County reports that it "is currently working to consolidate the screening process during booking at both IRC and CRDF" and it "anticipates identifying a private screening area once the consolidation process is finalized. A pilot program is expected to begin in the Second Quarter 2018."

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<sup>12</sup> Qualitative assessment by the Mental Health Subject Matter Expert and the clinicians in the prior Reporting Period are consistent with the results reported by the County in the Fifth Reporting Period. They found "that 95% of the intake documentation was complete and available [and] 95% of routine cases were detected."



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

**STATUS: SUBSTANTIAL COMPLIANCE (as of April 1, 2017, through September 30, 2017 (verified) and through December 31, 2017 (unverified) at IRC)**

**PARTIAL COMPLIANCE (at CRDF)**

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 Fifth Self-Assessment reports that for IRC for the Second, Third and Fourth Quarters of 2017 (at 86%, 85%, and 87%) are at or above the 85% threshold for expediting inmates through the booking process, and all inmates having urgent or emergent needs were under unobstructed visual observation and checked every 15 minutes during unannounced visits as required by Paragraph 28. The results at IRC for the Fourth Quarter 2017 are subject to verification by the Monitor's auditors.

The CRDF results for these quarters (77%, 37%, and 50%) are an improvement from the two prior quarters (40% and 16%), but still below the 85% threshold. During unannounced visits at CRDF all inmates having urgent/emergent needs were under unobstructed visual observation and checked every 15 minutes.

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

**STATUS: SUBSTANTIAL COMPLIANCE (as of April 1, 2017, through December 31, 2017 (unverified))**

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 assessments for 85% of the prisoners within the required time periods.

The County's Fifth Self-Assessment reports that in the Second Quarter of 2017 the Department completed mental health assessments for 86% of the inmates at CRDF and IRC within the required time periods, in the Third Quarter of 2017, it completed 90% of the assessments within the required time periods, and in the Fourth Quarter of 2017 it completed timely 93% of the assessments. These results are subject to verification by the Monitor's auditors.

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

**STATUS: PARTIAL COMPLIANCE**

The Compliance Measures require the Department to review randomly selected initial mental health assessments and report on (1) the percentage of assessments that have (i) included an initial treatment plan that addresses housing recommendations and preliminary discharge information and (ii) identified any immediate issues and whether a more comprehensive evaluation was indicated; and (2) whether the housing recommendations were followed.

The County's Fifth Self-Assessment reports that 100% of the housing assignments reviewed in the Second Quarter of 2017 followed the housing recommendations in the initial treatment plans, which exceeds the 95% threshold for Substantial Compliance, but only 81% of the initial mental health assessments had the information required by Paragraph 30, which is below the 85% threshold for the initial assessment component. The Self-Assessment reports that 100% of housing assignments and 89% of the initial assessments complied with the requirements of Paragraph 30 in the Third Quarter of 2017, but the Monitor's auditors were unable to verify these results.<sup>13</sup>

The Mental Health Subject Matter Expert and the clinicians again evaluated "whether the determination of immediate issues [in random sample of mental health assessments] was reasonable in light of available information. . . [and] 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 83% of the cases "identified immediate issues," and that the determination of the immediate issues "was reasonable from a qualitative perspective" in 82% of the cases. The Subject Matter Expert reports that the "County has made substantial improvements to the initial mental health assessments. [The] qualitative assessments have shown [the County] to be near compliance percentages for the formal compliance measures except for discharge information."<sup>14</sup> Based upon the qualitative assessment, the Monitor is of the view that the County has achieved Partial Compliance with Paragraph 30.

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<sup>13</sup> DOJ also expressed concerns that the source documents for some of the mental health assessments "the County reports as compliant do not contain the information required under [the] compliance measures[.]"

<sup>14</sup> The Subject Matter Expert and clinicians also found that 68% of the cases had preliminary discharge information and 62% "met County policy requirements regarding discharge planning, a dramatic improvement from less than 10% on previous occasions." Discharge planning will eventually be addressed under Paragraph 34 of the Settlement Agreement.

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, for prisoners who report suicidal thoughts during the intake process; were removed from risk precautions in the prior quarter; or were identified as hoarding medicine.

The County's Fifth Self-Assessment reports that for TTCF, 76% of the records contained the required mental health alerts in the Second Quarter of 2017, and 95% for the records contained the alerts in the Third Quarter of 2017. In response to questions from the Monitor's auditors, the County reviewed the source documents and concluded that "it has only achieved partial compliance with regard to [Compliance Measure] 31-1(c) (hoarding) alerts due to issues identifying the entire hoarding population and a two-month delay in entering one alert."<sup>15</sup>

For CRDF, the results were 78% for the Second Quarter of 2017 and 86% for the Third Quarter of 2017. Although the Third Quarter results at CRDF exceeded the 85% threshold, "no prisoners were identified as hoarders," and the County rated itself as "partially compliant" because of "on-going issues with defining and identifying hoarders."<sup>16</sup>

The County also reported results for MCJ, which had prisoners identified as hoarding medicine, where 50% of "the records reviewed contained the required mental health alerts[.]"

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<sup>15</sup> The Mental Health Subject Matter Expert observes that the measure "is difficult to verify, particularly the alerts for hoarding medicine," which are required by Paragraph 31(b), because the County's methodology "does not assure that hoarding detected by custody results in hoarding alerts."

<sup>16</sup> The County reports that it is working to develop a "clear definition for 'hoarding,'" and a "more efficient system for nurses to report inmates who are prone to hoarding[.]"

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 that 95% of the electronic medical records of prisoners who had a serious suicide attempt reflect information regarding the attempt, and 85% of the records reflect that the information was entered into the record within one day of the attempt.

The County maintained Substantial Compliance with Paragraph 32 for twelve consecutive months as of December 31, 2016, and this provision was not subject to monitoring in the Fifth Reporting Period.

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 June 30, 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 and Fourth Quarters of 2016, and the First Quarter of 2017.

The County's Augmented Fifth Self-Assessment reports "that 100% -- 15% more than the required 85% -- of the mental health supervisors complied with the requirements of this Provision for Second Quarter 2017."<sup>17</sup> All of the results reported by the County in its Self-Assessments are 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). The Monitor has asked the Mental Health Subject Matter Expert to assess the quality of the reviews for compliance with the requirements of Paragraphs 33(b), (c), and (d).<sup>18</sup>

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<sup>17</sup> The County also reported the same results for the Third Quarter 2017. These results will be subject to verification by the Monitor's auditors if the results reported for the prior twelve months cannot be verified by the auditors and the Department is required to extend its Substantial Compliance into the Third Quarter of 2017.

<sup>18</sup> The Monitor anticipate that the Subject Matter Expert will review the supervisors' reviews during the next reporting period.

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

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



**STATUS (34):            STAYED PENDING LITIGATION**

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

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. Substantial Compliance requires that "85% of the BOHMR forms reflect that the referral occurred before the end of the shift in which the potential need for mental health care is identified."

Although the County appears to have made progress in capturing the data, it was able to locate timely completed BOMHR forms for only 44% and 36% of the randomly selected prisoners with a potential need for routine mental health needs who were referred for evaluation in the Second and Third quarters of 2017. The Department reports that it has developed an electronic version of the BOHMR, which was "implemented in all facilities as of November 6, 2017," which should facilitate the timely completion of the required BOHMRs.

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 Fifth Self-Assessment reports that 69% of the prisoners identified in the two randomly selected weeks in the Second Quarter of 2017 and 60% in the Third Quarter of 2017 received an assessment by a QMHP within four hours. These results are still below the 95% threshold, but an improvement from the Fourth Reporting Period. Almost all of the prisoners who did not receive an assessment by a QMHP within four hours were transported from NCCF in the north part of the County to IRC in the downtown jail complex.<sup>19</sup>

As previously noted, the process of observing prisoners following adverse triggering events at CRDF and TTCF satisfies Paragraph 36. Benches have been installed next to the officers' stations in housing areas at both facilities, and prisoners who experience triggering events are handcuffed to the benches and under constant visual observation until the QMHPs arrive to meet with the prisoners.

DOJ and the County have agreed that, instead of unannounced quarterly visits, "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 in the Second Quarter of 2017 all five selected prisoners at CRDF and four of the five at TTCF were on the videos "under unobstructed visual observation pending assessment." In the Third Quarter of 2017, two of the five prisoners at CRDF and four of the five at TTCF were under the required observation.

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<sup>19</sup> The Mental Health Subject Matter Expert notes that many cases may not be true emergencies because the inmates are using the threat of suicide "to secure exit from NCCF." He believes that it "might be reasonable to exclude" from the four-hour assessment requirement those inmates in general population at NCCF who are transferred to IRC as a result of threatening to commit suicide rather than engaging in self-injurious behavior. The parties have agreed to exclude these NCCF inmates from the four-hour assessment requirement.

The Fifth 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 in both the Second and Third Quarters of 2017 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: PARTIAL 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 Fifth Self-Assessment reports significant improvements with the use and completion of the BOMHR form by the Court Services Division in the Second and Third quarters of 2017. 93% of the incidents covered by Paragraph 37 in six randomly selected courts were reflected on BOMHRs in the Second Quarter of 2017 and 87% of the incidents in six other courts were reflected on BOMHRs in the Third Quarter of 2017. These results are far above the 10% and 33% results in the prior two quarters.<sup>20</sup> 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."

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<sup>20</sup> Although Compliance Measure 37-2 requires the Department to "select different courts so that all 35 courts are selected at least once per year," only twenty-five of the Courts have lock-ups and handle defendants in custody.

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.

The County's reported results, which were verified by the Monitor's auditors, showed that it had maintained Substantial Compliance with Paragraph 38 for twelve consecutive months as of December 31, 2016. Accordingly, pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 38 was not subject to monitoring in the Fifth Reporting Period.

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: SUBSTANTIAL COMPLIANCE (as of April 1, 2017, through June 30, 2017 (verified) and through September 30, 2017 (unverified) at PDC South)**

**SUBSTANTIAL COMPLIANCE (as of July 1, 2017, through September 30, 2017 (unverified) at TTCF, NCCF, and PDC North)**

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

During tours of the jail facilities in the Fifth Reporting Period, the Monitor and the Mental Health Subject Matter Expert observed that 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 Fifth Self-Assessment reports that it achieved Substantial Compliance with Compliance Measure 39.4(a) in the Second and Third quarters of 2017 in that more than 85% of the housing areas in all of the facilities had the self-referral forms.

The County's Fifth Self-Assessment also reports that in the Second Quarter of 2017, 100% of the self-referrals forms from CRDF, PDC South, TTCF, and MCJ 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 98% of the CRDF



referrals and 100% of the PDC South referrals, as required by Compliance Measure 39.4(c), but only 55% of the TTCF referrals and 9% of the MCJ referrals had the required documentation. The Self-Assessment also reports that "the County was unable to assess NCCF and PDC North during this quarter as there was no formal process in place during the random week selected to accurately document the timeliness and nature of CHS' response to the self-referrals, and it was unable to assess PDC East "as there were no referrals for mental health care received by the Department during the random week selected."

The County's Fifth Self-Assessment also reports that in the Third Quarter of 2017, 100% of the self-referrals forms from CRDF, PDC South, NCCF, and PDC North, 99% of the forms from TTCF, and 94% of the forms from MCJ 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 94% of the CRDF referrals, 99% of the TTCF referrals, 96% of the NCCF referrals, 100% of the PDC South referrals, and 100% of the PDC North referrals as required by Compliance Measure 39.4(c), but only 58% of the MCJ referrals. The Self-Assessment also reports that the County was unable to assess PDC East during this quarter because once again there were no referrals.<sup>21</sup>

As noted in prior reports, absent extenuating circumstances, Mental Health Services clinicians must respond to self-referrals within seven days. In many cases, however, the County is counting from when Mental Health Services receives the self-referral from Medical Services rather than from when the inmate makes the self-referral. This would be reasonable if Medical Services promptly forwards the self-referral to Mental Health Services, but this is not always the case. For example, in one case an inmate made a self-referral on June 13, 2017, and the medical staff sent it to Mental Health Services on July 18, 2017. The County deemed Mental Health Services' response on July 20, 2017 to be timely because it was within seven days after it received the referral even though this was over a month after the inmate made the self-referral. The Mental Health Subject Matter Expert observes that this "is entirely unreasonable." When compliance is measured from the date the inmate submits the self-referral rather than the date the form is received by Mental Health Services, the Monitor's auditors determined that the County was not in Substantial Compliance at CRDF for the Second and Third Quarters of 2017.

The reported results for PDC South in the Second and Third Quarters of 2017 and for TTCF, NCCF, and PDC North in the Third Quarter of 2017 are subject to verification by the Monitors auditors, which will include an assessment of the timeliness of Mental Health Services' responses from the date of the inmate's self-referral.

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<sup>21</sup> This is not surprising, given the limited population at PDC East, which is a fire camp. The County should continue to determine if there are any referrals from PDC East in future reporting periods until all of the other facilities have maintained Substantial Compliance with Paragraph 39 for twelve consecutive months, at which time Paragraph 39 will no longer be subject to Monitoring.

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 the County (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 Fifth Self-Assessment reports that a QMHP responded to 99% of referrals and 64% were within four hours in the Second Quarter of 2017. The results for the Third Quarter of 2017 show that a QMHP responded 100% of the time and 84% 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. During a May 2017 site visit, the Mental Health Subject Matter Expert and the clinicians "found that a QMHP responded in 28/29 cases (one case was not an urgent or emergent referral);" in 70% of the cases in which they could determine timeliness, a QMPH responded within four hours; and in 46% of the cases in which they could determine if the services were clinically appropriate, the services were adequate.

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

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

**STATUS: NOT RATED**

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. In the Fourth Reporting Period, the Monitor did not rate the County's compliance with Paragraph 41 because all of the FIP patients on suicide watch during the 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."

During the Fifth Reporting Period, the parties agreed to 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. The revised Compliance Measures were reviewed by the Mental Health Subject Matter Expert. They will be effective as of January 1, 2018, so that the pool of patients in FIP who are subject to the step-down protocols will be sufficient to assess meaningfully the County's compliance with Paragraph 41 in the next Reporting Period.

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)**

The County's Fifth Self-Assessment reports that for the Second Quarter of 2017 at CRDF, 100% of the medical records reviewed reflected that "inmates in HOH and placed on risk precautions were assessed by a QMHP"; "73% -- instead of the required 90% -- of the records reflected that the QMHP determined on an individualized basis whether to implement step-down procedures;" and "50% -- 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, the results in these categories were 100%, 27%, and 0%.

For the Third Quarter of 2017 at CRDF, 100% of the records "reflected that inmates in HOH and placed on risk precautions were assessed by a QMHP"; 50% "of the records reflected that the QMHP determined on an individualized basis whether to implement step-down procedures;" and 83% "of the records reflected that step-down procedures were implemented per the QMHP assessment, where applicable." For this quarter at TTCF, the results in these categories were 100%, 22% and 0%.

Notwithstanding the poor quantitative results, the Mental Health Subject Matter Expert observed that the County is "doing a better job of self-assessment and that the clinicians, when they do invoke stepdown procedures, are doing much better at determining what level of services are needed and are also more appropriately considering what restrictions are needed (as reflected by door signs)." The Fifth Self-

Assessment reports that a Risk Precaution workgroup developed a "standardized criteria for designation as requiring R[isk] P[recaution] [that] was approved by DHS-CHS management" and also mandatory training for staff, which began on November 17, 2017.<sup>22</sup>

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<sup>22</sup> DOJ has requested additional information about the "standardized criteria for designation."

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. These revisions were not, however, finalized by the Department during the Fifth Reporting Period. The County's Fifth Self-Assessment reports that the Department is "currently finalizing revisions to policies related to discipline and the mentally ill," which should satisfy the requirements of Compliance Measure 43.9(a).

The Fifth Self-Assessment reports that the Department reported that "no inmates with mental illness had lost behavioral credits for disciplinary reasons during Second and Third Quarters, 2017, "which addresses Compliance Measure 43.9(e).

The County's Fifth Self-Assessment did not report any results for the other

subparts of Compliance Measure 43.9, which require that (b) "custody staff consult with a QMHP" prior to transferring prisoners in mental health housing to disciplinary housing; (c) QMHPs meet with prisoners receiving psychotropic medication who are transferred from disciplinary housing; and (d) QMHPs walk through each disciplinary housing unit at least once a week. The County's posted results for Compliance Measure 43.9(b) state that the County "discovered systematic problems with QMHP discipline clearance for inmates in mental health housing." The posted results for Compliance Measure 43.9(c) were in the 80% range for each facility during that quarter, which was a significant improvement at MCJ and TTCF. The posted results for Compliance Measure 43.9(d) show that QMHPs walked through each of the facilities at least once a week in each facility during the randomly selected month in the Third Quarter of 2017.

The Fifth Self-Assessment reports that "the current practice regarding QMHP review of discipline for inmates in mental health housing locations is, when appropriate, a P2 inmate is transferred from dorm housing to cell-housing within mental health, and evaluated afterwards as to whether discipline can be imposed" and "[i]nmates who have been designated as P3 or P4 do not get moved from their housing assignments when they commit an infraction. The County does, however evaluate P3 inmates before any other discipline is imposed. Inmates designated as P4 are not disciplined."<sup>23</sup> The Self-Assessment also reports that "the County has identified staffing levels as [a] factor in the County's failure to achieve substantial compliance with this Provision."

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<sup>23</sup> "P" levels indicate the seriousness of an inmate's mental illness, with P4 being inmates with the most severe mental illnesses.

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 was not subject to monitoring during the Fifth Reporting Period.



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 (verified) at CRDF, NCCF, PDC EAST, PDC SOUTH, and TTCF)**

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

The County has maintained Substantial Compliance with Paragraph 45 for twelve consecutive months at all facilities as of December 31, 2016. Pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 45 was not subject to monitoring during the Fifth Reporting Period.

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

**STATUS: PARTIAL COMPLIANCE**

Substantial Compliance requires the Department to review the documentation from randomly selected incidents involving prisoners who threaten or exhibit self-injurious behavior, and include an assessment of the timeliness and appropriateness of the Department's responses to these incidents in its semi-annual Self-Assessment.

The Department has been 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 Fifth Self-Assessment reports that, with the implementation of the electronic BOMHRs at all facilities as of November 6, 2017, the "Department anticipates providing data as to inmates who threaten self-injurious behavior by the First Quarter of 2018."

The County's Fifth Self-Assessment reports that for the First Quarter of 2017, "72% -- 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." In the Second Quarter of 2017, 80% of the records reflected that the appropriate aid and necessary interruption was provided by the Department. In the Third Quarter of 2017, 75% of the records reflected this information.<sup>24</sup>

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<sup>24</sup> The Mental Health Subject Matter Expert observes that the "challenging issue" is how to respond to self-injurious behavior without reinforcing the behavior. He suggests considering a qualitative assessment of Paragraph 46 for this purpose.

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 Fifth Self-Assessment sets forth what the County has done to implement the paragraphs of the Settlement Agreement that were subject to monitoring in the Fifth Reporting Period.

After discussions with the parties, the Monitor revised the Compliance Measures for Paragraph 47 to define "Critical Incidents" as "all inmate deaths, all serious suicide attempts, all Category 3 uses of force, and a random sample of 25%, but not more than 25 per quarter, of assaults on staff (excluding gassing) by inmates in mental health housing units or on mental health caseloads resulting in felony filings". The revised Compliance Measures have been approved by the parties and implemented by the Monitor, effective January 1, 2018. The County's Fifth Self-Assessment reports that the County will provide a list of critical incidents" after the revised measures are implemented and "is working to develop the methodology to determine and assess whether staffing was a factor in any non-compliance with the Agreement, any critical incident, or the Department's handling of the incident."

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 County maintained Substantial Compliance with Paragraph 48 of the Agreement at all facilities for twelve consecutive months as of December 31, 2016. Pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 48 was not subject to monitoring in the Fifth Reporting Period. Nevertheless, during inspections in the Fifth Reporting Period, the Monitor and Subject Matters Experts observed "an acceptable level of cleanliness, sanitation, repair and safety" in each facility.

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)**

The County maintained Substantial Compliance with Paragraph 49 of the Agreement at all facilities for twelve consecutive months as of February 28, 2017. Pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 49 was not subject to monitoring during the Fifth Reporting Period. Nevertheless, during inspections in the Fifth Reporting Period, the Monitor and Subject Matter Expert noted that the lighting systems, heating, ventilation and cooling systems in each facility were "adequately maintained and installed."

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 (verified) at all facilities other than PDC South and PDC East)**

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

The County maintained Substantial Compliance with Paragraph 50 of the Agreement at all facilities for twelve consecutive months as of March 31, 2017. Pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 50 was not subject to monitoring during the Fifth Reporting Period.

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 (verified) for all facilities other than CRDF)**

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

The County maintained Substantial Compliance with Paragraph 51 of the Agreement at all facilities for twelve consecutive months as of June 30, 2017. Pursuant to Paragraph 111 of the Settlement Agreement, Paragraph 51 was not subject to monitoring during the Fifth Reporting Period.

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**

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. All of the Compliance Measures for Paragraph 52 have a 95% threshold for Substantial Compliance.

The County's Fifth Self-Assessment reports that for the Second Quarter of 2017 at CRDF, 95% of the inmates initially placed in HOH were provided the property required by Paragraph 52; 6% "of the electronic medical records for inmates assigned to HOH reflected a recommendation by a QMHP regarding allowable property;" 4% "of electronic medical records for inmates assigned to HOH reflect that property restrictions were based upon the clinical judgment of a QMHP;" and 100% of the inmates placed in HOH "for more than 24 hours" and had "allowable property as recommended by a QMHP[.]"

For the Third Quarter of 2017 at CRDF, the reported results were that 69% of the inmates initially placed in HOH were provided the property required by Paragraph 52, and 100% of the inmates placed in HOH "for more than 24 hours" had "allowable property as recommended by a QMHP[.]" The County was, however, "unable to determine the compliance rate" for the other two Compliance Measures.



For the Second Quarter of 2017 at TTCF, the County reports that 87% of the inmates initially placed in HOH were provided the property required by Paragraph 52; 14% "of the electronic medical records for inmates assigned to HOH reflected a recommendation by a QMHP regarding allowable property;" 0% "of electronic medical records for inmates assigned to HOH reflect that property restrictions were based upon the clinical judgment of a QMHP; and 99% of the inmates placed in HOH "for more than 24 hours" had "allowable property as recommended by a QMHP[.]"

For the Third Quarter of 2017 at TTCF, the results were 69% of the inmates initially placed in HOH were provided the property required by Paragraph 52; 58% "of the electronic medical records for inmates assigned to HOH reflected a recommendation by a QMHP regarding allowable property,"<sup>25</sup> and 94% of the inmates placed in HOH "for more than 24 hours" had "allowable property as recommended by a QMHP[.]" The County was, however, "unable to determine its compliance rate for electronic medical records for inmates assigned to HOH reflect[ing] that property restrictions were based upon the clinical judgment of a QMHP." Accordingly, the Mental Health Subject Matter Expert and one of the clinicians expressed concern that results reported for this Compliance Measure "may not reflect the involvement of a QMHP in determining property allowed, but rather the correspondence of the property observed in the cell compared with the property noted on the door sign."<sup>26</sup>

The County reports that it "recently updated and improved functionality of the door signs to assist with identifying allowable property for inmates in High Observation Housing," which is determined by the QMHPs, not Custody. During the most recent tours of the TTCF and CRDF, the Monitor, the Mental Health Subject Matter Expert, and the clinicians all noted continuing improvement in the matching of door signs with the allowable property.

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<sup>25</sup> DOJ notes that "the County's August 2017 tool for TTCF contain multiple QMHP meeting that do not correspond with the correct inmate, such that many QMHP meeting are recorded as untimely. If this were corrected, the County's compliance percentage for 3Q17 at TTCF would likely be higher."

<sup>26</sup> The Mental Health Subject Matter Expert also notes that this "element is the most challenging to achieve and to properly audit as it requires some degree of clinical judgement to determine whether the restrictions were based on a clinical assessments, let alone determining whether the assessment was adequate."

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 Second and Third Quarters of 2017, 81% and 97% 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. In reviewing these results, the Monitor and Mental Health Subject Matter Expert expressed concerns about the Third Quarter results because there are no prisoners from CRDF who asked for or were denied programming in that quarter, even though there were a number of prisoners in both categories in the Second Quarter. The County has acknowledged "an issue with the documentation," and reports that it has "revised the documentation process at CRDF[.]"

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 March 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. In the Third and Fourth Reporting Periods, the County reported that it achieved and maintained Substantial Compliance for twelve consecutive months in 2016. The results have been verified by the Monitor's auditors.

The Mental Health Subject Matter Expert has expressed a concern that 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." To address this concern, with the approval of the parties, the Monitor revised the Compliance Measures for Paragraph 54, effective January 1, 2018, to reflect an alternative pool of inmates proposed by the County. Because Monitor's auditors have verified that the County has maintained Substantial Compliance under the existing Compliance Measures, the County will only be required to maintain Substantial Compliance under the revised Compliance Measures for two additional quarters.

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 December 31, 2016 (unverified); as of January 1, 2017 through September 30, 2017 (verified) at CRDF)**

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

**SUBSTANTIAL COMPLIANCE (as of April 1, 2017 through September 30, 2017 (verified) at PDC North)**

**PARTIAL COMPLIANCE (at TTCF)**

During the Fifth Reporting Period, the Monitor and a DOJ representative attended a daily HOH meeting at CRDF, 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 the staff actively participated and addressed salient issues.

The County's Fifth Self-Assessment reports that the Department has maintained Substantial Compliance for twelve consecutive months through the Third Quarter of 2017 at CRDF and TTCF with Compliance Measures 55.3, 55.6(a) and 55.6(b), and at MCJ and PDC North for the second and third quarters of 2017. The results posted by the County show, however, that it failed to meet the 95% Substantial Compliance threshold under Compliance Measure 55.6(b) for the MOH meetings at TTCF for the third quarter of 2017.

On January 16, 2018, the Department provided its semi-annual reports "verifying the coordination and communication at the staff meetings" at each of the facilities with HOH and/or MOH units during the second six months of 2017 as required by Compliance Measures 55.2, 55.4 and 55.6(c).

The Substantial Compliance results for the Fourth Quarter of 2016 at CRDF and for the Third Quarter of 2017 at MCJ 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), through December 31, 2016 (verified), and through June 30, 2017 (unverified))**

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 Fifth Self-Assessment reports that it has achieved Substantial Compliance for the First and Second quarters of 2017, which means that it has maintained Substantial Compliance for 18 consecutive months. Once the reported results for the Third Quarter of 2016 have been verified by the Monitor's auditors 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 April 1, 2017, through September 30, 2017 (verified) at MCJ)**

**PARTIAL COMPLIANCE (at TTCF, CRDF, and PDC North)**

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 thresholds for achieving Substantial Compliance with these two Compliance Measures is 95%.

The County's Fifth Self-Assessment reports that it has maintained Substantial Compliance with Compliance Measure 57.5(b) in the Second and Third Quarters of 2017 in the MOH unit at MCJ (the "Hope Dorm") where 96.8% and 96.6% of the safety checks were in compliance.<sup>27</sup> It also reports that it achieved Partial Compliance in the HOH and MOH units at TTCF (93.6% and 93.9%) and CRDF (86% and 89.7%), and in the MOH units at PDC North (95% and 79.9%).<sup>28</sup>

The Self-Assessment also reports the County has maintained Substantial Compliance with Compliance Measure 57.5(c) in all facilities in the Second Quarter of 2017 where 99% of the new mental health housing assignments for were approved by a QMHP. In the Third Quarter of 2017, 99% of the new mental housing assignments at TTCF and CRDF and 100% of the assignments at MCJ were approved by a QMHP.<sup>29</sup> The results for the Third Quarter of 2017 at MCJ have been verified by the Monitor's auditors. These results are consistent with the Subject Matter Expert's qualitative assessment.

The Monitor has concerns that deputies are more concerned about the timeliness, as opposed to the quality, of the cell checks in mental health housing, which have tighter 15- and 30-minute requirements. On videos the Monitor has reviewed, Deputies and Custody Assistants will sometimes scan the bar codes without stopping or looking into

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<sup>27</sup> DOJ has expressed concern that the checks in the Hope Dorm "may not truly be staggered because the checks are often separated consistently by intervals of almost exactly 25 minutes." The Monitor notes that there is some staggering of these checks and, as confirmed by the Mental Health Subject Matter Expert, significant variations are less important in the Hope Dorm because it is a direct observation dorm with Department personnel stationed inside the dorm 24 hours per day.

<sup>28</sup> There are, however, no reported results for the Forensic In-Patient ("FIP") unit in the CTC.

<sup>29</sup> In order to satisfy Compliance Measure 57.5(c), inmates must be moved expeditiously after a QMHP approves a new housing assignment. Although it is not realistic to expect the Department to move all inmates immediately, the transfers should be done within 48 hours of the QMHPs' approvals of new housing assignments, and placements in FIP should be as soon as possible. The Monitor's auditors determined that 100% of the inmates were moved by the Department within 48 hours of the QMHPs' approvals in the Third Quarter.

cells. This is more prevalent in TTCF than in CRDF and MCJ, where deputies usually look in the cells during cell checks. In one troubling incident involving the death of an inmate at TTCF, videos show that Deputies and Custody Assistants walked by the inmate's cell without looking in his cell on two separate checks after it appears (from another video) that the inmate had fallen to the floor in his cell. The Mental Health Subject Matter Expert and clinicians observed similar variations in the quality of safety checks at CRDF and TTCF.



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 (verified) at PDC South, PDC North, and PDC East)**

**SUBSTANTIAL COMPLIANCE ( as of July 1, 2017, through September 30, 2017 (verified) at CRDF and TTCF)**

**PARTIAL COMPLIANCE (at 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 thresholds for achieving Substantial Compliance with this Compliance Measures is 90%.

The County maintained Substantial Compliance with Paragraph 58 for twelve consecutive months at PDC South, PDC North, and PDC East as of December 31, 2016. Pursuant to Paragraph 111, those facilities were not subject to monitoring in the Fifth Reporting Period.<sup>30</sup>

The County's Fifth Self-Assessment also reports that for the Second and Third Quarters of 2017, the following percentages of safety checks were in compliance with Paragraph 58: CRDF (83.5% and 90.5%);<sup>31</sup> TTCF (89.8% and 92.6%); MCJ (86.4% and 88.6%); NCCF (83.5% and 84.8% )<sup>32</sup> and IRC (93% and 87.8%).

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<sup>30</sup> Based upon the County's reported results, in the last reporting period the Monitor found the County to be in Substantial Compliance at PDC East for the First Quarter of 2016. Following the submission of the Monitor's Fourth Report, the County posted revised results showing that the Department did not meet the 90% threshold for Substantial Compliance at PDC East in that quarter. However, the Monitor's auditors concluded that the Department reached the threshold for Substantial Compliance at PDC East in that quarter.

<sup>31</sup> Substantial Compliance requires achieving the 90% threshold based upon the aggregate data for the two randomly selected weeks.

<sup>32</sup> DOJ has requested an update regarding the Department's "plans to stagger [the Title 15] checks at NCCF."

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 September 30, 2017 (verified) at PDC North, PDC East, and MCJ)**

**SUBSTANTIAL COMPLIANCE (as of April 1, 2017, through September 30, 2017 (verified) at NCCF)**

**PARTIAL COMPLIANCE (at PDC South, TTCF, and CRDF)**

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 Fifth Self-Assessment reports that the Department achieved Substantial Compliance at CRDF and NCCF in the Second Quarter of 2017 and maintained Substantial Compliance at PDC East, PDC North, PDC South, and MCJ during that quarter. It also reports that it maintained Substantial Compliance at PDC East, PDC North, MCJ, and NCCF in the Third Quarter of 2017. The Substantial Compliance results have been verified by the Monitor's auditors. The Monitor has also determined that the Department achieved Partial Compliance at TTCF, PDC South, and CRDF.

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.

On December 8, 2017, the Monitor and the Mental Health Subject Matter Expert met with Dr. Jonathan Liu, the Director of Quality & Performance Improvement for Correctional Health Services, and members of the recently formed Mental Health Quality Improvement (QI) Redesign Workgroup. With input from the Mental Health Subject Matter Expert, this Workgroup is working "to create a high functioning model for QI which aligns with the greater DHS improvement program." At the meeting, Dr. Liu discussed the goals and plans of the working group, and the framework of the quality improvement plan. As stated by the Mental Health Subject Matter Expert, "CHS is clearly developing a sound QM system. It is based on well-established principles and methods of QM. They are taking appropriate and measured steps to implement their plan." Quality improvement remains a challenge for the County, however, given the different roles and responsibilities of CHS, which is responsible for both medical and mental health services, and the Department, which is responsible for the safety and security of the jails, staff, and inmates.

On January 18, 2018, the County submitted a CHS Semi-Annual Report on Quality Improvement/Assurance. It provides a high-level description of the re-design of the quality improvement program "to implement a coherent and cohesive QI program across all aspects of Correctional Health Services that coordinates seamlessly with LASD-Custody QI processes." It describes the Self-Directed Violence Analysis processes by which Custody Health Services "evaluates all incidents of self-directed violence (SDV) to track relevant [categories of] data. . .and to determine if it is appropriate for presentation at [monthly Critical Incident Review Committee] CIRC meetings." Each incident of Self-Directed Violence is reviewed within two working days by the "CHS Compliance Team," which determines if the "risk rating" score warrants designating the SDV by the CIRC as a "critical incident" review. At the CIRC meetings, "issues are identified and discussed" and corrective action plans ("CAPs") are "identified and assigned." These issues and CAPs are monitored at monthly meetings of the Joint Quality Improvement Committee ("JQIC"). The Mental Health Subject Matter Expert notes that the "CHS mapping of provisions onto SDV demonstrates a sound understanding of how different elements of the associated compliance measures need to

be viewed from a broader system-perspective that looks at how all the elements of a QM approach to SDV fit together and interact. It also provides a roadmap for where LASD and CHS need to share information regarding SDV."

The Semi-Annual Report includes a section with "Aggregate Data from 2017 Suicide Attempt Tracker," which breaks down incidents of SDV on a monthly basis by age, race/ethnicity, gender, facility, days in custody, method of attempt, and risk rating. There is also section with "Aggregate Data on CIRC's," which breaks down CIRC meetings by similar categories.

The report also provides a synopsis of each of the "29 individual case presentations" at the CIRC meetings during the Fifth Reporting Period and the issues identified during each review, the response to each issue, and the status of each issue. The Mental Health Subject Matter Expert finds that these synopses provide "a simple framework to understand and track progress for the county and a ready way to review and aggregate information obtained from CIRC and JQIC findings and plans." There is, however, only a limited discussion of "systemic improvements taken. . .to address" issues identified during the previous six months and assessments of "the effectiveness of steps taken. . . to address issues identified during earlier reporting periods."<sup>33</sup>

The Mental Health Subject Matter Expert's main concern is with the quality of the data analysis. Although CHS "intends to be able to perform [this sort of analysis] as the process matures," it is not there yet.

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<sup>33</sup> It would be helpful in future reports if there are separate sections on systemic improvements undertaken in the reporting period and an assessment of CAPs and plans undertaken in the prior period.

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: PARTIAL COMPLIANCE**

Substantial Compliance requires 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 collects and aggregates data in the areas in paragraph 61(a)(ii), (iii), and (v), but not in the other areas in 61(a) or the areas in 61(b) through 61(e).<sup>34</sup> The Report does not, however, analyze the aggregated data, "recommend corrective actions and systemic improvements in [the] areas [set forth in paragraph 61,] or assess the effectiveness of actions and improvements in prior reporting periods." Following discussions with the Monitor, the County submitted a Supplemental Response that collects and aggregates data in each of the specific provisions of Paragraph 61. It also discusses clinical issues identified from the aggregate data, and corrective actions systemic improvements undertaken by CHS to address a number of these issues. After consulting with the Mental Health Subject Matter Expert, the Monitor finds the County has now achieved Partial Compliance with all of the provisions relating to the development of an effective quality improvement program.

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<sup>34</sup> The Semi-Annual Report of the Custody Compliance and Sustainability Bureau ("CCSB") provides aggregate data in the areas in 61(a)(ii), (v) and (vi).

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." The CHS Semi-Annual Report on Quality Improvement/Assurance sets forth "responses" to issues identified in specific Self-Directed Violence incidents," but it does not separately set forth "recommendations of the quality improvement program" or describe or track corrective action plans to address such recommendations and there "are no CAPs based upon other QM findings such as an analysis of aggregate data." As noted by DOJ, "there is no discussion of cross-cutting issues, or analysis of repeating CAPs or systemic issues raised by related CAPs."

The Semi-Annual Report on the activities of the Custody Compliance and Sustainability Bureau ("CCSB") describes the corrective action plans identified during the Executive Inmate Death Reviews of suicides that occurred in May and July of last year and the status of those CAPs as of January 2018, and also describes other corrective actions the Department has taken.

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

**STATUS: PARTIAL COMPLIANCE (at TTCF)**

**NON-COMPLIANCE (at 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. 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 Second Quarter of 2017 are as follows:

	MOH	HOH
TTCF	100%	100%
CRDF	0%	21%

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 Third Quarter of 2017 are as follows:

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

On January 18, 2018, 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, 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	100%	91.33%
CRDF	0	57.6%

Notwithstanding concerns about the accuracy of the HOH data for TTCF,<sup>35</sup> the Monitor is of the view that the Department has achieved partial compliance at TTCF given the other data set forth above.

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<sup>35</sup> The County's Semi-Annual Report states, however, that "[a]lthough the count sheets indicate there was availability in HOH 91.33% of the time during the second semi-annual period, the current technology does not properly capture the HOH bed availability for purposes of this provision."

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's Fifth Self-Assessment explains that "the County is pursuing a dual strategy to increase inpatient beds and the resources necessary to obviate the need for these beds. With increased services that address the underlying mental health needs (both through increased services and clinical treatment), and the County's strong effort to divert people from the jails the need for inpatient services will decline."

The County's augmented Fifth Self-Assessment reports that the plans to "open a new 18 bed inpatient psychiatric unit" at Olive View-UCLA has been delayed from the end of 2017 to July 1, 2018. It also reports that "an additional housing unit has been added" to the Mental Health Unit-Correctional Treatment Center Inpatient Step-Down Unit, "which increased the capacity to 64 beds."

As noted in the Monitor's Fourth Report, the County needs to "report on the effectiveness of the measures in the updated [plans], including any reductions in the number of patients on the FIP waiting list and who are incompetent to stand trial."

The County's Fifth Self-Assessment reports that the "FIP waitlist consists of 36 patients. Eleven of these individuals are taking medications on a voluntary basis and are, therefore, not prioritized for admission to FIP." Further, "the current average time from referral to admission is three to four days." Without more, this information is not sufficient to assess the effectiveness of the County's plans.

The Monitor's Fourth Report also stated that the County's long-term "plans must have a reasonable basis for projecting need in order to establish Substantial Compliance with Paragraph 64." In response, the Fifth Self-Assessment states

To better gauge the need for inpatient mental health beds, the County created a Mental Health level of care system that designates patients into categories based on acuity and treatment needs. The County recently re-defined the highest level of acuity (P4) as a designation for any inmate in mental health services who is considered to need an inpatient bed. The County is currently creating a tracking system to monitor the number of patients who meet this criteria on any given day. The County believes that by tracking this information across time it will have a stronger understanding of the number of inpatient mental health beds that are needed to serve this population. Clinicians were recently trained on this new designation and the County anticipates having the first set of data for the next report.

While the "new level of care" designations and "tracking system" may provide a reasonable basis for projecting "the number of licensed inpatient mental health beds necessary to serve the inmate population," neither the updated Plan nor the Fifth Self-Assessment "describe the projected capacity required" or project how many beds will be required over the long term (several years).

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 that (1) the County's Self-Assessments set forth the (a) the results of weekly medication audits documenting the visual observation of the administration of medication during the quarter; (b) unauthorized medications found as a result of cell searches during the reporting period; and (c) incidents involving confirmed prescription drug overdoses; and that (2) "the Monitor concludes, after consulting with the Subject Matter Expert, that psychotropic medications have been administered in a clinically appropriate manner 85% of the time."

During the Fifth Reporting Period, the Monitor and the Use of Force Subject Matter Expert observed a pill call at CRDF. The Monitor also obtained videos of pill calls in HOH units at TTCF and CRDF, the FIP Step-down unit at TTCF, and MOH units at CRDF on dates randomly selected by the Monitor. In the HOH units, deputies have to open tray slots for nurses to provide medication to inmates in their cells, and thus the deputies are close by when the medication is provided. Although the deputies usually looked into the cell before closing the tray slots, there were occasions when they appeared to close the tray slots without looking into the cell to verify that the inmate had swallowed the medication. There were also occasions when the deputies were distracted by other deputies, inmates, or television on in the unit, and they were not paying close enough attention to the administration of the medication. In the FIP step-down units in TTCF, the Monitor noted improvements from the previous quarter in that a deputy was nearby when the medication was administered by a nurse, but there were occasions when inmates turned away before swallowing the medication and neither the nurse nor the deputy verified that it had been swallowed. Similarly, in the MOH units at CRDF, the deputies were close by the nurse who dispensed the medication, but the deputies and the nurses sometimes failed to verify that the inmates had swallowed the medication before returning to their cells. Overall, there was improvement in the administration of the medication, but the deputies and nurses still need to be more rigorous in verifying that the inmates swallowing the medication "to prevent misuse, hoarding, and overdose."

In the County's posted Self-Assessment, the "County acknowledges ongoing issues regarding the reporting and compliance with [Compliance Measure 65-1(a)]" and it has found "inconsistencies. . .with the current auditing practice" for this measure. Once again, medication was found during a significant number of cell or module searches during the Third Quarter of 2017,<sup>36</sup> which is similar to what that was found during the Fourth Reporting Period. There were also six confirmed drug overdoses during the Third Quarter of 2017.

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<sup>36</sup> During the Third Quarter of 2017, 69 unknown medications were found during 168 unannounced searches at CRDF, 1,360 medications were found during 124 searches at TTCF, 628 medications during 402 searches at MCJ, and 153 medications during 655 searches at NCCF and 45 medications during 224 searches at PDC North. There were no medications found during searches at PDC South and PDC East.

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 and that 95% of HOH prisoners, 90% of MOH prisoners, and 85% of other prisoners with a serious mental illness been offered "clinically appropriate structured mental health treatment" and been seen by a QMHP at least monthly, regardless of whether they refuse medications.

For the Second Quarter of 2017, the County posted results show that 20% of prisoners in HOH, 22% in MOH, and the two prisoners with serious mental illness who reside in other housing areas (100%) were "offered clinically appropriate structured mental health treatment and were seen by a QMHP at least once a month."<sup>37</sup>

For the Third Quarter of 2017 the posted results show that 18% of the prisoners in HOH, 22% in MOH, and 55% of the mentally ill prisoners who reside in other housing areas were offered the appropriate treatment and seen by a QMPH monthly.

The Fifth Self-Assessment reports, in part, that:

The County continues to focus its efforts on reducing clinician caseloads, which will allow time for clinicians to develop meaningful treatment plans and ensure these plans can be implemented. . . . [A]s part of the current staffing model, clinical Social Worker positions have been requested to deliver some of the structured group treatment to the patient population.

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To increase the quality of structured group treatment, in addition to utilizing clinical social workers as group leaders, the County has worked to obtain structured evidence-based curriculum for groups that include topics such as anger management, socialization, trauma-informed care and cognitive behavioral therapy. Additionally, the County has plans to

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<sup>37</sup> The Mental Health Subject Matter Expert reviewed the County's documentation and observed that it "is entirely unclear how they are arriving at these numbers." He believes that the "County would do well to consider how it intends to operationalize and then measure clinically appropriate structured mental health treatment as this measure has inherent qualitative elements making review challenging and needful of clinical expertise in the review process."

develop a training department that will support clinician development so they have the skills necessary to provide these curriculum based groups.

The Mental Health Subject Matter Expert previously "found virtually no evidence of treatment that qualified as structured or clinically appropriate." The County's reported results indicate that these problems continued in the Fifth Reporting Period. He notes, however, that the recent pilot program in HOH at TTCF "providing for progressive privileges based upon acuity and behavior. . .should allow the development of structured treatment that is clinically appropriate for the population."

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 25% of the prisoners in HOH and MOH who refused psychotropic medication during the quarter to verify that the records [of 85% of the prisoners] reflect the documentation and consideration of the matters required by the terms of Paragraph 67." The Fifth Self-Assessment reports that "[a]t this time, it is not possible to extract this information from the Powerchart system" and the County did not report any results for the Fifth Reporting Period.

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 (verified) at MCJ, NCCF, PDC East, PDC South, and PDC North)**

**PARTIAL COMPLIANCE (at CRDF and 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 posted Self-Assessments report that the Department has maintained Substantial Compliance at CRDF for twelve consecutive months through the Third 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, they report that the County maintained Substantial Compliance for twelve consecutive months through the end of 2017 at TTCF, where 100% of the modules were searched and 96% of the HOH cells were visually inspected in the Third Quarter and 96% of the modules were searched and 96% cells were visually inspected in the Fourth Quarter of 2017.<sup>38</sup>

The Monitor's auditors were unable to verify the Substantial Compliance results reported by the County for the inspection of the HOH cells at TTCF and CDRF. The County intends to provide additional support for a Substantial Compliance rating for these facilities. The Monitor will review the additional support with the auditors and assess whether to reinstate the Substantial Compliance rating for the Third Quarter of 2017 in the next report to the Court.

The County previously maintained Substantial Compliance for twelve consecutive months at MCJ, NCCF, PDC East, PDC South, and PDC North, which do not have HOH cells, and these facilities were not subject to monitoring for compliance with Paragraph 68 during the Fifth Reporting Period.

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<sup>38</sup> Notwithstanding the Department is in Substantial Compliance with the requirements of Paragraph 68 with respect to contraband searches, the extent of the hoarding discovered during the searches remains a matter of concern. See n. 31, p. 71, *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 within 24 hours,<sup>39</sup> and documented, and that the results of medical welfare checks on restrained prisoners were also documented. The County's Fifth Self-Assessment reports that for the Second 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."

The County's Fifth Self-Assessment also reports that, for the Third Quarter of 2017, 86% of the 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 [p]rovision."

The Mental Health Subject Matter Expert and the clinicians previously found 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." In response to the Subject Matter Expert's recommendation, the County reports that "the Department is currently revising its policy related to monitoring inmates in restraints."

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<sup>39</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."

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

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

**STATUS: PARTIAL COMPLIANCE**

The Mental Health Subject Matter Expert and DOJ have expressed concern about the Department's Substantial Compliance with paragraph 70(c) if all inmates in HOH are routinely handcuffed when they are out of their cells "in a housing pod at the same time." In response, the Department has developed a housing program "whereby each patient begins and ends their mental health treatment in the same module. . . [T]he HOH inmates enter in one pod and gradually step-down to the next pod, which allows more and more privileges as their behavior improves."<sup>40</sup> The pilot program started in January 2018.

The Mental Health Subject Matter Expert is of the view that "the steps the County has taken to pilot the progressive stepdown system in TTCF is a welcome effort to address this issue. The patients are progressed from an intake pod to progressively less restrictive pods on the same floor, ending in a pod that mirrors MOH. . . . [T]his will also make it possible to provide treatment according to patient need rather than according to who is allowed out of the cell." The Monitor will observe this program during the next Reporting Period and consult with the Mental Health Subject Matter Expert before determining if this provision is no longer subject to Monitoring after six months (in light of the prior Substantial Compliance findings and the change in scope of Paragraph 70(d) or only after two full Reporting Periods.

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<sup>40</sup> The Monitor's Fourth Report found the County to be in Substantial Compliance (as of September 1, 2016 through June 30, 2017). Although the County does not agree that paragraph 70(c) requires individualized assessments of HOH inmates, who are often unpredictable and dangerous, the County agreed to establish a progressive stepdown program to address the concerns expressed by the Mental Health Subject Matter Expert and DOJ.

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 June 30, 2017 (verified))**

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 Fifth Self-Assessment reports that "95% -- 5% 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 [p]rovision" in the Second Quarter of 2017, and 97% of the inmates received the services in the Third Quarter of 2017.

These reported results have been verified by the Monitor's auditors. The County has maintained Substantial Compliance with Paragraph 71 for twelve consecutive months and pursuant to Paragraph 111 this provision is no longer be subject to monitoring.

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 December 31 2017) (subject to qualitative assessments)**

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.

The Fifth Self-Assessment reports that "DHS-CHS management continuously works to improve CIRC meeting to ensure they include all of the topic areas specified in measures 72(a) and (b)." The augmented Fifth Self-Assessment reports that during the Fifth Reporting Period 100% of the suicides and 96.5% (28 out of 29) incidents involving "serious self-injurious behavior" were reviewed to determine if they addressed these topic areas.<sup>41</sup> Neither the posted audit source document nor the synopsis of each review in CHS' semi-annual report are, however, sufficient for the Monitor to assess, as requested by DOJ, "whether the County is adequately reviewing potential non-custody staff misconduct."<sup>42</sup> Further, based upon an initial qualitative assessment, the Mental Health Subject Matter Expert has some concerns about the completeness of the documentation and the quality of the determinations. Accordingly, the Substantial Compliance finding is subject to additional qualitative assessments by the Monitor and the Mental Health Subject Matter Expert in the next reporting period.

The Monitor attended a CIRC meeting on December 7, 2017. Although the meeting covered the subjects required by Paragraph 72, the review was not integrated into a quality improvement plan that addresses systemic issues. The Mental Health Subject Matter Expert states that the "key is now feeding those results into the QM process."

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<sup>41</sup> The remaining incident will be reviewed at the February CIRC meeting.

<sup>42</sup> The County will need to provide this information to enable the Monitor to determine if Paragraph 72 is no longer subject to monitoring.

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 Fifth Self-Assessment reports that for the Second Quarter of 2017, "27% -- 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 Fifth Self-Assessment reports that for the Third Quarter of 2017, "39% -- 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 Fifth Self-Assessment also reports that the "Department has developed an electronic version of the BOMHR which was recently implemented in all the facilities." The Department "anticipates" the electronic BOMHR will improve the results in the future.

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 December 31, 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 were two suicides during the Fourth Reporting Period for which the Executive Inmate Death Reviews were due in the Fifth Reporting Period. The first suicide occurred on March 9, 2017, and the Executive Inmate Death Review was timely submitted on September 8, 2017, but it did not include a Homicide Report prepared by the Detective Division of the Homicide Bureau. The Homicide Report was subsequently submitted to the Monitor on December 8, 2017 and reflects 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.<sup>43</sup> The Homicide Report satisfies Paragraph 74.<sup>44</sup>

The second suicide occurred on May 25, 2017, and the Executive Inmate Death Review was timely submitted to the Monitor on November 22, 2017, but again did not include the Homicide Report. That Report was subsequently submitted to the Monitor on December 22, 2017, and supplemented on January 3, 2018. It reflects the steps taken to preserve all of the evidence, and lists the interviews of persons involved in, or who witnessed, the incident. The supplement provides the audio recordings of the interviews. As supplemented, the Homicide Report satisfied Paragraph 74.<sup>45</sup>

The Department has maintained Substantial Compliance with Paragraph 74 for over twelve consecutive months and this provision is no longer subject to monitoring.

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<sup>43</sup> The Compliance Measures do not require this information to be in the Executive Inmate Death Review or be submitted to the monitor within six months of the suicide.

<sup>44</sup> The posted results reflect that 90% of the persons involved in, or who witnessed, the incident were interviewed.

<sup>45</sup> The posted results reflect that all of the persons involved in, or who witnessed, the incident were interviewed.

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 Fifth Self-Assessment reports that for Second Quarter of 2017, "93% -- 8% more than the required 85% -- of documents reviewed showed DMH staff considered the inmate's mental health status and need for immediate corrective action;" "100% -- 5% more than the required 95% -- of suicide attempts are reflected in the Department's database;" and "100% -- more than the required 95% of the suicide attempts" were reviewed by "management and command-level personnel" from Custody, mental health, and medical as required by Compliance Measure 75-5(b).

The results for the Third Quarter of 2017 reflect that 93% 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 the results reported by the County meet the quantitative thresholds for Substantial Compliance, the County's Self-Assessment notes that the "County is aware of concerns with the reporting system, which is why [its] self-assessment reflects only Partial Compliance." The Mental Health Subject Matter Expert observes that the tracking of Corrective Action Plans remains a problem.



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 December 31, 2017)**

There was one suicide during the Fifth Reporting Period, which occurred at TTCF on July 3, 2017. An initial Death Review was held within two working days of the death, which the Monitor attended. It included command-level personnel from the Department and DHS and reviewed the information known about the suicide and identified necessary corrective actions. The seven-day review was held on July 12, 2017 and the 30-day death review was held on August 8, 2017. The County's posted Self-Assessment reports that matters required by Paragraphs 76(a) and (b) and Compliance Measures 76.1, 76.2, and 76.6(a) were discussed at these meetings.

Paragraph 76(c) and Compliance Measure 76.6(b) require 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 September 8, 2017, the County timely provided an Executive Inmate Death Review report for the suicide that occurred at TTCF on March 9, 2017. On November 22, 2017, the County timely provided an Executive Inmate Death Review for the suicide that occurred at the Crescenta Valley station jail on May 25, 2017.<sup>46</sup> The Reviews did not include Homicide Reports or supplemental reports from all of the department personnel who first discovered the inmates or participated in the rescue attempt of the inmates, but did include logs reflecting the activities of the Homicide Bureau, which the parties agreed satisfied the requirements of paragraphs 76(c)(iii). The Homicide Reports that were subsequently received by the Monitor reflected the interviews of the department members who were involved in, or witnessed, the suicides, which the parties agreed satisfy the requirements of Paragraph 76(c)(i). The Monitor, the Mental Health Subject Matter Expert, and one of the clinicians reviewed the reports and concluded that they meet the requirements in the other nine subparts of paragraph 76(c).

During the Fifth Reporting Period, the Monitor received notices of all deaths in the jails, not just suicides, and attended one or more reviews for each of the non-suicide deaths in the reporting period. Based upon those reviews, the Monitor concluded that all of the non-suicide deaths were properly classified and none of those deaths were suicides.

The County has maintained Substantial Compliance with Paragraph 76 for twelve consecutive months and this provision is no longer subject to monitoring. The Monitor expects the County to continue to conduct the reviews required by Paragraph 76 for any suicides that occur in the jails for the duration of the Settlement Agreement and Monitor will attend these meetings when he is available.

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<sup>46</sup> On January 3, 2018, the Department timely provided the Executive Inmate Death Review for the suicide that occurred on July 3, 2017.

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**

Semi-Annual Report of CCSB Activities includes the following sections:

(a) "Administrative Review of Suicides." This summarizes the 24-hour, and 7-day reviews of the suicide that occurred on July 3, 2017 at TTCF,<sup>47</sup> and the 30-day and (additional) 60-day reviews during the Fifth Reporting Period for the suicide that occurred on May 25, 2017 at Crescenta Valley station. It also cross-references CHS' semi-annual report, which summarizes the reviews of serious suicide attempts by the CIRC. The Monitor is satisfied that CCSB is ensuring that CHS and the Department are timely and thoroughly conducting administrative review of suicides and serious suicide attempts in the jails as required by Compliance Measure 77-2(a).

(b) "Patterns and trends and statistical analysis of suicides and serious suicide

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<sup>47</sup> Although the report did not summarize the August 8, 2017 30-day review of the July 3, 2017 suicide, minutes of that review were posted for Paragraph 76(2) and Compliance Measure 76-2.

attempts in jails." This section again reports on cross-sectional data during the most recent reporting period and concludes that "these incidents occurred mostly between the hours of 1200-23, by ligature/hang[ing] made from clothing and or torn mattress. There appear to be no other patterns or trends from these incidents." The Mental Health Subject Matter Expert observes that the "quality of the analysis is marginal at best. . . ,[A]nalysis is not just a matter of reporting numbers – actual, formal analysis is needed that will sometimes require statistical evaluation."<sup>48</sup>

(c) "Corrective action taken by the department to mitigate suicide risks" section. This describes the corrective action plans taken by the Department in addition to the cross-referenced CAPs discussed at the suicide review meetings under the "Administrative Review of Suicides" section and the CAPs discussed by CIRC in its reviews of serious suicide attempts and other incidents involving self-directed violence. Taken together with CHS's Semi-Annual Report, this satisfies the requirements of Compliance Measures 77-2(c).

(d) "Technical issues provided to, or obtained for other administrative units within the Custody Division to address suicide-risk issues." This section describes the creation of the electronic BOMHR form "to improve tracking and ensure that each entity (e.g., custody, medical, mental health) completes the form. It also describes the roll-out and training of the use of the electronic form. It satisfies the requirements of Compliance Measure 77-2(d).

(e) "Analysis of staffing, personnel/disciplinary, prisoner classification, and mental health service delivery issues as they relate to suicides and serious suicide attempts." This section reports that the Executive Review of the suicide that occurred during the Fifth Reporting Period concluded that "staffing levels had no bearing on the ability to discover the inmate in distress, or on the subsequent life saving measures." Although it does not analyze whether staffing levels had any bearing on the 29 incidents of serious suicide attempts/self-directed violence that were analyzed by the CIRC, the County notes that the CHS Semi-Annual Report indicates that the issue of staffing levels was raised in the CIRC meeting for seven of the incidents "when appropriate." It is not clear, however, what makes the issue appropriate for some incidents, but not others, and why it was not analyzed in every case.<sup>49</sup> A sub-section reports that classification was not an issue for "for the inmate who committed suicide" during the Fifth Reporting Period and that it was an issue for an inmate who attempted suicide during the period. It also reports that the "Department has identified a trend of inmates who may engage in suicidal or self-injurious behaviors" that raise housing issues, and what steps the Department has taken to address these behaviors. Finally, a sub-section on Employee Performance

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<sup>48</sup> Even taking into consideration the "relevant data and analysis regarding suicides and serious attempts in jails" in the CHS Semi-Annual Report and the County's Supplemental Response to Provision 61, there needs to be a more formal analysis of the data. For example, as noted by DOJ, the charts and graphs "do not compare incident rates for one group with another, or show whether there were meaningful changes with a particular group over time."

<sup>49</sup> For example, the CIRC meeting on October 12, 2017, identified "Was staffing an issue for this incident" in three of the four cases reviewed, but it is not clear why it was not reviewed in the fourth case or why the fourth case was different from the other cases.

reports that "[d]uring each Executive Death Review and CIRC meeting, employee performance is examined," and an administrative investigation was opened regarding the Title 15 safety checks that were conducted immediately prior to the suicide on July 3, 2017.

(f) "Remedial measures, including policy revisions, re-training, or staff discipline, to address issues related to suicide and serious suicide attempts." This describes the remedial measures taken by Custody Division as a result of the May 25, 2017 suicide at the Crescenta Valley station, and notes that an administrative investigation was opened as a result of the July 3, 2017 suicide at TTCF. It does not, however, report on the results of either administrative investigation, notwithstanding that both investigations were opened more than six months before the report was submitted to the Monitor.

(g) "Summaries of meeting with DMH to develop, implement, and track corrective action plans." This section reports that "[c]orrective action plans are primarily discussed with CHS at CIRC meeting and secondarily discussed with CHS at JQIC [Joint Quality Improvement Committee] meetings." The CIRC meetings are summarized in the CHS semi-annual report, *see* pp. 62-3, *supra*, and this section of the CCSB report summarizes the status of the corrective actions plans that were discussed by staff members from CHS, CCSB, and the involved jail facilities at the JQIC meetings. In most cases, the corrective action plans were completed before the JQIC meetings and most of the open items were placed on a tracker assigned to CHS

Paragraphs 60 and 62 of the Settlement Agreement, in particular, impose obligations on CCSB to work with CHS to "implement a quality improvement plan to identify and address clinical issues that place prisoners at significant risk of suicide and self-injurious behavior" and "develop, implement and track corrective action plans addressing recommendations of the quality improvement program." Further, as noted by the Mental Health Subject Matter Expert, "cooperation and sharing of information are necessary" to address many other provisions of the Settlement Agreement. He has not seen "evidence of an overarching Q[uality] M[anagement] approach at the Department."

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 18, 2017)**

Substantial Compliance requires (1) the Committee to meet twice per year and (2) "recommend coordinated approaches to suicide prevention in the Jails."

The County maintained Substantial Compliance with paragraph 78 for twelve consecutive months as of May 18, 2017, and this provision was not subject to monitoring in the Fifth Reporting Period.

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 Fifth Self-Assessment reports that in the Second Quarter of 2017, 67% of the prisoners who reside outside of mental health housing and were receiving psychotropic medications were "provided with medication support services," which is below the 85% threshold required by Compliance Measure 79.5(d) for Substantial Compliance. For the Third Quarter of 2017, 66% of such prisoners were provided the support services.

The County's Fifth Self-Assessment does not address Compliance Measures 79.1(a)-(c) and 79.5(b), which require the County to maintain records of "therapeutically appropriate" visits and programming by QMHPs.

As noted in the Monitor's Third and Fourth Reports, 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 County's Fifth Self-Assessment reports that it is continuing "to work to

identify and overcome challenges to providing appropriate therapeutic treatment to patients in the jails. At present, the County is pursuing staffing solutions to bring down caseload sizes which remain a hindrance to providing consistent, quality therapeutic treatment and medication support services." The Mental Health Subject Matter Expert believes that the new pilot program in HOH at TTCF will facilitate clinically appropriate treatment.



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, "no later than 18 months after the Effective Date [July 1, 2015]," 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." 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 posted results for the Third Quarter of 2017 shows that 45% of the prisoners at CRDF and 79% of the prisoners at TTCF were offered 10 or more hours of unstructured, out-of-cell recreational time. The County did not, however, report on the percentage of prisoners who were offered 10 or more hours of structured therapeutic or programmatic time per week.

Further, the Department did not provide documentation relating to prisoners in HOH who refused to leave their cells during the period reviewed by the County. The Mental Health Subject Matter Expert previously expressed "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." The Mental Health Subject Matter Expert and the clinicians noted that "some hours are being double counted," and "group times are being counted for the whole time a patient is out of the cell" even if the group session has not begun or has ended.

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. As previously noted, 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, at which time the Department can achieve Substantial Compliance with Paragraph 81 at CRDF and PDC North jail facilities.

In the Fifth Reporting Period, the Monitor reviewed 33 randomly selected completed force packages for CRDF, NCCF, and PDC North, some of which were also reviewed by the Use of Force Subject Matter Expert. Unfortunately, the Use of Force Subject Matter Expert tragically passed away in Los Angeles on November 3, 2017, after touring CRDF with the Monitor. During the tour the Monitor and the Use of Force Subject Matter Expert discussed the expert's views on the use of force by Department personnel at CRDF. The Monitor also reviewed the expert's notes on some of the force packages he reviewed, but the expert did not prepare a report reflecting his observations before he passed away. The Monitor concluded that the Department is complying with its policies regarding the use of force and documentation of force incidents at CRDF and PDC North jail facilities, and that the force investigations are thorough and complete. In some cases, however, the Monitor was unable to determine whether the Department was in compliance with policies pertaining to the timeliness of reports and the interviews of inmate witness. The Department intends to address this by including a checklist in force packages setting forth whether the use, reporting and investigation of the force complied with applicable provisions of the *Rosas* Implementation Plan.

The only issue noted by both the Monitor and the Subject Matter Expert was the Department's policy to use chemical spray in every cell extraction of mentally ill inmates, regardless of the inmate's criminal history, propensity for violence, and size. In some cases involving smaller female inmates refusing to come out of the cells for court or for transfers to medical facilities, the Monitor and Subject Matter Expert question whether it was necessary to use a chemical spray before entering the cell to extract the inmate. The Department should look at other force options in these cases and consider the use of chemical spray on a case-by-case basis rather than as a default policy.

During the Fifth Reporting Period, the Department took steps to expedite the completion of force packages so that all of the force packages reviewed by the Monitor and Subject Matter Expert pertained to force incidents in 2017. This was a significant improvement from the prior reporting periods.

All of the force incidents at CRDF and PDC North reviewed by the Monitor and Subject Matter Expert were captured on fixed closed circuit television cameras at CRDF and PDC North. Although the closed circuit camera televisions is not required to be fully operational at NCCF until July 1, 2018, all of the force incidents at NCCF reviewed by the Monitor during the Fifth Reporting Period were captured on the CCTV's that have been installed at NCCF.

During the Fifth Reporting Period, the Monitor met with the Inmate Grievance Teams at CRDF and NCCF on November 2 and 28, 2017, respectively. At CRDF the grievance team has continued to improve the tracking of inmate grievances, and also made progress in reducing the back-log of overdue grievance investigations. As of November 2, 2017, when the Monitor and Subject Matter Expert visited CRDF, there were 59 open grievance investigations, of which 20 had been opened for more than 30 days. From reviewing some of the investigations, it appears that many open for more than 30 days should have been closed out for various reasons (e.g., misclassified as a grievance rather than a request, involved grievance about food that should have been resolved by Food Services).

The Monitor also noted a significant improvement in the tracking and handling of inmate grievances at NCCF during this period. The grievances are now tracked electronically by the NCCF Grievance Team, which provided the Monitor and the DOJ representative with a list detailing all of the outstanding grievances against staff. As of November 28, 2017, there were 35 open grievances, 19 against staff and 16 that did not involve staff. Twelve of the grievances against staff were open for more than 30 days, although several were simply waiting for a commander's review or signature. None of the non-staff grievances were open for more than 30 days. The staff at NCCF also reported that 99.2% of the requests have been completed and that most are handled immediately by the floor sergeants.

Finally, 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. He reported continued improvement in the tracking and expeditious handling of inmate grievances. Overall, the Monitor noted significant progress in the Department's handling of inmate grievances at CRDF and NCCF, and the continued efforts at PDC North to address the relatively few grievances from PDC North and PDC South.

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 December 31, 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.

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 Fifth Reporting Period and reviewed the operation of the grievance system at CRDF.

The County has maintained Substantial Compliance with Paragraph 82 for twelve consecutive months and, pursuant to Paragraph 111, this provision is no longer subject to monitoring.

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 Use of Force Subject Matter Expert toured CRDF during the Fifth Reporting Period, and they confirmed that the closed circuit security cameras were operational in the Common Areas at that facility. The Department reported that all of the 534 cameras installed at CRDF were operational on the day of the visit.

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, TTCF, and CRDF by reviewing videos of force incidents in common areas to verify the accuracy of information on inventories provided by the Department.

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 Fifth Self-Assessment reports that it has achieved Substantial Compliance for this measure at CRDF, IRC, MCJ and TTCF through the Third Quarter of 2017. CRDF is still subject to this requirement of Paragraph 83 until March 31, 2018.

The County has maintained Substantial Compliance with Paragraph 83 at IRC, MCJ, and TTCF for twelve consecutive months and, pursuant to Paragraph 111, it is no longer subject 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, 2017, through September 30, 2017 (verified) and through December 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 thorough and unbiased.

The County's Fifth Self-Assessment reports that after having achieved Substantial Compliance in the Third Quarter of 2016 through the First Quarter of 2017, the Department did not achieve Substantial Compliance in the Second Quarter of 2017. 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 2017. The reported results have been verified by the Monitor's auditors.



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

**STATUS: NON-COMPLIANCE**

Substantial Compliance requires the Department to provide the Monitor and Subject Matter Experts with (1) the curriculum/syllabus for the three specialized courses given to IAB management, and (2) a list of the sworn personnel assigned to IAB and proof that such personnel successfully completed the training. The County's posted results show that only 40% of the IAB investigators completed all three of the required courses as of September 30, 2017, which is a decrease of 17% since the First Quarter of 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 December 31, 2017 at PDC North)**

**SUBSTANTIAL COMPLIANCE (as of February 1, 2017, through December 31, 2017 at PDC South and PDC East)**

**SUBSTANTIAL COMPLIANCE (as of March 1, 2017 through December 31, 2017 at NCCF)**

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

**PARTIAL COMPLIANCE (at TTCF)**

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 armories at CRDF, TTCF, and IRC on November 2, 2017. The Monitor inspected the armories and sub-armories at NCCF, PDC North and PDC South on November 28, 2017, and checked the available inventory logs.

The inventory logs were checked daily in the CRDF, IRC, PDC North, and TTCF armories, and weekly in the PDC South armory.<sup>50</sup> The main armory and the sub-armories at NCCF are checked daily and the inventories matched the weapons in the sub-

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<sup>50</sup> Because PDC East is a fire camp with very few inmates, weapons in the armory are almost never used.

armories. Each of these facilities has reasonably up-to-date unit orders and all weapons were accounted for during recent inspections. The Department submitted the required armory audit logs for all of the facilities that were subject to monitoring for Second and Third Quarters of 2017.

The Department has maintain Substantial Compliance with Paragraph 86 for twelve consecutive months at MCJ, CRDF, and PDC North. Pursuant to Paragraph 111, the armory at MCJ was not subject to monitoring in the Fifth Reporting Period and the armories CRDF and PDC North are no longer subject to monitoring in future reporting periods. If PDC South, PDC East, and IRC maintain Substantial Compliance in the First Quarter of 2018, these facilities will no longer be subject to monitoring in future periods.

The Monitor and Use of Force Subject Matter Expert noted continuing problems in the armories at TTCF. They reviewed the daily inventory list in the main armory, which was generally accurate except the inventory list did not reflect the number of rounds for one item that was on the master inventory list, and deputies routinely (and erroneously) confirmed that the number of rounds matched the wrong number on the inventory sheet. The main armory appeared, however, to be otherwise in good condition, and it was easy to locate the weapons and rounds of ammunition in the armory.

Similar inventory problems existed in the sub-armories at TTCF, where the master inventory lists did not accurately reflect what was in the sub-armories. In addition, in filling out the daily inventory sheets, deputies failed to account for rounds on the master lists that were actually in the sub-armories. It was relatively easy to locate weapons and rounds in one of the two sub-armories, but the other sub-armory was not as well-organized and had unnecessary and unused equipment. While there has been improvements in the TTCF armory and sub-armories, it has not achieved Substantial Compliance like the armories at the other facilities.

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<b>NO.</b>	<b>PROVISION</b>	<b>STATUS</b>	<b>SUBSTANTIAL COMPLIANCE DATES</b>
18	Suicide Prevention Training	Substantial Compliance (MCJ, NCCF, PDC South, & PDC East) Partial Compliance (TTCF, CRDF, IRC, & PDC North)	(10/1/17 at MCJ & PDC South) (9/1/17 at NCCF) (12/1/17 at PDC East)
19	Crisis Intervention & Conflict Resolution Training	Partial Compliance	
20	Training at NCCF, PDC and CRDF	Substantial Compliance (PDC East, PDC North, PDC South, NCCF & CRDF)	<b>(8/1/17 at PDC East, PDC North, NCCF &amp; CRDF)<sup>1</sup></b> <b>10/1/17 at PDC South)</b>
21	CPR Certification	Substantial Compliance (NCCF, PDC East, PDC North & PDC South, TTCF, IRC, & MCJ) Non-Compliance (CRDF)	<b>(10/1/15 – 9/30/16 at PDC East &amp; PDC South)</b> <b>(1/1/16 – 12/31/16 at NCCF, PDC North &amp; IRC)</b> <b>(4/1/16 – 3/31/17 at TTCF)</b> (10/1/16 – 12/31/17) (MCJ)
22	Use of Arresting and Booking Documents	Substantial Compliance	<b>(7/1/16 – 6/30/17)</b>
23	Suicide Hazard Mitigation Plans	Substantial Compliance	(1/1/18)
24	Suicide Hazard Inspection	Substantial Compliance	(10/1/17)
25	Transportation of Suicidal Inmates (station jails)	Partial Compliance	

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<sup>1</sup> Substantial Compliance Dates in **bold** reflect that the Department has achieved Substantial Compliance with the training requirements or maintained Substantial Compliance for twelve consecutive months with the other requirements; 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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26	Identification and Evaluation of Suicidal Inmates	Partial Compliance	
27	Screening for Mental Health Care and Suicide Risk	Partial Compliance	
28	Expedited Booking of Suicidal Inmates	Substantial Compliance (IRC) Partial Compliance (CRDF)	(4/1/17 – 12/31/17 at IRC)
29	Mental Health Assessments (of non-emergent mental health needs)	Substantial Compliance	(4/1/17 – 12/31/17)
30	Initial Mental Health Assessments & Treatment Plans	Partial Compliance	
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 – 6/30/17)
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	Partial Compliance	
38	Weekly Rounds in Restricted Housing Modules	Substantial Compliance	<b>(1/1/16 – 12/31/16)</b>
39	Confidential Self-Referral	Substantial Compliance (PDC South, PDC North, TTCF, & NCCF)	(4/1/17 – 9/30/17 at PDC South) (7/1/17 – 9/30/17 at

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		Partial Compliance (MCJ & CRDF)	TTCF, NCCF, & PDC North)
40	Availability of QMHPs	Partial Compliance	
41	FIP Step-Down Protocols	Not Rated	
42	HOH Step-Down Protocols	Partial Compliance (CRDF) Non-Compliance (TTCF)	
43	Disciplinary Policies	Partial Compliance	
44	Protective Barriers	Substantial Compliance	<b>(1/1/16 – 12/31/16)</b>
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; PDC East)</b>
51	Personal Care & Supplies	Substantial Compliance	<b>(1/1/16 – 12/31/16 MCJ, NCCF, PDC East, PDC North, PDC South, and TTCF) (7/1/16 – 6/30/17 CRDF)</b>

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52	HOH Property Restrictions	Partial Compliance	
53	Eligibility for Education, Work and Programs	Partial Compliance	
54	Privileges and Programs	Substantial Compliance	(1/1/16 – 12/31/16) <sup>2</sup>
55	Staff Meetings	Substantial Compliance (CRDF, PDC North, & MCJ) Partial Compliance (TTCF)	(10/1/16 – 9/30/17 at CRDF) (4/1/17 – 9/30/17 at MCJ & PDC North)
56	Changes in Housing Assignments	Substantial Compliance	(1/1/16 – 6/30/17)
57	Inmate Safety Checks in Mental Housing	Substantial Compliance (MCJ) Partial Compliance (TTCF, CRDF & PDC North)	(7/1/17 – 9/30/17 MCJ)
58	Inmate Safety Checks in Non-Mental Housing	Substantial Compliance (PDC South, PDC North, PDC East, CRDF & TTCF) Partial Compliance (IRC, MCJ & NCCF)	<b>(1/1/16 – 12/31/16 at PDC South, PDC North &amp; PDC East)</b> (7/1/17 – 9/30/17 at CRDF & TTCF)
59	Supervisor Rounds	Substantial Compliance (at PDC North, PDC East, MCJ & NCCF) Partial Compliance (at CRDF, TTCF & PDC South)	(1/1/17 – 9/30/17 at PDC North, PDC East & MCJ) (4/1/17 – 9/30/17 at NCCF)
60	Implementation of Quality Improvement Program	Partial Compliance	
61	Requirements of Quality Improvement Program	Partial Compliance	
62	Tracking of Corrective Action Plans	Partial Compliance	
63	Sufficient HOH and MOH Housing	Partial Compliance (at TTCF) Non-Compliance (at CRDF)	

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<sup>2</sup> Per agreement of the parties, the County must maintain Substantial Compliance for two additional quarters under the revised Compliance Measures.

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

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<sup>3</sup> This is subject to a qualitative assessment by the Monitor and Subject Matter Expert



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77	Custody Compliance and Sustainability Bureau	Partial Compliance	
78	Suicide Prevention Advisory Committee	Substantial Compliance	<b>(6/1/16 – 5/18/17)</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	
82	Collection of Grievances at CRDF	Substantial Compliance	<b>(7/15/16 – 12/31/17)</b>
83	Closed Circuit Cameras	Substantial Compliance (MCJ, TTCF, IRC, & CRDF) Not Currently Subject to Monitoring (Remaining Facilities)	<b>(7/1/15 – 6/30/16 at MCJ &amp; IRC)</b> <b>(10/1/15 – 9/30/16 TTCF)</b> (4/1/16 – 3/31/17 at CRDF) <sup>4</sup>
84	Investigation of Staff Misconduct	Substantial Compliance	<b>(7/1/17 – 12/31/17)</b>
85	Internal Affairs Bureau Training	Non- Compliance	
86	Maintenance and Inventory of Security Equipment	Substantial Compliance (at MCJ, CRDF, PDC North, PDC South PDC East, NCCF & IRC) Partial Compliance (at TTCF)	<b>(4/1/16 – 3/31/17 at MCJ &amp; CRDF)</b> <b>(10/1/16 – 12/31/17 at PDC North)</b> (2/1/17 – 12/31/17 at

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<sup>4</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 CRDF until 3/31/18.

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PDC South & PDC  
East)  
(3/1/17 – 12/31/17 at  
NCCF)  
(4/1/17 – 9/30/17  
IRC)

**APPENDIX B**

	Substantial Compliance (Provisions)	Partial Compliance <sup>1</sup>	Non- Compliance	Substantial Compliance (Facilities)	No Longer Subject To Monitoring <sup>2</sup>
First <sup>3</sup>	5	16		10 <sup>4</sup>	
Second	14	30	13	24	
Third	22	27(1)	10	29	4(2)
Fourth	24	26(1)	10	29	10(2)
Fifth	23	24(2)	7	34	15(5)

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<sup>1</sup> The figure in parenthesis under Partial Compliance is the number of additional provisions where some facilities were in Partial Compliance and other facilities were in Non-Compliance.

<sup>2</sup> The figure in parenthesis under No Longer Subject to Monitoring is the number of additional provisions where some facilities are no longer subject to monitoring.

<sup>3</sup> During the First Reporting Period, 43 provisions were not subject to monitoring.

<sup>4</sup> This represents the number of provisions where the Department is in Substantial Compliance at all or some of the facilities.