

Status Report
by the
***Nunez* Independent Monitor**

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INTRODUCTION

The Monitoring Team files this report pursuant to the Court's November 27, 2024 Order (dkt. 803) and December 20, 2024 Order (dkt. 807).

BACKGROUND ON THE DEVELOPMENT OF PROPOSED REMEDIAL RELIEF

In its September 26, 2024 Order (dkt. 779), immediately following the oral argument on the motion for contempt, the Court directed the Parties to develop a series of remedial proposals through a meet and confer process organized by the Monitoring Team. The Court directed the Parties to address the following issues, collectively referred to as the "Remedy Directions:"

1. A method for streamlining the myriad requirements across the Court Orders in this case;
and
2. A fully fleshed-out description of the authority and structure of a receivership or other framework, to which the Parties would consent or that the Court otherwise has the legal authority to impose, that includes details regarding:
 - a. Whether a receiver would supplant or work alongside the DOC Commissioner,
 - b. The process for the appointment of a receiver,
 - c. The tenure of a receiver,
 - d. The powers of a receiver, and
 - e. The qualities and prior experience that would render a candidate suitable for the position.

On November 13, 2024, the Monitoring Team filed a status report with the Court regarding the Parties' work with the Monitoring Team to address these issues (dkt. 796). The Monitoring Team also recommended that a report on the status of this work on the proposed remedial relief should be filed after the Court's determination on the motion for contempt.

On November 27, 2024, the Court granted Plaintiffs’ motion to hold Defendants in civil contempt of 18 provisions of the *Nunez* Court Orders.¹ The Court explained that the “[t]he appropriate remedy to ameliorate Defendants’ contempt must specifically address the key issues that have blocked compliance with the Consent Judgment and subsequent Court Orders: namely, insufficiently resourced leadership; a lack of continuity in management; failures of supervision and cooperation between supervisors and line officers; a lack of skill or imagination to create and implement transformative plans; and an unwillingness or inability to cooperate with Monitoring Team recommendations to accomplish the urgently necessary changes in the safety profile of the jails.” Dkt. 803 at pg. 54.

The Court further explained it “is inclined to impose a receivership: namely, a remedy that will make the management of the use of force and safety aspects of the Rikers Island jails ultimately answerable directly to the Court. To maximize the likelihood that a receivership will provide a relatively quick and efficient remedy, and to enable the Court to determine whether a particular receivership structure would both be viable from the corrections management perspective and tailored to comply with the requirements of the PLRA, the Parties, Department leaders, and the Monitoring Team—all of whom have had nearly a decade to understand the myriad levels of dysfunction that have led to the unconstitutional conditions in the jails—must

¹ The 18 provisions are: Consent Judgment, § IV, ¶ 1: Implement New Use of Force Directive; Consent Judgment, § VII, ¶ 1: Thorough, Timely, Objective Investigations; Consent Judgment, § VII, ¶ 9(a): Timeliness of Full ID Investigations; Consent Judgment, § VII, ¶ 11: ID Staffing; Consent Judgment, § VIII, ¶ 1: Appropriate and Meaningful Discipline; Second Remedial Order, ¶1(i)(a): Interim Security Plan; Action Plan, § A, ¶1(d): Improved Routine Tours; Action Plan, § D, ¶ 2(a), (d), (e), and (f): Improved Security Initiatives; First Remedial Order, § A, ¶ 2: Facility Leadership Responsibilities; First Remedial Order, § A, ¶ 4: Supervision of Captains; Action Plan, § C, ¶ 3(ii), (iii): Increased Assignment and Improved Supervision of Captains; Action Plan, § C, ¶ 3, (v), (vi), (vii): Improved and Maximized Deployment of Staff; First Remedial Order, § A, ¶ 6: Facility Emergency Response Teams; Consent Judgment § XV, ¶ 1: Prevent Fights/Assaults (Safety and Supervision of Inmates Under the Age of 19) – *18-year-olds*; Consent Judgment § XV, ¶ 12: Direct Supervision (Safety and Supervision of Inmates Under the Age of 19) – *18-year-olds*; Consent Judgment § XV, ¶ 17: Consistent Assignment of Staff (Safety and Supervision of Inmates Under the Age of 19) – *18-year-olds*; First Remedial Order, § D, ¶ 1: Consistent Staff Assignment and Leadership; First Remedial Order, § D, ¶ 3; 3(i): Reinforcement of Direct Supervision.

continue to work together to propose models for an efficient, effective receivership. A receivership must address a number of goals (the “Receivership Goals”), including matters such as:

1. Providing for direct Court authority² with respect to *Nunez* use of force and safety matters over an individual with the competence and expertise to achieve their charge of bringing the Department into compliance with the relevant Court Orders;
2. Minimizing additional bureaucracy and expense;
3. Capitalizing on the Monitoring Team’s essential expertise and experience through effective collaboration³;
4. Pushing forward transformational change while simultaneously utilizing wisely the assets that the Department already possesses and making available any additional assets that are needed to achieve a constitutionally adequate level of safety; and
5. Identifying and taking appropriate steps to attempt to achieve any necessary changes in contracts, regulations, policies or other impediments to effective compliance.”

The Court also explained “[t]o comply with the PLRA, the precise contours of that structure ‘must be determined with reference to the constitutional violations established by the specific plaintiffs before the court.’ *United States v. Hinds Cnty. Bd. of Supervisors*, No. 22-60203, 2024 WL 4633491, at *16 (5th Cir. Oct. 31, 2024) (quoting *Brown v. Plata*, 563 U.S. 493, 531 (2011).) The receivership must also be designed in a manner that minimizes the steep learning curve that is inherent in addressing the deeply embedded polycentric problems of the

² To be clear, direct Court authority would not contemplate granular, day-to-day input from the Court.

³ A receivership model should also provide for a mechanism to resolve conflicts between a receiver and the Monitoring Team, should they arise.

jails, in order to mitigate ongoing harms and achieve the necessary transformation of practices and culture as quickly as possible. It bears repeating that time is of the essence.”

Pursuant to the Court’s direction this report includes the following:

- A summary of the meet and confer process pursued by the Parties;
- A framework for considering the Remedial Proposals, developed through the Monitoring Team’s research and analysis, coupled with its own expertise in institutional reform;
- The Monitoring Team’s recommendations to streamline the Court’s Orders and the Parties’ positions on the matter;
- Appendix A: Summary of Nine Receivership Cases
- Appendix B: Relevant Orders & Documents for Nine Receivership Cases
- Appendix C & D: Proposals and Memoranda from (a) Plaintiffs and the Government, on the one hand, and (b) Defendants, on the other, articulating:
 - i. A description of the Party’s proposed framework for a receivership that includes specific and detailed answers to the Court’s questions in the Remedy Directions, augmenting the information proffered in the Parties’ prior briefings, as well as explanations of how their respective proposals would accomplish the Receivership Goals described in the Court’s Order;
 - ii. The legal basis for the Party’s proposal; and
 - iii. The Party’s legal and practical objections, if any, to the competing proposal.

MEET AND CONFER PROCESS

The Monitoring Team and the Parties have been actively engaged since the Court's September 26, 2024 and November 27, 2024 Orders. The Monitoring Team communicated extensively with representatives of the Parties, first meeting with each Party's representatives separately and later convening meetings with all of the Parties present. As part of the meet and confer process, the Parties shared draft remedial proposals and other communications to clarify their approaches. This collaboration allowed the Monitoring Team and the Parties to better understand each other's positions on potential remedies. The discussions focused on the functionality of the potential remedies, how they could be operationalized, and how they may advance the *Nunez* reform effort. Throughout this process, the Monitoring Team suggested various considerations for structuring the remedial relief and identifying initiatives that should be prioritized, which are discussed in greater detail below. Overall, this process has been constructive and productive, with all Parties acting in good faith.

The respective memoranda and proposals from the Government/Plaintiffs and Defendants are attached to this report as Appendix C and Appendix D.

CONSIDERATIONS FOR REMEDIAL PROPOSALS

To assist the Parties and the Court in developing remedial relief, the Monitoring Team has taken steps to better understand the remedial frameworks in other jail and prison systems where a Receiver (or similar leadership structure) was imposed by the Court. To achieve this, the Monitoring Team reviewed relevant Court Orders and other pertinent materials. Further, the Monitor and Deputy Monitor met with individuals who served in Receiver (or Receiver-like) roles in correctional systems in California, Cook County, and Miami-Dade County. The Monitoring Team also engaged with scholars and lawyers who have expertise in this area. This research, combined with the Monitoring Team's own expertise in correctional systems around the country and its deep understanding of DOC's practices, has informed the development of several considerations for the Court to contemplate when deciding the issue of remedial relief. These considerations are discussed below.

REMEDIAL RELIEF IN OTHER SYSTEMS

As an overarching matter, the appointment of a Receiver (or Receiver-like authority) has been used sparingly, occurring in only nine cases since 1974. Each case is distinct and there is no standard protocol governing the remedial relief. However, there are common components found in many of these structures. The Monitoring Team has provided a detailed summary of each of these nine cases, which is attached as Appendix A of this Report. The underlying relevant documents related to these cases is included in Appendix B of this Report. A brief description of some aspects of all these nine cases is provided below. In order to gain a more fulsome understanding of the cases, we strongly encourage a detailed and comprehensive review of the information included in Appendix A:

- **Period of Use:** The first Court appointed a receiver in a prison conditions case in 1979. Since that first case, Courts have ordered a Receiver (or Receiver-like authority) in eight other cases. Of the nine total cases, six have been imposed since the PLRA was passed in 1996. The most recent Court-ordered receivership has yet to begin, as Defendants appealed the decision to the Fifth Circuit. On October 31, 2024, the Fifth Circuit affirmed the decision to appoint a Receiver but remanded for further proceedings to more narrowly tailor the scope of the Receiver's powers. In December 2024, Defendants petitioned for an en banc re-hearing of the Fifth Circuit's decision. In response, the Fifth Circuit has withheld the issuance of the October 31, 2024 Order pending resolution of Defendants' petition for an en banc rehearing.
- **Genesis of Order:** In five of the nine cases, the Court issued an Order appointing a Receiver in response to motion practice. In four of these five cases, the Court also selected the individual to serve as the Receiver. In the fifth case, the Court ordered the Parties to confer regarding the specific individual to be appointed as the Receiver, and after conferring, the Parties agreed on the individual who would serve as the Receiver. In the remaining four of the nine cases, the Parties negotiated a resolution including the role of a Receiver (or Receiver-like authority), which was subsequently ordered by the Court. In two of these four cases, the Parties agreed on the individual selected to be the Receiver (or Receiver-like authority); however, in one case, the individual was selected by the local authority, and in another case, the Court selected the individual.
- **Description of Systems Covered:** Across the nine cases, eight addressed conditions in an adult correctional system, and one addressed conditions in a juvenile correctional system. Two of the cases addressed the entire state system, which included many facilities, and the other seven cases addressed county/parish systems (including one that addressed the District of Columbia's system). Some of the county/parish systems had only one facility, while others had a few (e.g., Orleans Parish). Two of the nine systems had average daily populations of less than 1,000 people in custody. Three of the nine systems had average daily populations of 1,000 to 2,000 people in custody. Three of the nine systems had average daily populations of 3,000 to 5,000 people in custody. In one of these (Alabama), the average daily population rose to more than 12,000 by the end of the receivership. In the final case (California), the average daily population was over 100,000 throughout the receivership.
- **Title of the Receiver:** In most cases (6 of 9), the individual with the vested authority is referred to as a Receiver, but in the other three cases, other titles are utilized, such as Transitional Administrator or Independent Compliance Director. Those authorities with other titles were given similar powers as a Receiver, such as the ability to petition the Court for additional powers outside the local government's traditional rules and procedures. In these

cases, the imposition of this authority was negotiated and agreed upon by the Parties and not unilaterally imposed by the Court.

- **Scope and Authority of the Receiver:** The nine cases cover a spectrum of systems and various operational aspects based on the underlying cases, Court Orders, and consent agreements. In two of the nine cases (California and Washington D.C.), the Receiver's authority was limited to addressing the medical and mental health care services within the system. In the other seven cases, the Receivers had broad authority over the security and operational aspects of the systems, including staffing and policies, equal to the scope of power ordinarily vested in the leader of the correctional system. In all nine cases, the Receiver could petition the Court for additional powers outside the scope ordinarily vested in the leader of the correctional system if the Receiver found that a local rule, policy, or practice became an impediment to achieving full compliance with the Court's Orders. In at least seven cases, the Receiver was given some authority over the budget and related finances of the agency. However, in its decision on the appeal of the Hinds County receivership, the Fifth Circuit Court of Appeals found the Receiver's authority over the budget and related finances to be overly broad.
- **Role of the Court & Local Government:** In two of the nine cases, the Receiver was given sole authority over the entire system such that they essentially replaced the local government official ordinarily in charge of the agency. In the other seven cases, the local government had some involvement. For instance, in Miami-Dade County, the Independent Compliance Director reports to the Mayor. In Orleans Parish, the Independent Jail Compliance Director was given authority over all persons in Orleans Parish custody but was required to seek advice and/or approval from the local Sheriff regarding all decisions pertaining to compliance with the Court's Orders. In another case (Hinds County), the Court granted the Receiver sole day-to-day authority over one of the county's facilities but allowed the County to retain the authority over the other two facilities in its system. In the first two cases of correctional receiverships (Alabama and Wayne County), the Receiver authority was given to an elected government official not ordinarily responsible for operations and administration of the correctional system – the Governor of Alabama and the County Chief Executive in Wayne County. In the two cases where the Receiver's authority was limited to healthcare (California and Washington D.C.), local officials remained in charge of the systems' other operations.
- **Power of the Receiver:** The powers of each Receiver were developed with a singular goal in mind – bringing the system into compliance with any Court Orders in the case. Therefore, the Receivers' powers across the nine cases have both similarities and differences in terms of substance based on the unique elements of each case. The Receivers were granted all the

same powers vested in a local authority, with certain limitations to the scope of authority as discussed above and pursuant to collaboration with the local government as also discussed above. The Receiver was always given supervisory power over the system, which included the authority to fire and hire staff, and in some cases, the Receiver was given the power to seek out outside contracts to fill gaps in the services provided by the agency's staff.

- **Tenure of the Receiver:** Across the nine cases, the shortest tenure for a Receiver was less than six months (Fulton County) and the Receiver was followed by an ongoing monitorship that continued for nine more years. In addition, the Receiver in that case was appointed for only an interim period pending the election of a new county Sheriff who would assume control of the system. In the remaining cases, the Receiver's tenure was expected to last as long as needed to bring the system into compliance with all Court Orders. This required about 4 years in two cases (Alabama and Orleans Parish), 5 years in one case (Washington, D.C.), and 8 years in one case (Cook County). The Receivers are still in place in two cases. In one of those cases (Miami-Dade), it is expected that the receivership will terminate this year (which is about two years since its implementation). In the other case (California), a Receiver has been in place for over 18 years. In the final case (Hinds County), the Receiver has not yet started. Finally, in one case (Wayne County), the duration of the Receiver's tenure could not be determined from the available Court papers.
- **Number of Individuals Who Have Served as Receiver:** In most cases (7 of 9), the Receiver title was only held by one individual. In the other two cases (California and Orleans Parish), two separate individuals held the Receiver title in each case. In California, the first receiver was replaced after two years, and the second Receiver has served for 16 years. In Orleans Parish, the first Compliance Director served for less than a year and a half, and the second Compliance Director served for more than two years. The Court reported that these changes in both cases occurred as a result of concerns about the pace of progress.
- **Role of the Monitor:** Six of the nine cases had a Court-ordered Monitor or similarly vested Court appointee (such as the Special Officer in Washington, D.C. and the expert in Fulton County) who was appointed before the Receiver was imposed. These individuals continued monitoring Defendants' progress throughout the tenure of the Receiver. In a seventh case (Cook County), a Monitor preceded the appointment of the Receiver, but the Monitor's role was eliminated with the appointment of the Receiver. In another case (California), the Court appointed an Advisory Board with multiple members to assist and advise the Court and the Receiver. In the final case (Alabama), a Monitor was not in place prior to, during, or after the receivership, but at the end of the receivership, a Prison Implementation Committee was formed to continue advancing the reforms required by the Court Orders.

- **Current State of Affairs:** The Receiver has not yet started in one case, and in two cases, the receiver is still working to bring the system into compliance, though significant strides have been made in recent years in both cases. In the remaining six cases where the Receiver's tenure has ended, many of the issues originally leading to the imposition of a Receiver have reappeared in the respective systems, leading to further Court Orders or new litigation.

OVERARCHING CONSIDERATIONS FOR REMEDIAL RELIEF IN *NUNEZ* MATTER

The Court explained in its Order that “[t]he ‘primary purpose’ of a finding of civil contempt, and the imposition of related remedies, is ‘to coerce the contemnor into future compliance and to remedy past non-compliance, rather than to punish [the contemnor].’ In re Dickinson, 763 F.2d 84, 87 (2d Cir. 1985); see also In re Chief Exec. Officers Clubs, Inc., 359 B.R. 527, 534 (S.D.N.Y. 2007) (‘The purpose of civil contempt is to compel a reluctant party to do what a court requires of him.’). ‘It is basic law that a civil contempt sanction must only be compensatory or coercive, and may not be punitive.’ Gucci Am., Inc. v. Weixing Li, 768 F.3d 122, 144 (2d Cir. 2014).” Dkt. 803 at pg. 52 to 53. For this reason, it is critical that additional remedial relief must be realistic, reflect sound correctional practice, and, most importantly, result in viable and sustainable reforms as envisioned under the Consent Judgment and the subsequent *Nunez* Court Orders.

The Monitoring Team echoes the Court’s findings that it must “identify[. . .] a form of remedy that will achieve rapid change in the safety profile of Rikers Island and compliance with Court orders.” Dkt. 803 at pg. 53. To that end, the Monitoring Team recommends a framework for remedial relief using the following four considerations:

1. **Continuity in the Management of *Nunez* Reforms:** A principal vulnerability in managing the *Nunez* Court Orders has been a lack of continuity of leadership. Accordingly, a framework that ensures consistent leadership of the Department should be a key component of the remedial effort.
 - *Functional and Practical Leadership Structure:* The leadership structure must be practical and functional, with distinct and clear lines of authority. It is essential for staff and leadership at all levels to understand who they report to, eliminating any

confusion about reporting lines. This clarity is necessary to minimize disruption to the jails' operations and to ensure that work can commence as quickly as possible. A structure lacking clear delineation or with overlapping authority can create confusion among those responsible for implementing changes, which may lead to delays and ongoing management dysfunction.

- Leadership Characteristics: The success of the remedial effort largely depends on the qualities of the individual(s) chosen to lead it. It is essential for the leaders to have a strong understanding of the *Nunez* Court Orders and the dynamics within the Department, as well as deep expertise in sound correctional practices. The leader(s) must have a strong command, and ultimately the ability to navigate and work constructively with the myriad of dynamics underpinning the management and operations the Department. Among other things, this includes, working with various stakeholders – staff, their union representative, various political actors, oversight bodies, and advocates; understanding and navigating the bureaucracy; working with other City agencies; addressing the Department's responsibilities and obligations to various oversight agencies; the politics; addressing the requirements of various relevant local and state laws, Court Orders, and other relevant regulations. Additionally, while the leader(s) must possess the courage and determination to make potentially unpopular decisions, it is vital that their relationship with Defendants is built on trust and mutual respect.
- Maximize the Work Currently Underway and Minimize the Learning Curve: The remedial relief structure must be organized and implemented to maximize the positive initiatives that are already underway, while also minimizing the need for

a protracted learning curve and the risk of restarting work from scratch. This situation involves a complex correctional system, a complicated set of Court Orders, and multiple bureaucracies. It is crucial for the leader(s) to comprehend and function effectively within this system.

- *Prepared to Make Difficult Decisions*: Those responsible for implementing the remedial measures must be willing and able to address any potential obstacles that inhibit compliance with the *Nunez* Court Orders. Whenever possible, the work should be undertaken in a manner that can be completed within the existing structures. Difficult decisions may be necessary, from driving and altering the *status quo* to make the system operate more efficiently, to seeking additional relief from the Court when needed. Many of these decisions may be unpopular with various stakeholders, including political actors such as those in City Hall or the legislature, as well as staff, the unions that represent them, advocates, and others. The individual(s) leading the effort must be prepared to make difficult decisions despite strong, and perhaps persistent, opposition or pressure from various stakeholders. They need the fortitude to engage with various constituents, make tough decisions, and take firm action when required.

2. **Structure of Remedial Relief**: The remedial relief structure will impact the City's democratic process in that the leader(s) will be appointed via a process that bypasses the decision-making authority of an elected Mayor. The structure must ensure that this process extends no longer than necessary and builds a foundation that increases the likelihood of lasting reform.

- Criteria for Terminating the Remedial Measure: The criteria for terminating the remedial measure must be defined at the outset, in a manner that is specific, measurable and clear to all stakeholders. While it is important to allow for reasonable extensions, it is also crucial to provide clarity on the expected outcomes required to end the remedial measure. This clarity will promote a sense of fairness and should incentivize progress.
 - Sustainability: The remedial relief must be devised in such a way that reforms and progress can be sustained **after** the remedial relief has achieved its goals and objectives and has been terminated. A guiding principle must be to manage the process in such a way that sustainably transitioning authority back to the local government is always at the forefront of the work.
3. **Priority Areas of Relief**: The protocols and practices at the core of the Department's inability to make progress toward the requirements of the *Nunez* Court Orders are broadly understood and well documented. The remedial relief should focus on these areas, making amendments when necessary.
- Implementing Sound Correctional Practice & Reducing the Risk of Harm: The Department must develop and implement initiatives to tackle the widespread security and operational failures plaguing the Department. The Department must not only sustain its focus on developing conceptually sound strategies but must also take steps to ensure that all levels of Department supervisors and staff are committed to their proper implementation. The highest priority must be to reduce the pervasive risk of harm.

- *Streamlined Budgetary and Hiring Processes:* The Department must be able to secure the necessary financial resources and personnel in a timely and efficient manner.
- *Staff Assignment & Staff Absenteeism:* Line officers and supervisors must be assigned to posts in a manner that prioritizes posts that directly engage with persons in custody and in a manner that permits supervisors to observe and interact with their subordinates effectively. To achieve this, the Department must take appropriate measures to address any misuse of staff leave benefits (e.g., Personal Emergency, FMLA, and sick leave). Without a reliable workforce that maximizes efficiency, meaningful reform cannot be accomplished.
- *Supervisory Structure:* The Department needs to increase the number of supervisory ranks from two to three lines in order to properly oversee, guide and coach the large number of line officers. The Department has reported that certain legal impediments may preclude the agency from adding an additional level of supervisors to its existing organizational framework. If necessary, identifying and addressing these potential legal impediments must be a priority, including determining whether Court relief is necessary. The Department must develop and implement a comprehensive, concrete and realistic plan to expand the level of supervisory control within its existing organizational framework.
- *Managing Incarcerated Individuals Following Serious Incidents of Violence:* Operating and safely managing a program for detainees with a known and recent propensity to engage in violent predatory behavior is essential to protecting other detainees and staff from harm. Although the number of individuals requiring such

a program is small, their management is critical to the safe operation of the jails.

Such programs must be consistent with sound correctional practice. Implementing such programs must remain a top priority for the Department.

- *Accountability for Staff Misconduct*: The Department must improve leaders' and supervisors' ability to identify misconduct when it occurs and to hold staff accountable for poor practice. Further, the City must ensure that OATH's processes and procedures support the overall reform effort and that procedures for both formal and informal discipline are maximally efficient in order to ensure staff discipline is swift, certain, and proportional.
- *Engaging Staff in the Reform Effort*: The Consent Judgment is structured to address the pervasive practices contributing to the significant harm in the system. It focuses on the individual aspects of the overall problem (e.g., policies, practices, investigations, and the response to misconduct). However, the essential component of culture change has yet to take place. The Department must develop a comprehensive, concrete and realistic strategy to better engage staff in the reform effort. The strategy should ensure that staff not only understand and embrace the need for change but also commit to elevating their own skills.

4. **Neutral and Independent Assessment of the Implementation of Remedial Relief and the Overarching Court Orders**: The Court will still require a neutral and independent assessment of the Department's functioning, even after new remedial measures are put in place. These assessments and reports are essential for providing critical transparency on the status of compliance and details about the work underway. After the remedial measure

has been lifted, ongoing monitoring will be necessary to assess the extent to which Defendants are able to sustain the reforms established under the remedial structure.

STREAMLINING OF THE *NUNEZ* COURT ORDERS

The Monitoring Team has long reported on the need to streamline the *Nunez* Court Orders given the volume of requirements they impose and the compounding complexity each time a new Order is added.⁴ The sheer number of Orders and requirements in this case have created such an extensive array of interrelated requirements that it has become difficult to prioritize, which makes both implementation and the ability to track progress challenging. In protracted institutional reform efforts, the importance of establishing clear prescriptions for initiatives, policies and practices cannot be overstated. The conglomeration of the *Nunez* Court Orders, which require compliance with hundreds of interconnected provisions, sometimes with slight variations, is not a functional structure for remedial effort because it does not provide the straightforward framework that is critical for success in complex reform cases. Therefore, the *Nunez* Court Orders need to be thoughtfully and carefully organized and streamlined.

The process for streamlining the *Nunez* Court Orders will need to be properly *managed* given its complexity and the number of stakeholders that need to provide input. The manager of this process must not only have the time and organizational skill to lead such an effort but must also have extensive knowledge of the *Nunez* Court Orders' requirements, their basis and how they should be operationalized. Given the Monitoring Team's central role in negotiating and drafting the *Nunez* Court Orders and their significant expertise in both the Department's operations and sound correctional practice, the Monitoring Team may be best positioned to perform this task and is willing to manage the process.

⁴ There are at least ten *Nunez* Court Orders representing likely over 500 provisions. This includes the Consent Judgment with over 300 provisions as well as three Remedial Orders (entered between August 2020 and November 2021), the Action Plan (entered in June 2022), and at least five additional Orders entered in 2023.

Achieving the overall goal of streamlining the *Nunez* Court Orders requires the following key objectives:

- 1) Organizing the *Nunez* Court Orders (as well as any modifications that occur via the process outlined below) so that the process for soliciting input and exchanging ideas can proceed in an organized fashion.
- 2) Determining how the Orders can be consolidated and streamlined and, to the extent necessary, whether certain provisions can potentially be eliminated (without substantively limiting the relief provided to the class members), as they may be extraneous or duplicative.
- 3) Prioritizing the requirements of the *Nunez* Court Orders in order to properly sequence the work to maximize progress.

These objectives are intertwined in ways that will require discussions among the stakeholders to be similarly multi-focused, such that the steps listed above cannot be completed in a rigid sequence. Accomplishing these three objectives will require continuous input from and feedback to the *Nunez* stakeholders.⁵ The Monitoring Team does not anticipate that the process of obtaining input and sharing perspectives will be sequential; in order for a consensus-driven process to proceed, each stakeholder's input should be connected to and informed by feedback from other stakeholders. Coordinating so many perspectives will require ongoing management, particularly regarding how input is sought and shared. For these reasons, this process will require centralized management to coordinate the stakeholders' contributions in a productive and efficient manner.

⁵ This includes counsel for the Plaintiff Class, counsel for the Southern District of New York, the City, the Department, the Monitoring Team and, if the Court orders one to be appointed, the Receiver.

The Monitoring Team recommends that the Court direct the Monitoring Team to manage the process of streamlining the *Nunez* Court Orders, and to initiate that process following the Court's rulings on the required remedial measures, if any. More specifically, within 30 days of the determination regarding remedial measures, the Monitoring Team shall submit a timeline to the Court, outlining the relevant tasks and anticipated completion date for streamlining and prioritizing the requirements of the *Nunez* Court Orders. If any stakeholder opposes the proposed timeline, the Monitor will present the substance of the opposition as part of his submission. The Parties have reported that they consent to the Monitoring Team's recommended approach for management of streamlining the *Nunez* Court Orders.

CONCLUSION

There is no providential formula that will resolve the issues facing the Department of Correction. There is also no standard model for remedial relief that involves receiverships, or similar relief, in jails or prisons given the unique aspects of each system. In New York, the problems are also so deeply entrenched that there is no singular solution that will fix these issues and certainly nothing that will miraculously alter conditions with the dispatch that is necessary under the current conditions. This reality only highlights the urgency of placing the Department on a clearly articulated and functional path forward in order to advance and, more critically, sustain comprehensive reform. All Parties have worked hard to try to devise proposals and considerations that will advance the reform effort.

As to the remedial relief in this case, it must necessarily be tailored to address the full array of dynamics in play related to the *Nunez* Court Orders which are voluminous and complex. There is an opportunity to tailor a remedial structure with consideration to the efforts and attempts over the last 10 years and what has worked and what has failed as documented in the Monitor's reports. There is a fulsome record of both successes and failures. The remedial relief must identify and build a model that accounts for both. As a famous playwright Samuel Beckett said, "Ever tried. Ever failed. No matter. Try again. Fail again. Fail better." The Monitoring Team remains available to serve as a resource to the Court and the Parties in the finalization of remedial relief to advance the *Nunez* reforms.

**APPENDIX A:
SUMMARY OF NINE RECEIVERSHIP
CASES**

ALABAMA	
Case	Newman, et al. v. State of Alabama, et al., 2:72-cv-03501 (M.D. Ala.); Pugh, et al. v. Bennett, et al., 2:74-cv-00057 (M.D. Ala.); James, et al. v. Bennett, et al., 2:74-cv-00203 (M.D. Ala.)
Status	Closed
Description of the System	
Description of the system	Entire State System (with multiple facilities but exact number unknown)
Average Daily Population	Early 1970s pre-Receiver: 3,698; ⁱ December 1988 at end of receivership: 12,440 ⁱⁱ
Description of the Case	Three cases re: Alabama prisons were combined into one, with the Court finding that the state prison system was overcrowded, the PIC classification system was failing, those with mental illness were not given access to mental healthcare, general medical care was inadequate, living conditions were decrepit, and there was a general failure to protect persons in custody (“PIC”s) from violence or provide meaningful work or education. ⁱⁱⁱ In 1976, the state legislature created a Legislative Prison Task Force to monitor the system, which found lack of compliance was due primarily to inadequate and inefficient management. ^{iv} In 1979, the Governor of the state petitioned to be the Receiver, and the Court appointed him as the Receiver. ^v The Governor remained the Receiver until a Prison Implementation Committee was established in 1983 to monitor and work alongside government officials to implement the Court’s orders. ^{vi}
Description of Receivership	
Initiated	February 2, 1979 ^{vii}
Completed	Approximately January 1983. It appears the receivership ended when the Prison Implementation Committee went into effect. ^{viii}
Name of Entity	Receiver
Term, per Agreement	“[F]or a period of not less than one year, unless and until the receiver requests to be relieved or the Court orders a termination of the receivership before a year elapses” ^{ix}
Actual Duration	Nearly 4 years, followed by an ongoing Prison Implementation Committee that continues to monitor compliance
Appointed by Court or Negotiated by Parties	Appointed ^x
Description of Appointee	The Receiver in this case was the state’s elected Governor, who petitioned to be the Receiver. ^{xi}
Authority and Powers	Receiver to have “all of its functions, duties, powers and authority to manage, supervise and control all penal and correctional institutions in the State of Alabama and all funds now held or controlled and all other duties and functions imposed upon the said Board under the laws of Alabama, including without limitation the power to hire, discharge, suspend and

	supervise the Commissioner of Corrections, deputy commissioners, and any other personnel employed by the Board.” ^{xii}
Monitor, Special Master or Advisory Board	None
Role of the Local Government	The court ordered the Alabama Board of Corrections to transfer all their control and management duties to the governor, but the Commissioner of Corrections was kept on though subject to the hiring/firing of the Receiver ^{xiii}
Transition Back to Local Government	In 1983, the Receiver and Parties agreed to the creation of a Prison Implementation Committee that was tasked with working with the Governor (who had been serving as the Receiver) and the Commissioner of Corrections. ^{xiv} “All the members of the Prison Implementation Committee had previous involvement in this and other cases as lawyers, the Chairman of the original Human Rights Committee, and expert witnesses.” ^{xv} The Implementation Committee stayed on until 1988, 4 years after the receivership ended, until the Court found that the “broad, remedial objectives” of the prior decrees had been met. ^{xvi}
Current Status of the System	
	Following a multi-year investigation, the U.S. Justice Department sued the State of Alabama in September 2020 for unconstitutional treatment of people in custody in its men’s prisons “because Alabama fails to provide adequate protection from prisoner-on-prisoner violence and prisoner-on-prisoner sexual abuse, fails to provide safe and sanitary conditions, and subjects prisoners to excessive force at the hands of prison staff.” ^{xvii}

WAYNE COUNTY, MI	
Case	Wayne County Jail Inmates v. Wayne County Sheriff, 71-173217-CZ (Michigan state trial court)
Status	Believed to be ongoing
Description of the System	
Description of the system	1 County jail system
Average Daily Population	1,700 PICs ^{xviii}
Description of the Case	In 1971, a complaint was filed alleging “depraved, inhuman and barbaric” conditions at the jail. ^{xix} A monitorship was imposed, and in 1988, a new monitor filed a report describing noncompliance with every provision of the judgment. ^{xx} In 1989, the judge imposed a receivership. “He cited as the offending areas environmental conditions, mental health, medical care, classification and discipline” due to mismanagement and insufficient funding. ^{xxi} The judge argued some of this was due to conflict between the Sheriff and Chief Executive Officer of the town. ^{xxii} On emergency leave to appeal, the Supreme Court reversed this Court and stayed the receivership order, but the Michigan Court of Appeals affirmed the decision to impose a Receiver. ^{xxiii} The Michigan Court of Appeals found five problem areas - environmental conditions, mental health, medical care, PIC classification, and discipline. ^{xxiv}
Description of Receivership	
Initiated	Approximately July 1989 ^{xxv}
Completed	Unknown
Name of Entity	Receiver
Term, per Agreement	“At the conclusion of one year from the effective date of [the Receiver’s] appointment as receiver, the monitors shall prepare a comprehensive report of the defendants’ compliance with the Final Judgment. Upon submission of that report, the Court will consider whether it is appropriate to terminate the receivership and return operational control of the jail to the Sheriff, or, in the absence of compliance, to take such other steps as are necessary to bring about compliance with the Final Judgment.” ^{xxvi}
Actual Duration	Unknown
Appointed by Court or Negotiated by Parties	Appointed ^{xxvii}
Description of Appointee	Receivership power was given to the Chief Executive Officer for the county instead of an outside expert. “Judge Kaufman chose the Wayne County Executive rather than Vincent Nathan or an ‘outside’ expert, because that appointment intruded least upon the governing structure of Wayne County.” ^{xxviii}
Authority and Powers	“As receiver, [the Chief Executive Officer of the county] shall exercise responsibility and control over all operational matters relating to all Wayne

	County Jail facilities. [The Chief Executive Officer of the county] shall be responsible also for the supervision of all administrative, civilian and security staff of the jail and shall exercise all authority with respect to the operation of the jail that formerly resided in the Sheriff of Wayne County. [The Chief Executive Officer of the county] shall retain responsibility for all fiscal matters relating to the jail that he currently exercises as the County's Chief Executive Officer. ^{xxxix}
Monitor, Special Master or Advisory Board	Monitors that existed before the Receiver remained in place ^{xxx}
Role of the Local Government	Based on the Michigan Appeals Court order, it seems all powers held by the Sheriff were given to the Receiver.
Transition Back to Local Government	Unknown
Current Status of the System	
	In September 2024, Wayne County opened a new "state-of-the-art" jail facility without any bars. Just over a month after the facility had opened, 2 people in custody had died by suicide in mental health units within the new facility. ^{xxxi} In a 13-month period from 2016-2017, eight people had died by suicide in the old facility, triggering an investigation by the Department of Justice into the treatment of those in custody with disabilities. ^{xxxii} Additionally in 2024, Wayne County agreed to a \$7 million dollar settlement when a person in custody was beaten to death by another person in custody inside his cell in 2023. ^{xxxiii}

WASHINGTON, DC	
Case	Campbell, et al. v. McGruder, et al., 1:71-cv-01462 (D.D.C.); Inmates of D.C. Jail, et al. v. Jackson, et al., 1:75-cv-01668 (D.D.C.)
Status	Closed
Description of the System	
Description of the system	1 City Jail System
Average Daily Population	Population capped at 1,694 PICs by a 1985 Court Order ^{xxxiv}
Description of the Case	In 1971, a lawsuit was filed alleging the PICs in the jail were subject to overcrowding, inadequate food, denial of access to counsel, inadequate medical services, lack of contact with community, and lack of employment programs. In 1985, the Court entered into a remedial stipulation requiring a medical expert to review and make recommendations regarding medical and mental health service delivery. ^{xxxv} In 1993, the Court appointed a Special Officer to “monitor and report” on the jails’ efforts to meeting its Court Orders. ^{xxxvi} In 1994, the Special Officer reported that there were significant problems with the delivery of healthcare. ^{xxxvii} In 1994, the DC DOC agreed to implement remedial plans to address these issues. ^{xxxviii} In 1995, the Special Officer again reported on the refusal to comply with these Court-ordered plans, which led the Court to impose a Receiver tasked with improving medical and mental health services in the jail. ^{xxxix}
Description of Receivership	
Initiated	Order Entered: July 11, 1995 Receiver starts: August 21, 1995 ^{xl}
Completed	September 18, 2000 ^{xli}
Name of Entity	Receiver
Term, per Agreement	5 Years “unless the Court finds good cause to extend the appointment. The Court may terminate the receivership prior to the expiration of five years if the Special Officer certifies that the defendants are in compliance with all orders of this Court concerning medical and mental health services at the Jail and that management structures are in place to ensure that the there is no foreseeable risk of future non-compliance.” ^{xlii}
Actual Duration	5 years
Appointed by Court or Negotiated by Parties	Appointed; The Court determined that a Receiver was needed, but the Parties conferred and agreed upon the person appointed to be the Receiver ^{xliii}
Description of Appointee	The Court determined that a Receiver was needed, but the Parties conferred and agreed upon the person appointed to be the Receiver ^{xliv}
Authority and Powers	Required to correct all deficiencies in the delivery of medical and mental health services and given the following powers: “1. All powers currently held by the Mayor, City Administrator, Director of the Department of Corrections, Assistant Director for Health Services and Chief Medical Officer regarding the delivery of medical and mental health

	<p>services at the District of Columbia Jail.</p> <p>2. The power to create, modify, abolish or transfer positions; to hire, terminate, promote, transfer, evaluate and set compensation for staff to the extent necessary to obtain compliance with this Court’s orders, the cost of such activity to be borne by the defendants.</p> <p>3. The power to procure such supplies, equipment or services as are necessary to obtain compliance with this Court’s orders, the cost of such procurement to be borne by the defendants.</p> <p>4. The power to contract for such services as are necessary to obtain compliance with this Court’s orders, the cost of such contracts to be borne by the defendants.</p> <p>5. The power to hire such consultants, or to obtain such technical assistance as he or she deems necessary to perform her or his functions, the cost of such consultants or technical assistance to be borne by the defendants.</p> <p>6. The power to petition the Court for such additional powers as are necessary to obtain compliance with this Court’s orders.”^{xlv}</p>
Monitor, Special Master or Advisory Board	Special Officer (Court-appointed “to monitor and report”) that existed before the Receiver remained in place ^{xlvi}
Role of the Local Government	The Receiver was only given power over the medical/mental health services.
Transition Back to Local Government	<p>The Receiver contracted with the Center for Correctional Health and Policy Studies, Inc. (CCHPS), a private not-for-profit organization, to provide medical services at the Jail beginning in March 2000. When the receivership ended, the DC DOC continued to contract with CCHPS. In April 2003, the CCHPS contract was extended to a second facility operated by DOC.^{xlvii}</p> <p>Before concluding the receivership, the Court required the Receiver to ensure “that management structures are in place to ensure that the there is no foreseeable risk of future non-compliance.”^{xlviii}</p>
Current Status of the System	
	In April 2024, people in custody in DC filed a class action lawsuit alleging unconstitutional treatment due to DC Jail’s failure to provide adequate medical care and indifference to those with serious medical conditions. ^{xlix}

FULTON COUNTY, GA	
Case	Harper, et al. v. Bennet, et al., 1:04-cv-01416 (N.D. Ga.)
Status	Closed
Description of the System	
Description of the system	1 County Jail System - 1 facility
Average Daily Population	3,299 PICs as of 5/24/2004 ^l
Description of the Case	In 2004, a PIC filed a complaint about the jails alleging they “were confined in unconstitutional living conditions due to an excessive number of inmates in the Jail, an inadequate number of detention officers to ensure their safety, the breakdown of the ventilation, plumbing and laundry systems, and other circumstances.” ^{li} This was confirmed by a court-appointed expert, who recommended a Receiver. ^{lii} The Parties agreed to a receivership, and an individual was selected and appointed to the Court to serve through the end of the year (2004) when the Sheriff’s (the current custodian of the jail) was replaced via an election. ^{liii} The Receiver served less than 6 months. About a year after the receivership ended, the Parties all entered into a consent decree appointing a monitor that served until 2014. ^{liv}
Description of Receivership	
Initiated	Order Entered: July 14, 2004 Receiver starts: July 23, 2004 ^{lv}
Completed	January 1, 2005, when the newly elected sheriff of Fulton County assumed responsibility for the Jail ^{lvi}
Name of Entity	Receiver
Term, per Agreement	“until a new, duly-elected sheriff takes office in January 2005” ^{lvii}
Actual Duration	Less than 6 months, followed by an ongoing monitorship
Appointed by Court or Negotiated by Parties	Appointed ^{lviii}
Description of Appointee	The Court determined who the Receiver should be, though the Parties consented to the appointment of a Receiver. The Court selected the Receiver because of “[his] outstanding qualifications as an experienced jail administrator with the federal Bureau of Prisons, the glowing recommendations of his references, and the Court’s own assessment after conducting a personal interview.” ^{lix}
Authority and Powers	“the Receiver shall have the same powers and responsibilities as the Fulton County Sheriff with respect to the management, supervision, and operation of the jail, including but not limited to the power to hire, fire, and discipline employees and the power to make all budgetary and other decisions ordinarily entrusted to the sheriff.” ^{lx} “Specifically, the Receiver shall make every effort (1) to reduce the inmate

	<p>population at the Rice Street facility to at or below 2,250; (2) to repair and properly maintain the basic systems at the jail, including especially the plumbing, air conditioning, ventilation, and electrical systems; and (3) to provide a sufficient number of trained and qualified staff to adequately protect the health and safety of both inmates and staff.”^{lxi}</p> <p>If the county processes or resources are not enough, “then the Receiver may apply to the Court for an appropriate order directing the County and the Board of Commissioners to provide whatever resources or assistance may be needed.”^{lxii}</p>
Monitor, Special Master or Advisory Board	Court-appointed expert that recommended the receivership continued to conduct bimonthly site visits and consult with the Receiver ^{lxiii}
Role of the Local Government	Receiver appointed “to replace” the Sheriff as the custodian of the jail. “[The Sherriff] shall have no further authority with respect to the jail but has agreed to be available for consultation with the Receiver to the extent he deems necessary.” ^{lxiv}
Transition Back to Local Government	The receivership ended as stated in the order, when a new sheriff was elected and resumed control of the facility. However, the litigation continued until a consent order was reached and entered on 12/21/2005. ^{lxv} This order led to the creation of a monitorship and the setting of compliance provisions. The monitorship eventually ended and the case closed in 2014.
Current Status of the System	
	In November 2024, a U.S. Justice Department investigation concluded that the Fulton County Jails violated constitutional rights because “people incarcerated in the Fulton County Jail suffered harms from pest infestation and malnourishment and were put at substantial risk of serious harm from violence by other incarcerated people — including homicides, stabbings and sexual abuse.” They also found that the Fulton County Jail fails to provide adequate medical or mental health services or special education services to 17-year-olds in custody, and uses solitary confinement in discriminatory ways that expose people to harm. ^{lxvi}

CALIFORNIA	
Case	Plata, et al. v. Newsom, et al., 4:01-cv-01351 (N.D. Cal.)
Status	Ongoing
Description of the System	
Description of the system	Entire State System - 31 facilities ^{lxvii}
Average Daily Population	166,000 in custody in 2005 when receivership went into effect ^{lxviii} 92,740 as of July 2024 ^{lxix}
Description of the Case	In 2001, the initial complaint alleged the state violated the Eighth Amendment by providing inadequate medical care in the state's prisons. The state agreed in 2002 to take a series of actions to address the deficiencies, but in 2006, the Court found the state had not fulfilled its orders and imposed a Receiver to "reverse the entrenched paralysis and dysfunction and bring the delivery of health care in California prisons up to constitutional standards." ^{lxx} The first Receiver analyzed the system to determine what reforms were needed, and the second Receiver has been implementing them.
Description of Receivership	
Initiated	Order Entered: February 14, 2006 Receiver starts: April 17, 2006 ^{lxxi}
Completed	Ongoing
Name of Entity	Receiver
Term, per Agreement	The Receivership shall remain in place no longer than the conditions which justify it make necessary, and shall cease as soon as the Court is satisfied, and so finds in consultation with the Receiver, that Defendants have the will, capacity, and leadership to maintain a system of providing constitutionally adequate medical health care services to class members. ^{lxxii}
Actual Duration	18 years and going (on November 25, 2024, the Court appointed the advisory board in this case to a term through December 31, 2027 ^{lxxiii})
Appointed by Court or Negotiated by Parties	Appointed ^{lxxiv}
Description of Appointee	The Receiver position has been held by 2 different people: First Receiver served February 14, 2006-January 23, 2008 Second Receiver has been in place January 23, 2008-present The Court explained that a new Receiver was appointed because "The Receivership has reached a critical juncture at which it must now move from a primarily investigative and evaluative phase, during which the Receivership analyzed the current system to determine what reforms were necessary and worked to create the infrastructure required to effectuate such reforms, into an implementation phase, during which the Receivership must translate the conceptualized reforms into reality... After careful reflection and deliberation, the Court has concluded that such work would

	<p>best be accomplished by appointing a new Receiver who brings a different set of strengths appropriate to guiding the Receivership through its second phase.”^{lxxxv}</p> <p>The first Receiver had previously worked as an executive director of health & hospital systems and was selected after the Court conducted a “national search.”^{lxxxvi} The second Receiver was a legal expert and professor who had worked in various branches in government, including direct experience with the reform of troubled government agencies.^{lxxxvii}</p>
<p>Authority and Powers</p>	<p>“The Receiver shall provide leadership and executive management of the California prison medical health care delivery system with the goals of restructuring day-to-day operations and developing, implementing, and validating a new, sustainable system that provides constitutionally adequate medical care to all class members as soon as practicable. To this end, the Receiver shall have the duty to control, oversee, supervise, and direct all administrative, personnel, financial, accounting, contractual, legal, and other operational functions of the medical delivery component of the CDCR.”^{lxxxviii}</p> <p>“In the event, however, that the Receiver finds that a state law, regulation, contract, or other state action or inaction is clearly preventing the Receiver from developing or implementing a constitutionally adequate medical health care system, or otherwise clearly preventing the Receiver from carrying out his duties as set forth in this Order, and that other alternatives are inadequate, the Receiver shall request the Court to waive the state or contractual requirement that is causing the impediment.”^{lxxxix}</p>
<p>Monitor, Special Master or Advisory Board</p>	<p>Advisory Board^{lxxx}</p>
<p>Role of the Local Government</p>	<p>“The Receiver shall exercise all powers vested by law in the Secretary of the CDCR as they relate to the administration, control, management, operation, and financing of the California prison medical health care system. The Secretary’s exercise of the above powers is suspended for the duration of the Receivership; it is expected, however, that the Secretary shall work closely with the Receiver to facilitate the accomplishment of his duties under this Order.”^{lxxxxi}</p>
<p>Transition Back to Local Government</p>	<p>“The Court expects that as the Receivership progresses, the Receiver will attempt to engage Defendants in assuming responsibility over portions of the system that are within Defendants’ demonstrated ability to perform, so that the ultimate transfer of power back to the State will be transitional. Prior to the cessation of the Receivership, the Receiver shall develop a Plan for Post-Receivership Governance of the system, which shall include consideration of its structure, funding, and governmental responsibility for its long-term operation. The Receiver shall present this plan to the Court for approval and adoption as an order.”^{lxxxii}</p>
<p>Current Status of the System</p>	

	As of July 2024, medical operations at 26 of 31 facilities have been delegated back to the authority of the California Department of Corrections and Rehabilitation Secretary. ^{lxxxiii}
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COOK COUNTY, IL	
Case	Doe, et al. v. Cook County, et al., 1:99-cv-03945 (N.D. Ill.)
Status	Closed
Description of the System	
Description of the system	One Juvenile Facility
Average Daily Population	500 Beds
Description of the Case	The complaint “alleged gross mismanagement of the JTDC leading to overcrowding, unsafe and unsanitary facilities, inadequate medical, dental, and mental health care, physical violence and abuse by residents and staff, unfair discipline, and inadequate access to education... Substantial compliance with the settlement agreement would be achieved when the defendants hired new management and additional staff, increased security, and developed an improved disciplinary protocol.” In 2007, the plaintiffs filed a Motion for Receiver and claimed that the conditions of the JTDC were worse than at the beginning of the lawsuit. ^{lxxxiv}
Description of Receivership	
Initiated	August 14, 2007 ^{lxxxv}
Completed	May 20, 2015 ^{lxxxvi}
Name of Entity	Transitional Administrator (TA)
Term, per Agreement	“The appointment of the TA shall be subject to dissolution by agreement of the parties or upon a showing of substantial compliance to this Court with the terms of the [Court Orders].” ^{lxxxvii}
Actual Duration	Almost 8 years
Appointed by Court or Negotiated by Parties	Negotiated
Description of Appointee	The individual was chosen by all Parties and was a leading expert in the field of juvenile detention reform. ^{lxxxviii}
Authority and Powers	<p>“To oversee, supervise, and direct all management, administrative, financial, contractual, personnel, security, housing, custodial, purchasing, maintenance, technology, health services, mental health services, food and laundry service, recreational, educational, and programmatic functions relating to the operation of the JTDC consistent with the authority vested in the position of Superintendent of the JTDC and to restructure the JTDC into an institution that substantially complies with the Court Orders.”^{lxxxix}</p> <p>Given “All powers relating to the operation of the JTDC” including the budget.^{xc}</p> <p>Those involved in the receivership reported that they tried to use the typical processes, but often those wouldn’t work and they would have to petition the judge for additional authority, including:</p>

	<ul style="list-style-type: none"> - Hiring a third party staff recruiting firm to hire and onboard new staff - Hiring a third party security firm to supplement current staff - Requiring existing staff to reapply for their jobs and some were not rehired^{xci}
Monitor, Special Master or Advisory Board	Monitor (but role eliminated with appointment of Transitional Administrator) ^{xcii}
Role of the Local Government	No, the TA became the sole administrative authority over the JTDC.
Transition Back to Local Government	<p>The TA stayed on as an expert at the conclusion of the TA period for six months to “observe the transition in order to identify any potentially serious deviations from” the Court Orders for 3 months. He could no longer operate the facility but could still consult. He submitted reports to the Parties during this transitional period.^{xciii}</p> <p>Contractors that were brought in stayed after the TA period ended.^{xciv}</p> <p>During a panel discussion, one of the individuals who worked alongside the Receiver stated, “And even today, we have some of the same folks that were brought in under the transitional administrator that are still there today, working through this, trying to maintain what was created by the team.”^{xcv}</p>
Current Status of the System	
	<p>A “Blue Ribbon Committee” convened by the Cook County Chief Judge to investigate the use of room confinement and other concerns at the JTDC. The Committee published its report in 2022 finding that the JTDC does keep youth safe, but it does not rehabilitate or heal youth in its care and that staff do not actively engage with youth. The Committee also reported that while the JTDC doesn’t use solitary confinement, the conditions are isolating and depriving, with youth locked in their cells at least 13 hours a day. The Committee also found that programming, educational, and vocational opportunities were lacking.^{xcvi}</p>

ORLEANS PARISH, LA	
Case	Jones, et al. v. Gusman et al., 2:12-cv-00859 (E.D. La.)
Status	Ongoing
Description of the System	
Description of the system	1 City Jail System with 2 facilities
Average Daily Population	1,451 in January 2018 to 1,167 as of June 2019 ^{xcvii}
Description of the Case	In 2012, the Parties entered into a Consent Judgment, “seeking to address deficiencies in safety and security, medical and mental health care, environmental conditions, fire safety, and limited English proficiency services at the Orleans Parish jail facilities.” ^{xcviii} The Court eventually approved the selection of the lead monitor and six sub-monitors in 2013. ^{xcix} Plaintiffs’ filed a receivership motion, and eventually in 2016, the Parties agreed to the creation of an Independent Compliance Director (ICD) position. ^c The first ICD served about a year and a half, but the Court was “dissatisfied with the pace of reform and lack of compliance,” so a second ICD was put into place. ^{ci} The Monitor initially reported progress under this ICD, but saw regression towards the end of the receivership that continued after the receivership ended. ^{cii}
Description of Receivership	
Initiated	Order Entered: June 21, 2016 ^{ciii} Receiver starts: October 1, 2016 ^{civ}
Completed	November 27, 2020 ^{cv}
Name of Entity	Independent Jail Compliance Director
Term, per Agreement	<p>“The Compliance Director’s authority will continue until the Court determines that sustained and sustainable material progress with substantial compliance with the Consent Judgment is achieved...”^{cv}</p> <p>Compliance Director’s plan should explain how to “facilitate sustainable compliance with the Consent Judgment within one year of the appointment of the Compliance Director.” “If a Consent Judgment provision cannot be brought into substantial compliance with concrete steps in one year, the Plan will provide specific deadlines for compliance as soon as is practicable thereafter.”^{cvii}</p> <p>No sooner than nine months after the appointment of the Compliance Director, the Sheriff may file a motion to terminate the Compliance Directorship on the basis that the Compliance Director has enabled the Orleans Parish Jail to achieve material progress with substantial compliance with all provisions of the Consent Judgment”^{cviii}</p>
Actual Duration	4 Years
Appointed by Court or	Negotiated

Negotiated by Parties	
Description of Appointee	<p>The Compliance Director position has been held by 2 different people: First Compliance Director served October 1, 2016-January 29, 2018.^{cxix} The Second Compliance Director served February 19, 2018-November 27, 2020^{cx}</p> <p>The first Compliance Director was removed because “the Court is nonetheless dissatisfied with the pace of reform and lack of compliance” under the first Compliance Director.^{cx}</p> <p>For the appointment of the first Compliance Director, the Judge ordered the Parties to recommend individuals and for the Sheriff to select the final person from the candidates.^{cxii} The Second Compliance Director had been serving as the Correctional Practice Monitor for the case prior to being appointed as the Compliance Director.^{cxiii}</p>
Authority and Powers	<p>The Compliance Director must ensure “required policies have been developed and implemented per the Consent Judgment, staff have been adequately trained on those policies, and [the Sheriff’s Office] has developed a quality assurance/audit system that effectively evaluates whether staff are implementing the policies in practice and corrects their conduct when they do not.”^{cxiv}</p> <p>The following areas were in need of support: use of force, supervision, staffing, internal accountability systems, services for and protection of youthful prisoners, medical and mental health care, and the quality of investigations completed by the Investigative Services Bureau and Internal Affairs Division.^{cxv}</p> <p>Compliance Director can submit a revised Jail Operations budget to the City, and was given exclusive control over all funding, subject to approval of the City Council.^{cxvi}</p> <p>Compliance Director has “final authority to create, modify, abolish or transfer employee and contractor positions; to recruit, hire, discipline, terminate, promote, demote, transfer, and evaluate employees and contractors”^{cxvii}</p>
Monitor, Special Master or Advisory Board	Monitors remained on the case, but “less technical assistance will be expected and required” ^{cxviii}
Role of the Local Government	Sheriff in charge of jail remains in position and “The Compliance Director shall seek advice and/or approval from the Sheriff regarding all decisions that materially impact compliance with the Consent Judgment, unless doing so would cause unreasonable delay, and otherwise regularly inform the Sheriff regarding jail operations.” ^{cxix}

<p>Transition Back to Local Government</p>	<p>“Once the Compliance Director’s appointment is terminated by the Court and authority for Jail administration and operations reverts to the Sheriff, OPSO and the Sheriff will continue to be subject to the requirement that compliance be sustained for the two-year period required by § XI.C. of the Consent Judgment.”^{cxx}</p> <p>The Monitor continued to work (and is still working as of the end of 2024) on this case after the receivership ended.</p>
<p>Current Status of the System</p>	
	<p>In June 2024, the Judge in this case entered a new court-ordered action plan that was negotiated by the Parties and monitor after seeing “regression” in compliance after the operations of the facility were delegated back to the Orleans Parish Sheriff’s Office.^{cxxi}</p>

MIAMI-DADE COUNTY, FL	
Case	United States v. Miami-Dade County, the Board of County Commissioners, et al., 1:13-cv-21570 (S.D. Fla.)
Status	Partially Concluded Settlement Agreement Terminated on Consent of Both Parties - 11/19/24 ^{cxxii} ; Consent Agreement is still pending April 2025 to report on status of consent decree following one last site visit ^{cxxiii}
Description of the System	
Description of the system	Multiple facilities
Average Daily Population	4,706 in 2024 ^{cxxiv}
Description of the Case	Two court-ordered agreements set out 171 compliance provisions regarding areas of protection from harm, fire and life safety, and inmate grievances. At the start of the Interim Compliance Director's (ICD) tenure, the jails were not in compliance with 14 provisions of the agreements. The ICD grouped them into 5 categories: "1. Protection from Harm/Objective Inmate Classification 2. Segregation of Inmates with Serious Mental Illness (SMI) 3. Mortality and Morbidity Reviews, later referred to as Major Incident Reviews 4. Audits and Continuous Improvement 5. Sexual Misconduct (compliance with the Prison Rape Elimination Act (PREA))." ^{cxxv} In this case, compliance must be maintained for 18+ consecutive months to officially close out a provision. ^{cxxvi}
Description of Receivership	
Initiated	February 15, 2023
Completed	Possibly 2025 ^{cxxvii}
Name of Entity	Independent Compliance Director
Term, per Agreement	"Until at least October 31, 2023, when substantial compliance with the Agreements will be achieved." ^{cxxviii}
Actual Duration	~ 2 years (assuming completion in 2025)
Appointed by Court or Negotiated by Parties	Negotiated ^{cxxix}
Description of Appointee	The County Mayor appointed the individual who would serve as the Compliance Director, but the individual was also recommended by the monitor "for his expertise and knowledge in the subject area of jail reform and modern jail practices." ^{cxxx} Prior to his appointment as the Compliance

	Director, the individual had also served as a consultant to Miami-Dade County regarding this case. ^{cxxxix}
Authority and Powers	<p>The Compliance Director shall have the Administrative Authority “to direct personnel actions, including, but not limited to, the authority to direct hiring, firing, suspension, supervision, promotion, transfer, and disciplinary actions, and establish administrative personnel policies and positions,” “negotiate new contracts and agreements,” “direct specific actions at MDCR to attain and sustain substantial compliance levels,” including changing policy or practice or maintaining/eliminating programming.^{cxxxix}</p> <p>The Compliance Director can request the Court for the ability to take additional action if applicable laws/agreements or Parties stand in the way.</p> <p>Must devise a plan to 1) conduct an inmate bed and classification analysis and implement a plan to address the results; 2) reduce inmate-on-inmate violence; 3) develop and implement policies, protocols, trainings, and audits for PREA purposes; 4) determine how the county will self-monitor itself.^{cxxxix}</p>
Monitor, Special Master or Advisory Board	Monitor’s role remained the same ^{cxxxix}
Role of the Local Government	The Independent Compliance Director reports to the Mayor.
Transition Back to Local Government	The Compliance Director was tasked with helping the agency “self-monitor” itself, and the jails are nearing sustained compliance on all provisions the time period required (18 consecutive months), which will trigger the end of the ICD’s tenure and transition of power back to the local agency
Current Status of the System	
	In November 2023, the Miami-Dade County Corrections and Rehabilitation Department (MDCR) entered into compliance with all requirements of this case’s Consent Agreement for the first time. To terminate the agreements, the MDCR must maintain compliance for 18 months, which would be in early 2025. ^{cxxxix} The Monitors’ October 2024 report found MDCR had sustained compliance with all provisions, and under the 18-month sustained compliance provision, expected all agreements would be eligible to be terminated by May 2025. ^{cxxxix}

HINDS COUNTY, MS	
Case	United States v. Hinds County, et al., 3:16-cv-00489 (S.D. Miss.)
Status	Ongoing
Description of the System	
Description of the system	One county jail facility
Average Daily Population	750 in 2022 ^{cxxxvii}
Description of the Case	A 2015 DOJ investigation into the Hinds County jails found that the facilities were understaffed, staff weren't adequately trained or supervised, and the facilities were poorly maintained. Staff failed to supervise PICs with a history of violence, mental illness, or suicide attempts, and routinely used excessive force. In 2016, the DOJ filed a lawsuit based on its findings. ^{cxxxviii} A joint settlement motion was filed ordering Hinds County to undertake certain reforms and implement a monitor. ^{cxxxix} After additional orders and years of non-compliance, in 2022, the Judge found the county in contempt and issued a receivership. ^{cxli} A few days before the Receiver was supposed to start, the Fifth Circuit stayed the implementation of the Receiver pending appeal of the receivership order. In October 2024, the Fifth Circuit affirmed the decision to appoint a Receiver, but remanded for further proceedings to more narrowly tailor the scope of the Receiver's powers. ^{cxli}
Description of Receivership	
Initiated	Not yet initiated Order Entered: October 31, 2022 Receiver was scheduled to start on January 1, 2023 ^{cxlii} , but the Fifth Circuit issued a stay of his appointment pending the appeal decision. Appeals ongoing.
Completed	N/A because the receivership hasn't started yet
Name of Entity	Receiver
Term, per Agreement	"The Receivership shall remain in place no longer than necessary to remedy the unconstitutional conditions justifying the appointment. The Receivership will end as soon as the Court finds that Defendants have remedied RDC's unconstitutional conditions and achieved substantial compliance with the Court's Orders." ^{cxliii} "The Court anticipates that substantial compliance will be achieved by the time RDC closes and detainees have been moved into the new Jail facility and expects remediation of other non-physical-plant-related deficiencies by that time as well." ^{cxliv}
Actual Duration	Has not yet started
Appointed by Court or	Appointed ^{cxlv}

Negotiated by Parties	
Description of Appointee	The individual was selected from four candidates submitted by the Parties. The Court interviewed two of these candidates and selected a candidate with prior law enforcement and correctional leadership experience that was also a member of National Institute of Corrections and American Correctional Association and a consultant for DOJ. ^{cxlvi}
Authority and Powers	<p>“The Receiver shall have all powers, authorities, rights, and privileges now possessed by the officers, managers, and interest holders of and relating to RDC, in addition to all powers and authority of a receiver at equity under all applicable state and federal law in accordance with Fed. R. Civ. P. 66.”^{cxlvii}</p> <p>“The Receiver shall hold and exercise all executive, management, and leadership powers for the defend-ants with respect to the custody, care, and supervision of Hinds County detainees at RDC, including the power to admit, book release, transfer, and supervise detainees at RDC in a constitutional manner.”^{cxlviii}</p> <p>“The Receiver shall be in day-to-day charge of RDC operations. The Receiver shall not have day-to-day oversight of the Work Center or the Jackson Detention Center.”^{cxlix}</p> <p>“The Receiver shall have the duty to control, oversee, supervise, and direct all administrative, personnel, financial, accounting, contractual, and other operational functions for RDC.”^{cl}</p>
Monitor, Special Master or Advisory Board	Monitor that existed before the Receiver remained in place ^{cli}
Role of the Local Government	The order contemplates that the Receiver will be given the operational authority of the County Sheriff for the RDC (one of the three facilities) in the county.
Transition Back to Local Government	<p>“The Court expects that the Receiver will transition operational responsibilities and powers over RDC back to Defendants as Defendants demonstrate the ability to operate RDC in a constitutional manner.”^{clii}</p> <p>“Prior to any transfer of powers and responsibilities to the Defendants, the Receiver shall develop a Transition Plan.”^{cliii}</p> <p>“The Transition Plan shall provide long-term management and policy recommendations as to the overall structure and funding of RDC and the Jail, and as to Defendants’ responsibilities.”^{cliv}</p> <p>“The Transition Plan also will provide specific operational guidance to Defendants so that they can sustain constitutional conditions after powers and authority have been transferred back to them.”^{clv}</p>

Current Status of the System	
	Ongoing appeals before the Fifth Circuit.

ⁱ Brian Lyman, In 1976, the Feds Took Over Alabama’s Prison System. And Alabama’s Prisons Improved, Montgomery Advertiser (September 23, 2021), <https://www.montgomeryadvertiser.com/story/news/2021/09/24/1976-feds-took-over-alabamas-prison-system-prisons-improved/5829014001/>

ⁱⁱ *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Memorandum Opinion dated December 28, 1988, at pg. 4.

ⁱⁱⁱ *Newman v. State of Ala.*, 466 F. Supp. 628 (M.D. Ala. 1979)

^{iv} *Newman v. State of Ala.*, 466 F. Supp. 628, 637 (M.D. Ala. 1979)

^v *Newman v. State of Ala.*, 466 F. Supp. 628, 636 (M.D. Ala. 1979); *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Court Order dated February 2, 1979.

^{vi} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Consent Agreement dated January 5, 1983, at pgs. 2-3.

^{vii} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Court Order dated February 2, 1979.

^{viii} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Consent Agreement dated January 5, 1983, at pgs. 2-3.

^{ix} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Court Order dated February 2, 1979, at pg. 2.

^x *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Court Order dated February 2, 1979.

^{xi} *Newman v. State of Ala.*, 466 F. Supp. 628 (M.D. Ala. 1979).

^{xii} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Court Order dated February 2, 1979, at pg. 2.

^{xiii} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Court Order dated February 2, 1979.

^{xiv} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Consent Agreement dated January 5, 1983.

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- ^{xv} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Memorandum Opinion dated December 28, 1988, at pg. 3.
- ^{xvi} *Newman, et al. v. State of Alabama, et al.*, 2:72-cv-03501 (M.D. Ala.), Memorandum Opinion dated December 28, 1988, at pg. 19.
- ^{xvii} Press Release, U.S. Dep’t of Justice, Justice Department Files Lawsuit Against the State of Alabama for Unconstitutional Conditions in State’s Prisons for Men (December 9, 2020), <https://www.justice.gov/opa/pr/justice-department-files-lawsuit-against-state-alabama-unconstitutional-conditions-states>
- ^{xviii} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 652-653 (1989).
- ^{xix} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 637 (1989).
- ^{xx} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 639-640 (1989).
- ^{xxi} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 643-644 (1989).
- ^{xxii} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 645 (1989).
- ^{xxiii} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 648, 668 (1989).
- ^{xxiv} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 644 (1989).
- ^{xxv} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 642, 647 (1989).
- ^{xxvi} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 646 (1989).
- ^{xxvii} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 662-663 (1989).
- ^{xxviii} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 645-646 (1989).
- ^{xxix} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 646 (1989).
- ^{xxx} *Wayne County Jail Inmates v. Wayne County Chief Executive Officer*, 178 Mich. App. 634, 646 (1989).
- ^{xxxi} Ross Jones, Wayne County’s New Jail Grapples with 2 Inmate Suicides in less than a Month, ABC 7 (October 8, 2024), https://www.wxyz.com/news/local-news/investigations/wayne-countys-new-jail-grapples-with-2-inmate-suicides-in-less-than-a-month#google_vignette
- ^{xxxii} Ross Jones, Wayne County’s New Jail Grapples with 2 Inmate Suicides in less than a Month, ABC 7 (October 8, 2024), https://www.wxyz.com/news/local-news/investigations/wayne-countys-new-jail-grapples-with-2-inmate-suicides-in-less-than-a-month#google_vignette
- ^{xxxiii} Ross Jones, Wayne County to Pay \$7 Million over Inmate’s ‘Heinous’ Murder Inside Jail, ABC 7 (July 11, 2024), <https://www.wxyz.com/news/local-news/investigations/wayne-county-to-pay-7-million-over-inmates-heinous-murder-inside-jail>
- ^{xxxiv} Chronology of D.C. Jail Crisis, Wash. Post. (March 23, 1986), <https://www.washingtonpost.com/archive/local/1986/03/23/chronology-of-dc-jail-crisis/3bd80546-0323-476d-9ee6-ba6ce8396a3f/>
- ^{xxxv} *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 87 at pg. 2.
- ^{xxxvi} *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 87 at pg. 2.
- ^{xxxvii} *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 87 at pg. 3.
- ^{xxxviii} *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 87 at pg. 4-6.
- ^{xxxix} *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 87 at pgs. 6-7.
- ^{xl} *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 90 (only available on the full docket).
- ^{xli} *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 283.

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- xlii *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 87 at pg. 10.
- xliii *Inmates of D.C. Jail, et al. v. Jackson, et al.*, 1:75-cv-01668 (D.D.C.), Dkt. 87 at pg. 7. (See also Dkt. 90, only available on the full docket)
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- xlviii U.S. General Accounting Office, District of Columbia Jail: Medical Services Generally Met requirements and Costs Decreased, but Oversight is Incomplete (June 2004), <https://www.gao.gov/assets/gao-04-750.pdf>
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- ¹ *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 89, Appendix “A,” pg. 3.
- ^{li} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 89 at pg. 3.
- ^{lii} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 35 at pg. 3.
- ^{liii} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 24 at pgs. 1-2.
- ^{liv} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 89 at pgs. 29-30.
- ^{lv} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 41 at pg. 2.
- ^{lvi} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 41 at pg. 2.
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- ^{lxi} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 41 at pg. 3.
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- ^{lxiv} *Harper, et al. v. Bennet, et al.*, 1:04-cv-01416 (N.D. Ga.), Dkt. 41 at pgs. 2-3.
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- ^{lxvii} CCHCS Facts, <https://cchcs.ca.gov/factsheet/> (last visited January 15, 2025)
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- lxxiii *Plata, et al. v. Newsom, et al.*, 4:01-cv-01351 (N.D. Cal.), Dkt. 3939.
- lxxiv *Plata, et al. v. Newsom, et al.*, 4:01-cv-01351 (N.D. Cal.), Dkt. 473 at pg. 2.
- lxxv *Plata, et al. v. Newsom, et al.*, 4:01-cv-01351 (N.D. Cal.), Dkt. 1063 at pg. 4.
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- lxxxv *Doe, et al. v. Cook County, et al.*, 1:99-cv-03945 (N.D. Ill.), Dkt. 330.
- lxxxvi *Doe, et al. v. Cook County, et al.*, 1:99-cv-03945 (N.D. Ill.), Dkt. 786.
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- xcvii *Jones, et al. v. Gusman et al.*, 2:12-cv-00859 (E.D. La.), Dkt. 1259 at pg. 45, fn. 8.
- xcviii *Jones, et al. v. Gusman et al.*, 2:12-cv-00859 (E.D. La.), Dkt. 1082 at pg. 1.
- xcix *Jones, et al. v. Gusman et al.*, 2:12-cv-00859 (E.D. La.), Dkt. 1082 at pgs. 1-2.
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- cii *Jones, et al. v. Gusman et al.*, 2:12-cv-00859 (E.D. La.), Dkt. 1404 at pg. 5.

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- cix *Jones, et al. v. Gusman et al.*, 2:12-cv-00859 (E.D. La.), Dkt. 1151 at pg. 2.
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- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 280.
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 279 (see docket sheet).
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 277-1 at pg. 8.
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 277-1, pgs. 1-2.
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 260 at pg. 13.
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 278-1, pg. 3.
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 260 at pg. 4.
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 260 at pg. 3.
- cxix *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 260 at pg. 3.

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- cxviii *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 277-1 at pg. 1.
- cxviiii *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 260 at pgs. 5-6.
- cxviiii *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 260 at pg. 7-8.
- cxviiii *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 260 at 13.
- cxviiii Press Release, Miami-Dade County, Miami-Dade County's Corrections Department Enters in Compliance with Department of Justice Consent Agreement (November 4, 2023), https://www.miamidade.gov/global/release.page?Mduid_release=rel1699104407886909
- cxviiii *United States v. Miami-Dade County, the Board of County Commissioners, et al.*, 1:13-cv-21570 (S.D. Fla.), Dkt. 278-1 at pg. 11.
- cxviiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 242 at pg. 4.
- cxviiii Case: *United States v. Hinds County, Civil Rights Litigation Clearinghouse*, <https://clearinghouse.net/case/14561/> (last visited January 15, 2025)
- cxviiii Case: *United States v. Hinds County, Civil Rights Litigation Clearinghouse*, <https://clearinghouse.net/case/14561/> (last visited January 15, 2025)
- cxli *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 215.
- cxli *United States v. The Hinds County Board of Supervisors & Hinds County Sheriff Tyree Jones*, 22-60203 (5th Cir.), Dkt. 195-1.
- cxlii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 215 at pg. 4.
- cxliii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 11.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 11.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 215 at pgs. 1-2.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 215 at pgs. 1-3.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 2.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 2.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 2.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 2.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 169 at pg. 10; *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 2.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pgs. 11-12.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 12.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 12.
- cxliiii *United States v. Hinds County, et al.*, 3:16-cv-00489 (S.D. Miss.), Dkt. 216 at pg. 12.

**APPENDIX B:
RELEVANT ORDERS & DOCUMENTS
FOR NINE RECEIVERSHIP CASES**

Index of Relevant Orders & Documents for Nine Receivership Cases

Alabama		
<i>Newman, et al. v. State of Alabama, et al., 2:72-cv-03501 (M.D. Ala.);</i>		
<i>Pugh, et al. v. Bennett, et al., 2:74-cv-00057 (M.D. Ala.);</i>		
<i>James, et al. v. Bennett, et al., 2:74-cv-00203 (M.D. Ala.)</i>		
Exhibit 1	N/A	<i>Newman v. State of Ala., 466 F. Supp. 628 (M.D. Ala. 1979)</i>
Exhibit 2	N/A	Court Order dated February 2, 1979
Exhibit 3	N/A	Consent Agreement dated January 5, 1983
Exhibit 4	N/A	Memorandum Opinion dated December 18, 1989
Wayne County, MI		
<i>Wayne County Jail Inmates v. Wayne County Sheriff, 71-173217-CZ (Michigan state trial court)</i>		
Exhibit 5	N/A	<i>Wayne County Jail Inmates v. Wayne County Chief Executive Officer, 178 Mich. App. 634 (1989)</i>
Washington, D.C.		
<i>Inmates of D.C. Jail, et al. v. Jackson, et al., 1:75-cv-01668 (D.D.C.)</i>		
Exhibit 6	N/A	Docket Sheet for the case
Exhibit 7	Dkt. 87	Findings and Order Appointing Receiver
Exhibit 8	Dkt. 283	Order terminating receivership
Fulton County, GA		
<i>Harper, et al. v. Bennet, et al., 1:04-cv-01416 (N.D. Ga.)</i>		
Exhibit 9	Dkt. 24	Consent Order agreeing to receivership
Exhibit 10	Dkt. 35	Letter from Court-Appointed Expert, Robert B. Greifinger, M.D.
Exhibit 11	Dkt. 41	Order Appointing a Receiver
Exhibit 12	Dkt. 89	Consent Order
California		
<i>Plata, et al. v. Newsom, et al., 4:01-cv-01351 (N.D. Cal.)</i>		
Exhibit 13	Dkt. 371	Findings of Fact and Conclusions of Law re: Appointment of a Receiver
Exhibit 14	Dkt. 473	Order Appointing a Receiver
Exhibit 15	Dkt. 1063	Order Appointing New Receiver
Exhibit 16	Dkt. 3939	Order Re-Appointing Advisory Board Members
Cook County, IL		
<i>Doe, et al. v. Cook County, et al., 1:99-cv-03945 (N.D. Ill.)</i>		
Exhibit 17	Dkt. 330	Agreed Order Appointing a Transitional Administrator
Exhibit 18	Dkt. 786	Concluding Order for the Transitional Administrator
Orleans Parish, LA		
<i>Jones, et al. v. Gusman et al., 2:12-cv-00859 (E.D. La.)</i>		
Exhibit 19	Dkt. 1082	Stipulated Order for Appointment of Independent Jail Compliance Director
Exhibit 20	Dkt. 1097	Order Appointing Independent Jail Compliance Director
Exhibit 21	Dkt. 1151	Minute Entry regarding the Resignation and Appointment of Receivers
Exhibit 22	Dkt. 1259	Report No. 11 of the Independent Monitors

Exhibit 23	Dkt. 1404	Report No. 13 of the Independent Monitors
Miami-Dade County, FL		
<i>United States v. Miami-Dade County, the Board of County Commissioners, et al., 1:13-cv-21570 (S.D. Fla.)</i>		
Exhibit 24	N/A	Docket Sheet for the case
Exhibit 25	Dkt. 260	Stipulated Order Regarding Appointment of Independent Jail Compliance Director
Exhibit 26	Dkt. 277-1	Independent Compliance Director Court Directed Report
Exhibit 27	Dkt. 278	United States' Compliance Report
Exhibit 28	Dkt. 280	Parties' Notice of Termination of Settlement Agreement
Hinds County, MS		
<i>United States v. Hinds County, et al., 3:16-cv-00489 (S.D. Miss.)</i>		
Exhibit 29	Dkt. 169	The New Injunction
Exhibit 30	Dkt. 215	Order Appointing Receiver
Exhibit 31	Dkt. 216	Order regarding the receivership structure
Exhibit 32	Dkt. 242	Court-Appointed Monitor's Eighteenth Monitoring Report
Exhibit 33	N/A	Fifth Circuit Appeal Decision

Exhibit 1

(Alabama)



Newman v. State of Ala., 466 F. Supp. 628 (M.D. Ala. 1979)

US District Court for the Middle District of Alabama - 466 F. Supp. 628 (M.D. Ala. 1979)

February 2, 1979

466 F. Supp. 628 (1979)

N. H. NEWMAN et al., Plaintiffs,

v.

**STATE OF ALABAMA et al., Defendants,
United States of America, Amicus Curiae.**

Jerry Lee PUGH, for himself and all others similarly situated, Plaintiffs,

v.

**Larry D. BENNETT, Individually and in his official capacity as Commissioner of the Alabama
Board of Corrections, et al., Defendants,**

Barry E. Teague, United States Attorney, Amicus Curiae.

Worley JAMES et al., Plaintiffs,

v.

**Larry BENNETT, Individually and in his official capacity as Commissioner of the Alabama
Board of Corrections, et al., Defendants,
The National Prison Project of the American Civil Liberties Union Foundation, Inc., and Barry
E. Teague, United States Attorney, Amici Curiae.**

Civ. A. Nos. 3501-N, 74-57-N and 74-203-N.

United States District Court, M. D. Alabama, N. D.

February 2, 1979.

***629 Philip H. Butler (Robison, Belser, Brewer & Mancuso), Montgomery, Ala., for
Newman plaintiff.**

Robert D. Segall (Hobbs, Copeland, Franco & Screws), and John L. Carroll, Montgomery, Ala., for Pugh plaintiffs.

George Peach Taylor, University, Ala., for James plaintiffs.

W. Scears Barnes, Jr., Alexander City, Ala., for Bd. of Corrections.

Larry R. Newman, Asst. Atty. Gen., State of Alabama, Montgomery, Ala., for other defendants.

Barry E. Teague, U. S. Atty., M. D. of Ala., Montgomery, Ala., Stephen A. Whinston and Patricia Gail Littlefield, U. S. Dept. of Justice, Civil Rights Division, Washington D. C., for amici United States of America and Barry E. Teague, United States Attorney.

Ralph I. Knowles, Jr., University, Ala., Matthew L. Myers, and Alvin J. Bronstein, Washington, D. C., for amicus The National Prison Project of the American Civil Liberties Foundation, Inc.

Michael D. Waters, Legal Adviser to the Governor, State of Ala., Montgomery, Ala., for Governor Fob James.

MEMORANDUM

JOHNSON, Chief Judge.

On October 4, 1972, this Court held that the failure of the Board of Corrections to afford the basic elements of adequate medical care to inmates in the Alabama Prison System constituted "a willful and intentional violation" of their rights under the Eighth and Fourteenth Amendments. *Newman v. Alabama*, D.C., 349 F. Supp. 278, 287. Four years later, when the Court issued its order in *Pugh v. Locke*, D.C., 406 F. Supp. 318 (1976), those same serious shortcomings persisted. What *Pugh* revealed, however, was that such shortcomings were endemic to every phase of the prison system's operation. The conditions of confinement then violated any judicial definition of cruel and unusual punishment. In September, 1978, hearings were held to determine the degree of compliance by the Board of Corrections with the *Newman* and *630 *Pugh* orders.^[1] The overwhelming weight of the evidence presented at that time established that what was true in 1972 and 1976 is still true today. While some progress has been made, the Board of Corrections has not in several critical areas achieved substantial compliance with the Court's orders. The very fact of

confinement in Alabama's Penal System continues to contravene the Eighth and Fourteenth Amendment rights of plaintiffs.

The response of the Board of Corrections in 1976 was that the state legislature had failed to provide adequate funds. Despite the clear command of the law that the state may not discount constitutional rights, the excuse of the Board remains that the legislature has been remiss. That excuse has no legal weight. It may be true that the legislature has failed to meet its constitutional responsibilities in this area. But what the evidence now so strikingly reveals is that even within funding limitations imposed by the legislature, the Board has failed to make a genuine effort at compliance. In area after area, the Board has made no serious attempt to determine what steps can be taken with present funds and to plan what can be accomplished with additional sums. The theme running throughout the evidence is a lack of professional leadership. The Court is compelled to conclude that there is no reasonable likelihood of effective cooperation and substantial compliance from the present Board of Corrections. The passage of three years since *Pugh* makes the need for comprehensive relief more urgent than ever.

I. OVERCROWDING

All institutions are in compliance with the requirement that the number of inmates not exceed the design capacity of the facility. This goal has only been achieved, however, by creating a backlog of 1,800 state prisoners in the city and county jails throughout Alabama. It is undisputed that the conditions in the county jails are worse than any that exist in the state prisons. Alabama's city and county jails were not designed to house long-term detainees. The evidence suggests that in almost if not every instance they fall below the minimum constitutional standards set forth in the *Pugh* order. Overcrowding is the norm. There is no classification system in the jails, with the result that offenders of all types are placed together. The jails are unsanitary and in a state of disrepair, and inspections have disclosed that many are serious fire hazards. Medical care is practically non-existent. In most jails, the prisoners receive no meaningful work, no programs, no exercise. Overcrowding in the prisons has been relieved only at the price of aggravated violations of the rights of state prisoners in the county jails.

The Board has presented no long-term plan to solve this problem. There were plans to build two 400-person facilities with the money from the 1977 bond issue. Indecisiveness, coupled with rising costs, makes it likely that only one can be built with that money now. In its comprehensive plan submitted to the Court on January 17, 1979, the Board proposes to

construct four institutions, which will provide 1,700 additional spaces by 1981. Even accepting the Board's optimistic timetable, the problem of state prisoners backed up in the county jails will not be ended. The Board's own projections indicate that there will still be almost 1,000 state prisoners in the city and county jails in 1981. And even that projection makes the questionable assumption that Fountain and Draper can be improved to meet minimum constitutional standards. This prospect of continued non-compliance with this crucial aspect of the Court's order requires further relief.

II. CLASSIFICATION

In 1976, all prisoners were classified, and a system of classification was developed. Since that time, the system has deteriorated and no longer functions in accordance with *631 the Court Order. The experts attributed the problem to a lack of leadership and concluded that a replacement was necessary to run the program. The Court adopts that testimony. The classification staff at the institutions are not properly trained, have an insufficient understanding of the purposes of classification, and operate with no professional guidance. No handbook or guidelines have been provided for the staff's use. It is not surprising, then, that procedures have broken down and inconsistent standards are being applied. Often the initial classification decision is not made by a multi-disciplinary team composed of a psychologist, classification specialist, and correctional counselor, but by the "classification specialist" acting alone. The Central Review Board, in reviewing classifications, also does not meet as a team, and it, too, operates without written criteria. More seriously, classification decisions are dictated by the disciplinary system. Indicative is the fact that the Central Review Board almost always reverses the institutional team when the warden recommends a higher custody classification. As a result, while the initial classification resulted in a determination that 700 prisoners should be classified "medium custody," the subsequent classification decisions by the Board have resulted in almost double that number being so classified. This development has had a detrimental impact on prisoners' access to jobs, activities, and programs. Indeed the classification system does not play its intended role in the assignment of institutional work. There, too, the recommendations of the wardens, none of whom are classification specialists, seem to be controlling. Meaningful classification has also been undercut by the continued employment of certain guidelines as absolute bars to pre-release or work-release programs. As a result, the highly successful Frank Lee Youth Center has had a vacancy rate of 30 to 50 out of 200 places despite the fact that there are hundreds of first-time offenders (for non violent crimes) at Draper and in the county jails who are potentially eligible for that program. Another result

is that the current inmate population at Frank Lee, as in 1976, continues to be over 50 percent white, although the prison system population as a whole is predominantly black.

In addition to failing to maintain an adequate, ongoing classification process, the Board has failed to correct the "traumatic and stressful" conditions at its Kilby facility which render unreliable the initial testing and evaluation of new prisoners. The mingling of prisoners regardless of offense and propensity to violence, combined with the absence of security in the cellblocks and dormitories, is an invitation to violence of all kinds. One 18-year-old prisoner testified that he had been raped on four successive days during daylight hours while awaiting classification at Kilby. Effective and reliable classification of inmates, which in large part is the basis of the safety of all inmates, will not be achieved until these conditions are corrected. The problem is less one of money than of management.

III. MENTAL HEALTH CARE

In *Newman*, the Court found that the mentally ill, the disturbed, and the retarded were unidentified and were dispersed throughout the prison population without treatment. The evidence upon this submission reflects that nothing has been done to correct the situation. There is now some effort at identification of those with mental problems. But the record of housing and treatment of such persons is one of total failure and non-compliance. What defendants deem the best facility for housing those with severe emotional and mental problems is the same 12 cell area at Kilby that was in use at the time of this Court's original hearing. Many of those with mental problems at Fountain, Holman, and Tutwiler are housed in segregation cells and in punitive isolation. The consensus of experts was that these cells were unfit for the housing of persons with mental problems. Many of the mentally disturbed are simply left in the general population, where they are particularly vulnerable to harassment and assault. Indeed, of the mentally retarded, more have been placed at Fountain the most violent of the institutions than at any other place.

***632** The Court's order provides that those who require treatment in mental institutions be transferred there. Defendants admit that it is virtually impossible for inmates to be transferred to facilities operated by the Department of Mental Health. In the last two years, only 46 persons have been transferred, and most have been returned within 30 days after having been put on medication but not having received treatment.

Non-compliance also exists as to the requirement that the Board hire adequate numbers of mental health professionals and support personnel. The Board employs no psychiatrist

either full-time or as a consultant. There is only one licensed clinical psychologist. He spends 80 percent of his time at Kilby. The other staff listed as "psychologists" are not trained clinical psychologists and are not licensed to practice psychology. Even these "psychologists" provide almost no counselling. At Holman, the staff of five devotes a total of 55 hours per week to counselling. At Tutwiler, there is no staff member available for counselling. Because of the lack of trained doctors, psychotropic medication is prescribed without proper supervision and controls.

As of May, 1978, there were no special programs or housing for the mentally retarded. Subsequently, 65 mentally retarded inmates were moved to a dormitory at Staton, and defendants indicate that they will be provided special education teachers. For the remaining identified mentally retarded inmates, the Board apparently has no program and no plan. Recently defendants have sought a federal grant to provide alcohol and drug counselling for inmates going into community release programs. But in spite of the evidence that 40 to 60 percent of the prison population abuses drugs, defendants in the last two years have afforded counselling for only a handful of prisoners.

In light of the clear mandate of the Court in this area, the minimal efforts at compliance by the Board reflect an attitude of deliberate indifference to the mental health needs of the inmate population.

IV. PROTECTION FROM VIOLENCE

Further, the Court concludes from the evidence that robbery, rape, and assault remain everyday occurrences among the general prison population in Alabama. The dormitories particularly are still places of fear and violence. Defendants admit noncompliance with the requirement that guards be stationed in the living areas, including dormitories. The dormitories, they say, are too dangerous for the guards to enter. That fear is well taken. The number of reported incidents of prosecutable crimes of violence shows a steady increase over the last four years. And it is axiomatic in the prison setting that the number of unreported crimes far outnumbers those which are reported.

The Board has not taken the first steps to curb this pattern of violence which makes a mockery of the Eighth Amendment's protection against cruel and unusual punishment. The Board has deliberately ignored the requirement that guards be stationed in the dormitory units at night. Had the Board proceeded with alternatives such as sallyports or catwalks, it could be credited with a good faith effort to comply with the order. All too typically,

however, such alternatives are mere talk. The random shakedowns conducted by defendants have not eliminated weapons in the prison population. The recommendation of the Legislative Prison Task Force that metal detectors be installed to check prisoners has not yet been acted upon. These failures are just additional evidence of the managerial incompetence of the Board and its staff, including the Commissioner, Deputy Commissioner and a good number of its wardens. The present correctional staff provide custody, but not security. Considering the other existing conditions, such a prison system is not constitutionally acceptable.

V. LIVING CONDITIONS

The evidence indicates some improvement in the general level of cleanliness in the dormitories and food service areas. Toilet articles are now supplied to all prisoners, as *633 are clean bed linen and towels. The Board does not, however, provide adequate clothing. Underwear and socks are not provided at all, and, at Fountain, trousers are not furnished. These failings pale alongside those concerning the general sanitary and safety conditions in the prisons. In *Pugh*, this Court found that Alabama's penal institutions were "filthy." While there has been improvement, the evidence reflects that each of the major institutions falls far below all minimum health and safety standards. It is not necessary to recite in detail what plaintiffs' expert, a United States public health officer, found when he toured Draper, Fountain, Holman, and Kilby again after two years. The Court credits his testimony now as it did then. Fountain and Draper continue to be "unfit for human habitation." At both institutions, lighting, ventilation, and heating remain inadequate. The living and food preparation areas are infested with vermin and rodents. Fire safety is non-existent. After two years, many flammable mattresses remain in use,^[2] guards have not been trained in evacuation, and fire fighting equipment is lacking. The food service at both prisons offers striking evidence of mismanagement. Food service personnel remain untrained, garbage is not properly handled, and equipment is not maintained.

The other institutions reveal similar problems. At Holman, lighting and ventilation remain unchanged. Temperatures in the living areas last winter were as low as 50 degrees. Fire safety also remains a problem. Indeed, flooding of the basement utility room has caused major electrical shortages and raises a serious risk of explosion. The roof and windows leak, posing a health hazard to inmates who must live and sleep in damp surroundings. The same public health problems exist at Kilby. At Tutwiler, these shortcomings are

compounded by what the State Fire Marshal deemed a "major hazard to life and property" from the overloaded and deteriorated electrical system.

While a final solution to these problems awaits adequate funding by the legislature, the Court has not even been presented with evidence of that kind of improvement which could be expected from diligent management alone. Where the prison living conditions still pose an imminent danger to the health of inmates, the Board has not achieved compliance with minimum constitutional requirements.

VI. FOOD SERVICE

As the discussion of living conditions suggests, food service is not in substantial compliance with the Court order. Inmates are now served three meals a day, and kitchen conditions have improved. But food is not prepared under conditions that meet minimum public health standards; equipment is not maintained in good working order; kitchen employees are not adequately trained; and food distribution to inmates in single cells remains essentially unchanged since 1976.

VII. EDUCATIONAL, VOCATIONAL, WORK, AND RECREATIONAL OPPORTUNITIES

The Board has failed completely to provide meaningful work for all inmates. Idleness is prevalent throughout the system. Institutional work assignments are few and most take only a small time to perform. The number of industry jobs has declined by twenty since 1976. Even the jobs in the tag plant are seasonal. Since the Prison Industries Division was created in 1977, only one new industry with merely 30 jobs has been started. The Division has formulated no concrete plans for the development of further industrial programs. Plans to open a canning plant in conjunction with the new Staton prison were eliminated by the Board, and Staton opened with no jobs available other than institutional work assignments. As this Court noted in *Pugh*, the lack of meaningful work contributes to *634 boredom and frustration. Those in turn contribute to violence and mental and physical degeneration. The failure of the Board to address this central problem reflects again its inability to convert talk into action.

Vocational education and work-release programs have been expanded. But here, too, substantial compliance has not been achieved because of management problems. Of 736 total spaces, more than 100 are vacant at any given time. In March, 1978, CETA funds were

forfeited because the Board refused to parole or place on work-release trainees within a short period after graduation. As in 1976, eligibility requirements for most programs are quite strict. The breakdown of the classification system contributes to non-compliance in this area as well.

VIII. PHYSICAL FACILITIES

The Board has complied with paragraph (2) of this section to the extent that it has established work-release and other community-based facilities. But as the discussion of Living Conditions clearly reflects, Draper, Fountain, Holman, and Kilby do not meet all of the minimum standards of the United States Public Health Service. Therefore the Board is not in substantial compliance with this section.

IX. STAFF

The Board admits that it has failed to employ sufficient personnel as set forth in the Court's order. When Staton prison was opened, it was staffed with personnel drawn from the other institutions in the system. The total custodial staff is inadequate even under the revised staffing standards proposed by amicus National Prison Project on December 11, 1978.

X. MEDICAL CARE

Six years after *Newman*, the Board is still not in substantial compliance with the order entered in that case. The evidence reflects small gains, but glaring inadequacies have yet to be corrected. The most significant deficiency is in the quantity and quality of the medical staff. Of 105 authorized positions for medical staff, only 51 are filled. The system employs no full-time psychiatrist. Only the medical director is a licensed physician, and he is not full-time. Otherwise, the system is provided medical care by two unlicensed physicians with the title "physician's assistant," one physician with a limited license, and one with a suspended license. In addition, the Board has contracted with a group of residents to provide 20 hours of care per week at Fountain and Holman and with another physician to provide 5 hours of care per week for Draper, Staton, and Frank Lee. The medical director for Alabama's Prison System testified that the system needed at least four additional full-time physicians. Likewise, there is a need for four additional R.N.'s. At the present time,

only Kilby is served by an R.N. This situation reflects almost no progress since 1972. Dental care, too, is inadequate with but one full-time and one part-time dentist for the entire prison system. Quotas have been assigned to each institution. The backlog of inmates waiting to see a dentist has resulted in care limited to extractions, with little or no rehabilitative work done. As previously indicated, mental care is non-existent.

No effort has been made to bring the Medical and Diagnostic Center at Kilby into compliance with the minimum Medicare standards as required by the Court. A lack of professionalism characterizes the administration of the prison hospital. Patients with different strains of hepatitis have been placed in the same ward at great risk to life. There is no hospital dietician and no medical records librarian. A laboratory technician has been serving as hospital administrator. These conditions amply reflect that the medical director has failed to comply with the order of the Court that he develop a program of continual evaluation of all facilities and all personnel. The delivery of medical care in the Alabama Prison System is not characterized by poor management, but by no management.

A general lack of supervision is evident with respect to other provisions of the *Newman* *635 order. The medication distribution system is lax and record-keeping is poor. Evacuation plans and written sanitation procedures, if in existence, are not referred to and utilized. The medical facilities have not been regularly inspected by the Fire Marshal and the Health Department. While the experts who testified disagreed about the need for specific items of medical equipment, there is no dispute that what equipment is ordered arrives only after long delays. Emergency transportation to free-world medical facilities is often unreliable because of the lack of security personnel. And the simple task of preparing job descriptions has not been completed.

The natural consequence of this under-staffing and inadequate supervision is the continued evidence of medical treatment performed by inmates. One inmate testified that he gave injections and performed a hemorrhoidectomy; another testified that he filled teeth and performed dental surgery, for guards as well as for inmates.

The cumulative effect of these deficiencies and abuses is a threat to life and limb that violates the Eighth Amendment. The Board of Corrections' continued non-compliance with the minimum constitutional requirements set down by the Court conclusively establishes that there is no reasonable likelihood of compliance in the near future from that quarter.

* * * * *

Time does not stand still, but the Board of Corrections and the Alabama Prison System have for six years. Their time has now run out. The Court can no longer brook non-compliance with the clear command of the Constitution, represented by the orders of the Court in this case. Plaintiffs are entitled to prompt and effective relief. Living conditions that constitute an imminent danger to health; inadequate medical care that poses a threat to life; and insufficient security that sanctions the law of the jungle these facts describe a state of emergency demanding decisive action. It is clear that the Board of Corrections is incapable of effective leadership. Difficult as the Board's position was made by the lack of adequate funding, the Court finds that the Board could have ameliorated the conditions confronting it, but instead contributed to the gravity of the situation by its indifference and incompetence. The lack of any significant progress since the original hearings in this case strongly suggests that the appointment of monitors offers little, if any, hope of swift compliance. The extraordinary circumstances of this case dictate that the only alternative to non-compliance with the Court's orders is the appointment of a receiver for the Alabama prisons. The Court will thus grant that relief, first requested by plaintiffs in June, 1978. Further injunctions or contempt proceedings will not accomplish the task of compliance; such remedies promise only confrontation and delay. When the usual remedies are inadequate, a court is justified in resorting to a receivership, particularly when it acts in aid of an outstanding injunction. *Morgan v. McDonough*, 540 F.2d 527 (1st Cir. 1976); see, *Swann v. Charlotte-Mecklenburg Board of Education*, 402 U.S. 1, 91 S. Ct. 1276, 28 L. Ed. 2d 554 (1971); *Green v. County School Board*, 391 U.S. 430, 88 S. Ct. 1689, 20 L. Ed. 2d 716 (1968); *Griffin v. County School Board*, 377 U.S. 218, 84 S. Ct. 1226, 12 L. Ed. 2d 256 (1964); *Turner v. Goolsby*, 255 F. Supp. 724 (S.D.Ga.1966). There is, of course, a more extreme alternative to a receivership. In *Pugh*, the Court put defendants on notice that failure to comply with the minimum standards set forth in the order would necessitate the closing of several prison facilities. In light of that alternative, the more reasonable and the more promising approach is the appointment of Governor Fob James as receiver for the prison system.

There can be no doubt that the paramount duty of the federal judiciary is to uphold the law. That is why, when a state fails to comply with the Constitution, the federal courts are compelled to enforce it. The habit that some states have fallen into of ignoring their responsibilities until they are faced with a federal court order is by now an all too well-known syndrome. The history of federal litigation in Alabama is *636 replete with instances of state officials who could have chosen one of any number of courses to alleviate unconstitutional conditions of which they were fully aware, and who chose instead to do nothing. Consequently the federal courts time after time have been required to step into the vacuum left by the state's inaction. Regrettably, such orders result in the loss of some of the

autonomy and flexibility the state might have exercised in the control of its public institutions had it chosen to accept the responsibility for their management before it was too late. That responsibility is one the Court will gladly relinquish to those who are elected to do it, if they are willing to undertake it. As this Court has publicly stated upon many occasions: "The Court looks forward to the day when responsible officials of the State of Alabama will assume their constitutional and legal obligations to run the state institutions in a manner that does not violate the Constitution and laws of the United States. Such a course of action would, of course, enable this Court to relinquish its substantial control of Alabama's governmental operations." By his petition to be appointed receiver, Governor James appears to have accepted that mantle of responsibility as far as the operation of the Alabama Prison System is concerned. Accordingly, an order will be entered appointing him receiver of the Alabama Prison System for the purpose of complying with the minimum requirements of the Constitution as embodied in this Court's previous orders.

ON PETITION OF GOVERNOR OF ALABAMA FOR APPOINTMENT AS TEMPORARY RECEIVER

Petitioner, Fob James as Governor of the State of Alabama, moves the Court that he be designated temporary receiver in the above entitled actions, for a period of not less than one year, and that this Court order the defendant members of the Board of Corrections of the State of Alabama (hereinafter "Board") to transfer to Petitioner, as such receiver, all of its functions, duties, powers and authority to manage, supervise and control all penal and correctional institutions in the State of Alabama and all other duties and functions imposed upon the said Board under the laws of Alabama, including without limitation, the power to hire, discharge, suspend and supervise the Commissioner of Corrections, deputy commissioners, and any other personnel employed by the Board. Petitioner further moves that the Court enjoin all members of the Board, and all other defendants in these actions, their agents, servants, employees, and all persons in active concert or participation with them, from interfering in any manner, either directly or indirectly with the performance of his functions and duties as such receiver.

In support of this petition, Petitioner assigns the following:

Petitioner officially assumed the office of Governor of Alabama on January 15, 1979. Under the Constitution of Alabama, the supreme executive power of the state is vested in Petitioner (§ 113); and the constitutional duty is imposed upon him as Governor to take care that the laws be faithfully executed (§ 120).

Of intense concern to Petitioner in the performance of his duties as Governor, and in seeing to it that the laws are faithfully executed, are the establishment, maintenance and proper operation of a corrections system in the State of Alabama in accord with, and not in contravention of, the guaranties of the Constitution of the United States and of the State of Alabama. Indeed, an effective corrections system, legally and constitutionally operated, directly involves the safety and welfare of the citizens of the State of Alabama.

Petitioner knows that in its orders of January 13, 1976 (hereinafter the "Court Order"), after an extensive trial, this Court found and indeed the state through its attorney general conceded indefensible conditions involving overcrowding; segregation and isolation; inadequate classification; physical and mental health care; protection from violence; inmate living conditions; unsanitary food service; unmeaningful work, recreation and education opportunities; and physical facilities and staff.

***637** Petitioner is aware of three basic thrusts which underlie this Court's Order, and are at its core. First there is to be a meaningful work program. This is essential to prevent all of the unfortunate ramifications of inmate idleness and indolence which persist month after month, and year after year. The evils of this condition may well have lain at the root of the crimes which got these prisoners into prison. Elimination of this condition by a meaningful work program means the development of self-discipline and useful skills; the fatigue which produces sleep instead of mischief at the end of a hard day's work; and the generation of money to help operate the prison system and to reduce the costs of other state agencies.

The second essential thrust of the Court Order is the protection of the inmates from physical and sexual assault by other inmates.

Third is the availability of a basic education program.

Petitioner is aware that the Court Order has not been complied with and that the deadlines fixed by this Court have long since passed. Petitioner knows that as recently as January 17, 1979, the members of the Board have made known to the Court that they have not yet achieved compliance with the Order.^[1]

Petitioner is aware that on June 10, 1976, the Legislature of Alabama accorded permanent status by Joint Resolution No. 126 to a Legislative Prison Task Force (hereinafter "Task Force") to monitor the operation of the Alabama corrections system and the implementation of standards and requirements contained in the Court Order. Among the members of that Task Force were the present Lieutenant Governor, Honorable George D. H. McMillan (then Chairman of the Task Force), and the present Speaker of the House of

Representatives, Honorable Joe C. McCorquodale, Jr. On August 17, 1976, responding to a resolution of the Senate of Alabama, this Court designated and appointed the Task Force to monitor the operation of the Alabama corrections system and the implementation of the Court Order, and subsequent orders in these cases. Petitioner has been advised by Lieutenant Governor McMillan and Speaker McCorquodale that the primary reason for a failure of compliance with the standards and requirements of the Court Order, and the concomitant failure to maintain and operate an effective, legal and constitutional corrections system in Alabama, is inadequate and inefficient management. Moreover, the Lieutenant Governor and Speaker have advised Petitioner that it is imperative that this Court appoint Petitioner, as Governor, the temporary receiver to supervise the management and operation of the Alabama prison system.

Petitioner is aware that the plaintiffs in these actions, in papers filed on June 19, 1978, asked this Court to designate a temporary receiver with all the powers of the Board and Commissioner of Corrections to operate the prison system of Alabama until such time as the receivership is no longer needed to assure compliance with minimal constitutional standards.

Petitioner is informed and believes that the Alabama prison system is in a distress situation and that compliance with the standards and requirements of the Court's Order, and the achievement as well of the goal of an effective prison system maintained and operated in the interest of the safety and welfare of the citizens of this state, require the assertion of the extraordinary equitable powers of this Court. The more usual remedies heretofore pursued by this Court have not produced these desired results, but instead have invited confrontation and delay. A receivership is essential to get the job done. See *Morgan v. McDonough*, 540 F.2d 527, 533 (1st Cir. 1976), cert. denied 429 U.S. 1042, 97 S. Ct. 743, 50 L. Ed. 2d 755.

***638** Upon appointment as such temporary receiver, Petitioner, consulting and cooperating closely with the Lieutenant Governor and Speaker of the House, expects to do the following:

1. Secure and appoint to assist him a person or persons as able and experienced in the management of correctional institutions as are available.
2. Make certain that the result of the emergency classification project heretofore ordered by this Court has produced meaningful classification within the prison system. If it has not, then meaningful classification throughout the system shall be immediately completed on a crash basis within a matter of weeks; and continued monitoring will be undertaken to

assure its effective implementation on a permanent and ongoing basis. Sound reclassification will help safeguard prisoners from violent assaults; reduce the requirements for more guard personnel; and hopefully eliminate the need for more than one maximum security prison.

3. Establish and maintain effective internal security and inmate safety. Included in the means of safeguarding inmates and providing for their safety will be regular procedures for frequent and unscheduled shakedowns, and effective inspection to prevent the introduction of contraband of all kinds. Excellent security studies, made sometime ago by University of Alabama in Birmingham, will be implemented.

4. Promptly institute measures, including the prompt construction of needed facilities planned on a professional and meaningful basis to eliminate overcrowding in the state prisons, and the unfortunate and lamentable retention in county jails of persons who have been convicted of crimes and sentenced to prison.

5. Introduce a meaningful work program. There has been a severe underutilization of industrial, agricultural and plant maintenance programs. There has been a marked absence as well of a prison industrial system to provide a meaningful work program for inmates; to reduce the operating costs of the prison system; and to reduce such costs to other state agencies as well. Petitioner will draw upon detailed plans, including graphic materials such as films, which have heretofore been brought to the attention of the Board so that inmates will be put to hard work on meaningful jobs and so that the prisons can be ultimately self-sustaining and help reduce the operating costs of other state agencies.

6. This state by legislation has established a single education district for inmate instruction. Inmate education will be conducted largely under the supervision of the State Department of Education, and persons designated by that Department will have primary responsibility for the development of vocational and academic programs within the prison system which comply with the Court Order. Petitioner will use on a vastly expanded basis the excellent facilities afforded by the state's many trade schools and junior colleges. Quite apart from humanitarian reasons, Petitioner is convinced that the education of prisoners, and the chance of their rehabilitation, directly involve the safety of society. There is clearly no guarantee that a prisoner adequately educated will be a better person when he gets out because he has enough education and training to obtain and hold a job. But if he gets no training or education at all, it is absolutely certain that he and another 98 percent of the prison population like him will commit other crimes when they get out.

7. Petitioner will proceed immediately to secure the services of the most competent available medical director. The recruitment of such a director is absolutely essential to the establishment and maintenance of proper physical and mental medical care. Petitioner will seek to draw upon the excellent medical resources and medical schools of this state.

Petitioner will seek to coordinate the medical treatment of inmates with programs in the state medical schools. He will promptly form a planned relationship with these schools, including areas of diagnosis which could be conducted by residents or interns under the supervision of a medical *639 director. Obviously different types of treatment related to degrees of severity can be conducted at different locations some within the prisons and others (of a more serious nature) at outside institutions.

8. Petitioner will see to it that inmate living conditions including the cleanliness of living areas, physical facilities, personal materials, and sanitary food service will accord with the standards set in the Court Order.

In the event that funds beyond those appropriated by the legislature are necessary for the accomplishment of the foregoing, Petitioner will use his best efforts to secure necessary funds with due regard to the budgetary needs of other state agencies.

Petitioner considers that the prompt achievement of these goals, of the standards set in the Court Order, and the establishment, maintenance and operation of an effective corrections system are among the paramount duties of his office, and directly involve the constitutional performance of his duty to see to it that the laws are faithfully executed. But as the Court of Appeals concluded in this litigation (*Newman v. Alabama*, 5 Cir., 559 F.2d 283, 292), the Governor of Alabama "has no hand in the operations of the Alabama penal system beyond the customary budget recommendations to the legislature and the appointment of the Alabama Board of Corrections. The statute vests all power and control in the Board."

Accordingly, if Petitioner is to be able to perform this important task for the citizens of Alabama as their governor, it is imperative that this Court appoint Petitioner temporary receiver.

WHEREFORE, Petitioner prays that the Court appoint him a temporary receiver upon the terms and in the manner and pursuant to the orders described in the opening paragraph of this petition.

s) FOB JAMES, GOVERNOR OF THE STATE OF ALABAMA, Petitioner.

We, the undersigned, concur in the foregoing Petition of the Honorable Fob James, as Governor of Alabama, and request that this Honorable Court grant it.

s) George D. H. McMillan, as Lieutenant Governor of the State of Alabama

s) Joe C. McCorquodale, as Speaker of the House of Representatives of the State of Alabama

s) Finis E. St. John, III, as President Pro-Tem of the Senate of the State of Alabama

s) Richard S. Manley, as Speaker Pro-Tem of the House of Representatives of the State of Alabama

s) Charles A. Graddick, as Attorney General of the State of Alabama

NOTES

[1] The findings and conclusions set forth in this memorandum are based upon the evidence presented at that hearing and the various reports filed with this Court by the plaintiffs, the amici and defendants.

[2] The Alabama Board of Corrections' "plan" to acquire mattresses that meet the fire code requirements is to purchase them from the North Carolina prison system, which system with prison labor makes them.

[1] Indeed, the Board's plan for construction by June 1, 1981, contemplates housing accommodations for 5,772 inmates, when its own projected housing requirements by September 30, 1980, show 6,839 inmates. Thus the plan would continue to keep over 1,000 state inmates in county jails.

Some case metadata and case summaries were written with the help of AI, which can produce inaccuracies. You should read the full case before relying on it for legal research purposes.

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Exhibit 2

(Alabama)

MASTER SPECIAL ORDER APPOINTING RECEIVER

FILED

FEB 2 12 30 PM 1979

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE

DISTRICT OF ALABAMA, NORTHERN DIVISION

JANE P. GORDON, CLERK
U. S. DISTRICT COURT
MIDDLE DISTRICT OF ALA.
DEPUTY CLERK

BRIET BANK

N. H. NEWMAN, AND OTHERS,

Plaintiffs,

v.

STATE OF ALABAMA, ET AL.,

Defendants,

UNITED STATES OF AMERICA,

Amicus Curiae.

CIVIL ACTION NO. 3501-N

*Appointed
as Special
Master file*

JERRY LEE PUGH, for himself
and all others similarly
situated,

Plaintiffs,

v.

LARRY D. BENNETT, individually
and in his official capacity as
Commissioner of the Alabama
Board of Corrections, ET AL.,

Defendants,

BARRY E. TEAGUE, United States Attorney,

Amicus Curiae.

CIVIL ACTION NO. 74-57-N

WORLEY JAMES, ET AL.,

Plaintiffs,

v.

LARRY BENNETT, individually
and in his official capacity
as Commissioner of the Alabama
Board of Corrections, ET AL.,

Defendants,

THE NATIONAL PRISON PROJECT OF
THE AMERICAN CIVIL LIBERTIES UNION
FOUNDATION, INC., and BARRY E.
TEAGUE, United States Attorney,

Amici Curiae.

CIVIL ACTION NO. 74-203-N

Pugh v. Sullivan



PC-AL-010-005

O R D E R

Upon consideration of the findings of fact and conclusions of law made and entered in this case this date, and pursuant thereto, it is the ORDER, JUDGMENT and DECREE of this Court that Fob James, as Governor of the State of Alabama, be and he is hereby appointed temporary receiver of the prison system of the State of Alabama.

It is further ORDERED that this appointment as receiver be for a period of not less than one year, unless and until the receiver requests to be relieved or the Court orders a termination of the receivership before a year elapses.

It is further ORDERED that this appointment be for the purpose of carrying out the duties imposed by the Constitution of the United States and by the orders of this Court as set forth in Newman v. Alabama, 349 F. Supp. 278 (1972), aff'd, 503 F.2d 1320 (5th Cir. 1974), cert. denied, 421 U.S. 948 (1975) and in Pugh v. Locke, 406 F. Supp. 318 (1976), aff'd and remanded sub nom., Newman v. Alabama, 559 F.2d 283 (5th Cir. 1977), cert. denied in pertinent part, 46 U.S.L.W. 3802 (June 27, 1978).

It is further ORDERED that the Board of Corrections of the State of Alabama transfer to the Governor Fob James, as receiver all of its functions, duties, powers and authority to manage, supervise and control all penal and correctional institutions in the State of Alabama and all funds now held or controlled and all other duties and functions imposed upon the said Board under the laws of Alabama, including without limitation the power to hire, discharge, suspend and supervise the Commissioner of Corrections, deputy commissioners, and any other personnel employed by the Board.

It is further ORDERED that the members of the Board of Corrections, and all other defendants in these actions, their agents, servants, and employees, and all persons in active concert or participation with them, be and are hereby ENJOINED from failing to immediately comply with this order and from interfering in any manner, either directly or indirectly, with the receiver in the performance of his functions and duties as receiver.

It is further ORDERED that the members of the Board of Corrections, and all other defendants in these actions, their agents, servants, employees and attorneys, and all persons in active concert or participation with them, be and are hereby ENJOINED from failing to cooperate with the receiver in the performance of his functions and duties as receivers.

It is further ORDERED that the temporary receiver file with this Court quarterly reports.

Done, this the 2nd day of February, 1979.


UNITED STATES DISTRICT JUDGE

Exhibit 3

(Alabama)

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

FILED

JAN 6 - 1983

CLERK
U.S. DIST. COURT
MIDDLE DIST. OF AL
BY *mer*

N. H. NEWMAN, ET al.;)
JERRY LEE PUGH, ETC.;)
WORLEY JAMES, ET al.,)

Plaintiffs,)

UNITED STATES OF AMERICA;)
JOHN BELL, Etc.;)
THE NATIONAL PRISON PROJECT,)
Etc.; ET al.,)

Amici Curiae,)

-vs-)

STATE OF ALABAMA, ET AL.;)
JOSEPH HOPPER, Etc.; Et Al.,)

Defendants.)

CIVIL ACTION NO. 3501-N
CIVIL ACTION NO. 74-57-N
CIVIL ACTION NO. 74-203-N

CONSENT AGREEMENT

1. The Receiver and the Defendant Hopper contend that through the allocation of increased revenue to the corrections system by the Alabama Legislature, additional inmate housing, and the institution of firm policy and strong management, all conditions within the prison system that violated the Eighth Amendment prohibition against cruel and unusual punishment have been eliminated. They further contend that they have developed educational and work release programs, meaningful industrial and agricultural work and training, and

Pugh v. Sullivan



PC-AL-010-006

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a policy of discipline and compassion--all designed to achieve permanent rehabilitation. They further contend that they have provided the means and increased the capacity for incarcerating convicted criminals in a constitutional manner and thus have better protected the citizens of Alabama.

2. The plaintiffs maintain that although improvements have been made in the prison system since the Receiver was appointed, there are still substantial and serious failures to comply with the court orders and the Eighth Amendment to the Constitution both in the state facilities and because of the continuing back up of prisoners in the county jails.

3. The Receiver, the Commissioner, the United States and the plaintiffs agree that this is an appropriate time to institute a different and more effective procedure to assure continuing improvements in the prison system while at the same time extracting the court from the day to day superintendence of the prison system.

4. Therefore, the Receiver, Commissioner, Attorney General, United States and the plaintiffs agree that the Court enter an order as follows:

A: Continue the current hearing set for January 3, 1983, indefinitely unless it is reinstated under the procedures provided for hereunder.

B: Establish an Implementation Committee of four people to monitor compliance with the orders of the Court. The committee members would initially be M.R. Nachman, Jr., Ralph I. Knowles, Jr. or John Carroll, and two members to be nominated by the first two and approved by the Court, each to be appointed for a two (2) year term. In the event that any member of the committee has to resign, or otherwise cannot serve, that member will suggest a replacement to be approved by the Court. In the event of the death of a member of the committee, the remaining three (3) members shall agree upon a replacement. In the event there is no agreement, replacement shall be appointed by the Court.

C: The Committee is charged with the responsibility of working with the Governor, the Commissioner of Corrections, and all other relevant state officials in monitoring and assuring implementation of the Court's orders in the most expeditious and fiscally sound manner possible. The Commissioner will render such reports to the Committee on the status of compliance as the Committee shall from time to time require. The Committee will have the authority to state priorities and timetables to move toward compliance. The Committee will evaluate as a priority matter and at the request of the plaintiffs the following areas: 1) state prisoners in county jails; 2) mental health care to inmates in need thereof; and 3) conditions in segregation. The Committee will from time to time note and recommend that the Court recognize those areas wherein the state has achieved compliance with its orders.

D: The Committee will have access to all staff and records of the Department at all reasonable times. They will also have access to all facilities and prisoners and to the records of all other relevant state agencies accessible to the Governor or Department of Corrections.

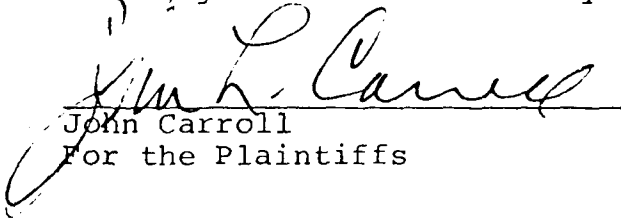
E: In the event it is deemed necessary, the Committee may hire experts to evaluate compliance. Reasonable fees and expenses of the Committee members and any experts they might hire will be paid by the Department of Corrections on a monthly basis. If the Commissioner objects to any expenditures he may submit such objections to the Court within 10 days of the submission of statements to the Department.


F: If a majority of the Committee determines that the defendants are not or cannot for any reason make expeditious progress in fully meeting the orders of the court in all facilities housing state prisoners, it will report that to the Court with a recommended course of action for the Court to follow. This, however, should be a course of last resort to be utilized only after the Committee has done everything within its powers to work with the Commissioner to achieve compliance without intervention of the Court.

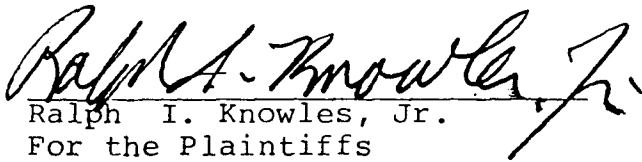
G: The Committee will make such reports as it deems necessary or as requested by any party or the Court.


H: Nothing contained herein will prevent any party from filing with the Court motions to dissolve the Committee if it believes its rights are being jeopardized by the actions or inactions of the Committee in which case the Court will take whatever actions are necessary to assure compliance with the orders.

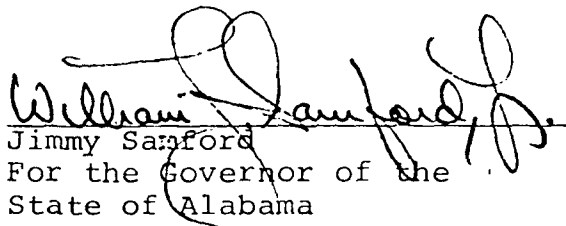
Signed this the 5th day of January, 1983.


John Carroll
For the Plaintiffs



M. R. Nachman
For the Governor of the
State of Alabama


Ralph I. Knowles, Jr.
For the Plaintiffs


W. Scears Barnes
For Joseph Hopper, Commissioner of the
Department of Corrections


Jimmy Sanford
For the Governor of the
State of Alabama

Stephen A. Whinston
For the United States of America


Elizabeth Alexander
For the National Prison Project

Mitchell W. Dale
For the United States of America

Terry Smyly
For the Attorney General of Alabama

Exhibit 4

(Alabama)

FILED

Newman v. Graddick



PC-AL-017-003

DEC 28 1988

THOMAS C. CAVER, C
BY _____
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

N. H. NEWMAN; ET AL,)	
)	
Plaintiffs,)	
)	
UNITED STATES OF AMERICA; ET AL,)	
)	CIVIL ACTION NO. 3501-N
Amici Curiae,)	
)	
VS.)	
)	
STATE OF ALABAMA; ET AL,)	
)	
Defendants.)	

MEMORANDUM OPINION

This cause is submitted on the record, on the Motion to Dismiss filed herein December 20, 1988, by the Alabama Department of Corrections [DOC], on the Final Report of Implementation Committee filed herein December 14, 1988, and the attachments to all of the same.

On August 15, 1988, the Court extended the existence and duties of the Prison Implementation Committee until December 31, 1988. Under the terms of the November 27, 1984, Consent Order, the jurisdiction of this Court could be reactivated or extended on the recommendation and petition of a majority of the Prison Implementation Committee. On two previous occasions, the Committee has petitioned the Court to extend, and the Court

has extended, the Committee's jurisdiction to monitor the prison system^{1/} beyond previously set dates for the end of this litigation.

The Newman case began in 1971 and resulted in a comprehensive Order in 1972 relating to medical and psychological care of prisoners. On January 13, 1976, the Court consolidated the Newman case with the Pugh and James cases and entered a comprehensive Order relating to almost all conditions of confinement in the Alabama Prison System. Thus, this Court has exercised jurisdiction over medical and psychological care for over 16 years and over virtually all aspects of the prison system for nearly 13 years. That jurisdiction has necessarily been active during those years with extensive litigation over compliance with the Court's Orders, especially up to the time of the establishment of the Prison Implementation Committee on January 5, 1983. Thereafter, the Committee has saved the State and federal governments litigation expenses in untold amounts while facilitating settlement of hundreds of complaints.

^{1/} In that Order, the Court found, and the parties agreed, that "[e]xisting conditions in the Alabama Prison System *** are in sufficient compliance with the requirements of the Constitution of the United States *** to permit all the parties to recommend dismissal of this action subject to the conditions contained in this Order." The Order thereafter continued the existence of the Prison Implementation Committee for the sole purpose of conducting monitoring activities "as it deems appropriate ***". By its express terms, the November 27, 1984, Order relinquished the exercise of jurisdiction in this case as of December 3, 1984.

All of the members of the Prison Implementation Committee had previous involvement in this and other cases as lawyers, the Chairman of the original Human Rights Committee, and expert witnesses. As Committee members, they have monitored conditions in the Alabama Prison System for almost six years on a constant and regular basis.

There can be no doubt that the conditions which existed in the Alabama Prison System in 1972 and 1976 do not exist today. In previous reports, this Committee and the Court have commended certain public officials in Alabama for their commitment to creating and maintaining a constitutional prison system in the State. Governor Hunt and his staff, Mr. Holman Head, the Commissioner of Corrections and his staff and the Parole Board have assured the Committee of the State's intention to continue and expand the progress in the system. Moreover, the Committee and this Court have been impressed with the work of the Judicial Study Commission and its Prison Task Force established pursuant to the efforts of this Committee and Chief Justice C. C. Torbert and effectively led by Allen Tapley. The Committee and this Court expect these efforts to continue under incoming Chief Justice E. C. Hornsby. As will be elaborated, notwithstanding these accomplishments, if these and other relevant State Officials are to operate the Alabama Prison System in a constitutional manner and in accordance with professional standards, they must

devote continuing and immediate attention to existing problems and those which may be expected to occur in the future.

Although vast sums of taxpayers' dollars have been spent in efforts to rehabilitate law violators, the Alabama Prison System has not been able to maintain desired accommodations for the numbers of prisoners sentenced to it. In its report dated July 6, 1988, the Committee noted that, because of increased activity by the Parole Board subsequent to the Court's Order of December 30, 1987, the prison population had dropped from 12,807 to 12,183 as of July 4, 1988. Moreover, the number of State inmates in county jails dropped during this period from 800 to 385, and of this 385, only 119 were eligible for transfer to State institutions.

Although the parties hoped that this laudable trend would continue, it has not. The most current statistics show that the prison population has risen from the July, 1988, figure of 12,183 to 12,440, and, in contrast to the decreases in the prison population from February, 1988, through August, 1988, there have been net increases in the months of September, October and November of 1988. The DOC's Motion to Dismiss this proceeding proposed that the 1988 increase in prison population is a nonpermanent fluctuation rather than a trend and that recent appropriations have provided substantially more prison space.

Hopefully, we have not reached the end of diminishing prison population. Several factors co-exist to end the decrease temporarily. There is a leveling point after accelerated activity of the Parole Board following extended inactivity. Most judges for years sentenced with the thought that such sentences would probably be reduced to one-third of the time of sentence for good behavior or other indicia of rehabilitation. Yet, for an extended period of time, the number of monthly paroles was far less than the numbers entering institutions. State laws have been amended to provide more severe punishments. The burden on the Department of Corrections is heavy. The increased population has resulted from a combination of increased sentences to prisons and a decreased parole rate. There has been a concomitant and unfortunate decrease in the number of inmates assigned to work release and the SIR Program.

These statistics are ominous. If these trends continue, even anticipated new and expanded prisons will ultimately be unable to avoid the constitutional violations which will surely follow from overcrowding. Hopefully, all officials involved in the criminal justice system will strive diligently and imaginatively to avoid this result. The Committee convinces this Court that overcrowding inevitably causes and exacerbates other impermissible prison conditions.

On November 21, 1983, the Commissioner of Corrections and others filed a motion to modify the prior injunctive orders of this Court. The specific tenor of the motion was directed toward the Court's prior injunctive orders dealing with food, clothing, shelter, sanitation, medical care, personal safety and numerous other conditions of confinement, much of which was entered by consent without specific reference to the Constitution. The motion for modification requested that this Court "modify its prior orders *** to reflect standards no stricter than those required by the Eighth and Fourteenth Amendments to the United States Constitution and to acknowledge compliance by all Defendants wherein there has been substantial compliance." On December 5, 1983, the United States filed a memorandum in support of the Commissioner's motion to modify. This was later supplemented on January 26, 1984, by a more extensive argument. The Commissioner and the United States argued that modification was warranted on the basis of changed circumstances and changes in decisional law. See, e.g., Rhodes v. Chapman, 452 U.S. 337 (1981)[60-square-foot requirement]. Thereafter, this Court issued various orders which, *inter alia*, had the effect of denying the motions for modification. An appeal was taken.

On September 10, 1984, the United States Court of Appeals for the Eleventh Circuit [Newman v. Graddick, 740 F.2d 1513 (11th

Cir. 1984)] remanded the case to this Court for further proceedings. In its decision, the Court of Appeals stated:

"There is significant evidence to show that Commissioner Smith [former Commissioner of the DOC] has done and is doing all that he can to achieve these objectives. Although significant monetary gains have been made and significant physical plant improvements have been instituted, the defendants have not been able to comply with the 60-square foot requirement for multiple occupancy areas and have not been able to remove all state prisoners from county jails. Moreover, since the October 1980 consent order was entered, the Supreme Court has had occasion to clarify Eighth Amendment analysis in the prison context. See Rhodes v. Chapman, 452 U.S. 337 (1981). These factors justify a consideration of modification by the Court ***. [parenthetical expression added].

"Upon remand the court should hold a hearing to consider the present condition in Alabama prisons to determine the extent to which they have been brought into constitutional alignment. The consent decrees provide a proper framework and a means for reaching constitutionality in the prisons of Alabama. These constitutional standards are provided for by the Eighth Amendment. The Supreme Court and this Court have delineated the conditions to be met to reach constitutionality as to conditions of confinement. These tests are to be followed in considering modification of the consent decrees." Newman v. Graddick, supra, at 1520-21 [citations omitted].

In short, the Court of Appeals found that not all the requirements of Newman were constitutionally supported.

Following the issuance of the Court of Appeals' mandate, the parties, rather than pursuing the motions for modification, agreed upon the dismissal of the cases as reflected in the Consent Order of substantial dismissal dated November 27, 1984. At that

time, this Court, approving the settlement, did not determine whether the objectives of the decrees of this Court had been met or what modifications to the decrees should be made in an effort to make the decrees conform to the requirements of the Eighth Amendment.

Since that time, the Implementation Committee, in fulfillment of its responsibilities, filed a report and a petition with the Court on December 29, 1987. In that report, the Committee stated that it had "carried out its duties with the fervent hope that these cases could be ended and the Alabama prison system returned full to the State on January 1, 1988." However, the Committee found that, as of the date of its report, overcrowding in the prison system continued.

"11. Despite impressive efforts--rare if not unique in the country--Alabama's prisons are nevertheless overcrowded. There were about 4500 inmates when Judge Johnson's Order of 1976 came down; there are presently 12,807. As the attached graphs dramatically reflect, during most of this period, from 1980 to the present, the parole rate has been relatively flat. The obvious corollary is that the parole rate has come down during this period while the population has grown.

"Reputable statistics from the Criminal Justice Institute show that at the end of 1986 Alabama's prisons housed 283 inmates per 100,000 general population, while the neighboring state of Tennessee housed 149 inmates per 100,000. Even more dramatic, the state of Minnesota, with a population about the size of Alabama's, housed 58 inmates per 100,000 general population.

"There are more than 5500 inmates currently classified as 'minimum custody' or less. There are currently 1207 inmates on work release and 639 in SIR

[Supervised Intensive Restitution Program].
Approximately one-half of all inmates have been
incarcerated for property offenses." [parenthetical
expression added].

Thereafter, the Committee informed the Court that the Board of Pardons and Paroles had informed the Committee that the Board intended to take immediate action to address the current problem of overcrowding. On that basis and that basis alone, the Committee petitioned this Court to reactivate this case on a limited basis and "in the posture which has existed since the November 27, 1984 Order, and for no other purpose and on no other basis."

On December 30, 1987, this Court entered an Order which adopted the recommendation of the Committee and reactivated this case on the basis of and only to the extent of "monitoring" as recommended in the Committee's report. On December 14, 1988, the Implementation Committee filed with this Court its final report, which stated in part:

**** In previous reports, this Committee and the Court have commended certain public officials in Alabama for their commitment to creating and maintaining a constitutional prison system in the state. The Governor and his staff, the Commissioner of Corrections and his staff, and the Parole Board have assured the Committee that they intend to continue and expand the progress in the system. Moreover, the Committee has been impressed with the work of the Judicial Study Commission and its Prison Task Force established pursuant to the efforts of this Committee and Chief Justice C. C. Torbert and effectively led by Allen Tapley. We expect these efforts to continue under incoming Chief Justice E. C. Hornsby. As will be elaborated,

notwithstanding these accomplishments, if these and other relevant State officials are to operate the Alabama prison system in a constitutional manner, and in accordance with professional standards, they must devote continuing and immediate attention to existing problems and those which may be expected to occur in the future."

Nonetheless, the Committee expressed concern about overcrowding, insufficient staffing, inadequate sanitation and maintenance in older facilities, housing and treatment of the mentally ill inmates, idleness of inmates at some facilities and inadequate housing and activity for many prisoners in long-term administrative segregation. The Court shares in the concerns identified by the Committee. However, even in light of these legitimate concerns, the Committee recommended that this case not be reactivated and that this Court's jurisdiction not be extended beyond December 31, 1988. The Committee stated:

"All of the Committee members are seriously concerned about the prison system, and notably the prospect of continued overcrowding. But we are constrained to conclude that present or future claims of constitutional violations should be resolved in other litigation properly presented to the courts."

Now pending before this Court is the issue of whether this Court should enter in this case a final order of dismissal with prejudice. Necessarily encompassed within this question is the question of the continuing effect, if any, of the prior injunctive orders of this Court. This Court must consider the purposes

which the parties had in agreeing to the November 27, 1984, Consent Order of dismissal. In this Consent Order, this Court "relinquished jurisdiction". This terminology was agreed upon by the parties and accepted by this Court. In United States v. Armour & Co., 402 U.S. 673 (1971), the Court noted the appropriate view which a court must take of a consent agreement embodied in an order:

"Consent decrees are entered into by parties to a case after careful negotiation has produced agreement on their precise terms. The parties waive their right to litigate the issues involved in the case and thus save themselves the time, expense, and inevitable risk of litigation. Naturally, the agreement reached normally embodies a compromise; in exchange for the saving of cost and elimination of risk, the parties each give up something they might have won had they proceeded with the litigation. Thus the decree itself cannot be said to have a purpose; rather the parties have purposes, generally opposed to each other, and the resultant decree embodies as much of those opposing purposes as the respective parties have the bargaining power and skill to achieve. For these reasons, the scope of a consent decree must be discerned within its four corners, and not by reference to what might satisfy the purposes of one of the parties to it. Because the defendant has, by the decree, waived his right to litigate the issues raised, a right guaranteed to him by the Due Process Clause, the conditions upon which he has given that waiver must be respected, and the instrument must be construed as it is written, and not as it might have been written had the plaintiff established his factual claims and legal theories in litigation." 402 U.S. at 681-82 [footnotes omitted].

In Spangler v. Pasadena City Bd. of Ed., 611 F.2d 1239 (9th Cir. 1979), the Court considered whether it should retain jurisdiction or dissolve the injunction in a school desegregation

case. Writing for the Court, Judge (now Justice) Kennedy stated:

"Retention of jurisdiction when there is no longer a demonstrated need to monitor compliance may defeat important governmental and personal interests. Legitimate changes in educational policy are more difficult to implement. Where the court retains jurisdiction, a board may feel obligated to take racial factors into account in each of its decisions so that it can justify its actions to the supervising court. This may make it more, rather than less, difficult to determine whether race impermissibly influences board decisions, for the subject is injected artificially into the decision process, and the weight that racial considerations might otherwise have had is more difficult to determine." 611 F.2d at 1247.

Although much of what is said above related to cases involving racial discrimination, the general question raised by Justice Kennedy has been more sharply drawn into focus since the decrees of the 1970s were entered in this case. This question is the proper extent to which, considering the history of this litigation, it is necessary for the Court to continue to inject its supervisory power into the administration of Alabama's prisons. In Hewitt v. Helms, 459 U.S. 460 (1983), the Court stated:

"[P]rison officials have broad administrative and discretionary authority over the institutions they manage and *** lawfully incarcerated persons retain only a narrow range of protected liberty interest ***. [B]road discretionary authority is necessary because the administration of a prison is 'at best an extraordinarily difficult undertaking,' *** and *** 'to hold *** that any substantial deprivation imposed by prison authorities triggers the procedural protections of the Due Process Clause would subject to judicial review a wide spectrum of discretionary actions that

traditionally have been the business of prison administrators rather than of the federal courts." 459 U.S. at 467 [citations omitted].

It is not inappropriate to turn to the purposes which the parties must have had as expressed in the Consent Order of November 27, 1984. That Order stated that the Court "relinquishes jurisdiction" in this case as of December 3, 1984. The Consent Order of November 27, 1984, aside from relinquishing jurisdiction, reads:

"Existing conditions in the Alabama Prison System *** are in sufficient compliance with the requirements of the Constitution *** to permit all parties to recommend dismissal of this action ***."

Thus, it seems without doubt that the parties to the Consent Decree intended by the natural meaning of the language of the Consent Order that, as of December 3, 1984, the Court would no longer exercise any power to determine compliance. But a question must be asked - Compliance with what? Obviously, this Court may not "relinquish jurisdiction" to consider compliance with the Constitution itself. Thus, the parties must have intended a more restrictive meaning. At the time of their entry, the decrees were designed to remedy the existing unconstitutional conditions in Alabama's prisons. Those decrees, as a matter of law, could not, except by consent, have required actions by the Defendants which exceeded actions necessary to remedy

constitutional violations. See Milliken v. Bradley, 433 U.S. 267, 280-81 (1977)[federal court must tailor scope of remedy to the nature of the constitutional violation].

The basis of the motions for modification was changed circumstances or changes in law. Therefore, the only reasonable interpretation which may be placed on the Consent Order is that, following their agreement that the prison system of Alabama was in sufficient compliance with the Constitution, the parties intended that the Court relinquish its power to determine whether the prison system was in compliance with the prior decrees of the Court. It follows that the parties must necessarily have intended that the Consent Order dissolved the prior injunctions pending before the Court. Any other construction would make the agreement of the parties meaningless.

This conclusion is not weakened by the fact that the Consent Order continued the Implementation Committee in existence. Again, reference to the precise language of the Order is necessary:

"The Committee will continue in existence until January 1, 1988, to conduct such monitoring activities as it deems appropriate in accordance with the fulfillment of its role in these cases."

The Committee was to "conduct monitoring activities as it deems appropriate ***". It is plain from this language that the Committee was given unrestricted discretion to monitor the prison

system. That discretion was not constrained by reference to any prior decree or to any other standard, constitutional or otherwise. Indeed, the report of the Committee filed in this Court on December 29, 1987, which addresses the issue of overcrowding, makes no reference to the prior Orders of this Court as the basis for the Committee's recommendation that limited reactivation of the case be ordered. Moreover, the Committee found in this report that the overcrowding problem still existing in the prison system was a direct consequence of actions or omissions of the Board of Pardons and Paroles which was not, is not and has never been a Defendant in this case. It is plain, therefore, that the Committee itself did not see its role as confined to the compliance question embodied in the prior decrees of the Court. Otherwise, the Committee could not have dealt with the problem from the perspective that it did. In accordance with the foregoing, this Court, thus, concludes that the parties intended in the Consent Order of dismissal that the prior injunctive orders of this Court be dissolved and of no more effect.

Having determined the proper scope and purpose of the Consent Order of dismissal, this Court must now determine whether it is appropriate to adopt the recommendation of the Committee and dismiss this case with prejudice. The Committee, while expressing its serious concerns about the prison system, feels that full

dismissal is appropriate and that present or future claims of unconstitutional conditions should be resolved in other litigation.

There are pending cases in this Court, and presumably in the other district courts in this State, which allege claims directly premised upon violations of the injunctive orders of this Court in this case based on the failure of prison officials to comply with the precise and specific remedial requirements of these orders even if said orders required action which exceeds the requirements of the Constitution.^{2/} At the risk of closing the barn gate after the horse is out, it is the opinion of this Court that such cases, to the extent they were filed on or after December 3, 1984, and seek damages based solely upon violations of this Court's orders, are without merit because as of December 3, 1984, the prior injunctions were no longer in effect. To the extent that such cases allege a present violation of the Constitution, they may and should proceed to final adjudication on the basis of the requirements of the Constitution.

^{2/} For example, a prior injunctive order requires the prison system to provide three meals per day to inmates. Newman v. Alabama, 466 F.Supp. 628 (MD Ala. 1979). It is now clear that the Constitution does not require three meals per day; rather, the Constitution requires that inmates receive a nutritionally adequate diet. Hamm v. DeKalb County, 774 F.2d 1567, 1575 (11th Cir. 1985), cert.den. 475 U.S. 1096 (1986).

CONCLUSION

At the time of the original decrees of this Court, the conditions of confinement in the Alabama prisons clearly constituted an Eighth Amendment violation. The remedial objective of the sweeping structural and remedial decrees of this Court was to bring the conditions of confinement in the prisons into alignment with the requirements of the Constitution. The scope and extent of and the means used in the decrees of this Court to achieve compliance with the Constitution were at the time what this Court, and to some extent the parties, deemed constitutionally necessary. Later events and decisions of the Supreme Court and of the United States Court of Appeals for the Eleventh Circuit have demonstrated that, in some instances, the specific remedial requirements are no longer necessary. Nonetheless, what is important for present purposes is recognition that as of 1984, whatever was the extent and scope of the original violation, the parties and the Court agreed that the remedial objectives of this Court's prior decrees had been achieved. The victims of the Eighth Amendment violation had been restored as nearly as possible to the position they would have occupied had the violation never occurred. It is likewise plain that State officials have a significant and commendable interest in being allowed to now manage their own affairs consistent with the requirements of the Constitution. See Hewitt v. Helms, supra.

The parties recognized that in 1984, and the Implementation Committee recognizes this in 1988. The Committee has filed its final report in which it finds that control of Alabama's prisons should now be returned to the officials of the State. This Court agrees.

The willingness in recent years of State officials to tackle the difficult, often intractable, problems of administering a prison system in a manner consistent with the Constitution and the degree of constitutional compliance which has been achieved convince the Court that it is no longer necessary for the federal courts, through the vehicle of this action, to intervene in the day-to-day affairs of the State in managing its prisons. This Court is convinced of the good faith of many concerned officials, including Governor Guy Hunt, Chief Justice C. C. Torbert, Allen Tapley, Holman Head, Ralph Knowles, George Beto, John Conrad, Roland Nachman and many others. The outstanding work of these leaders, coupled with the cooperation of the DOC and Commissioner Morris Thigpen (as well as former Commissioner Freddie Smith), convince this Court that the State of Alabama is ready to undertake the herculean task of administering its prison system within constitutional limitations.

The action which the Court takes today must not be understood by anyone to mean that continuing attention to the remaining problems as identified by the Implementation Committee must not

proceed apace. The Court's action today does not mean that it believes all problems, constitutional or otherwise, have been forever remedied. A review of this Court's docket shows that a large percent of the civil cases filed in this Court are pro se prisoner complaints alleging constitutional violations by prison authorities. While many of these cases lack merit, some do not. Where a prisoner demonstrates constitutional entitlement to relief, courts will not hesitate to grant the relief necessary to maintain continued compliance with the Constitution.

Thus, the Court's action today merely stands for the proposition that the broad, remedial objectives of this Court's prior decrees have been met and that any remaining "fine-tuning" should be accomplished in separate actions. This Court fervently hopes that the officials of the State of Alabama will continue to discharge their responsibilities for administering Alabama's prisons as the Constitution and laws of the United States require.

"[I]n an ideal society, all of these judgments and decisions should be made, in the first instance, by those to whom we have entrusted these responsibilities. It must be emphasized, however, that when governmental institutions fail to make these judgments and decisions in a manner which comports with the Constitution, the federal courts have a duty to remedy the violation." Johnson, Frank M., The Role of the Judiciary With Respect to the Other Branches of Government, 11 Ga.L.Rev. 455 (1977).

Officials of the State of Alabama must not now ignore or shirk their responsibility to the Constitution. Indeed, release from

the continued supervision of this Court means that the public officials of the State must accept more, not less, responsibility for their actions or omissions. This Court recognizes the propensity of settling rehabilitation differences at State levels in the judicial field as well as in the administrative and legislative fields. Imprisonment and rehabilitation for State crimes is a State function, and State courts have the duty and the jurisdiction to enforce federal constitutional rights. Federal courts have only a secondary duty to insure that the prisons of Alabama operate in a constitutionally appropriate manner. Dismissal of this case vests responsibility where it should be and serves the strong public policy requiring a finality to litigation. Tanner v. United States, 107 S.Ct. 2739 (1987).

An Order of dismissal will be entered accordingly.

DONE this 28th day of December, 1988.



UNITED STATES DISTRICT JUDGE

Exhibit 5

(Wayne County, MI)

WAYNE COUNTY JAIL INMATES v. WAYNE COUNTY CHIEF EXEC.***178 Mich. App. 634 (1989)*****444 N.W.2d 549****WAYNE COUNTY JAIL INMATES****v.****WAYNE COUNTY CHIEF EXECUTIVE OFFICER****Docket No. 115672.**

Michigan Court of Appeals.

Decided July 26, 1989.

Michigan Legal Services (by *Kathleen A. Gmeiner* and *Alan S. Ells*), *Glotta, Rawlings & Skutt, P.C.* (by *Richard M. Skutt*), and *Goodman, Eden, Millender & Bedrosian* (by *William H. Goodman* and *Deborah Choby*), for plaintiffs.

Bodman, Longley & Dabbling (by *Joseph A. Sullivan* and *Charles N. Raim*), for the Wayne County Sheriff.

Saul A. Green, Wayne County Corporation Counsel, and *Glen H. Downs* and *Ellen E. Mason*, for the Chairperson of the Wayne County Board of Commissioners.

Michael E. Duggan, for the Wayne County Chief Executive Officer.

Amicus Curiae:

Michigan Sheriffs' Association (by *Paul A. Rosenbaum*).

Before: CYNAR, P.J., and WAHLS and MARILYN KELLY, JJ.

MARILYN KELLY, J.

This class action was filed by the Wayne County Jail inmates in 1971. It sought equitable relief from "depraved, inhuman and barbaric" conditions at the jail. A three-judge panel issued its opinion on May 18, 1971. The panel members were then-Wayne Circuit Judges Victor J. Baum, Richard M. Maher and John D. O'Hair. They found conditions in the jail deplorable and in violation of the inmates' rights as claimed. Violations included:

— serious overcrowding;

— violations of plumbing, ventilation, heating, electrical, fire and sanitation laws;

— ... "[a]n investigated assault rate of almost 100 in eleven months ... too high by any reasonable standard";

— an unreasonable risk of suicide;

— the exacerbation of mental illness by "the stark physical environment and harsh regimen of the jail," compounded by enforced idleness, lack of recreation and lack of staff;

— the existence of a "health program [which] fails to provide reasonable care for existing illness and fails to provide reasonable safeguards against future preventable illness";

— poor sanitation;

- inadequate nutrition, lack of warm meals;
- interference with mail;

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- lack of standards for assignment to maximum security.

In light of these conditions, the Wayne Circuit Court issued orders designed to improve the jail. It included among them the appointment of a monitor to investigate and report on the status of defendants' compliance with court orders. The orders for relief and appointment of a monitor were appealed and affirmed in *Wayne Co Jail Inmates v Wayne Co Sheriff*, [391 Mich. 359](#); [216 N.W.2d 910](#) (1974) (*Inmates I*). In that opinion, the Supreme Court concluded, p 369:

The trial court retained jurisdiction to assure compliance with its order.

As noted above the defendant commissioners challenged only the power of the court to enter its order and did not dispute the specific provisions of it.

In light of the fact that full compliance comprehends the expenditure of large sums of public money the defendant commissioners are directed within 30 days to introduce before the trial court any evidence they may have which puts in question the propriety of the specific provisions of the order. Such 30-day period shall not be extended by reason of any further application or proceedings in this or any other court. Upon consideration thereof the trial court is directed to issue a current order as may be appropriate.

We retain jurisdiction for the purpose of reviewing without delay any objections to such updated order with the end of bringing to a conclusion this controversy which is already too long protracted, and to securing for the plaintiffs relief to which they are entitled.

Remanded.

Thirteen years went by with numerous dispositional orders being entered. Ultimately on April 9,

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1987, all the parties except the inmates consented to a judgment (final judgment). It was corrected by order of April 30, 1987, and amended by order of December 4, 1987. The Chairperson of the Wayne County Commission (commission) appealed by right to this Court. The Wayne County Executive and the inmates cross appealed (Docket No. 110295). On May 12, 1988, both the appeal and cross appeal were dismissed for no progress. It appeared from this Court's file that the parties had amicably settled their differences over the final judgment.

The circuit court appointed a new jail monitor, Vincent M. Nathan, in May of 1987. It named a comonitor, Paul Belazis, several months later. A remedial order, generated by a monitor's report of July 10, 1987, resulted in a further order governing recreation at the jail to which the parties stipulated.

By February of 1988, the monitor issued a preliminary report regarding compliance with the final judgment. It was followed by a March 11, 1988, "Comprehensive Report of the Court Monitor on the Defendants' State of Compliance" (monitor's report).

The monitor's report is 122 pages long and has several hundred pages of appendices. It describes jail conditions the monitors observed from March through November, 1987, and carries this proviso: "Although the facts set forth below demonstrate noncompliance with certain provisions of the final judgment, no specific recommendations for supplemental relief are made in this report."

The categories addressed are:

A. Visitation;

B. Inmate recreation;

C. Mail;

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D. Clothing and linen;

E. Physical plant maintenance and sanitation;

F. Disciplinary and grievance process;

G. Maximum security;

H. Health care (adopted experts' report, a copy of which was Appendix v);

I. Food service (adopted experts' report, a copy of which was Appendix w);

J. Training;

K. Law library;

L. Classification;

M. Staffing;

N. Population limits and overcrowding.

While the monitor's report notes improvements in some areas, it identifies, describes and documents substantial noncompliance in every category covered in the final judgment.

The sheriff responded to the monitor's report by requesting a hearing. The parties were given the opportunity to discuss their concerns with one another and with the trial judge and negotiated a stipulation on May 13, 1988. In it the sheriff withdrew his request for a hearing. Each of the parties confirmed the observations of the trial court's medical experts which had been adopted by the monitor. The sole exception was an objection by the sheriff to observations on individual patient care.¹ The parties concurred in the monitor's fundamental observations concerning deficiencies at the jail. The Wayne Circuit Court adopted the monitor's report as its findings of fact in conformity with the stipulation of all the parties in its order of May 13, 1988.

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Following entry of the order, activities commenced on three distinct fronts. First, the sheriff undertook compliance activities. He began development of policies and procedures manuals, a listing of which can be found in an October 17, 1988, report of corrective action. According to this report, numerous procedures already were in process. Others were implemented, while still others could not be accomplished because of the Wayne County Executive's lack of cooperation.

The second front focused on a millage in Wayne County to supply twenty million dollars annually for jail facilities and operations. Revenue was projected to commence in December of 1988 and to continue for ten years.

The third front involved placing the jail under central county administration by petition of the Wayne County Executive filed August 16, 1988. The County Executive asked to be appointed temporary administrator of the jail.

In this regard, a settlement conference was held at which Judge Kaufman suggested a

compromise: both the sheriff and the Wayne County Executive would voluntarily relinquish power to Vincent Nathan as temporary receiver. No agreement was reached.

Then a motion was made for appointment of a receiver, this time by the inmates. The Wayne County Executive withdrew his petition. Argument was had before Judge Kaufman during which it was urged variously that the receiver named be Vincent Nathan, the Wayne County Executive, or someone else. The sheriff strenuously objected to both the substance of the motion and the procedures used to decide it. The parties were given a fairly tight time frame in which to file further documentary evidence including affidavits and depositions. No evidentiary hearings were allowed,

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and final briefs were submitted to Judge Kaufman by December 16, 1988.

Next, the sheriff moved for the disqualification of Judge Kaufman and of the entire Wayne Circuit Court bench. The judge denied both motions on September 16, 1988. The sheriff sought leave to appeal to this Court in Docket No. 111714. A panel consisting of WILLIAM R. BEASLEY, WALTER P. CYNAR and MICHAEL J. KELLY denied leave to appeal on September 26, 1988. The State Court Administrator referred the unsuccessful motion to disqualify to Oakland Circuit Judge Robert C. Anderson. He denied the motion on October 18, 1988. That decision was appealed to this Court in Docket No. 112798. The same panel denied relief by order of December 13, 1988. The Supreme Court denied leave to appeal on February 1, 1989, and denied the motion for reconsideration on March 31, 1989. 432 Mich. 857 (1989).

Judge Kaufman then granted the motion for receivership. His opinion and order are dated February 16, 1989, and will be referred to as the "receivership order." He summarized the decision as follows:

For eighteen years seven judges of this Court including four Chief Judges, have struggled to bring the Wayne County Jail into compliance with the law. Without doubt limited progress toward that end has been made. Almost all such progress, however, has been the result of judicial intervention and can trace its roots to court orders.

Unfortunately, substantial noncompliance remains, and the bottom line is this: the Sheriff's mismanagement, or lack of management, has prevented substantial compliance.

The Sheriff has chosen what he considers to be good politics over good government. The result has been substantial and continuous mismanagement

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of the jail. The duly elected Sheriff generally is entitled to run an inefficient department. Democracy does not prohibit mismanagement. When, however, such mismanagement results in serious and longstanding violations of the law, the Court has not only the right, but the duty, to take the steps necessary to end these legal violations of law.

The eighteen year history of this litigation teaches that only one method remains to cure these violations. The Court must exert additional control over the compliance process through appointment of a receiver. Only this step offers any realistic prospect of bringing the "jail case" to an end in the foreseeable future.

It is clear to the Court at this juncture that the only means by which the Wayne County Jail will achieve substantial compliance with the law, and thus, by which the last chapter of this lawsuit will be written, is the fixing of responsibility for the funding and operation of the Wayne County Jail in the hands of a receiver who is capable of curing the present problems of mismanagement. For the reasons outlined in this Opinion, that person is the Chief Executive Officer for the County of Wayne.

Consequently, the Court by this Opinion and Order grants, in large part, the Plaintiff's Motion for Receivership, and appoints the Chief Executive Officer for the County of Wayne as the receiver for the Wayne County Jails.[1]

[1] The Plaintiff's motion, however, clearly contemplated the appointment of someone other than the Sheriff or CEO to serve as receiver.

In his decision, Judge Kaufman first gave the background of the case, then found continuing noncompliance with the final judgment. He cited as the offending areas environmental conditions, mental health, medical care, classification and discipline. He reviewed the sheriff's attempts at compliance and found them wanting. In virtually every area of jail operations, he noted an absence

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of the organization, leadership and direction necessary to carry out his mandate.

Judge Kaufman addressed the problem of responsibility for failure shared by the sheriff and the Wayne County Executive:

Although mismanagement and absence of administrative direction at the jail have been the primary contributing factors in the continued failure to achieve compliance with this Court's Final Judgment, it also is clear that in some other areas the jail has been plagued by insufficient staff and resources necessary to its effective operation. The absence of direction in jail administration, the failure of the Sheriff to make effective use of existing staff resources and the Sheriff's diversion of jail staff to other operations under this control,[51] however, have created an ongoing and apparently intractable conflict between the Sheriff and the Chief Executive Officer over allocation of staff resources for jail operations. The Chief Executive Officer has refused to provide additional funds to a jail administration that he believes, with substantial justification, will make ineffective use of those resources.[52] The continuing conflict between the Sheriff and the Chief Executive Officer not only has been documented in the *Comprehensive Report*, but also is evident from the tenor of the proceedings in this case. The combination of mismanagement and insufficient funding has resulted in continued serious violations of the rights of prisoners under the Final Judgment and under the Constitution and laws of the State of Michigan.[53]

[51] The testimony and other evidence indicate that the Sheriff, without the Chief Executive Officer's concurrence, repeatedly has diverted to other operations under his control staff who have been budgeted to the jail.

[52] During his deposition, Monitor Nathan testified that, given the current absence of appropriate jail policies, it is not possible to determine the level of staffing needed to remedy violations of the Court's order. Mr. Nathan also testified that, given the nature of the current management of the jail, an increase in funding would not be likely to improve compliance with the Final Judgment. Similar opinions were voiced by Monitor

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Belazis and Mr. Kenneth Faiver, one of the court-appointed health care experts. Both testified that appropriate staffing levels could not be addressed until necessary standards and policies were developed.

[53] At this point it is sufficient to note that, whatever the actions of the County Commissioners in the past that may have thwarted implementation of the remedial orders, the defendants' present failure to achieve compliance cannot be substantially attributed to the acts of the County Commissioners.

Judge Kaufman then reviewed public statements by the sheriff which had been made part of the record showing the sheriff treated the proceedings as political rather than legal. One example is found in that the sheriff conveyed the impression that the court had mandated that he provide video games for the prisoners. In fact, that idea came from the sheriff's own administration. Judge Kaufman found such statements revealing of the degree of the sheriff's commitment to court-directed improvement of the jail, citing *Perez v Boston Housing Authority*, [379 Mass. 703](#); [400 N.E.2d 1231](#) (1980).

After a lengthy review of legal precedents for appointment of a receiver, the court distilled and applied the relevant legal rules, concluding:

In summary, after nearly two decades the record in this case, viewed in its entirety, demands that a receiver now be appointed to bring the jail into compliance with the Final Judgment.[66] Accordingly, for all the reasons that have been explained, the Court will grant plaintiffs' motion to appoint a receiver to oversee the administration and operation of the Jail.

[66] There is, of course, an even more drastic remedy, namely the closing of the jail. See *Newman* [*Alabama*, [466 F.Supp. 628](#), 635 (MD Ala, 1979)]. In light of that alternative, the more reasonable approach is to appoint a receiver.

Judge Kaufman chose the Wayne County Executive

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rather than Vincent Nathan or an "outside" expert, because that appointment intruded least upon the governing structure of Wayne County. The receivership order vested plenary authority in the Wayne County Executive as receiver saying:

Mr. Edward McNamara, the Chief Executive Officer of Wayne County, is hereby appointed receiver of the Wayne County Jail. As receiver, Mr. McNamara shall exercise responsibility and control over all operational matters relating to all Wayne County Jail facilities. Mr. McNamara shall be responsible also for the supervision of all administrative, civilian and security staff of the jail and shall exercise all authority with respect to the operation of the jail that formerly resided in the Sheriff of Wayne County. Mr. McNamara shall retain responsibility for all fiscal matters relating to the jail that he currently exercises as the County's Chief Executive Officer. All these responsibilities shall be carried out, however, as receiver appointed by the Court.

Mr. McNamara is directed to take all reasonable and necessary steps to advance compliance with the Final Judgment in this cause and to bring this controversy to a conclusion at the earliest possible date. Mr. McNamara shall provide the Court with quarterly progress reports and shall work closely with the court monitors appointed in this cause, who shall continue to provide oversight of compliance efforts and report their findings to the Court.

At the conclusion of one year from the effective date of Mr. McNamara's appointment as receiver, the monitors shall prepare a comprehensive report of the defendants' compliance with the Final Judgment. Upon submission of that report, the Court will consider whether it is appropriate to terminate the receivership and return operational control of the jail to the Sheriff, or, in the absence of compliance, to take such other steps as are necessary to bring about compliance with the Final Judgment.

Because the recent record in this case does not

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reflect any failure on the part of the defendant County Commissioners to provide funding for jail operations requested by the Chief Executive Officer, the authority of the County Commission shall not in any way be affected by this order appointing a receiver. The receiver is directed, however, to bring to the Court's attention with due diligence any obstacles he may encounter in his efforts to obtain approval of funding necessary to achieve compliance with the Final Judgment in this case.

Mr. McNamara's appointment shall be effective on March 16, 1989.

It is from this order that the sheriff filed his claim of appeal on March 3, 1989. A panel of this Court consisting of GARY R. McDONALD, DONALD E. HOLBROOK, JR., and WILLIAM B. MURPHY denied the sheriff's motion for stay on March 16, 1989. A motion by the inmates asking punitive damages for taking a frivolous appeal was made and taken under advisement, to be reviewed on full submission of the cause. On emergency leave to appeal, the Supreme Court reversed this Court and stayed the receivership order on March 24, 1989, directing our expeditious hearing and decision of the case. 432 Mich. 882 (1989).

This Court, by order of March 27, 1989, directed filing of appellant's brief no later than April 14, 1989, with appellees' deadline set as May 5, 1989. Those briefs were filed, as well as a motion to file an amicus curiae brief by the Michigan Sheriffs' Association. That motion was granted by this panel by order of May 5, 1989. The sheriff filed a reply brief, and oral argument was held May 10, 1989.

For the reasons set forth in this opinion, we hold:

1. The Wayne Circuit Court had authority to enter its receivership order.

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2. The Wayne Circuit Court did not abuse its discretion by entry of the receivership order in light of the record in this matter.

3. The receivership was a proper remedy based on the record.

4. The sheriff's claims that the record was deficiently produced are without merit.
5. The Wayne Circuit Court did not err in selecting the Wayne County Executive as the receiver.
6. The refusal to disqualify either Judge Kaufman or the entire Wayne Circuit Court bench was not erroneous.
7. The motion for punitive damages sought under MCR 7.216(C) is denied.

I

THE WAYNE CIRCUIT COURT HAD AUTHORITY TO ENTER ITS RECEIVERSHIP ORDER.

As noted in *Inmates I*, 391 Mich. 366:

The appointment of a person to carry out functions the court deems necessary to provide full and complete relief is not a novelty in American jurisprudence.[2]

[2] See, for example, *Silver v Ladd*, [74 U.S. 219](#); 19 L Ed 138 (1868) (commissioner to convey title); *Grand Rapids Trust Co v Carpenter*, 299 Mich. 491; 201 NW 448 (1924) (receiver for a corporation); *Jefferson County, ex rel Grauman v Jefferson Fiscal Court*, 301 Ky. 405; 192 S.W.2d 185 (1946) (commissioners to advise regarding change in boundaries of voting precincts); *O'Neil v United Association of Journeymen Plumbers*, 348 Pa. 531; 36 A.2d 325 (1944) (master to supervise election of union officers); *Bartlett v Gates*, 118 F 66 (CA 8, 1902) (master to supervise election of corporate officials); *United States v Manning*, [215 F.Supp. 272](#) (WD La, 1963) (referees to protect voting rights).

This allusion to the plenary authority of the circuit court to appoint a receiver is more fully

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discussed in *Petitpren v Taylor School Dist*, [104 Mich.App. 283](#), 292-294; [304 N.W.2d 553](#) (1981), lv den 412 Mich. 899 (1982):

At the heart of this case is the issue of whether the trial court had the authority to appoint a receiver for the Taylor School District. It is clear that in this state the circuit court has been granted broad jurisdiction, subject only to certain specific exceptions. Const 1963, art 6, § 13, MCL 600.601; MSA 27A.601. The statute which specifically addresses the circuit court's jurisdiction to appoint receivers provides in part:

"Circuit court judges in the exercise of their equitable powers, may appoint receivers in all cases pending where appointment is allowed by law. This authority may be exercised in vacation, in chambers, and during sessions of the court. In all cases in which a receiver is appointed the court shall provide for bond and shall define the receiver's power and duties where they are not otherwise spelled out by law." MCL 600.2926; MSA 27A.2926. [Emphasis added.]

This statute does not independently grant the court the authority to appoint receivers but rather confirms that appointment of a receiver is a remedy available to the court in situations where "allowed by law." Although there are several statutes which specifically allow appointment of a receiver,[8] the phrase "allowed by law" is not limited to these statutes, since the Supreme Court has recognized that there are cases where the trial court may appoint a receiver in the absence of a statute pursuant to its inherent equitable authority. See *Michigan Minerals, Inc v Williams*, 306 Mich. 515, 525-527; 11 N.W.2d 224 (1943); *Grand Rapids Trust Co v Carpenter*, 229 Mich. 491; 201 NW 448 (1924).[9] It thus becomes apparent that, as used in the statute, the phrase "allowed by law" refers to (1) those cases where appointment of a receiver is provided for by statute and (2) those cases where the facts and circumstances render the appointment of a receiver an appropriate exercise

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of the circuit court's equitable jurisdiction. Accordingly, the fact that no specific statute calls for appointment of a receiver in the instant case did not deprive the trial court of the authority to make such an appointment.

[8] See, e.g., MCL 600.2927(2); MSA 27A.2927(2), MCL 600.3348; MSA 27A.3348, MCL 600.4531; MSA 27A.4531, MCL 552.27; MSA 25.105, MCL 722.719(e); MSA 25.499(e), MCL 566.20; MSA 26.890.

[9] "We may doubtless inquire in this proceeding whether the court in appointing a receiver was wholly without jurisdiction. If we correctly interpret defendant's claim it is that a court of equity has no jurisdiction to

appoint a receiver for a corporation except in a voluntary proceeding provided for in § 13563 *et seq.*, 3 Comp Laws 1915, and an involuntary proceeding by a judgment creditor under § 13583, 3 Comp Laws 1915. To these should possibly be added the provisions of part I, chapter 4, subdivision 2 of Act No. 84, Pub Acts 1921 (Comp Laws Supp 1922, § 9053[34-39]). This contention cannot be sustained. It entirely overlooks the inherent power of a court of equity. The jurisdiction of the English courts of chancery to appoint receivers is very old. 1 Clark on Receivers, § 78; *In re Newdigate Colliery, Ltd* (1912), 1 Ch 468. The sections above referred to are not exclusive of the inherent power of the courts of chancery, and the legislature instead of attempting to confine such power to cases coming within the statutes above noted has by § 12302, 3 Comp Laws 1915, expressly confirmed the broad powers which are inherent in chancery courts and has expressly enumerated among their powers the power to appoint a receiver. This court has in numerous cases recognized that the power to appoint a receiver rests in our chancery courts, among them see: *Ralph v Saginaw [sic, Shiawassee] Circuit Judge*, 100 Mich. 164 [58 NW 837 (1894)]; *Corliss v Clinton Circuit Judge*, 212 Mich. 476 [180 NW 478 (1920)]; *National Bank of Commerce v Corliss*, 217 Mich. 435 [186 NW 717 (1922)]." *Grand Rapids Trust Co v Carpenter, supra*, 493-494.

The statute last referred to in the above quotation, 1915 CL 12302 is materially similar to its present version, MCL 600.2926; MSA 27A.2926, in that it refers to cases where appointment is "allowed by law."

Thus, assuming all the requisites are otherwise established, the circuit court has the authority to appoint a receiver.

For the reasons stated in *Petitpren, supra*, we also find no separation of powers problem. The sheriff's argument that he may be removed from

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office only by the Governor or by recall (MCL 168.211, 168.651-168.976, 168.207; MSA 6.1211, 6.1951-6.1976, 6.1207) is inappropriate. Here, the objective to be accomplished is to bring the jail into conformity with lawful court orders. The purpose of the receivership order is not to remove the sheriff from office.

Finally, the sheriff argues that because his office is mentioned in the state constitution, the circuit court lacked equitable jurisdiction and is barred from compelling him to comply with its orders. Const 1963, art 7, § 4. He has shown us no legal authority in support of this position, and we find none.

II

THE WAYNE CIRCUIT COURT DID NOT ABUSE ITS DISCRETION BY ENTRY OF THE RECEIVERSHIP ORDER IN LIGHT OF THE RECORD IN THIS MATTER.

We move now to a discussion of the decision to appoint a receiver rather than to use a less intrusive means of accomplishing compliance with the final judgment. Where, as here, the trial court appoints a receiver to implement its orders, we review the decision on the basis of whether there was an abuse of discretion. *McBride v Wayne Circuit Judge*, 250 Mich. 1, 4; 229 NW 493 (1930). The sheriff has argued at length that the record reflects no failure on his part to comply with the final judgment. We specifically reject his reliance on *Vergote v K mart Corp (After Remand)*, [158 Mich.App. 96](#); [404 N.W.2d 711](#) (1987). Unlike in *Vergote*, we have no need to make a determination of noncompliance. The parties have stipulated that there was noncompliance. Likewise, there was no need for the trial court to sift through copious materials to determine the cause. The monitor's

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report squarely lays a large portion of the responsibility on the sheriff.

We wish to note that not all the responsibility for noncompliance is the sheriff's. Nor do we feel that fault or blame has any part in this matter *per se*. The goal of this legal action and the goal of the receivership order is implementation of the inmates' right to a decent and humane jail.

We do not feel called upon to trace the bases of the requirements in the final judgment to constitutional or statutory rights. The sheriff consented to the final judgment and did not appeal from

it. He cannot now challenge its requirements, as the law in this case has been settled as among the parties.

We note that a substantial number of the requirements in the final judgment are based on the sheriff's preexisting policies and procedures. Appendix I, the classification system, is based on a series of policies produced on the sheriff's letterhead. Appendix II, governing prisoners' cells unusable due to physical problems such as plumbing (the red tag system), is based on a December 26, 1979, memorandum from sheriff's department Inspector Stover. Appendix III is a position description roster from 1982. Finally, the suicide prevention memoranda of Appendix IV are based on memoranda dating from 1981 and 1984 internal to the sheriff's department. These were not superimposed unattainable ideals. They originated with the sheriff or his predecessor and the staff of the jail.

Before entering into the substance of our discussion of noncompliance, we wish to dispose of one additional point. A substantial portion of the sheriff's rationale for noncompliance is based on the fact the jail was overcrowded. Although the pertinent court order calls for a prison population of approximately 1,550 to 1,600, the jail exceeded

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1,700 prisoners at any given moment during the years in question. We acknowledge that it is more difficult to comply with the final judgment if the jail is overcrowded.

The statutory remedy for overcrowding is found in the county jail overcrowding emergency powers act, MCL 801.51-801.64; MSA 28.1748(1)-28.1748(14). That act places the ultimate duty and authority to act to reduce the jail population squarely on the shoulders of the sheriff. We find the overcrowded conditions of the jail to be one serious indicator of the sheriff's disinclination to seek compliance with the final judgment.

The record reveals that conditions in and the operations of the Wayne County Jail are significantly improved from those which existed prior to the commencement of this litigation. By stipulating to the monitor's report, the inmates removed that as a disputed factual issue. However, we have no doubt that the conditions and operations at present do not substantially comply with the stipulated requirements set forth in the final judgment. The sheriff removed that premise as a disputed factual issue (at least as of the time frame addressed in the monitor's report) when he stipulated to the monitor's report.

Questioning before this Court at oral argument provided the opportunity for the sheriff to seek to withdraw his stipulation, but no such request was made. Moreover, the materials submitted by the parties after the monitor's report convince us that the circuit court did not err in finding that the jail continues to be in noncompliance. We will discuss later the propriety of the production of the record in this case. Meanwhile, our review of it leaves us with the firm conclusion that Judge Kaufman has not abused his discretion in reaching his decision.

We cover next the areas of noncompliance in the

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sequence used in the receivership order. The finding of noncompliance is supported primarily by the stipulated conclusions of the monitor's report, confirmed by the monitor's subsequent inspections.

A. ENVIRONMENTAL CONDITIONS

There are ongoing violations of state and local building codes involving substandard problems with lighting, heating, ventilation and plumbing. Temperatures vary between 45 and 80 degrees Fahrenheit. The red tag system, designed to prohibit housing of prisoners in uninhabitable cells, is not being implemented. There are widespread sanitation problems with trash and refuse in cells, food on

cell bars and infestation by cockroaches, rodents and other vermin. Showers are not cleaned as often as required, and the walls are covered with mold.

The sheriff has not utilized existing staff and inmate resources to remedy these problems. He has not returned to the circuit court to seek orders for more resources to achieve compliance with the final judgment. He has basically continued the status quo in the jail operation, blaming the Wayne County Executive and the commission for ongoing deficiencies.

B. MENTAL HEALTH

Psychiatric prisoners are housed under conditions which are counter-therapeutic and degrading. There is a narrow, barred walk outside the row of cells comprising each ward. Almost no activity and virtually no recreational opportunity is provided. Suicide prevention has been successful, though suicide attempts continue, as evidenced by entries in the jail log. The suicide prevention gowns, thick, shift-like garments, are not washed

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often enough to meet minimal sanitary standards. Insufficient supplies exist to provide a replacement for prisoners while the gowns are being washed. Consequently the monitors and their consultants observed, even on their follow-up inspection in the fall of 1988, several inmates were left naked in their cells during the gown-washing cycle.

Screening is wholly inadequate. Many inmates are placed in psychiatric wards with no screening at all. Evaluation is often undocumented, and care plans are virtually nonexistent. The psychiatrist sees acute patients on a follow-up basis every six weeks and nonacute patients every twelve weeks. Many charts reflect no follow-up whatsoever. Staff psychologists perform follow-up evaluations roughly once per month. This level of care falls short of the community "free standard" required under the final judgment.

Policies and procedures for psychiatric services are virtually nonexistent. There is no in-service training. Supervision is minimal, and there are no quality control mechanisms.

Again, the sheriff has taken no action to remedy these deficiencies to any substantial degree. He continues merely to lay the blame on lack of resources and inmate overcrowding. This reaction shows insufficient commitment to conforming jail operations to either the letter or the spirit of the final judgment.

C. MEDICAL CARE

No purpose would be served by prolonged, detailed recitation of the medical care deficiencies in the jail. Again, a serious attempt at providing medical care consistent with the community "free standard" of the final judgment is not present, both as to staffing levels and staffing supervision.

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The medical director does not train the staff or evaluate them. Meetings with other jail physicians are rare. Medical histories are not thorough, and records are so badly organized they are virtually unavailable.

D. CLASSIFICATION

The goals of prisoner classification are to reduce violence, prevent escape and better provide for the treatment and program needs of prisoners. Often classification is delayed when prisoners enter the jail by two to three days for men and ten days for women. Files containing past histories of prisoners undergoing current classification are never utilized. In a sampling of housing and classification decisions, more than half of the prisoners were misclassified or mishoused, or both.

Supervision of classification workers is unsatisfactory, and the level of violence, even if it compares "favorably" to other large jails, is not acceptable. In addition, we share Judge Kaufman's skepticism as to the validity of the number of reported assaults. One hundred and six assaults were reported for the first eleven months of 1988. But during the same period, 525 disciplinary citations were issued for fighting or for other forms of assaultive behavior.

E. DISCIPLINE

The jail disciplinary procedures do not meet the standards of the final judgment. Sanctions continue to be imposed without a prior hearing. This occurs where there is no strong probability of guilt and where conduct does not pose a serious, immediate and substantial threat to others' safety or to the institution's security. Trivial violations, for

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example, being in the ward without a shirt, do not meet the requirements for such sanctions.

The monitor's follow-up visitation and inspection reflected that a new prehearing detention methodology had been adopted. While this was less violative of the final judgment, it did not begin to meet the spirit or letter of the requirement forbidding predetermination detention except in the most serious of circumstances. Instead, it evidenced an intent to avoid compliance and continue jail practices with as little modification as possible.

The final judgment included the following:

The monitor shall determine whether the orders of the Court, heretofore entered, have been complied with and shall report his findings to the Court.

The monitor shall determine whether the orders and judgments which the Court may enter in the future are being complied with and shall report his findings to the Court.

The monitor's report and the monitor's subsequent observations as filed with the trial court leave no doubt that noncompliance with the final judgment continues. Robert H. Fraser, one of the sheriff's experts, found the jail complied with eighty-two percent of the mandatory standards for accreditation by the American Correctional Association. Evidently one hundred percent compliance is required for accreditation, but such a measure is not relevant here. What is relevant is compliance with the final judgment.

The sheriff undertook a flurry of compliance activities in the late summer and fall of 1988. We find that Judge Kaufman did not err in determining that these were designed not to assure compliance with the final judgment, but instead were in response to the receivership motion. This conforms

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with the deposition testimony of monitors Nathan and Belazis. The monitors concluded, along with their health care expert, Kenneth Faiver, that an increase in funding without management improvement would be unlikely to improve compliance with the final judgment.

This record presents an extreme case and justifies appointment of a receiver. We need not characterize the administration of the jail as marked by intransigence or incompetence. We do find a pervasive attitude on the part of the sheriff that the final judgment was not meant to govern the jail. That attitude is inimical to any real likelihood of success in implementation of the final judgment. We find no abuse of discretion in Judge Kaufman's determination that no less intrusive means will effectuate it. Therefore, we conclude that this record supports the receivership order.

III

THE RECEIVERSHIP WAS A PROPER REMEDY BASED ON THE RECORD.

The remedy of appointment of a receiver, though within a circuit court's discretion, is not one to be casually used. The extreme limitation on this exercise of power is set forth in *Hofmeister v Randall*, [124 Mich.App. 443](#), 445; [335 N.W.2d 65](#) (1983):

Defendant concedes that the trial court had the discretion to appoint a receiver. Instead, he argues that one should not be appointed unless no less drastic means of enforcing plaintiffs' judgment are available. *Petitpren v Taylor School Dist*, [104 Mich.App. 283](#), 295; [304 N.W.2d 553](#) (1981), lv den 412 Mich. 899 (1982), outlines the principles to be applied in determining whether or not a receiver should be appointed:

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"[T]he appointment of a receiver is a harsh remedy which should only be resorted to in extreme cases. . . . If less intrusive means are available to effectuate the relief granted by the trial court, a receiver should not be used. *People v Israelite House of David*, 246 Mich. 606, 618; 225 NW 638 (1929). When other approaches have failed to bring about compliance with a court's orders, whether through intransigence or incompetence, a receivership may then be appropriate."

Much in our review and approval of the factual basis for the receivership presages our holding that Judge Kaufman did not abuse his discretion in appointing a receiver. It concerned and surprised us at oral argument when counsel for the sheriff argued that too few alternatives were used to cause his client to obey the final judgment. It is inconceivable that such a position should prevail.

The final judgment, even had the sheriff not consented to it, was an order of the circuit court. None of its provisions were stayed by this Court. It is indistinguishable from the order which would enter following a mandamus action. There is no reason why the inmates should have had to commence a mandamus proceeding to compel compliance. Moreover, we see no likelihood that mandamus or any other ancillary proceeding would have been more effective than entry of the final judgment itself.

Contempt proceedings were a possible alternative to receivership. Historically, in this case, matters have been remedied following a motion for contempt filed by inmates. At oral argument, we were told of a recent use of contempt for implementation of recreation provisions contained in the final judgment.

However, we do not feel contempt is an appropriate vehicle to remedy the panoply of noncompliance

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in this case. Thousands of jail operations transpire each day substantially out of compliance with the final judgment. Bringing each of these operations into compliance through a "motion for contempt/settlement" cycle would be inefficient and seemingly endless. The trial court correctly reached the realization that contempt proceedings would never bring full implementation of its orders.

No other lesser measure suggested by the sheriff would have brought compliance. One alternative was to allow operations to continue as before, but to permit the sheriff to expend the jail millage. Judge Kaufman determined that more expenditures by the sheriff would not produce adequate compliance with the final judgment. We find no error in that determination.

The commission submitted an alternative to the receivership order in its brief on appeal. It is based in large part on Wayne County Commission Resolution 89-194 of April 11, 1989, and was never presented to Judge Kaufman. We have no evaluation or ruling by him as to its feasibility or its efficacy. This Court normally does not pass upon questions not submitted to the trial court. *Oakland Co v Detroit*, [81 Mich.App. 308](#), 313; [265 N.W.2d 130](#) (1978), lv den 403 Mich. 810 (1978). We see no reason in this case to depart from our usual practice.²

The receivership remedy is far from the most intrusive action Judge Kaufman might have taken. He could have appointed the monitor, Vincent Nathan. He could have chosen a person completely

new to this litigation. He could have taken

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a different approach and closed the jail until the final judgment was fully implemented.

Quarterly reports to the trial court are required by the receivership order. Due to that provision, whenever compliance is achieved, the trial court will be made aware of it promptly. The court will retain the flexibility immediately to order an end to the receivership when the need for it expires. Indeed, this assurance is contained in the receivership order. Judge Kaufman notes that the receivership will last only so long as necessary to effectuate the court's orders, citing *Turner v Goolsby*, [255 F.Supp. 724](#), 734 (SD Ga, 1966).

IV

THE SHERIFF'S CLAIMS THAT THE RECORD WAS DEFICIENTLY PRODUCED ARE WITHOUT MERIT.

The sheriff does not cite any authority in support of his arguments on this issue. He makes the bare assertion that his constitutional rights were violated by the procedures followed by Judge Kaufman in reaching his factual determination about the status of jail operations. The sheriff's consent to the earlier-quoted provisions of the final judgment, pursuant to which the monitor is to determine compliance with the final judgment, has never been withdrawn. The fact that numerous provisions of the final judgment have not been complied with is not at issue. What the sheriff most seriously contests is Judge Kaufman's decision to appoint a receiver.

Given that the sheriff agreed to the monitor's report and final judgment, only a total commitment to implementation of the final judgment would have sufficed to forestall a receivership order. The monitor's observations made after reinspecting the jail supported the court's conclusion

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that, in effect, the jail continued to be operated with nominal efforts at improvement. Only the threat of the receivership order appears to have spurred improvements. No comprehensive request to the court for increased resources or funding was presented in timely fashion. In fact, documented diversion of jail staff is acknowledged by the sheriff, at least as to three sergeants budgeted as jail staff but assigned to park patrol.

The sheriff has called to our attention no outstanding authority mandating a further hearing prior to imposition of a receivership. In *Petitpren, supra*, 104 Mich.App. 297, the Court indicated that there are times when a hearing is necessary. However, federal authorities have held that when facts warrant appointment of a receiver a plenary evidentiary hearing is not mandatory. *United States v Ianniello*, [824 F.2d 203](#) (CA 2, 1987); *Bookout v Atlas Financial Corp*, [395 F.Supp. 1338](#) (ND Ga, 1974), *aff'd* [514 F.2d 757](#) (CA 5, 1975), see also 12 Wright & Miller, *Federal Practice & Procedure: Civil*, § 2983, p 25. The monitor's report, largely confirmed by the monitor's reinspections, appears to us to provide fully adequate facts to support entry of the receivership order in this case without a hearing.

V

THE WAYNE CIRCUIT COURT DID NOT ERR IN SELECTING THE WAYNE COUNTY EXECUTIVE AS THE RECEIVER.

There is little doubt, after relying on the sheriff's own argument, that the inmates' petition for appointment of a receiver established a basis for the judge's order. Based on our review and observations appearing throughout this opinion, we find that the wisdom of the selection of the Wayne

County Executive is well supported. There was no abuse of discretion by Judge Kaufman. As previously discussed, Edward McNamara will perform his receivership duties as an officer of the court, not as Wayne County Executive. His previous actions which arguably led to or exacerbated noncompliance with the final judgment were taken in his role as Wayne County Executive. The receivership order leaves no doubt that noncompliance on his part in the future will not be tolerated.

VI

THE REFUSAL TO DISQUALIFY EITHER JUDGE KAUFMAN OR THE ENTIRE WAYNE CIRCUIT COURT BENCH WAS NOT ERRONEOUS.

The sheriff's arguments in support of his claims that both Judge Kaufman and the entire Wayne Circuit Court bench should have been disqualified are not meritorious. An actual showing of prejudice is required before a trial judge will be disqualified. *Elsasser v American Motors Corp*, [81 Mich.App. 379](#), 388-389; [265 N.W.2d 339](#) (1978). The argument that Judge Kaufman demonstrated bias and prejudice by suggesting the terms of a possible settlement to the parties is not sound. The trial court is empowered to discuss settlement and to give the parties an honest assessment of the ultimate resolution of a case. *Backowski v Solecki*, [112 Mich.App. 401](#), 412; [316 N.W.2d 434](#) (1982).

The allegation that Judge Kaufman had prejudged the receivership issue is not supported on the facts. In briefs filed in his prior interlocutory appeals, the sheriff claimed the judge had already made up his mind to appoint Vincent Nathan as the receiver. He was mistaken. His belief that Judge Kaufman's decision to dispense with oral argument evidenced bias and prejudice is similarly

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inaccurate. The court's ruling was within its discretion under MCR 2.119(E)(3).

The sheriff claims that Judge Kaufman imposed unrealistically truncated time constraints on the parties for filing of materials. The timetable set by the judge, in light of the stipulated record before him, does not seem unreasonable. Moreover, the sheriff has pointed to no significant information he wished to bring before Judge Kaufman which he was not able to present because of time constraints. Indeed, in response to the Supreme Court's order of March 21, 1989, this Court too required foreshortened submission schedules. None of the parties here or in the trial court has demonstrated an incapacity to submit copious arguments and materials on time.

The sheriff argues he was harmed by decisions of Judge Kaufman which were based upon unfounded negative views. Any negative views which the judge formed as to the sheriff's performance of his duties appear to us to have been justified. The judge reviewed a staggering quantity of material in the course of this litigation. He had significant experience dealing with the parties. He had a very adequate basis on which to evaluate them, and it is appropriate that he should have used it in making his rulings. *Perez, supra*, pp 740-741.

Finally, the sheriff claims there were improper ex parte communications in this matter. The Wayne County Executive made a sufficient response to these claims. During the course of this litigation, meetings were held to address problems of jail overcrowding. There is no support for the suggestion that any other topics were presented.

In short, the record before Judge Kaufman fully supported his decision. The sheriff suggested no basis for a finding by this Court of an abuse of

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discretion in the trial judge's handling of the motion to disqualify himself.

As to the motion to disqualify the entire Wayne Circuit Court bench, a claim of financial conflict has been raised. We believe that the potential for financial conflict was obvious in this cause from the very beginning. Delay in raising it in a disqualification motion until an unpopular order was entered makes it suspect and untimely. It falls outside the fourteen-day standard of MCR 2.003(C)(1). Moreover, as the Supreme Court held in *Detroit Bd of Ed v Getz*, 321 Mich. 676, 678; 33 N.W.2d 113 (1948):

The interest which will thus disqualify a judge must be such an interest in the subject matter that he will be directly affected through pecuniary or property gain or loss. *In re Petition of Farber*, 260 Mich. 652 [245 NW 793 (1932)]. We have held that the fact that a judge was receiving a salary from a municipality as such judge does not necessarily disqualify him from sitting in an action against said city. *Prawdzik v City of Grand Rapids*, 313 Mich. 376 [21 N.W.2d 168; 165 ALR 1165 (1946)].

"The fact that a judge receives a portion of his salary from a county which is a defendant and cross-complainant in an action before him does not create such a personal interest as would disqualify him from presiding at the trial or from ruling on a motion for new trial, where no matter of public interest or public policy which would work such a disqualification is shown." *Priddel v Shankie* (syllabus), 69 Cal.App.2d 319 (159 P.2d 438 [1945]).

Further, the Supreme Court authority cited by the sheriff in support of his disqualification argument consists of two short orders in the back of the official published Michigan Reports. We agree with Judge BEASLEY, dissenting in *Fazzalare v Desa Industries, Inc.*, [135 Mich.App. 1](#), 15-16; [351 N.W.2d 886](#)

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(1984), that such orders are not of a substance to represent reasoned authority requiring stare decisis effect.

VII

THE MOTION FOR PUNITIVE DAMAGES SOUGHT UNDER MCR 7.216(c) SHOULD BE DENIED.

The inmates have filed a motion for damages, claiming this appeal amounts to a vexatious proceeding for purposes of MCR 7.216(C). We have not found merit in the sheriff's claims of error. However we find they were not frivolous. The sheriff raised significant legal issues, some of constitutional magnitude. This is not a case calling for the extraordinary relief of an award of punitive damages. Cf., *Detroit Automobile Inter-Ins Exchange v Ayvazian*, [62 Mich.App. 94](#), 102-103; [233 N.W.2d 200](#) (1975).

CONCLUSION

We have rejected all of the sheriff's challenges, those questioning the integrity of the proceedings leading to the receivership order and those questioning the basis for entry of the order. In so doing, we again note that the operation of the Wayne County Jail and the conditions there are not static, but fluid. The appointment of the Wayne County Executive as receiver is nominally for one year. The receivership could be terminated earlier.

We fully anticipate that the trial court will not extend the extraordinary remedy beyond the period absolutely necessary for obtaining compliance with the final judgment. *Turner, supra*. The cooperation of all interested parties and the prompt

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filing and evaluation of quarterly reports in accordance with the receivership order should facilitate this goal.

Of course, all parties retain their appellate remedies. However, it is highly desirable that this

litigation, already too long protracted, conclude and secure for the inmates the relief to which they are entitled. Cf., *Inmates I*, 391 Mich. 369.

Affirmed.

Footnotes

1. At oral argument, the parties clarified that the sheriff's only concern was that the stipulation regarding medical treatment might be used against him by an inmate in a future medical malpractice suit.

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2. By rejecting this ground for appeal, we do not wish to be understood as expressing any opinion on the wisdom or legality of the commission's proposal. Our opinion is without prejudice to the commission's ability to present its plan to Judge Kaufman or the parties in this case.

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Exhibit 6

(Washington, D.C.)

**U.S. District Court
District of Columbia (Washington, DC)
CIVIL DOCKET FOR CASE #: 1:75-cv-01668-WBB**

INMATES DC JAIL v. JACKSON
Assigned to: Judge William B. Bryant
Demand: \$0
Cause: 42:1983 Prisoner Civil Rights

Date Filed: 10/07/1975
Date Terminated: 10/10/1991
Jury Demand: None
Nature of Suit: 550 Prisoner Petition: Civil Rights (Other)
Jurisdiction: Federal Question

Special Master

GRACE M. LOPES
TERMINATED: 11/12/1997

Special Master

KAREN M. SCHNEIDER
Special Officer of the Court

Plaintiff

INMATES DC JAIL

represented by **Alvin J. Bronstein**
NATIONAL PRISON PROJECT OF THE
ACLU FOUNDATION
733 15th Street, NW
Suite 340
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(202) 331-0500
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Edward I. Koren
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TERMINATED: 04/05/1994
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V.

Defendant**DELBERT C. JACKSON**

represented by **Grace Michele Lopes**
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Date Filed	#	Docket Text
05/12/1989		ALL DOCKET ENTRIES PRIOR TO 5/12/89 WILL BE FOUND ON THE PAPER DOCKET (cjp) (Entered: 05/12/1989)
02/28/1990		MOTION HEARING before Judge William B. Bryant : motion of defendants to modify Court order setting population limits at DC Jail heard, argument and taken under advisement (cjp) (Entered: 03/01/1990)
04/05/1990	1	NOTICE OF FILING by plaintiff INMATES DC JAIL a copy of recent decision of the District of Columbia Circuit; attachment (cjp) (Entered: 04/06/1990)
04/11/1990	2	ANSWER by defendant DELBERT C. JACKSON to interrogatories (cjp) (Entered: 04/12/1990)
04/11/1990	3	RESPONSE by defendant DELBERT C. JACKSON to request for production of documents; attachments (cjp) (Entered: 04/12/1990)
08/16/1990	4	ORDER by Judge William B. Bryant : granting plaintiffs' oral motion for expedited discovery (N) (cjp) (Entered: 08/16/1990)
08/16/1990	5	ORDER by Judge William B. Bryant : granting motion of plaintiff's for inspection (N) (cjp) (Entered: 08/16/1990)

09/13/1990	6	NOTICE OF FILING by plaintiff INMATES DC JAIL of address change RE: Edward I. Koren, National Prison Project, 1875 Connecticut Ave., NW, Suite 410, Washington, DC 20009 (202) 331-0500 (cjp) (Entered: 09/14/1990)
09/26/1990	7	ORDER by Judge William B. Bryant : directing defendants to submit certain report to the Court by 10/12/90 ; setting hearing for 10:00 10/17/90; directing defendants to produce certain documents by 10/12/90 (N) (cjp) (Entered: 10/01/1990)
10/16/1990	8	MOTION by plaintiff INMATES DC JAIL for order regarding medical services ; exhibits (5) (cjp) (Entered: 10/18/1990)
10/30/1990	9	STATUS REPORT (copy) by plaintiff INMATES DC JAIL (cjp) Modified on 10/31/1990 (Entered: 10/31/1990)
11/01/1990	10	MOTION by plaintiff INMATES DC JAIL to consolidate cases with 1462-71 (cjp) (Entered: 11/05/1990)
10/10/1991	11	CONSENT ORDER by Judge William B. Bryant : Ordered that DC shall pay the National Prison Project the sum of Thirty one Thousand eight hundred dollars (\$31,800.00); and that payment shall be in full settlement of any claims by plaintiffs for attorneys' fees or costs, exclusive of expert fees, that may be asserted in this matter for the time period from 11/6/86 through 9/13/91 (N) (ks) (Entered: 10/22/1991)
05/08/1992	12	INTERROGATORIES and request to produce documents filed by plaintiffs INMATES DC JAIL to defendant DELBERT C. JACKSON regarding defendants' compliance with stipulation of 8/22/85 (ajr) (Entered: 05/11/1992)
07/20/1992	13	MOTION filed by plaintiff(s) INMATES DC JAIL to compel defendant's response to discovery ; Exhibits (6) (ks) (Entered: 07/21/1992)
08/05/1992	14	RESPONSE by defendant DELBERT C. JACKSON in opposition to motion to compel defendant's response to discovery [13-1] by INMATES DC JAIL (ajr) (Entered: 08/06/1992)
08/06/1992	15	REPLY by plaintiffs INMATES DC JAIL to response to motion to compel defendant's response to discovery [13-1] by INMATES DC JAIL. Exhibits (3) (ajr) (Entered: 08/07/1992)
02/25/1993	16	MOTION filed by defendant DELBERT C. JACKSON to extend time to 4/1/93 to respond to plaintiffs' motion for an order to show cause why defendants should not be held in contempt of court (filed in CA 71-1462) (ajr) (Entered: 02/26/1993)
03/02/1993		STATUS HEARING before Judge William B. Bryant : Reporter: C. Gansle (lin) (Entered: 03/02/1993)
03/05/1993	17	ORDER by Judge William B. Bryant : that defendants shall file their response to plaintiffs' motion for order to show cause and Report to the Court due 4/1/93; Original filed in CA 71-1462 (N) (ks) (Entered: 03/08/1993)
04/06/1993		MOTION HEARING before Judge William B. Bryant begun and continued to 4/8/93 at 10:00 a.m. Reporter: W. McAllister (lin) (Entered: 04/06/1993)
04/08/1993		MOTION HEARING before Judge William B. Bryant; motion of plaintiffs for appointment of Special Master heard and granted; parties to submit proposed orders by 4/13/93 at 3:00 Reporter: W. McAllister (lin) (Entered: 04/08/1993)
04/13/1993		STATUS HEARING before Judge William B. Bryant : Reporter: C. Gansle (lin) (Entered: 04/14/1993)
05/14/1993	18	CONSENT AGREEMENT by defendant DELBERT C. JACKSON, plaintiff INMATES DC JAIL; parties agree to extend the timeframe for negotiations regarding the enhanced reporting format until 7/27/93 to enable counsel an opportunity to review the reports, or by 7/27/93 parties to submit proposed reporting forms to the Court, APPROVED (fiat) JUDGE WILLIAM B. BRYANT (N) (ks) (Entered: 05/19/1993)

08/05/1993	19	STIPULATED CONSENT AGREEMENT by Judge William B. Bryant : (original filed in CA 71-1462) (N) (ks) (Entered: 08/05/1993)
08/16/1993	20	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent Order regarding attorneys' fees (ks) (Entered: 08/17/1993)
08/27/1993	21	ORDER by Judge William B. Bryant : that the DC shall pay DC Prisoners' Legal Services Project, inc. the sum of seventy five thousand (\$75,000.00) in full settlement of fees and costs incurred through 4/30/93, associated with bringing the contempt motion filed on or about 2/17/93 and with monitoring compliance with the Court's Orders entered in this civil action (N) (ks) (Entered: 08/30/1993)
10/12/1993	22	MOTION filed by Special Master for compensation , Exhibit (6) (lpp) (Entered: 10/13/1993)
10/25/1993	23	ORDER by Judge June L. Green: The Clerk of the Court shall pay Grace M. Lopes the sum of \$16,943.16 for her services and expenses and Dr. Downer's services and expenses; this payment shall be drawn from the \$20,000.00 fund account; the District of Columbia shall pay \$16,943.16 to the Clerk of the Court in order to replenish the \$20,000.00 fund account by 10/22/93; the Clerk of the Court shall pay Grace M. Lopes the sum of \$35,767.75 for the services and expenses of Ms. Lee Ware Coykendall, Mr. Timothy Roche, Dr. Robert L. Cohen and Dr. Richard Belitsky; this payment shall be drawn from the Crestar Savings Account established by previous orders of this Court; the District of Columbia shall pay \$35,767.75 to the Clerk of the Court in order to replenish the Crestar Savings Account by the 10/22/93 (N) (lpp) (Entered: 10/25/1993)
11/08/1993	24	MOTION filed Special Master Grace M. Lopes for Compensation , Exhibits (2) (lpp) Modified on 11/10/1993 (Entered: 11/09/1993)
11/09/1993	25	ORDER by Judge William B. Bryant : granting motion for compensation [24-1]; directing Clerk of Court to pay Grace M. Lopes the sum of \$18,687.90 from the \$20,000.00 fund account, established by previous orders, for services and expenses; directing D.C. to pay \$18,687.90 to Clerk of Court by 11/19/93; directing Clerk of Court to pay Grace M. Lopes the sum of \$13,502.97 from the Crestar Savings Account, established by previous orders, for services and expenses of Ms. Coykendall and Mr. Roche; directing D.C. to pay \$13,502.97 to Clerk of Court by 11/19/93 (N) (ab) (Entered: 11/10/1993)
11/09/1993	27	ORDER granting motion of plaintiff for interim relief by Judge William B. Bryant : (N) (lin) (Entered: 11/19/1993)
11/17/1993	26	ORDER granting motion of Special Officer for extension of time to file report to 12/23/93 by Judge William B. Bryant : (N) (lin) (Entered: 11/19/1993)
11/18/1993	28	MOTION filed by defendant DELBERT C. JACKSON to amend order [27-1] (lin) (Entered: 11/19/1993)
11/18/1993		HEARING before Judge William B. Bryant; parties to report to Court within 24 hours re: completion of discovery : Reporter: V. Marshall (lin) (Entered: 11/19/1993)
11/23/1993	29	MOTION filed by defendant DELBERT C. JACKSON to extend time to 12/3/93 for the defendant to transfer the three remaining inmates identified by Dr. Edwards as in need of hospital care. (bm) (Entered: 11/24/1993)
12/09/1993	30	NOTICE OF APPEAL by defendant DELBERT C. JACKSON from order [25-1] , entered on: 11/10/93; Government-No Fee; Copies mailed to Edward I. Koren, Alvin J. Bronstein and Charles Reischel (ks) (Entered: 12/15/1993)
12/15/1993		TRANSMITTED PRELIMINARY RECORD on appeal [30-1] by DELBERT C. JACKSON to U.S. Court of Appeals (ks) (Entered: 12/15/1993)
12/15/1993	31	MOTION filed by Special Officer for compensation (pm) (Entered: 12/17/1993)
12/15/1993		Text not available. (Entered: 12/17/1993)

12/15/1993	32	ORDER by Judge William B. Bryant : granting motion by Special Officer for compensation [31-1], directing that the Clerk of Court pay Grace Lopen \$15,491.21 for services and expenses and DC shall pay \$15,491.21 to Clerk of Court to replenish the fund account. The Clerk of Court shall pay Grace Lopez \$12,941.00 for services and expensed of Ms. Coykendal, Ms Schneider, Dr. Cohen, Dr. Downer and Mr. Roche and DC shall pay \$12,941.00 to the Clerk of Court to replenish the Crestar Savings Account by 12/31/93. (N) (pm) (Entered: 12/17/1993)
12/16/1993	33	CONSENT by defendant, plaintiff(s) to file redacted copies of certain documents filed as part of 217th Bi-weekly report to court; APPROVED (lin) (Entered: 12/20/1993)
12/17/1993	34	ORDER CLARIFYING COUNSEL AND MEDICAL OFFICER ACCESS TO MEDICAL AND MENTAL HEALTH RECORDS by Judge William B. Bryant : (N) (lin) (Entered: 12/21/1993)
12/21/1993	35	MOTION filed by defendant DELBERT C. JACKSON to extend time for a period of 21 days within which the defendants must implement paragraphs 12 and 14 of the Court Order of 11/9/93. (bm) (Entered: 12/22/1993)
12/28/1993		USCA # 93-7239 assigned for appeal [30-1] by DELBERT C. JACKSON (ks) (Entered: 12/30/1993)
01/05/1994	36	RESPONSE by plaintiff(s) in opposition to motion of defendants for protective order. (lin) (Entered: 01/05/1994)
01/05/1994	37	ORDER by Judge William B. Bryant : granting motion to extend time for a period of 21 days within which the defendants must implement paragraphs 12 and 14 of the Court Order of 11/9/93. [35-1] by DELBERT C. JACKSON (N) (lin) (Entered: 01/05/1994)
01/11/1994	38	ORDER (copy) by Judge William B. Bryant, and June J. Green : that the Clerk of Court pay Grace M. Lopes the sum of \$14,618.30 for her services and expenses and Dr. Robert L. Cohen's services and expenses; that DC shall pay \$14,618.30 to the Clerk of Court in order to replenish the \$20,000.00 fund account by 1/25/94; that the Clerk of Court pay Grace M. Lopes the sum of \$10,820.50 for the services and expenses of Ms. Schneider and Mr. Roche; and that DC shall pay \$10,820.50 to the Clerk of the Court in order to replenish the Crestar Savings Account by 1/25/94 (N) (Original filed in CA 71-1462) (ks) (Entered: 01/11/1994)
01/14/1994	39	CONSENT AGREEMENT by defendant, plaintiff(s) to extend time frame for negotiations regarding enhanced reporting format to 4/15/94 (lin) (Entered: 01/14/1994)
01/19/1994	40	MOTION filed by plaintiffs INMATES DC JAIL for Tara M. Flynn to appear pro hac vice ; affidavit of Tara M. Flynn (bm) (Entered: 01/21/1994)
01/19/1994	41	MOTION filed by plaintiffs INMATES DC JAIL for Teresa L. Diaz to appear pro hac vice ; affidavit of Teresa L. Diaz. (bm) (Entered: 01/21/1994)
01/25/1994	42	ORDER by Judge William B. Bryant : granting motion for Tara M. Flynn to appear pro hac vice [40-1] by INMATES DC JAIL (N) (lin) (Entered: 01/26/1994)
01/25/1994	43	ORDER by Judge William B. Bryant : granting motion for Teresa L. Diaz to appear pro hac vice [41-1] by INMATES DC JAIL (N) (lin) (Entered: 01/26/1994)
02/02/1994	44	ORDER by Judge William B. Bryant : granting the Special Officer's motion to extend time to 2/3/94 to file their report on medical care; and to 2/28/94 to file their report on mental health care (N) (ks) (Entered: 02/03/1994)
02/02/1994	45	ORDER by Judge William B. Bryant : granting motion to extend time to 1/31/94 in which the defendants must transfer the two inmates identified on 1/14/94, to be in need of hospitalization pursuant to paragraph 4 of this Court's 11/9/93 Order (N) (ks) (Entered: 02/03/1994)
02/02/1994		ORDER by Judge William B. Bryant; Approving consent agreement by all parties to file redacted copies (fiat) (N) (ks) (Entered: 02/03/1994)
02/15/1994	46	MOTION filed by Special Officer Grace M. Lopes for compensation ; Exhibits (3) (ks) (Entered: 02/16/1994)

02/16/1994	47	ORDER by Judge William B. Bryant, and June L. Green : granting motion for compensation [46-1] (see Order for details) (Original filed in CA 71-1462) (N) (ks) Modified on 02/22/1994 (Entered: 02/22/1994)
03/01/1994	48	CONSENT ORDER by Judge William B. Bryant : motion hearing set for 10:00 3/16/94 ; (N) (lin) (Entered: 03/01/1994)
03/02/1994	49	ORDER by Judge William B. Bryant : granting motion to extend time to 3/4/94 for defendants to implement paragraphs 12 and 14 of the Court Order of 11/9/93. [35-1] by DELBERT C. JACKSON (N) (ks) (Entered: 03/04/1994)
03/08/1994	50	TRANSCRIPT filed for date of 3/2/93. Reporter: Carrie L. Gansle (Filed only in 71-1462) (bm) (Entered: 03/09/1994)
03/15/1994	53	COPY OF ORDER by Judge William B. Bryant and Judge June L. Green : granting the motion for Compensation by the Special Officer; Ordered that the Clerk of Court pay Grace M. Lopes the sum of \$17,747.00 for her services and expenses, and that the Clerk of Court pay Grace M. Lopes the sum of \$16,320.44 for the services and expenses of Mr. Roche, Ms. Schneider, and Dr. Robert L. Cohen (N) (Original filed in CA 71-1462) (ks) (Entered: 03/21/1994)
03/16/1994		STATUS HEARING before Judge William B. Bryant; order to be presented : Reporter: G. Williams (lin) (Entered: 03/16/1994)
03/16/1994	51	CONSENT ORDER re: implementation of remedial plan by Judge William B. Bryant : (N) (lin) (Entered: 03/16/1994)
03/17/1994	52	MOTION filed by plaintiff INMATES DC JAIL to withdraw Edward I. Koren as attorney for INMATES DC JAIL (ks) (Entered: 03/18/1994)
03/31/1994	54	MOTION filed by plaintiff INMATES DC JAIL to withdraw Edward I. Koren as attorney for INMATES DC JAIL (ks) (Entered: 04/01/1994)
04/05/1994	55	ORDER by Judge William B. Bryant : granting motion to withdraw Edward I. Koren as attorney for INMATES DC JAIL [54-1] by INMATES DC JAIL attorney Edward I. Koren for INMATES DC JAIL (N) (lin) (Entered: 04/06/1994)
04/12/1994	56	ORDER (Copy) by Judge William B. Bryant, and Judge June L. Green : granting motion for compensation [22-1]; that the Clerk of the Court pay Grace M. Lopes the sum of \$18,840.33 for her services and expenses, and that the District of Columbia shall pay \$18,840.33 to the Clerk of the Court in order to replenish the \$20,000.00 fund account by 4/26/94; and that the Clerk of the Court pay Grace M. Lopes the sum of \$17,090.91 for the services and expenses of Mr. Roche, Ms. Schneider, and Mr. James Henderson, and that the District of Columbia shall pay \$17,090.91 to the Clerk of the Court in order to replenish the Crestar Savings Account by 4/26/94 (Original filed in CA 71-1462) (N) (ks) (Entered: 04/13/1994)
04/21/1994		Text not available. (Entered: 04/21/1994)
05/09/1994	57	ORDER by Judge William B. Bryant : granting motion to enlarge time to 5/2/94 in which the defendants must hire a tuberculosis coordinator (N) (ks) (Entered: 05/12/1994)
05/16/1994	58	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent Order regarding attorneys' fees (ks) (Entered: 05/17/1994)
05/17/1994	59	ORDER by Judge William B. Bryant : granting motion for adoption of consent Order regarding attorneys' fees [58-1] by DELBERT C. JACKSON (N) (lin) (Entered: 05/18/1994)
05/19/1994	60	ORDER (Copy) by Judge William B. Bryant, and Judge June L. Green : that the Clerk of the Court pay Grace M. Lopes the sum of \$16,357.43 for her services and expenses; that the Clerk of the Court pay Grace M. Lopes the sum of \$19,760.28 for the services and expenses of Mr. Roche, Ms. Schneider, and Dr. Robert L. Cohen (Original filed in CA 71-1462) (N) (ks) (Entered: 05/20/1994)

07/06/1994	62	ORDER by Judge William B. Bryant and Judge June L. Green : that the Clerk of the Court pay Grace M. Lopes the sum of \$18,407.63 for her services and expenses as well as Dr. Downer's services and expenses; and that the Clerk of Court pay Grace M. Lopes the sum of \$27,315.26 for the services and expenses of Mr. Roche, Ms. Schneider, Dr. Belitsky, and Dr. Cohen (Original filed in CA 71-1462) (N) (ks) (Entered: 07/15/1994)
07/07/1994	61	ORDER (copy) by Judge William B. Bryant: granting motion of the Special Officer for extending the time to 8/31/94 to file a remedial plan (N) (Original filed in 71-1462) (bm) (Entered: 07/08/1994)
08/09/1994	63	ORDER (copy) by Judge William B. Bryant and Judge June L. Green : that the Clerk of the Court pay Grace M. Lopes the sum of \$19,511.02 for her services and expenses as well as Ms. Schneider's services and expenses; and that the Clerk of the Court pay Grace M. Lopes the sum of \$21,880.43 for the services and expenses of Mr. Roche, Mr. Hayes and Mr. Henderson (Original filed in CA 79-1726) (N) (ks) (Entered: 08/19/1994)
08/09/1994	64	MOTION filed by Special Master Grace M. Lopes for compensation, Exhibits (5) (lpp) (Entered: 09/07/1994)
09/13/1994	66	COPY OF ORDER by Judge William B. Bryant and Judge June L. Green : granting motion for compensation, [64-1]; that the Clerk of the Court pay Grace M. Lopes the sum of \$17,030.13 for the services and expenses of Mr. Roche, Ms. Schneider, and Mr. Hayes; and that the Clerk of the Court pay Grace M. Lopes the sum of \$29,844.38 for the services and expenses of Ms. Lopes and Dr. Robert I. Cohen (Original filed in CA 79-1726) (N) (ks) (Entered: 10/24/1994)
10/18/1994	65	MOTION filed by Special Master Grace M. Lopes for compensation , Exhibit (7) (lpp) (Entered: 10/19/1994)
10/20/1994	67	COPY OF ORDER by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [65-1]; that the Clerk of the Court pay Grace M. Lopes the sum of \$19,265.15 for her services and expenses; and that the Clerk of the Court pay Grace M. Lopes the sum of \$32,408.21 for the services and expenses of Mr. Roche, Ms. Schneider, Mr. Hayes, Dr. Belitsky, Mr. Balsamo and Mr. Henderson (Original filed in CA 71-1462) (N) (ks) (Entered: 10/24/1994)
11/01/1994		STATUS HEARING before Judge William B. Bryant : Reporter: Carrie Gansle (mon) (Entered: 11/01/1994)
11/14/1994	68	MOTION filed by Grace M. Lopes, Special Master, for Compensation , Affidavit (1), Exhibit (6) (lpp) (Entered: 11/15/1994)
11/16/1994	69	COPY OF ORDER by Judge William B. Bryant and Judge June L. Green : granting motion by Special Master Grace M. Lopes for compensation; that the Clerk of the Court pay Grace M. Lopes the sum of \$10,725.23 for her services and expenses as well as the services and expenses of Mr. Hayes and Mr. Henderson; and that the Clerk of the Court pay Grace M. Lopes the sum of \$13,508.01 for the services and expenses of Mr. Roche and Ms. Schneider (Original filed in CA 79-1726) (N) (ks) (Entered: 11/17/1994)
12/12/1994	70	MOTION filed by the Special Officer Grace M. Lopes for compensation ; Exhibits (ks) (Entered: 12/14/1994)
12/13/1994	71	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [70-1]; that the Clerk of the Court pay Grace M. Lopes the sum of \$19,671.13 for her services and expenses as well as for the services and expenses of Mr. Roche, Mr. Henderson and Mr. Balsamo; and that the District of Columbia shall pay \$19,671.13 to the Clerk of the Court in order to replenish the \$20,000.00 fund account by 12/27/94; that the Clerk of the Court pay Grace M. Lopes the sum of \$21,711.86 for the services and expenses of Ms. Schneider, Mr. Hayes and the law firm of Zuckerman, Spaeder, Goldstein, Taylor and Kolker and that the District of Columbia shall pay \$21,711.86 to the Clerk of the Court in order to replenish the Crestar Savings account by 12/27/94 (Original filed in CA 71-1462) (N) (ks) (Entered: 12/14/1994)

12/16/1994	72	NOTICE OF FILING by Special Master Grace Lopes; environmental health and safety survey. (Original filed in 71-1462.) (bm) (Entered: 12/20/1994)
12/21/1994	73	ORDER by Judge William B. Bryant: granting the Special Officer's motion for leave to file expert reports under seal; directing the Clerk of Court shall take all steps necessary to ensure that the 1994 reports prepared by James D. Henderson that are related to correctional officer staffing and security at the D.C. Jail are filed under seal. (N) (bm) (Entered: 12/22/1994)
01/17/1995	74	MOTION filed Special Master Grace M. Lopes for Compensation, Exhibit (5) (lpp) (Entered: 01/19/1995)
01/19/1995	75	ORDER (copy) by Judge William B. Bryant and Judge June L. Green : granting motion for Compensation [74-1]; that the Clerk of the Court pay Grace M. Lopes the sum of \$18,936.67 for her services and expenses as well as the services and expenses of Mr. Roche and Ms. Schneider; and that the Clerk of the Court pay Grace M. Lopes the sum of \$4,427.91 for the services and expenses of Mr. Hayes and Dr. Shansky (See Order for details) (original filed in CA 71-1462) (N) (ks) (Entered: 01/27/1995)
01/27/1995	76	ORDER by Judge William B. Bryant : that the defendants shall implement the Special Officer's Initial Remedial Plan. (N) (dot) (Entered: 01/27/1995)
02/10/1995	77	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent order regarding attorneys' fees (ks) (Entered: 02/13/1995)
02/14/1995	78	MOTION filed Grace M. Lopes, Special Master for compensation , Exhibits: (6) (lpp) (Entered: 02/15/1995)
02/14/1995	81	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [78-1]; that the Clerk of the Court pay Grace M. Lopes the sum of \$17,590.90 for her services and expenses as well as the services and expenses of Mr. Lindsay Hayes, and that the Clerk of the Court pay Grace M. Lopes the sum of \$27,768.40 for the services and expenses of Mr. Roche, Ms. Schneider, Mr. Henderson, and the law firm of Zuckerman, Spaeder, Goldstein, Taylor and Kolker (Original Order filed in CA 79-1726) (N) (ks) (Entered: 03/13/1995)
02/16/1995	79	ORDER by Judge William B. Bryant : that the District of Columbia shall pay D.C. Prisoners' Legal Services Project, Inc. within sixty (60) days of the date of this Order the sum of sixty three thousand (\$63,000.00) in full settlement of fees and costs incurred from April 16, 1994 through December 31, 1994, associated with monitoring compliance with the Court's orders entered in the above-referenced civil action. (N) (dot) (Entered: 02/16/1995)
02/22/1995	82	CERTIFIED COPY of order filed in USCA dated 2/13/95, on appeal [30-1] , dismissing appeal . USCA # 93-7239 (cjp) (Entered: 04/24/1995)
02/27/1995	80	NOTICE OF APPEAL by defendant DELBERT C. JACKSON from order [76-1] , entered on: 1/27/95; Government-no fee; Copies mailed to Jonathan M. Smith, J. Patrick Hickey and Grace Lopes (ks) (Entered: 03/03/1995)
03/03/1995		TRANSMITTED PRELIMINARY RECORD on appeal [80-1] by DELBERT C. JACKSON to U.S. Court of Appeals (ks) (Entered: 03/03/1995)
03/07/1995		USCA # 95-7048 assigned for appeal [80-1] by DELBERT C. JACKSON (ks) (Entered: 03/08/1995)
06/14/1995	84	MOTION filed by the Special Master Grace Lopes for order for compensation ; Exhibits (4) (ks) (Entered: 06/23/1995)
06/14/1995	86	ORDER (copy) by Judge William B. Bryant and Judge June L. Green : granting motion for order for compensation [84-1]; that the Clerk of the Court pay Grace M. Lopes the sum of \$54,738.97 which represents compensation for the services and expenses of Special Officer Lopes, Mr. Roche, Ms. Schneider, and Dr. Shansky (N) (ks) (Entered: 07/14/1995)

06/20/1995	83	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent Order regarding attorneys' fees (ks) (Entered: 06/21/1995)
06/27/1995	85	ORDER by Judge William B. Bryant : that the District of Columbia shall pay D.C. Prisoners' Legal Services Project, Inc. the sum of THIRTY ONE THOUSAND (\$31,000.00) in full settlement of fees and costs incurred from January 1, 1995 through April 30, 1995, associated with monitoring compliance with the Court's orders entered in the above referenced civil action. This amount shall bear interest at the rate established by 28 USC 1961 from the forty-fifth (45th) day following the entry of this Order; said amount to be paid no later than October 31, 1995. (N) (dot) (Entered: 06/27/1995)
07/11/1995	87	FINDINGS AND ORDER by Judge William B. Bryant : granting plaintiffs' motion for the appointment of a receiver; and that the Court adopts the findings contained in the Special Officer's Report on defendants' compliance with the Initial Remedial Plan and the 11/9/93 Order as its own (See Findings and Order for details) (N) (ks) (Entered: 07/19/1995)
07/18/1995	88	MOTION filed by the Special Officer for compensation ; Exhibits(4) (ted) (Entered: 07/20/1995)
07/18/1995	89	ORDER (copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [88-1]; that the Clerk of Court pay Grace M. Lopes the sum of \$32,649.63 which represents compensation for the Special Officer's fee and Ms. Schneider's fee and expenses; and that the Clerk of the Court pay Grace M. Lopes the sum of \$17,377.90 which represents compensation for Mr. Roche's fee and expenses and the Special Officer's expenses; and that the Clerk of Court pay Grace M. Lopes the sum of \$15,356.51 which represents compensation for Dr. Shansky's fee and expenses (Original filed in CA79-1726) (N) (ks) (Entered: 07/21/1995)
08/02/1995	90	MEMORANDUM AND ORDER by Judge William B. Bryant :that Ronald M. Shansky, M.D., is appointed Receiver, effective August 21, 1995. The Receiver shall be paid at the rate of \$175 per hour with a monthly ceiling of \$16,500. (N) (dot) (Entered: 08/02/1995)
08/02/1995	91	NOTICE OF FILING by Grace M. Lopes, Special Officer to the Court and to counsel for the parties the attached correspondence; attachments. (dot) (Entered: 08/04/1995)
08/03/1995	92	ORDER by Judge William B. Bryant : granting motion to compel defendant's response to discovery [13-1] by INMATES DC JAIL; the defendants shall respond to the plaintiffs' outstanding request for production of documents within 10 days. (N) (dot) (Entered: 08/04/1995)
08/03/1995	93	ORDER by Judge William B. Bryant : that the Special Officer's findings concerning security and officer staffing at the District of Columbia Detention Facility that are contained in her 2/16/94 Notice of Filing are, pursuant to FRCP 53(e)(2), adopted as the findings of this Court. (N) (dot) (Entered: 08/04/1995)
08/03/1995	94	ORDER by Judge William B. Bryant : that the findings of the Special Officer, which incorporate the report of James Balsamo on environmental health and safety at the District of Columbia Detention Facility are, pursuant to FRCP 53(e)(2), adopted as the findings of this Court; defendants to show cause on or before 8/28/95 as to why they should not be held in contempt of this Court. (N) (dot) (Entered: 08/04/1995)
08/11/1995	95	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation; and that the Clerk of the Court pay Grace M. Lopes the sum of \$17,027.35 which represents compensation for the services and expenses of Special Officer Lopes and Ms. LaMarre; and that the Clerk shall pay Grace M. Lopes the sum of \$32,449.82 which represents compensation for the services and expenses of Mr. Roche, Ms. Schneider, Mr. Hayes, Dr. Cohen and Dr. Shansky (N) (Original filed in CA 71-1462) (ks) (Entered: 09/21/1995)
08/14/1995	96	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion to modify the Court's 8/11/95; and that the Clerk of the Court shall pay Grace M. Lopes the sum of \$49,477.17 which represents compensation for the services and expenses of the Special Officer, Mr. Roche, Ms. Schneider, Mr. Hayes, Dr. Cohen, Ms. LaMarre, and Dr. Shansky; and that the Court's 8/11/95 Order is Vacated in lieu of this Order. (Original filed in CA 71-1462) (N) (ks) (Entered: 09/21/1995)

09/07/1995	98	ORDER by Judge William B. Bryant : granting motion by the Speical Officer to extend time to 9/15/95 to file the Receiver's plan for the exercise of his powers (N) (ks) (Entered: 09/28/1995)
09/13/1995	99	ORDER (Copy) by Judge William B. Bryant and June L. Green : that the Clerk of the Court pay Grace M. Lopes the sum of \$31,387.72 which represents compensation for the services and expenses of Special Officer Lopes and Mr. Roche; and that the Clerk of the Court pay Grace M. Lopes the sum of \$17,126.69 which represents compensation for the services and expenses of Ms. Schneider, Dr. Belitsky and Mr. Hayes (Original filed in CA 79-1726) (N) (ks) (Entered: 09/28/1995)
09/26/1995	97	ORDER by Judge William B. Bryant : regarding procedures for the receiver to exercise powers. (see order for details) (N) (dot) (Entered: 09/26/1995)
10/05/1995	100	CERTIFIED COPY of order filed in USCA dated 10/3/95, on appeal [80-1] , dismissing appeal . USCA # 95-7048 (cjp) (Entered: 10/16/1995)
10/19/1995	102	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : that the Clerk of the Court pay Grace M. Lopes the sum of \$38,890.19 which represents compensation for the services and expenses of Special Officer Lopes, Mr. Roche, Ms. Schneder, and Dr. Cohen. (Original filed in CA 79-1726) (N) (ks) (Entered: 11/01/1995)
10/30/1995	101	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent order regarding attorneys' fees (blj) (Entered: 10/31/1995)
11/14/1995	103	ORDER by Judge William B. Bryant : that the District of Columbia shall pay D.C. Prisoners' Legal Services Project, Inc. the sum of thirty three thousand, one hundred and thirty two dollars and fifty six cents (\$33,132.56) in full settlement of fees and costs incurred from 5/1/95 through 8/31/95, associated with monitoring compliance with the Court's ordrs entered in the above-referenced civil actioni; this amount sahuo bear interest at the established by 28 U.S.C. 1961 1961 from the forty-fifth (45th) day following entry of this Order. (N) (dot) (Entered: 11/15/1995)
11/14/1995	104	ORDER (Copy) by Judge William B. Bryant and June L. Green :granting motion for compensation; that the Clerk of the Court pay Grace M. Lopes the sum of \$29,112.66 which represents compensation for the services and expenses of Special Officer Lopes, Mr. Roche, and Ms. Schneider; and that the Clerk of the Court pay Grace M. Lopes the sum of \$9,473.02 which represents compensation for the services and expenses of Ms. Fisher and Mr. Henderson (Original filed in CA 71-1462) (N) (ks) (Entered: 11/21/1995)
01/17/1996	105	ORDER (copy) by Judge William B. Bryant and Judge June L. Green : granting Special Officer's motion to increase compensation Rate for Special Assistant; that Ms. Schneider's compensation rate shall be increased to \$60.00 per hour (Original filed in CA 71-1462) (N) (ks) (Entered: 01/23/1996)
01/17/1996	106	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting Special Officer's motion for Compensation; that the Clerk of the Court pay Grace M. Lopes the sum of \$29,979.04 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, and Ms. Lytle (Original filed in CA 71-1462) (N) (ks) (Entered: 01/23/1996)
01/30/1996	107	ORDER by Judge William B. Bryant : that by 2/5/96, defendant DC will issue checks made payable to the Receiver, Ronald Shansky, M.D. for the purposes and amounts listed: bi-weekly payroll \$237,629.30, bi-weekly payroll \$237,629.30, equipment, medications and supplies \$233,020.00, receiver's office \$31,413.23; that the parties shall attempt to reach, by 2/9/96, an agreement to facilitate payment of the Receiver's March 1996 costs and expenses pending finalization and approval of his annual budget; failing which the parties may apply to the Court for an order resolving this issue; that the above-referenced funds shall be subject to audit as referenced in this Court's order of 9/26/95. (N) (dot) (Entered: 01/31/1996)
01/30/1996	108	ORDER by Judge William B. Bryant : that the time for the Receiver to submit the budget for his office as well as the operating budget for medical and mental health services is extended up to

		and including 3/7/96. (N) (dot) (Entered: 01/31/1996)
02/07/1996	109	ORDER by Judge William B. Bryant : that the time to make available to the Receiver the funds needed to cover costs and expenses expected to be incurred during the first half of February 1996 (\$385,552.53) is extended up to and including 2/6/96; that the time to make available to the Receiver the funds needed to cover costs and expenses expected to be incurred during the second half of February 1996 (\$354,139.30) is extended up to and including 2/16/96. (N) (dot) (Entered: 02/07/1996)
02/21/1996	110	ORDER by Judge William B. Bryant: the Clerk of the Court pay Grace M. Lopes the sum of \$18,921.87 which represents compensation for the services and expenses of Special Officer Lopes; this check shall be drawn from the \$20,000 Fund established by previous orders of the Court; the District of Columbia shall pay \$18,921.87 to the Clerk of the Court in order to replenish the \$20,000 Fund by 3/5/96; the Clerk of the Court pay Grace M. Lopes the sum of \$25,330.50 which represents compensation for the services and expenses of Ms. Schneider, Ms. Fisher, Ms. Lytle, Mr. Roche and Dr. Belitsky; this check shall be drawn from the Inmates of Modular account established by previous orders of the Court; the District of Columbia shall pay \$25,330.50 to the Clerk of the Court in order to replenish the Inmates of Modular account by 3/5/96. (N) (bm) (Entered: 02/21/1996)
02/22/1996	111	ORDER by Judge William B. Bryant : granting motion to extend time to 2/20/96 in which to make available to the Receiver funds to facilitate payment of costs and expenses expected to be incurred during the second half of February 1996. (N) (dot) (Entered: 02/22/1996)
02/22/1996	112	ORDER by Judge William B. Bryant : granting the consent motion for an Order to Facilitate the Payment of the Receiver's March 1996 Costs and Expenses; that by 3/4/96, defendant District of Columbia will issue a check made payable to Ronald Shansky, M.D. in the amount of three hundred thirty four thousand, forty two dollars and fifty three cents (\$334,042.53); that by 3/12/96, defendant District of Columbia will issue a check made payable to Ronald Shansky, M.D. in the amount of three hundred and two thousand, six hundred and twenty nine dollars and thirty cents (\$302,629.30); that by 3/22/96, defendant District of Columbia will issue a check made payable to Ronald Shansky, M.D. in the amount of two hundred and thirty seven thousand, six hundred and twenty nine dollars and thirty cents (\$302,629.30); that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/26/96. (N) (dot) (Entered: 02/22/1996)
03/07/1996	113	ORDER by Judge William B. Bryant : granting the motion for the Receiver to submit the budget for his office as well as the operating budget for medical and mental health services is extended up to and including 3/15/96. (N) (dot) (Entered: 03/07/1996)
03/13/1996	114	ORDER by Judge William B. Bryant : granting consent motion for enlargement of time; that the time for the District to make available to the Receiver the funds previously required by the Court's 2/22/96, Order is extended and modified as set forth herein; that by 3/18/96, defendant DC shall make available to the Receiver, ronald Shansky, M.D., funds in the amount of three hundred and two thousand, six hundred and twenty nine dollars and thirty cents (\$302,629.30); that by 4/1/96, defendant DC shall make available to the Receiver, Ronald Shansky, M.D., funds in the amount of two hundred and thirty seven thousand, six hundred and twenty nine dollars and thirty cents (\$237,629.30); that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/26/95. (N) (dot) (Entered: 03/14/1996)
03/18/1996	115	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent Order regarding attorneys' fees (ks) (Entered: 03/19/1996)
03/20/1996	116	ORDER by Judge William B. Bryant : that the District of Columbia shall pay D.C. Prisoners' Legal Services Project, Inc. the sum of forty five thousand, one hundred and forty three dollars and forty cents (\$45,143.40) in full settlement of fees and costs incurred from 9/1/95 through 2/29/96, associated with monitoring compliance with the Court's orders entered in the above referenced civil action. This amount shall bear interest at the rate established by 28 USC 1961 from the forty-fifth (45th) day following entry of this Order. (N) (dot) (Entered: 03/20/1996)

03/20/1996	117	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion by Special Officer Lopes for compensation; and that the Clerk of the Court pay Grace M. Lopes the sum of \$22,098.03 which represents compensation for the services and expenses of Special Officer Lopes, Mr. Roche and Mr. Brown; and that the Clerk of he Court pay Grace m. Lopes the sum of \$33,686.64 which represents compensation for the services and expenses of Ms. Schneider, Ms. Fisher , Ms. Lytle, and Mr. Henderson. (Original filed in CA 79-1726) (See Order for details) (N) (ks) (Entered: 03/22/1996)
03/28/1996		STATUS HEARING before Judge William B. Bryant : show cause hearing set for 4/1/96 at 10:00 a.m.; Reporter: Kay Moomey (dot) (Entered: 03/28/1996)
03/28/1996	118	ORDER by Judge William B. Bryant : to show cause why William Plaut should not be held in civil contempt of this Court's Orders issued in this case, in connection with the establishment and operation of the South-One housing unit at the District of Columbia Jail from approximately February 23, 1996 to date [118-1]; that William Plaut to appear on 4/1/96 at 10:00 a.m. (N) (dot) (Entered: 03/29/1996)
04/01/1996		SHOW CAUSE HEARING before Judge William B. Bryant, begun and continued to 4/9/96 at 10:00 a.m.; reporter: William McAllister (dot) (Entered: 04/01/1996)
04/04/1996	119	ORDER by Judge William B. Bryant : that the time for the District to file objections to the Receiver's proposed budget is extended up to and including 4/12/96. (N) (dot) (Entered: 04/04/1996)
04/09/1996	120	ORDER by Judge William B. Bryant : granting consent motion for an Order to Facilitate the Payment of the Receiver's April 1996 Costs and Expenses; that by 4/12/96, defendant District of Columbia will issue a check made payable to Ronald Shansky, M.D. in the amount of three hundred fifty thousand dollars (\$350,000.00) or will wire said amount to the Receiver's bank account no later than 4/15/96; that by 4/26/96, defendant District of Columbia will issue a check made payable to Ronald Shansky, M.D. in the amount of four hundred fifty four thousand, nine hundred and seventy one dollars (\$454,971.00) or will wire said amount to the Receiver's bank account no later that 4/29/96; that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/26/95. (N) (dot) (Entered: 04/09/1996)
04/22/1996	121	MOTION filed by special master GRACE M. LOPES for compensation (JMF) (Entered: 04/23/1996)
04/23/1996	122	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : Ordered that the Clerk of the Court pay Grace M. Lopes the sum of \$32,827.30 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Fisher, Mr. Roche and Ms. Lytle (Delaney, Siegel and Zorn; and that the Clerk of the Court pay Grace M. Lopes the sum of \$23,266.01 which represents compensation for the services and expenses of Ms. Schneider and Mr. Henderson (N) (Original filed in CA 71-1462) (ks) (Entered: 04/26/1996)
05/02/1996		MOTION HEARING before Judge William B. Bryant Reporter: William McAllister (dot) (Entered: 05/02/1996)
05/07/1996	123	ORDER by Judge William B. Bryant : that the Receiver's request that defendants provide him with additional funding for fiscal year 1996 in the total amount of \$5,065,927.00, as needed to facilitate the delivery of medical and mental health services at the D.C. Detention Facility in compliance with the Unites States constitution and this Court's orders be and hereby is granted; the amount is to be provided to the Receiver, Ronald Shansky, M.D., in five monthly payments, with the first payment of \$1,013,185.04 (1/5 of the total amount) to be made available by check no later than Friday, May 10, 1996 or by a wire transfer no lager than Tuesday, May 14, 1996. The four subsequent payments shall be for \$1,013,185.04 less the difference between the sum of the immediately preceding two bi-weekly payrolls and \$552,000.00. The four subsequent payments to the Receiver are to be made by check on June 7 or by wire transfer on June 10, 1996; by check on July 5 or by wire transfer on July 8, 1996; by check on August 2 or by wire transfer on August 5, 1996; by check on August 30 or by wire transfer on September 2, 1996; that no sooner than 60 days but no later than 75 days from the date of this Order, the Receiver shall be available to meet with defendants in order to determine whether there are any funds

		budgeted for non-personal services which are not likely to be spent prior to the end of the fiscal year and which can, therefore, be credited to reduce the amount of defendants remaining payments; that the funds shall be subject to audit as referenced in this Court's Order of September 26, 1995. (N) (dot) (Entered: 05/08/1996)
05/20/1996	124	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (4) (JMF) (Entered: 05/24/1996)
05/21/1996	125	ORDER by Judges William B. Bryant and June L. Green : granting motion for compensation [124-1] by GRACE M. LOPES; directing the Clerk of the Court to pay Grace M. Lopes the sum of \$42,171.74 for services of Special Officer Lopes, Ms. Schneider, Ms. Fisher and Ms. Lytle; directing that the check be drawn from the Crestar savings account established by previous orders; directing the District of Columbia pay \$42,171.74 to the Clerk of the Court to replenish the Crestar savings account by June 3, 1996. (N) (bjl) (Entered: 05/29/1996)
06/03/1996	126	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (7) (JMF) (Entered: 06/06/1996)
06/14/1996	127	ORDER by Judge William B. Bryant : evidentiary hearing set for 11:00 6/20/96; that the Director of the D.C. Department of Corrections, Margaret Moore, and the Deputy Director of the D.C. Department of Corrections, John Thomas, also appear before the Court on that date and at that time. (N) (dot) (Entered: 06/14/1996)
06/19/1996	129	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (5) (JMF) (Entered: 06/25/1996)
06/20/1996		EVIDENTIARY HEARING before Judge William B. Bryant : Reporter: Ben Leesman (dot) (Entered: 06/20/1996)
06/20/1996	130	ORDER (COPY) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [129-1] by GRACE M. LOPES; Ordered that the Clerk of the Court pay Grace M. Lopes the sum of \$41,946.70 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, Dr. Cohen and Mr. Henderson. (Original filed in CA 71-1462) (N) (ks) (Entered: 06/28/1996)
06/21/1996	128	ORDER by Judge William B. Bryant : that the Special Officer of the Court shall review the main entry logs for the D.C. Jail for the period October 1, 1995 through the present; that the Special Officer shall report to the Court all instances of the appearances in the main entry log of the Director of the D.C. Department of Corrections, Margaret Moore, and the Executive Deputy Director of the Department, John Thomas. (N) (dot) (Entered: 06/21/1996)
06/27/1996	131	ORDER (COPY) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation by Special Officer; Ordered that the Clerk of the Court pay Grace M. Lopes the sum of \$44,033.90 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, Ms. Lytle and Dr. Belitsky. (Original filed in CA 71-1462) (N) (ks) (Entered: 06/28/1996)
06/27/1996	132	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (5) (JMF) (Entered: 06/28/1996)
08/08/1996	133	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (4) (JMF) (Entered: 08/08/1996)
08/08/1996	134	ORDER by Judge June L. Green and William B. Bryant : granting motion for compensation [133-1] by GRACE M. LOPES; directing the Clerk of the Court to pay Grace M. Lopes the sum of \$36,938.29 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, Mr. Roche, and Ms. Lytle; directing that this check shall be drawn from the Crestar savings account established by previous orders of the Court; directing the District of Columbia pay \$36,938.29 to the Clerk of the Court in order to replenish the Crestar savings account by 8/22/96. (N) (jeb) (Entered: 08/08/1996)

09/10/1996	136	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (5) (JMF) (Entered: 09/12/1996)
09/11/1996	135	ORDER by Judge William B. Bryant : directing the Clerk of the Court to pay the sum of \$40,622.03 to Grace Lopes which represents compensation and expenses of Special Officer, Ms. Schneider, Ms. Fisher, Ms. Lytle and Mr. Roche; this check shall be drawn from the Inmates of Modular account; directing the District of Columbia to pay \$40,622.03 to the Clerk of the Court to replenish the Inmates of Modular account by 9/26/96. (N) (bjl) (Entered: 09/11/1996)
10/03/1996	137	ORDER by Judge William B. Bryant : granting motion for an Order to Facilitate the Payment of the Receiver's October 1996 Costs and Expenses; that by October 15, 1996, defendant DISTRICT OF COLUMBIA will issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,063,915.08; that the above-referenced funds shall be subject to audit as referenced in this Court's Order of September 26, 1995. (N) (dot) (Entered: 10/04/1996)
10/16/1996	138	MOTION filed by Special Officer for compensation; Exhibits A-E. (bjl) (Entered: 10/17/1996)
10/16/1996	139	ORDER by Judge William B. Bryant : granting motion for compensation; [138-1] (N) (bjl) (Entered: 10/17/1996)
10/22/1996		SCHEDULING NOTICE: motion hearing set for 10:00 11/6/96; before Judge William B. Bryant. (dot) (Entered: 10/22/1996)
11/06/1996	142	MOTION filed by special master GRACE M. LOPES for compensaion ; exhibits (4) (JMF) (Entered: 11/14/1996)
11/06/1996		STATUS HEARING before Judge William B. Bryant : Reporter: Chris Bitsko (dot) (Entered: 11/27/1996)
11/07/1996	140	ORDER by Judge William B. Bryant : granting amended motion of the Receivership for Approval of the Receivership Budget for Fiscal Year 1997, the Fiscal Year 1997 Receivership budget of sixteen million, two hundred and twenty three thousand, four hundred and fifteen dollars (\$16,223,415) be and hereby is approved; the money already paid to the Receivership in Fiscal Year 1997 (\$1,063,915.08) and those costs in the receivership budget which are paid directly by the District of Columbia Department of Corrections (\$2,056,434) are credited against the total approved budget referenced above; that the remaining amount (\$13,103,065.91) is to be paid to Ronald Shansky, M.D. in eleven monthly payments of \$1,191,187.81; the first payment to be issued by 11/18/96, the remaining payments to follow every thirty days; that prior to the preparation of the amount due in August 1997, the Receiver shall be available to meet with defendants in order to determine wheter there are any budgeted funds which are not likely to be spent prior to the end of the fiscal year and which can, therefore, be credited to reduce the amount of defendants' remaining payments; that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/26/95. (N) (dot) (Entered: 11/07/1996)
11/07/1996	141	ORDER by Judge William B. Bryant directing the Clerk of the Court to pay \$51,675.11 to Grace Lopes which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher and Dr. Belitsky; directing that the check be drawn from the Crestar savings account; directing the District of Columbia to pay \$51,675.11 to the Clerk of the Court in order to replenish the Crestar account. : (N) (bjl) (Entered: 11/08/1996)
12/05/1996	143	ORDER by Judge William B. Bryant : granting motion of Grace Lopes for compensation; directing the Clerk of the Court to pay Grace Lopes the sum of \$42,663.39 for services and expenses of Special Officer Lopes, Ms. Schneider and Ms. Fisher; directing that this check be drawn from the Crestar Savings Account; directing the District of Columbia to pay \$42,663.39 to the Clerk of the Court in order to replenish the Crestar Savings Account. (N) (bjl) (Entered: 12/06/1996)
01/07/1997	144	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (1) (JMF) (Entered: 01/08/1997)
01/08/1997	145	ORDER by Judge William B. Bryant : for compensation [144-1]; Clerk of Court shall pay Graces M. Lopes the sum of \$34,240.39 which represents compensation for the services and

		expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher and Delaney, Siegel, Zorn and Associates, Inc.; check shall be drawn from the Inmates of Modular account; District of Columbia shall pay \$34,240.39 to the Clerk of Court in order to replenish the Inmates of Modular account by 1/22/97 (N) (dbw) Modified on 01/09/1997 (Entered: 01/09/1997)
02/06/1997	146	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (6) (JMF) (Entered: 02/10/1997)
02/10/1997	147	ORDER by Judge June L. Green for Judge William B. Bryant : Clerk of Court shall pay Grace M. Lopes the sum of \$54,530.83 which represents compensation for services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, Mr. Roche, Mr. Henderson and Dr. Downer [146-1]; check shall be drawn from Crestar savings account established by previous orders of the Court; District of Columbia shall pay \$54,530.83 to the Clerk of Court in order to replenish Crestar savings account by 2/25/97 (N) (dbw) (Entered: 02/10/1997)
03/05/1997	148	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (3) (JMF) (Entered: 03/06/1997)
03/07/1997	149	ORDER by Judge June L. Green and Judge William B. Bryant : granting motion for compensation [148-1] by GRACE M. LOPES; directing the Clerk of the Court pay Grace M. Lopes the sum of \$28,819.33 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, and Ms. Fisher; directing the District of Columbia pay \$28,819.33 to the Clerk of the Court in order to replenish the Crestar savings account due by 3/20/97. (N) (jeb) (Entered: 03/07/1997)
04/07/1997	150	MOTION filed by special master GRACE M. LOPES for compensation exhibits (4) (JMF) (Entered: 04/08/1997)
04/08/1997	151	ORDER by Judge June L. Green and Judge William B. Bryant : [150-1] directing Clerk of Court to pay Grace M. Lopes the sum of \$44,689.82 which represents compensation for services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, and Dr. Belitsky; check shall be drawn from the Inmates of Modular account established by previous order of the Court; DC shall pay \$44,689.82 to Clerk of Court in order to replenish Inmates of Modular account by 4/23/97 (N) (dbw) (Entered: 04/08/1997)
05/06/1997	152	ORDER by Judge June L. Green and Judge William B. Bryant : directing Clerk of Court to pay Grace M. Lopes the sum of \$45,947.95 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, Mr. Roche, Dr. Cohen and Dr. Downer; check shall be drawn from Crestar savings account established by previous orders of the Court; District of Columbia shall pay \$45,947.95 to Clerk of Court in order to replenish the Crestar savings account by 5/23/97 (N) (dbw) (Entered: 05/07/1997)
05/06/1997	153	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (4) (JMF) (Entered: 05/07/1997)
05/09/1997	154	MOTION filed by special master GRACE M. LOPES to substitute order for compensation filed May 06, 1997 , and to vacate order filed May 06, 1997 (JMF) (Entered: 05/12/1997)
05/13/1997	155	ORDER by Judge June L. Green and Judge William B. Bryant : granting motion to substitute order for compensation filed May 06, 1997 by GRACE M. LOPES, granting motion to vacate order filed 06, 1997 [154-2] by GRACE M. LOPES; directing the Clerk of the Court pay Grace M. Lopes the sum of \$45,947.95 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, Dr. Cohen, and Dr. Downer; directing that this check be drawn from the Crestar savings account established by previous orders of the Court; directing the District of Columbia to pay \$45,947.95 to the Clerk of the court in order to replenish the Crestar savings account by 5/23/97. (N) (jeb) (Entered: 05/13/1997)
06/02/1997	156	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (3) (JMF) (Entered: 06/02/1997)
06/03/1997	157	ORDER by Judge June L. Green and Judge William B. Bryant : granting motion for compensation [156-1] by GRACE M. LOPES; directing the Clerk of the Court pay Grace M.

		Lopes the sum of \$37,641.67 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, and Ms. Fisher; directing that this check be drawn from the Inmates of Modular Account established by previous orders of this Court; directing the defendant DC pay \$37,641.67 to the Clerk of the Court in order to replenish the Inmates of Modular Account by 6/18/97. (N) (jeb) (Entered: 06/03/1997)
07/08/1997	159	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (5) (JMF) Modified on 07/10/1997 (Entered: 07/10/1997)
07/09/1997	158	ORDER by Judge William B. Bryant and Judge June L. Green: granting motion for compensation [136-1] by GRACE M. LOPES, granting motion for compensation [132-1] by GRACE M. LOPES, granting motion for compensation [126-1] by GRACE M. LOPES, granting motion for compensation [121-1] by GRACE M. LOPES; directing the Clerk of the Court to pay Grace M. Lopes the sum of \$19,125.66 which represents compensation for the services and expenses of Special Officer Lopes; this check shall be drawn from the Crestar savings account established by previous orders of the Court; directing the Clerk of the Court to pay Grace M. Lopes the sum of \$19,264.10 which represents compensation for the services and expenses of Ms. Schneider, Ms. Fisher, Dr. Downer and Mr. Henderson; this check shall be drawn from the Twenty-Thousand Dollar Fund established by previous orders of the Court; directing the District of Columbia to pay \$19,125.66 to the Clerk of the Court in order to replenish the Crestar savings account and pay \$19,264.10 to the Clerk of the Court in order to replenish the Twenty-Thousand Dollar Fund, by the 25th of July, 1997. (N) (mlp) Modified on 07/10/1997 (Entered: 07/09/1997)
07/10/1997	160	ORDER by Judge William B. Bryant : granting plaintiff's motion for leave to file the Report of Special Officer concerning the Murder of Quan Harris under seal. (Original filed in CA 71-1462) (N) (ks) (Entered: 07/10/1997)
08/11/1997	161	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (6) (JMF) (Entered: 08/12/1997)
08/11/1997	162	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation; that the Clerk of the Court pay Grace M. Lopes the sum of \$46,084.76 which representys compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, Dr. Cohen, Dr. Belitsky, and Mr. Henderson; and that the District of Columbia shall pay \$46,084.76 to the Clerk of the Court in order to replenish the Crestar savings account 9/2/97. (Original Order filed in CA 79-1726) (N) (ks) (Entered: 08/14/1997)
08/19/1997	163	ORDER (Copy) by Judge William B. Bryant : granting plaintiff's motion that the Special Officer be requested to investigate violations of security related orders at the D.C. Jail and to make a report with recommendations for remedial action. (Original filed in CA 71-1462) (See Order for details) (N) (ks) (Entered: 08/20/1997)
09/03/1997	164	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (4) (JMF) (Entered: 09/04/1997)
09/04/1997	165	ORDER by Judge June L. Green and Judge William B. Bryant : granting motion for compensation [164-1] by GRACE M. LOPES; directing the Clerk of the Court to pay Grace M. Lopes the sum of \$37,212.70 which represents compensation for the services and expenses of Special Officer Lopes, Ms. Schneider, Ms. Fisher, and Mr. Roche; directing that this check be drawn from the Inmates of Modular Facility savings account established by previous orders of the Court; directing the defendant DC pay \$37,212.70 to the Clerk of the Court in order to replenish the Inmates of Modular Facility savings account due by 9/18/97. (N) (jeb) (Entered: 09/08/1997)
10/06/1997	166	ORDER by Judge William B. Bryant : granting motion of the Receiver for an Order to Facilitate the Payment of his October 1997 Costs and Expenses; that by 10/20/97, defendant DISTRICT OF COLUMBIA will issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,245,832.83; that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/25/95. (N) (dot) (Entered: 10/06/1997)

10/08/1997	167	MOTION filed by special master GRACE M. LOPES for compensation ; exhibits (3) (JMF) (Entered: 10/09/1997)
10/16/1997	168	ORDER by Judge William B. Bryant : granting motion to Release Report to Kathryn Monaco and Alan Henry; that the Special Officer is authorized to release James D. Henderson's 1994 staffing report directly to Kathryn Monaco and Alan Henry; that Ms. Monaco and Mr. Henry shall not release the report to non-parties to the above-captioned cases. (N) (dot) (Entered: 10/16/1997)
10/29/1997	169	MEMORANDUM by Judge William B. Bryant (N) (dot) (Entered: 10/29/1997)
10/29/1997	170	ORDER by Judge William B. Bryant : granting plaintiffs' motion for attorneys' fees and expenses filed on 5/9/97; that the plaintiffs are awarded attorneys' fees and expenses in the amount of \$101,567.26. (N) (dot) (Entered: 10/29/1997)
10/29/1997	171	ORDER by Judge William B. Bryant : granting motion of the Receiver for an Order to Facilitate the Payment of his November 1997 Costs and Expenses; that by 11/18/97, defendant DC will issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,245,832.83; that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/25/95. (N) (dot) (Entered: 10/29/1997)
10/31/1997	172	JOINT MOTION by defendant DELBERT C. JACKSON, plaintiff INMATES DC JAIL for entry of consent Orders modifying appointment of Special Officer (ks) (Entered: 11/04/1997)
11/05/1997	175	NOTICE OF FILING by special master GRACE M. LOPES of final accounting; exhibits (4) (JMF) (Entered: 11/07/1997)
11/06/1997	173	ORDER by Judge William B. Bryant : granting joint motion for entry of consent Orders modifying appointment of Special Officer [172-1] by INMATES DC JAIL, DELBERT C. JACKSON, that effective 11/1/97, the Court's Order Appointing Special Officer of 11/20/93, is modified to provide that the duties previously assigned to Grace M. Lopes are assigned to Karen M. Schneider. The foregoing Order otherwise shall continue in full force and effect. Ms. Schneider is authorized to consult with and seek assistance from Ms. Lopes with regard to any matter within the scope of the Special Officer's duties. (N) (dot) (Entered: 11/06/1997)
11/06/1997	174	ORDER by Judge William B. Bryant : granting attorney's fees and expenses filed on 8/6/97; that the plaintiffs are awarded attorneys' fees and expenses in the amount of \$132,592.00. (N) (dot) (Entered: 11/07/1997)
11/12/1997	176	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (5) (JMF) (Entered: 11/13/1997)
11/13/1997	177	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [176-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$39,652.04 which represents compensation for the services and expenses of Ms. Lopes, Ms. Schneider and Mr. Roche; and that the Clerk of the Court pay Special Officer karen M. Schneider the sum of \$5,931.24 which represents underpayment by the defendants in prior motions for compensation. (Original filed in CA79-1726) (N) (ks) (Entered: 11/17/1997)
12/03/1997	178	ORDER by Judge William B. Bryant : granting the motion of the Receiver for an Order to facilitate the Payment of this December 1997 costs and Expenses; by 12/18/97, defendant DISTRICT OF COLUMBIA will issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,245,832.83; the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/25/95.(N) (dot) (Entered: 12/03/1997)
12/05/1997	179	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (5) (JMF) (Entered: 12/08/1997)
12/08/1997	182	ORDER (COPY) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [179-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$42,988.11 which represents compensation for the

		services and expenses of Ms. Schneider, Ms. Lopes, Mr. Roche, Mr. Henderson, and Dr. Downer. (N) (ks) (Entered: 12/18/1997)
12/17/1997	180	ORDER by Judge William B. Bryant : granting motion to extend time for filing an appeal; the time for defendants to file an appeal from the order filed in this case on 10/29/97, is extended for thirty (30) days or until ten (10) days from the date of this Order, whichever is later. (N) (dot) (Entered: 12/17/1997)
12/17/1997	181	NOTICE OF APPEAL by defendant DELBERT C. JACKSON from order [174-1], order [170-1] , entered on: 10/29/97 and 11/7/97; No fees paid; Copies mailed to counsel of Record. (ks) (Entered: 12/17/1997)
12/17/1997		TRANSMITTED PRELIMINARY RECORD on appeal [181-1] by DELBERT C. JACKSON to U.S. Court of Appeals (ks) (Entered: 12/17/1997)
12/30/1997		USCA # 97-7234 assigned for appeal [181-1] by DELBERT C. JACKSON (ks) (Entered: 12/31/1997)
01/06/1998	183	ORDER by Judge William B. Bryant : granting motion of the Receiver for an order to Facilitate the Payment of his January 1998 Costs and Expenses; that by 1/20/98, defendant District of Columbia will issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,245,832.83; that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/25/95. (N) (dot) (Entered: 01/06/1998)
01/08/1998	184	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (9) (JMF) (Entered: 01/09/1998)
01/12/1998	185	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [184-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$57,271.81 which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Roche, Mr. Czerniak, Dr. Cohen, Mr. Phillips, Mr. O'Brien and Mr. Henderson; and that the District of Columbia shall pay \$57,271.81 to the Clerk of the Court in order to replenish the Inmates of Modular account by 2/6/98. (Original filed in CA 79-1726) (N) (ks) (Entered: 01/13/1998)
02/06/1998	186	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (11) (JMF) (Entered: 02/09/1998)
02/11/1998	187	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [186-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$75,058.19 which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Roche, Mr. Sandalow, Dr. Downer, Dr. Belitsky, Mr. Henderson, Mr. O'Brien, Mr. Phillips, Mr. Maupin and Mr. Hackle. (N) (ks) (Entered: 02/23/1998)
02/18/1998		SCHEDULING NOTICE: motion hearing set for 2:30 2/19/98; before Judge William B. Bryant Courtroom 16, Sixth Floor. (dot) (Entered: 02/18/1998)
02/24/1998	188	ORDER by Judge William B. Bryant : granting motion of the Receivership for the Fiscal Year 1998 Receivership budget of fourteen million, eight hundred and twenty seven thousand, two hundred and forty three dollars (\$14,827,243) ; the money already paid to the Receivership in Fiscal Year 1998 (\$4,983,331.32) and those costs in the Receivership budget which are paid directly by the District of Columbia Department of Corrections (\$405,579) are credited against the total approved budget referenced above; that the remaining amount (\$9,438,332.68) is to be paid to Ronald Shansky, M.D. in eight monthly payments of \$1,179,791.59; the first payment (for February 1998) to be issued by March 12, 1998, the second payment to be made by March 26, 1998, and the remaining payments for April through September 1998 to be made by the eighteenth day of the month; that prior to the preparation of the amount due in August 1998, the Receiver shall be available to meet with defendants in order to determine whether there are any budgeted funds which are not likely to be spent prior to the end of the fiscal year and which can, therefore, be credited to reduce the amount of defendants' remaining payments; that the above-

		referenced funds shall be subject to audit as referenced in this Court's Order of September 26, 1995. for Fiscal Year 1998(N) (dot) (Entered: 02/25/1998)
03/10/1998	189	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (10) (JMF) (Entered: 03/11/1998)
03/12/1998	190	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [189-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$44,151.12 which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Roche, Ms. Sandalow and Ms. Banks; and that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$53,086.66 which represents compensation for the services and expenses of Mr. Henderson, Mr. O'Brien, Mr. Phillips and Mr. Maupin. (Original filed in CA 79-1726) (N) (ks) (Entered: 03/18/1998)
04/02/1998	191	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (8) (JMF) (Entered: 04/03/1998)
05/07/1998	192	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (7) (JMF) (Entered: 05/08/1998)
06/05/1998	194	ORDER by Judge Aubrey E. Robinson, Jr. for Judges June L. Green and William B. Bryant : granting motion for compensation [193-1] by KAREN M. SCHNEIDER; directing the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$62,717.28 which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Wiley, Ms. Sandalow, Mr. Maupin, KPMG, Peat Marwick; directing the defendant DC pay \$62,717.28 to the Clerk of the Court in order to replenish the Crestar Savings Account due by 6/26/98. (N) (jeb) (Entered: 06/10/1998)
06/08/1998	193	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (7) (JMF) (Entered: 06/09/1998)
07/02/1998	195	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (8) (JMF) (Entered: 07/06/1998)
07/07/1998	197	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [195-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$52,049.61 which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Wiley, Ms. Sandalow, Dr. Belitsky, and Mr. Maupin; and that the District of Columbia shall pay \$52,049.61 to the Clerk of the Court in order to replenish the Crestar Savings Account by 7/20/98. (Original filed in CA 79-1726) (N) (ks) (Entered: 08/21/1998)
08/07/1998	196	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (7) (JMF) (Entered: 08/10/1998)
08/11/1998	198	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [196-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$52,685.03 which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Wiley, Ms. Sandalow, Mr. Henderson and Mr. Maupin; and that the District of Columbia shall pay \$52,685.03 to the Clerk of the Court in order to replenish the Crestar Savings Account by 8/25/98. (Original filed in CA 79-1726) (N) (ks) (Entered: 08/21/1998)
09/03/1998	200	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (7) (JMF) (Entered: 09/09/1998)
09/08/1998	199	ORDER by Judge William B. Bryant : granting motion of the Receiver for Order re Collective Bargaining Agreement; Setting directives for the Receiver and the D.C. Department of Corrections. (See Order for details) (N) (ks) (Entered: 09/08/1998)
09/08/1998	203	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [200-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$38,455.70 which represents compensation for the

		services and expenses of Ms. Schneider, Ms. Lopes, Mr. Wiley, Ms. Sandalow, Mr. O'Brien and Mr. Maupin; and that the DC shall pay \$38,455.70 to the Clerk of the Court in order to replenish the Crestar Savings account by 9/23/98. (Original Order filed in CA 79-1726) (N) (ks) (Entered: 09/21/1998)
09/10/1998	201	ORDER by Judge William B. Bryant : the Court's Order of 2/24/98 is amended defendant DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,551,739 by 9/25/98; the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/26/95. (N) (dot) (Entered: 09/10/1998)
09/10/1998	202	ORDER by Judge William B. Bryant : that by 10/9/98, defendant DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,071,225; that the above-referenced funds shall be subject to audit as referenced in this Court's Order of 9/26/95. (N) (dot) (Entered: 09/10/1998)
10/06/1998	204	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (6) (JMF) (Entered: 10/07/1998)
10/07/1998	206	ORDER (copy) by Judge William B. Bryant and June L. Green : granting motion for compensation [204-1] by KAREN M. SCHNEIDER; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$54,905.77 which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Wiley, Ms. Sandalow, Mr. Maupin and KPMG Peat Marwick, LLP. (Original filed in CA79-1726) (N) (zz) (Entered: 11/04/1998)
10/30/1998	205	ORDER by Judge William B. Bryant : directing that by 11/16/98, deft DC shall issue a check payable to Ronald Shansky, M.D. in the amount of \$1,071,225 ; and these funds shall be subject to audit an referenced in this court's order of 9/26/95 (N) (jaw) (Entered: 10/30/1998)
11/04/1998	207	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (6) (jf) (Entered: 11/05/1998)
11/06/1998	208	ORDER (copy) by Judges William B. Bryant and June L. Green: granting motion for compensation [207-1] by KAREN M. SCHNEIDER; directing the Clerk of the Court to pay Special Officer Karen M. Schneider the sum of \$40,495.45; this check shall be drawn from the Crestar Savings account; D.C. shall pay \$40,495.45 to the Clerk of the Court in order to replenish the Crestar Savings account by 11/24/98. (N) (Original Order filed in C.A. 80-2136) (mlp) (Entered: 11/06/1998)
12/04/1998	209	CERTIFIED COPY of judgment filed in USCA dated 10/30/98, on appeal [181-1] , reversing the judgment of USDC , and remanding for further proceedings. OPINION (originally filed in 71-1462) USCA # 97-7235 (cjp) Modified on 12/04/1998 (Entered: 12/04/1998)
12/07/1998	210	ORDER by Judge William B. Bryant : directing that by 12/18/98 deft DISTRICT OF COLUMBIA shall issue a check payable to Ronald Shansky, MD in the amount of \$1,071,225.00 ; and these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 12/07/1998)
12/09/1998	211	ORDER by Judges William B. Bryant and June L. Green: granting 12/7/98 motion for compensation; Clerk of Court is to pay Special Officer Karen M. Schneider the sum of \$39,726.72 for compensation; check is to be drawn from the Crestar Savings account established by previous orders of the Court; D.C. is to pay \$39,726.72 to Clerk of Court in order to replenish the Crestar Savings account. (N) (mlp) (Entered: 12/09/1998)
01/06/1999	212	ORDER by Judge William B. Bryant : directing that by 01/22/99, the defendant District of Columbia shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,071,225.00; directing that the \$1,071,225.00 shall be subject to audit as referenced in this Court's Order of September 26, 1995. (N) (gew) (Entered: 01/06/1999)
01/07/1999	214	MOTION filed by special master KAREN M. SCHNEIDER for compensaiton (jf) (Entered: 01/14/1999)
01/11/1999	213	ORDER by Judges William B. Bryant and June L. Green: granting motion by compensation by Special Officer Karen M. Schneider; directing the Clerk of the Court to pay Ms. Schneider the

		sum of \$56,400.99; this check shall be drawn from the Crestar Savings account; D.C. shall pay \$56,400.99 to the Clerk of the Court in order to replenish the Crestar Savings account. (N) (mlp) (Entered: 01/12/1999)
02/02/1999	215	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (6) (jf) (Entered: 02/03/1999)
02/05/1999	216	ORDER by Judges June L. Green and William B. Bryant: granting motion for compensation [215-1] by KAREN M. SCHNEIDER; directing the Clerk of Court to pay Ms. Schneider the sum of \$34,563.11 for compensation; the check is to be drawn from the Crestar Savings account established by previous orders of the Court; D.C. is to pay \$34,563.11 to the Clerk of Court in order to replenish the Crestar Savings account by 2/19/99. (N) (mlp) (Entered: 02/05/1999)
02/11/1999	217	ORDER by Judge William B. Bryant : directing that by 2/26/99, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,071,222; and these funds shall be subject to audit as referenced in this Court's order of 9/25/95 (N) (jaw) (Entered: 02/12/1999)
03/03/1999	218	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (8) (jf) (Entered: 03/03/1999)
03/04/1999	219	ORDER by Judge June L. Green and Judge June L. Green for Judge William B. Bryant : granting motion for compensation [218-1] by KAREN M. SCHNEIDER; Clerk of the Court is to pay Ms. Schneider the sum of \$51,455.80 as compensation for services and expenses; this check shall be drawn from the Crestar Savings account established by previous orders of the Court; D.C. is to pay \$51,455.80 to the Clerk of the Court in order to replenish the Crestar Savings accounts by 3/22/99. (N) (mlp) (Entered: 03/05/1999)
03/15/1999	220	ORDER by Judge William B. Bryant : directing that by 3/26/99, deft DC shall issue a check made payable to Ronald Ransky, MD in the amount of \$1,071,225 ; and that these funds shall be subject to audit as references in this Court's order of 9/26/95 (N) (jaw) (Entered: 03/15/1999)
04/02/1999	222	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (6) (jf) (Entered: 04/06/1999)
04/06/1999	221	ORDER by Judge William B. Bryant for Judge June L. Green :that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$42,232.77, which represents compensation for the services and expenses of Ms. Schneider, Ms. Lopes, Mr. Wiley, Ms. Sandalow and Mr. Maupin; that this check shall be drawn from the Crestar Savings account established by previous orders of the Court; that the District of Columbia shall pay \$42,232.77, to the Clerk of the Court in order to replenish the Crestar Savings account by the 21st day of April, 1999 (N) (lkn) (Entered: 04/06/1999)
04/06/1999	223	ORDER by Judge William B. Bryant : directing that by 4/26/99, deft. DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,071,225; and these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 04/07/1999)
05/06/1999	224	ORDER by Judge William B. Bryant : directing that by 5/26/99, deft DC shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,071,225; and these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 05/07/1999)
05/06/1999	225	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (8) (jf) (Entered: 05/07/1999)
05/10/1999	226	ORDER by Judge William B. Bryant and by Judge William B. Bryant for Judge June L. Green: granting motion for compensation [225-1] by KAREN M. SCHNEIDER; Clerk is to pay Ms. Schneider \$59,180.00 for services and expenses, this check is to be drawn from the Crestar Savings account established by previous orders of the Court; D.C. is to pay \$59,180.00 to the Clerk of the Court in order to replenish the Crestar Savings account by 5/25/99. (N) (mlp) (Entered: 05/11/1999)

06/02/1999	227	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (7) (jf) (Entered: 06/03/1999)
06/03/1999	228	ORDER by Judges William B. Bryant and June L. Green: granting motion for compensation [227-1] by KAREN M. SCHNEIDER; the Clerk of the Court is to pay Special Officer Schneider the sum of \$41,830.61 which represents compensation for the services and expenses; this check is to be drawn from the Crestar Savings account established by previous orders of the Court; D.C. is to pay \$41,830.61 to the Clerk of the Court in order to replenish the Crestar Savings account by 6/17/99. (N) (mlp) (Entered: 06/03/1999)
06/03/1999	229	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent order regarding attorney's fees (lkn) (Entered: 06/04/1999)
06/08/1999	230	ORDER by Judge William B. Bryant : granting motion for adoption of consent order regarding attorney's fees [229-1] by DELBERT C. JACKSON; directing that DISTRICT OF COLUMBIA pay DC PRISONERS' LEGAL SERVICES PROJECT, INC., the sum of \$50,630.63 in settlement of the undisputed portion of pltf's claim for fees and costs associated with this case from 4/26/96 through 6/30/97 (N) (jaw) (Entered: 06/08/1999)
06/08/1999	231	ORDER by Judge William B. Bryant : directing that by 6/28/99, deft. DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,071,225; and that these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 06/09/1999)
07/07/1999	232	ORDER by Judges William B. Bryant and June L. Green: directing the Clerk of the Court to pay Special Officer Karen M. Schneider the sum of \$36,731.99 as compensation for services and expenses; this check is to be drawn from the Crestar Savings account established by previous orders of the Court; D.C. is to pay \$36,731.99 to the Clerk of the Court in order to replenish the Crestar Savings account by 7/22/99. (N) (mlp) (Entered: 07/08/1999)
07/27/1999	233	ORDER by Judge William B. Bryant : directing that by 8/6/99, deft DC shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,071,225; and that these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 07/27/1999)
08/03/1999	234	ORDER by Judges William B. Bryant and June L. Green: granting motion for compensation; Clerk of the Court is to pay Special Officer Karen M. Schneider the sum of \$29,598.98 as compensation for services and expenses; this check shall be drawn from the Crestar Savings account established by previous orders of the Court; D.C. shall pay \$29,598.98 to the Clerk in order to replenish the Crestar Savings account by 8/19/99. (N) (mlp) Modified on 08/04/1999 (Entered: 08/04/1999)
08/03/1999	235	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (5) (jf) (Entered: 08/04/1999)
09/02/1999	238	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (5) (jf) (Entered: 09/13/1999)
09/07/1999	236	ORDER by Judge William B. Bryant and Judge June L. Green : granting motion for compensation [235-1] by KAREN M. SCHNEIDER; directing the Clerk of Court to pay special master the sum of \$31,827.22 (N) (jf) (Entered: 09/08/1999)
09/09/1999	237	ORDER by Judge William B. Bryant : directing that by 9/27/99, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,938,213.70; and these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 09/09/1999)
10/05/1999	239	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (5) (jf) (Entered: 10/06/1999)
10/06/1999	240	ORDER by Judges William B. Bryant and June L. Green: granting motions for compensation [239-1] [238-1] by KAREN M. SCHNEIDER; directing Clerk of the Court to pay Special Officer Schneider the sum of \$44,769.98 as compensation for services and expenses; this check

		shall be drawn from the Crestar Savings account established by previous orders of the Court; D.C. is to pay \$44,769.98 to the Clerk of the Court in order to replenish the Crestar Savings account by 10/22/99. (N) (mlp) (Entered: 10/07/1999)
10/25/1999	241	ORDER by Judge William B. Bryant : directing that by 11/1/99, deft. DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$982,725; and directing that these funds shall be subject to the audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 10/25/1999)
11/02/1999	242	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (4) (jf) (Entered: 11/03/1999)
11/02/1999	243	ORDER by Judges William B. Bryant and June L. Green: granting motion for compensation [242-1] by KAREN M. SCHNEIDER; directing Clerk of the Court to pay Special Officer Schneider the sum of \$33,768.04 for compensation; this check shall be drawn from the Crestar Savings account established by previous orders of the Court; D.C. shall pay \$33,768.04 to the Clerk of the Court in order to replenish the Crestar Savings account by 11/23/99. (N) (mlp) (Entered: 11/03/1999)
11/05/1999	244	MOTION filed by plaintiff to reduce time for defendants to respond to plaintiffs' request for production of documents ; exhibits (4) (jf) (Entered: 11/09/1999)
11/09/1999	245	MOTION filed by defendant DELBERT C. JACKSON for protective order ; (original filed in 71-1462) (tb) (Entered: 11/10/1999)
11/09/1999	246	RESPONSE by defendant DELBERT C. JACKSON in opposition to motion to reduce time for defendants to respond to plaintiffs' request for production of documents [244-1] by INMATES DC JAIL .; (original filed in 71-1462) (tb) (Entered: 11/10/1999)
11/12/1999	247	RESPONSE by plaintiff INMATES DC JAIL in opposition to motion for protective order [245-1] by DELBERT C. JACKSON . (lkn) (Entered: 11/15/1999)
11/12/1999	248	ORDER by Judge William B. Bryant : denying motion for protective order [245-1] by DELBERT C. JACKSON (N) (jaw) (Entered: 11/16/1999)
11/17/1999	249	ORDER by Judge William B. Bryant: upon being informed that the Receiver has proposed a budget payment for fiscal year 2000 (FY 00) of \$11,792,700.00, the Court directs that by 11/30/99, deft. D.C. shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$982,725.00; the above-referenced funds shall be subject to audit as referenced in this Court's 9/26/95 Order. (N) (mlp) (Entered: 11/18/1999)
12/02/1999	250	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; exhibits (4) (jf) (Entered: 12/05/1999)
12/07/1999	251	ORDER by Judges William B. Bryant and June L. Green: granting motion for compensation [250-1] by KAREN M. SCHNEIDER; directing the Clerk of the Court to pay Special Officer Schneider the sum of \$33,148.35 which represents compensation for services and expenses; check shall be drawn from the Crestar Savings account established by previous orders of the Court; D.C. shall pay \$33,148.35 to the Clerk of the Court in order to replenish the Crestar Savings account by 12/21/99. (N) (mlp) (Entered: 12/08/1999)
12/16/1999	252	ORDER by Judge William B. Bryant : directing that by 12/30/99, the deft. DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$982,725; and that these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 12/16/1999)
01/05/2000	253	ORDER by Judge June L. Green and Judge June L. Green for Judge William B. Bryant: granting motion by Special Officer Karen M. Schneider for compensation in the amount of \$29,500.40; directing Clerk of Court to pay Ms. Schneider \$29,500.40 for services and expenses; check to be drawn from the Crestar Savings account established by previous orders of the Court; D.C. to pay \$29,500.40 to the Clerk of the Court to replenish the Crestar Savings account by 1/20/00. (N) (mlp) (Entered: 01/10/2000)

01/18/2000	254	ORDER by Judge William B. Bryant : directing that by 1/31/00, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$982,725; and these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 01/18/2000)
02/07/2000	255	ORDER by Judge June L. Green and William B. Bryant :granting the motion of Karen M. Schneider for compensation. (N) (jeb) (Entered: 02/07/2000)
02/09/2000	256	ORDER by Judge William B. Bryant : directing that by 2/25/00, the deft DISTRICT OF COLUMBIA shall issue a check payable to Ronald Shansky, M.D. in the amount of \$982,725; and these funds shall be subject to audit as referenced in this Court's order of 9/26,95 (N) (jaw) (Entered: 02/10/2000)
03/06/2000	257	ORDER by Judge William B. Bryant : granting motion in CA 80-2136 for compensation to Karen Schneider ; directing the Clerk of the Court to pay Special Officer Karen Schneider the sum of \$33,73.69 for compensation & services of Ms. Schneider, Mr. Wiley, and Ms. Julianelle; directing that the check be drawn from the Crestar Savings account established by previous orders; and directing that DISTRICT OF COLUMBIA pay the Clerk of the Court the sum of \$33,793.69 to replenish the Crestar Savings account by 3/21/00 (N) (jaw) (Entered: 03/07/2000)
03/16/2000	258	ORDER by Judge William B. Bryant : directing that by 3/27/00, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,043,740.44; and that these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 03/17/2000)
03/30/2000	259	NOTICE OF FILING by defendant DELBERT C. JACKSON submitting a memorandum from the Warden at the D.C. Jail that informed undersigned counsel that the Jail has not been in compliance with the Court's August 22, 1985 Order from Sunday morning, March 26, 2000 through Thursday, March 30, 2000; Attachment (1). (tth) (Entered: 04/03/2000)
04/06/2000	260	ORDER by June L. Green & Judge William B. Bryant: granting motion for compensation by KAREN M. SCHNEIDER. (N) (jeb) (Entered: 04/06/2000)
04/10/2000	261	ORDER by Judge William B. Bryant : directing that by 4/21/00, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,046,856.50; and that the above referenced funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 04/11/2000)
04/11/2000	262	MOTION filed by defendant DELBERT C. JACKSON to modify order of 08/22/85 (jf) (Entered: 04/12/2000)
04/12/2000	263	ORDER by Judge William B. Bryant : granting motion to modify order of 08/22/85 [262-1] by DELBERT C. JACKSON (N) (jaw) (Entered: 04/13/2000)
05/03/2000	264	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; Exhibits (4) (tth) (Entered: 05/05/2000)
05/05/2000	265	ORDER by Judge June L. Green and Judge William B. Bryant : granting motion for compensation [264-1] by KAREN M. SCHNEIDER (N) (jeb) (Entered: 05/05/2000)
05/11/2000	266	ORDER by Judge William B. Bryant : directing that by 5/22/00, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,046,856.50; and directing that the above referenced funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 05/12/2000)
06/05/2000	268	MOTION filed by special master KAREN M. SCHNEIDER for compensation ; Exhibits (4) (tth) (Entered: 06/08/2000)

06/06/2000	267	ORDER by Judge William B. Bryant : granting motion for compensation ; directing Clerk of the Court to pay Special Officer Karen M. Schneider the sum of \$32,477.15 for compensation of services for Karen Schneider, Ed Wiley, II, and Patricia Julianelle; and directing the DC shall pay \$32,477.15 to Clerk of the Court by 6/21/00 to replenish the account (N) (jaw) (Entered: 06/08/2000)
06/09/2000	269	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent order regarding attorney's fees (jf) (Entered: 06/12/2000)
06/12/2000	270	ORDER by Judge William B. Bryant : granting motion for adoption of consent order regarding attorney's fees [269-1] by DELBERT C. JACKSON; directing DISTRICT OF COLUMBIA to pay DC PRISONERS' LEGAL SERVICES PROJECT, INC. the sum of \$48,465 in settlement of pltf's claims for fees and costs associated with this action from 3/1/96 to 4/25/96, and 7/1/97 to 12/31/99 (N) (jaw) (Entered: 06/12/2000)
06/14/2000	271	ORDER by Judge William B. Bryant : granting motion of the Receiver to incur certain costs (N) (jaw) (Entered: 06/19/2000)
06/14/2000	272	ORDER by Judge William B. Bryant : directing that by 6/23/00, deft DISTRICT OF COLUMBIA issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,046,856.50; and that these funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 06/19/2000)
07/07/2000	273	ORDER by Judge William B. Bryant : granting motion for compensation for Special Master Karen Schneider ; and directing that by 7/24/00, the District of Columbia shall pay \$38,004.99 to Clerk of the Court to replenish the Crestar Savings account (N) (jaw) (Entered: 07/13/2000)
07/12/2000	274	MOTION filed by special master KAREN M. SCHNEIDER for compensation for services, and expenses of Ms. Schneider, Mr. Wiley and Ms. Julianelle ; Exhibits (4) (tth) (Entered: 07/13/2000)
07/17/2000	275	ORDER by Judge William B. Bryant : directing that by 7/24/00, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,046,856.50 ; and directing that the above-referenced funds shall be subject to audit as referenced in this Court's order of 9/26/95 (N) (jaw) (Entered: 07/17/2000)
08/03/2000	276	ORDER by Judge William B. Bryant : directing that by 8/21/00, deft DISTRICT OF COLUMBIA shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,046,856.50 ; and that the above-referenced funds shall be subject to audit as reference in this Court's order of 9/26/95 (N) (jaw) (Entered: 08/04/2000)
08/04/2000	277	MOTION filed by defendant to terminate the receivership and the underlying order entered relative to medical and mental health services ; exhibits (2) (jf) (Entered: 08/08/2000)
08/04/2000	278	ATTORNEY APPEARANCE for defendant DELBERT C. JACKSON by Robert Utiger (jf) (Entered: 08/08/2000)
08/07/2000		SCHEDULING NOTICE: motion hearing on motion of deft to terminate receivership set for 2:30 9/18/00 ; before Judge William B. Bryant in courtroom 16 on 6th floor. (jaw) (Entered: 08/07/2000)
08/09/2000	279	ORDER by Judge June L. Green and Judge William B. Bryant : granting motion for compensation (N) (jaw) (Entered: 08/11/2000)
08/22/2000	280	ORDER by Judge William B. Bryant : granting consent motion of the parties for extension of time to file response by pltf's to motion of deft to terminate the receivership ; response due 9/5/00 (N) (jaw) (Entered: 08/23/2000)
09/01/2000	281	ORDER by Judge William B. Bryant : directing that by 09/15/00, deft DISTRICT OF COLUMBIA, shall issue a check made payable to Ronald Shansky, M.D. in the amount of \$1,046,856.50 ; and directing that the above referenced funds shall be subject to audit as referenced in this Court's order of 09/26/95 (N) (tb) (Entered: 09/05/2000)

09/07/2000	282	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$42,358.67 which represents compensation for the services and expenses of Ms. Schneider, Mr. Wiley, Ms. Julianelle and Dr. Greifinger; and that the District of Columbia shall pay \$42,358.67 to the Clerk of the Court in order to replenish the Crestar Savings account by 9/22/00. (Original filed in CA 80-2136) (N) (ks) Modified on 09/07/2000 (Entered: 09/07/2000)
09/18/2000		MOTION HEARING before Judge William B. Bryant taken under advisement by DELBERT C. JACKSON motion to terminate the receivership and the underlying order entered relative to medical and mental health services [277-1]; oral motion to admit Benjamin M. Dean pro hac vice, heard and granted; Reporter: Bill MacAllister (tb) (Entered: 09/18/2000)
09/18/2000	283	ORDER by Judge William B. Bryant : granting motion to terminate the receivership and the underlying order entered relative to medical and mental health services [277-1] by DELBERT C. JACKSON; terminating the findings and order appointment receiver on 07/11/95; terminating requirements relative to medical and mental health services set for in previously order entered (N) (tb) (Entered: 09/19/2000)
09/27/2000	285	MOTION (CONSENT) filed by defendant DELBERT C. JACKSON, plaintiff INMATES DC JAIL to enter proposed consent order (tth) (Entered: 09/29/2000)
09/28/2000	284	ORDER by Judge William B. Bryant : That the remaining balance in the Receiver's accounts be transferred to the Special Officer of the Court, Karen Schneider; that the Special Officer sill deposit these funds into a construction account and use these funds solely for construction, architectural, construction management or other expenses that have been approved by the defendants for the completion of this renovation project; and that the Special Officer will return any funds not expended to the defendants; that after the renovation project is completed, the Special Officer will file with the Court a final accounting of the funds transferred from the Receiver's accounts and the expenditures made. (N) (ks) (Entered: 09/29/2000)
10/11/2000	286	TRANSCRIPT filed for date(s) of 09/18/00. Reporter: William D. McAllister (jf) (Entered: 10/17/2000)
11/06/2000	287	ORDER (Copy) by Judge William B. Bryant and Judge June L. Green : granting motion for compensation; that the Clerk of the Court pay Special Officer Karen M. Schneider the sum of \$43,472.36 which represents compensation for the services and expenses of Ms. Schneider, Mr. Wiley and Ms. Julianelle; and that the District of Columbia shall pay \$43,472.36 to the Clerk of the Court in order to replenish the Crestar Savings account by 11/22/00. (Original Order filed in CA 80-2136) (N) (ks) (Entered: 11/09/2000)
01/03/2001	288	MOTION filed by special master KAREN M. SCHNEIDER for compensation for the services, and expenses of Ms. Schneider, Mr. Wiley and Ms. Julianelle ; Exhibits (4). (tth) (Entered: 01/08/2001)
01/09/2001	290	MOTION (CONSENT) filed by defendant DELBERT C. JACKSON for adoption , for order regarding attorney's fees (cas) (Entered: 01/11/2001)
01/10/2001	289	ORDER by Judge William B. Bryant directing the District of Columbia to pay D.C. Prisoners' Legal Services Project, Inc. the sum of twelve thousand, seven hundred and forty-two dollars (12,742) in settlement of plaintiff's claims for fees and costs association for period of January 1, 2000 through December 31, 2000 : (N) (tb) (Entered: 01/10/2001)
02/01/2001	291	MOTION filed by special master KAREN M. SCHNEIDER for compensation for services, and expenses of Ms. Schneider, Mr. Wiley, Ms. Julianelle and Dr. Shansky ; Exhibits (5) (tth) (Entered: 02/14/2001)
08/02/2001	292	MOTION filed by special master KAREN M. SCHNEIDER for compensation for the services and expenses of Ms. Schneider and Mr. Wiley ; Exhibits (3) (tth) (Entered: 08/03/2001)
08/06/2001	293	ORDER by Judge William B. Bryant : granting motion for compensation for the services and expenses of Ms. Schneider and Mr. Wiley [292-1] by KAREN M. SCHNEIDER (N) (lin) (Entered: 08/07/2001)

12/20/2001	294	MOTION filed by defendant DELBERT C. JACKSON for adoption of order regarding attorney's fees (nmr) (Entered: 12/21/2001)
12/21/2001	295	ORDER re payment of attorney fees by Judge Paul L. Friedman : (N) (lin) (Entered: 12/21/2001)
06/13/2002	296	ORDER by Judge William B. Bryant: the population limitation imposed by this Courts Orders be and hereby is stayed until further order of the court. (N) (dam) (Entered: 06/13/2002)
06/21/2002	297	RESPONSE by plaintiff INMATES DC JAIL to motion to terminate the population limitation. (COPY) (mpt) (Entered: 06/24/2002)
03/21/2003	298	ORDER by Judge William B. Bryant : granting motion to terminate the Orders by ANDERSON MCGRUDER, DELBERT C. JACKSON; final request for compensation due no later than 5/30/03; plaintiffs' may file remaining claim for attorney's fees and costs with the Court no later than 5/15/03; upon the filing and approval of the Special Officer's final accounting and compensation request these cases shall be dismissed with prejudice. (N) (ks) (Entered: 04/21/2003)
04/16/2003	299	NOTICE OF APPEAL by plaintiff INMATES DC JAIL from order [298-1] , entered on: 4/21/03. Fees paid. Copies sent. (aet) (Entered: 04/24/2003)
04/24/2003		TRANSMITTED PRELIMINARY RECORD on appeal [299-1] by INMATES DC JAIL to U.S. Court of Appeals (aet) (Entered: 04/24/2003)
04/24/2003		USCA # 03-7048 assigned for appeal [299-1] by INMATES DC JAIL (td) (Entered: 05/08/2003)
05/15/2003	300	MOTION filed by defendant DELBERT C. JACKSON for adoption of consent order regarding attorney's fees. (td) (Entered: 05/19/2003)
05/19/2003	301	ORDER by Judge William B. Bryant : granting motion for adoption of consent order regarding attorney's fees [300-1] by DELBERT C. JACKSON; the District of Columbia shall pay D.C. Prisoners' Legal Services Project, Inc. in the sum of \$25,00 (N) (adc) (Entered: 05/23/2003)
07/15/2003	302	MOTION filed by defendant DELBERT C. JACKSON for order of dismissal of cases with prejudice (71-1462 & 75-1668 ; original document is located in case jacket; CA 71-1462. (jf) (Entered: 07/16/2003)
07/30/2003	303	NOTICE OF APPEAL by plaintiff INMATES DC JAIL from order entered in 71 cv 1462 on on: 7/22/03. Copies sent to parties in case. Notice of appeals fee paid \$105.00. (bjsp) (Entered: 08/08/2003)
08/08/2003		TRANSMITTED PRELIMINARY RECORD on appeal [303-1] by INMATES DC JAIL to U.S. Court of Appeals (bjsp) (Entered: 08/08/2003)
08/11/2003		USCA # 03 7103 assigned for appeal [303-1] by INMATES DC JAIL (bjsp) (Entered: 08/12/2003)
03/09/2004	304	MANDATE of USCA affirming the decisions of the District Court as to 303 Notice of Appeal filed by INMATES DC JAIL, 299 Notice of Appeal filed by INMATES DC JAIL ; USCA #'S 03-7048 & 03-7103 (cp,) (Entered: 03/11/2004)

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Exhibit 7

(Washington, D.C.)

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

LEONARD CAMPBELL, et al.,

Plaintiffs,

v.

ANDERSON McGRUDER, et al.,

Defendants.

C.A. No. 1462-71 (WBB)

FILED

INMATES OF D.C. JAIL, et al.,

Plaintiffs,

v.

DELBERT JACKSON, et al.,

Defendants.

C.A. No. 75-1668 (WBB)

JUL 11 1995

Clerk, U.S. District Court
District of Columbia

FINDINGS AND ORDER APPOINTING RECEIVER

The Court, having considered the plaintiffs' Motion for the Appointment of a Receiver, the defendants' opposition thereto, the Special Officer's Report on Defendants' Compliance with the Initial Remedial Plan and the November 9, 1993 Order ("Report"), and the record in this case, the Court finds that the appointment of a receiver to ensure the provision of medical and mental health care, and to obtain compliance with the orders of this Court, is appropriate and necessary.

Over the more than 20 year history of this litigation the Court has attempted all measures short of the appointment of a receiver to obtain the defendants' compliance with its orders. The Court finds that no other less intrusive remedial measure

Campbell v. McGruder



JC-DC-001-071

will succeed in compelling the defendants to satisfy their court-ordered obligations.

A brief history of this case reveals that the defendants have failed to take advantage of repeated opportunities to satisfy the requirements of the court's orders as far back as the 1979 mental health plan.

On August 22, 1985, the parties entered into a remedial Stipulation which required, inter alia:

Within 30 days, the Plaintiffs and the Defendants shall each respectively appoint one medical expert whose reasonable costs and fees will be paid by defendants, to review the health services delivery system at the D.C. Jail and make recommendations for improvements in a report to be submitted to the Court and the parties by Nov[ember] 1, 1985 and implemented by March 1, 1986, unless good cause is shown by either party why they should not be.

Over the next eight years the defendants were in persistent non-compliance and on April 20, 1993, the Court appointed a Special Officer to monitor and report on the District's efforts to meet its court-ordered obligations. Pursuant to the Court's Order, on September 15, 1993, the Special Officer issued the reports of her experts on medical and mental health services at the District of Columbia Jail.¹ These reports describe very serious deficiencies in the delivery of basic services that violate this Court's prior orders and the defendants' obligations under the United States Constitution.

¹ Expert Reports on Medical and Mental Health Services at the District of Columbia Jail (September 15, 1993).

In response to the reports of the Special Officer's experts, on November 9, 1993, this Court granted the plaintiffs' motion for interim relief. The interim relief was designed to address the most serious problems identified in the delivery of medical and mental health services. The defendants have failed to implement material provisions of the November 9, 1993 Order, including the provisions that address measures to prevent the spread of tuberculosis, and the identification and treatment of prisoners at risk for suicide.²

On February 2, 1994, the Special Officer issued her own report on the District's Compliance. The Special Officer found significant problems with the delivery of health care that violated material provisions of this Court's orders. These violations include core provisions of Court orders designed to improve health care at the Jail. The Special Officer concluded:

[T]he defendants have violated this Court's orders with impunity, including the Orders of March 5, 1993 and November 9, 1993 granting interim relief. Among other violations, they have failed to properly conduct sick call, failed to operate a chronic disease clinic, failed to implement a quality assurance program, failed to maintain a full-time health services administrator at the Jail, failed to properly conduct intake, failed to properly provide meaningful access to specialty services, failed to appropriately and professionally respond to life threatening emergencies, failed to properly

² In the nine months since the November 9, 1993 Order, six prisoners have committed suicide at the Jail. Based on the findings of the Special Officer's experts, many of these suicides would have been preventable had the procedures contemplated by the November 9, 1995 Order been implemented.

provide medical diets and failed to keep their own kitchen and medical clinic clean.³

In response to the Special Officer's findings, on March 16, 1994, the defendants consented to a finding of contempt and to a consent order that required them to implement a remedial plan.⁴ The defendants admitted, as they had previously, their ongoing violations of the Court's Orders and the need for significant corrective action to provide medical and mental health services which met the legal requirements of the United States Constitution and this Court's orders. The remedial plan was to be drafted by the Special Officer with input from the parties. Pursuant to the Order, the remedial plan was to contain a specific timetable to achieve compliance as well as a schedule of automatic fines for non-compliance.

³ Special Officer's Report at 124-125.

⁴ The March 16, 1994, Consent Order provided, inter alia:

ORDERED that the Special Officer shall, within 120 days of this Order submit a plan to cure the defendants' contempt and that will insure that the defendants render medical and mental health care in a manner consistent with the United States Constitution, and it is further

ORDERED that the Special Officer's remedial plan shall address all issues raised in her reports, the Expert Reports on Medical and Mental Health Services, as well as any additional issue that may come to the attention of the Special Officer or the Court that adversely impacts on the defendants' compliance with the Court's orders concerning the delivery of medical and mental health services at the Jail in a manner consistent with the United States Constitution.

On May 4, 1994, the Special Officer filed an Interim Remedial Plan that addressed the District's failure to properly isolate prisoners with infectious tuberculosis as was required by the Court's November 9, 1993 Order.⁵ The Special Officer also recommended that the District be fined up to \$10,000 per day for any future violation and \$1,000 for each future false report or failure to report.⁶

Following the Interim Plan on tuberculosis, an initial Remedial Plan⁷ addressing the range of medical and mental health issues was drafted by the Special Officer. The plan was prepared over a several month period and after lengthy discussions with the defendants about its contents and the time table for implementation. The Initial Remedial Plan was filed with the Court on October 11, 1994. According to the Special Officer, "substantial revisions were made in order to ensure that the defendants could meet the substantive requirements as well as the deadline requirements set forth [in the plan]." Remedial Plan at 6. After considering objections from the defendants, on January

The Special Officer's Interim Remedial Plan Regarding Isolation of Inmates with Suspected and Diagnosed Tuberculosis, May 4, 1994.

⁶ Id. at 13-14. As is clear from the Special Officer's Report, the defendants have ignored the requirements of the plan and their responsibilities to prisoners, the public and staff. Even the threat of significant fines has not deterred these violations.

⁷ Given the seriousness of the deficiencies in the defendants' system to deliver medical and mental health care, the Special Officer concluded that the remedial process must be undertaken in phases. [cite to initial remedial plan]

27, 1995, this Court ordered the defendants to implement the plan.

The defendants have failed to implement the Remedial Plan as ordered. They are in non-compliance with numerous material provisions of the plan and the Court finds that the defendants are in contempt of court. As are described in the Special Officer's report the defendants' non-compliance with the plan has resulted in significant harm to prisoners and places prisoners at unreasonable risk for injury.

On July 3, 1995, the Special Officer submitted a report describing the defendants' refusal to comply with the orders of this Court. The Special Officer found:

Instead of improving [since the Court ordered the implementation of the remedial plan], the medical and mental health system has deteriorated. Among other serious deficiencies, there is an absence of medical leadership; a chronic shortage of life saving supplies, medication and equipment; and a failure to provide consistent access to sick call services. The defendants have not yet implemented an effective tuberculosis control program. They have failed to conduct timely tuberculosis screening, failed to provide appropriate treatment, and failed to properly isolate inmates with suspected and/or diagnosed tuberculosis. This substantial risk to the health of staff, inmates, and the community into which inmates are released is exacerbated by defendants' failure to practice basic infection control principles and to implement even a rudimentary housekeeping and preventive maintenance program.

Report at 2.

The evidence in the Special Officer's thoroughly documented report is extensive, persuasive and unchallenged by the defendants.

Therefore, it is this ___ day of _____, 1995,

ORDERED that the plaintiffs' motion for the appointment of a receiver is granted; and it is further

ORDERED that the Court adopts the findings contained in the Special Officer's Report on Defendants' Compliance with the Initial Remedial Plan and the November 9, 1993 Order as its own; and it is further

ORDERED that a receiver will be appointed with responsibility to implement the Remedial Plan and other orders of this court relating to the delivery of medical and mental health services at the District of Columbia Jail; and it is further

ORDERED that the parties and the Special Officer shall confer regarding the selections of the receiver. If the parties cannot agree within 30 days on the person to be appointed as a receiver, the parties and the Special Officer shall submit nominations to the Court and the Court will appoint the receiver; and it is further

ORDERED that the receiver shall have the following duties and responsibilities:

1. To correct all deficiencies in the delivery of medical and mental health services at the Jail and to operate the program for the delivery of medical and mental health services in a

manner consistent with the orders of this Court and the Constitution of the United States.

2. To implement, in coordination with the Special Officer, the Remedial Plan in accordance with this Court's January 27, 1995 Order.

3. To establish procedures and systems within the Department of Corrections in order to ensure that compliance with Court orders is maintained after the receivership has been terminated.

4. To work with the Special Officer and the parties to ensure compliance with all Court ordered obligations.

5. To report periodically to the Court, the Special Officer and the parties regarding the receiver's efforts and any obstacles encountered by the receiver to performing her or his responsibilities; and it is further

ORDERED that the receiver shall have the following powers:

1. All powers currently held by the Mayor, City Administrator, Director of the Department of Corrections, Assistant Director for Health Services and Chief Medical Officer regarding the delivery of medical and mental health services at the District of Columbia Jail.

2. The power to create, modify, abolish or transfer positions; to hire, terminate, promote, transfer, evaluate and set compensation for staff to the extent necessary to obtain compliance with this Court's orders, the cost of such activity to be borne by the defendants.

3. The power to procure such supplies, equipment or services as are necessary to obtain compliance with this Court's orders, the cost of such procurement to be borne by the defendants.

4. The power to contract for such services as are necessary to obtain compliance with this Court's orders, the cost of such contracts to be borne by the defendants.

5. The power to hire such consultants, or to obtain such technical assistance as he or she deems necessary to perform her or his functions, the cost of such consultants or technical assistance to be borne by the defendants.

6. The power to petition the Court for such additional powers as are necessary to obtain compliance with this Court's orders; and it is further

ORDERED that within 30 days of the appointment of the receiver, the receiver, after consultation with the Special Officer and the parties, shall submit a plan to the Court that contains the procedures for the receiver to exercise these powers. These procedures shall ensure that the receiver shall not be unreasonably impeded in her or his work by District procedures, regulations or laws. If an agreement cannot be reached regarding the exercise of these powers, the parties shall submit suggested procedures to the Court; and it is further

ORDERED that the District shall provide the receiver with the following:

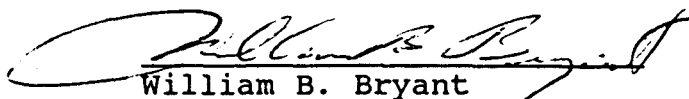
1. compensation at a rate to be determined by the Court;

2. an appropriate office, and such equipment and support staff as are deemed necessary by the receiver;

3. unrestricted access to all records of the Department of Corrections deemed necessary by the receiver to perform her or his duties; and

4. access to all areas of the Jail; and it is further ORDERED that the defendants shall instruct all personnel that they are to cooperate with and assist the receiver in the performance of her or his duties, and it is further

ORDERED that this receivership shall expire five years from the date that the receiver is appointed, unless the Court finds good cause to extend the appointment. The Court may terminate the receivership prior to the expiration of five years if the Special Officer certifies that the defendants are in compliance with all orders of this Court concerning medical and mental health services at the Jail and that management structures are in place to ensure that there is no foreseeable risk of future non-compliance.


William B. Bryant
United States District
Judge

July 11, 1995

Exhibit 8

(Washington, D.C.)

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

FILED

SEP 18 2000

NANCY MAYER WHITTINGTON, CLERK
U.S. DISTRICT COURT

LEONARD CAMPBELL, et al., :

Plaintiffs. :

v. :

Civil Action No. 1462-71
(WBB)

ANDERSON MCGRUDER, et al., :

Defendants. :

INMATES OF D.C. JAIL, et al., :

Plaintiffs. :

v. :

Civil Action No. 75-1668 ✓
(WBB)

DELBERT JACKSON, et al., :

Defendants. :

ORDER

Upon consideration of the motion of defendants to terminate the receivership and the underlying orders entered by this Court relative to medical and mental health services, the memorandum of points and authorities in support thereof, the response thereto and the entire record herein it is by the Court, this 18th day of September, 2000;

ORDERED: That Defendants' Motion to Terminate the Receivership and the Underlying Orders Entered Relative to Medical and Mental Health Services be and hereby is granted.

It is:

FURTHER ORDERED: That the Findings and Order Appointing Receiver entered on July 11, 1995 be and hereby is terminated and, it is

(21)

283

FURTHER ORDERED: That requirements relative to medical and mental health services set forth in previously filed orders entered in the above-referenced civil actions be and hereby are terminated.


UNITED STATES DISTRICT JUDGE

cc:

Richard S. Love
Senior Counsel
Office of the Corporation Counsel
Equity and Receivership Division
441 Fourth Street, N.W.
Washington, D.C. 20001

J. Patrick Hickey, Esquire
Benjamin Dean, Esquire
Shaw, Pittman, Potts & Trowbridge
2300 N. Street, N.W.
Washington, D.C. 20037

Eric Lotke, Esquire
D.C. Prisoners' Legal Services Project, Inc.
1400 20th Street, N.W.
Washington, D.C. 20036

Karen Schneider
Special Officer of the Court
1130 17th Street, N.W.
Washington, D.C. 20036

Ronald M. Shansky, M.D.
Receiver for Medical and Mental Health Services
D.C. Jail
1901 D. Street, S.E.
Washington, D.C. 20003

George W. Miller, Esquire
Hogan & Hartson
Columbia Square
555 Thirteenth Street, N.W.
Washington, D.C. 20004

Exhibit 9

(Fulton County, GA)

ORIGINAL

FILED IN CLERK'S OFFICE

U.S.D.C. Atlanta

DW
JUL 07 2004

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

LUTHER D. THOMAS, Clerk

By: *J. Reed*
Deputy Clerk

FREDERICK HARPER, :
individually and on behalf of all :
present and future inmates in the :
Fulton County Jail in Atlanta, :
Georgia, :

Plaintiffs, :

CIVIL ACTION

v. :

1:04-CV-1416-MHS

DEPUTY TYRONE BENNETT, :
et al., :

Defendants. :

CONSENT ORDER

This is a proposed class action brought on behalf of all present and future inmates at the Fulton County Jail, who seek relief from alleged unconstitutional conditions of confinement arising from extreme overcrowding, neglected and deteriorating physical facilities, and staff shortages. Based on the finding of an independent monitor, Dr. Robert B. Greifinger, that the jail "is in a state of crisis" and defendant Sheriff Jacquelyn Barrett's apparent inability or unwillingness to deal with the situation, the Court ordered defendants to show cause why the Court should not appoint a temporary receiver to replace Sheriff Barrett as the custodian

of the jail until a new, duly-elected sheriff takes office. Order of June 25, 2004. That hearing was scheduled to take place tomorrow, Thursday, July 8, 2004.

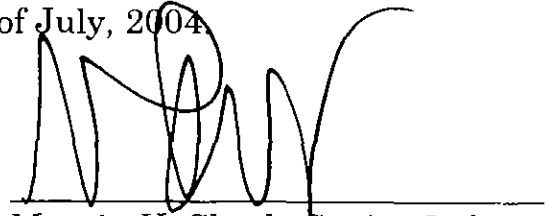
In a letter hand-delivered to the Court yesterday, Sheriff Barrett acknowledges that the issues of overcrowding, staff shortages, and deteriorating physical facilities "are real and on-going concerns" and agrees that the appointment of a receiver could be "a positive step and may be beneficial in creating a safe and effectively operated jail." She contends that she has been unable to resolve the problems at the jail because she lacks sufficient authority and resources, and she argues that a receiver should have the power to act unilaterally in order to address these problems. Nevertheless, Sheriff Barrett states that she will accept the decision of the Court on this issue and will not oppose the appointment of a temporary receiver to run the jail.

Following receipt of Sheriff Barrett's letter, the Court met with counsel for all the parties. The parties agree that Dr. Greifinger's report dated May 31, 2004, accurately described the then existing conditions at the Fulton

County Jail, and that the current conditions provide a sufficient basis for the Court to appoint a temporary receiver to replace Sheriff Barrett as jail custodian until a new, duly-elected sheriff takes office in January 2005. Pursuant to the requirements of the Prison Litigation Reform Act, 18 U.S.C. § 3626, and the parties consenting thereto, the Court finds that the relief of appointment of a receiver is narrowly drawn, extends no further than necessary to correct the harm, is the least intrusive means necessary to correct the harm, and poses no threat to the public safety.

The receiver will have the same authority as the sheriff with respect to jail operations, including but not limited to budgetary decisions and decisions regarding the hiring and firing of personnel. With input from the parties, the Court will expeditiously interview candidates for the position of receiver and make an appointment as soon as possible. Sheriff Barrett will remain as custodian of the jail until a receiver has been appointed.

IT IS SO ORDERED, this 2nd day of July, 2004



Marvin H. Shoob, Senior Judge
United States District Court
Northern District of Georgia

Exhibit 10


(Fulton County, GA)

FILED IN CLERK'S OFFICE
U.S.D.C. Atlanta

ROBERT B. GREIFINGER, M.D.

JUL 12 2004

July 12, 2004

LUTHER D. THOMAS, Clerk
By:  Deputy Clerk

The Honorable Marvin Shoob
United States District Court
Northern District of Georgia
75 Spring Street, Suite 1767
Atlanta, GA 30335

Dear Judge Shoob:

I visited the Fulton County Jail on July 8, 2004, to update the findings I sent to the County Attorney in my report dated May 31, 2004. In addition to my meetings with the Court and the attorneys for the parties, I met with Sheriff Barrett, Chief Jailer Lane, the jail maintenance vendor, jail staff and health care staff. I inspected parts of the facility.

There is no substantial change in the crowding and the resulting environmental conditions. According to the daily population report for July 7, 2004, the census of the Rice Street facility was 2837. There were 466 inmates classified as "without beds." This classification means that they do not have permanent bunks in a cell. Those "without beds" are housed in the day rooms, either in bunks or on the floor. The crowding is caused, in part, by 221 state-ready inmates, 196 probationers awaiting revocation hearings, and 404 inmates serving revoked probation sentences, according to the Fulton County Jail Daily Snapshot for July 7, 2004.

There is no substantial change in the maintenance and resulting environmental conditions. The air-handling systems continue to break down. The air-conditioning controls are broken; the main buss has failed since my last visit. There is a vicious cycle of daily failures because of the crowding, inadequate air-handling systems, and inadequate moisture control. Areas of the jail have no air cooling. The humidity is high and the growth of mold on the room surfaces and ceiling tiles continues unabated as a result of the excessive humidity. There is a high likelihood that the mold that is growing throughout the building is *Aspergillus*.¹ *Aspergillus* is one of the few molds that is toxic to humans. It is an airborne mold that can cause severe allergic reactions, especially in asthmatics, and can infect the lungs and subsequently other body tissues, causing

¹*Aspergillus* is a common mold that thrives indoors, in the presence of excess humidity. It is difficult to disinfect on porous surfaces, such as the acoustic ceiling tiles used in the jail. *Aspergillus* was found at the Fulton County Jail approximately four years ago, according to Almedia C. Cruz, ACC Environmental Consultants, as described in a letter to Judge Shoob, dated July 8, 2004, copied to me, Sheriff Barrett, Fulton County Board of Commissioners, Steve Bright and Paula Nash.

ROBERT B. GREIFINGER, M.D.
32 PARKWAY DRIVE
DOBBS FERRY, NEW YORK 10522-3517

PHONE: (914) 693-9205
FAX: (914) 674-0113
E-MAIL: robert.greifinger@verizon.net

Fulton County Jail
July 12, 2004
Page 2 of 4

chronic illness that is difficult to treat. People with immune system compromise, such as those with HIV infection, are the most susceptible. The infection can be fatal.

The electrical system is fragile, with insufficient power to handle the entire building.

Some of the machinery in the laundry has been replaced. However, much of the laundry is still being sent to outside laundries. The bleach powder being used is not sodium hypochlorite and does not contain any disinfectant. Therefore, laundry may be "whitened," but it is not disinfected from organisms such as methicillin-resistant staphylococcus aureus (MRSA), a serious skin infection easily transmitted by laundry that is not disinfected and a hot, humid environment.

Inmates should have clean clothing, underwear, and towels. They should have clean bed linens at least twice weekly, clean clothing at least three times per week and clean underwear exchanged three times per week to provide for daily clean underwear. Currently, inmates do not have sufficient exchanges of clothing, underwear, towels and bed linens to assure adequate hygiene and sanitation.

The facility has not yet implemented a heat policy, as discussed in my May 31, 2004 report. The heat index in the building regularly exceeds 90 in areas where the air-conditioning is not working. This is dangerous, especially for those who are vulnerable to heat injury such as those with chronic diseases and those on certain medications such as psychotropic drugs. A heat policy should provide for daily assessments of the heat index and an ongoing registry of inmates who are especially vulnerable to heat injury, such as those with chronic illness and those on selected medications. When the heat index exceeds 88, staff should implement procedures to protect those who are vulnerable, including cooling fans, multiple daytime showers, ice, and hydrating liquids.

Since my last visit, there has been essentially no improvement in the environmental conditions: crowding, heat, humidity, sanitation, hygiene, tension. The dismal environmental conditions put staff and inmates at substantial risk of illness and injury.

On the day of my visit, there were 87 staff vacancies. This is essentially unchanged from my last visit. There is inadequate inmate supervision and inadequate staff supervision. Of the three positions for Major, two are unfilled. Staff absenteeism has increased. On an average day, more than one in four security staff is absent, half of which is unplanned absence.

Among other things, nurses deliver medication to inmates several times a day. For these medication passes, the nurses must have security staff escorts. As a consequence of the limited staffing, more than 20% of medication passes are delayed each month. In April 2004, more than one in three was delayed. In June 2004, 13% of medication passes had to be cancelled entirely due to staffing shortages. These delays and cancellations pose grave risks for inmates who rely on medication to survive. For example, if HIV-infected inmates miss doses of their antiviral medicines, the virus in their body can become resistant to the medicines. Because of the limited repertoire of antiviral medications, this can be life-threatening for the patients.

Fulton County Jail
July 12, 2004
Page 3 of 4

Sick call is also delayed. Staff has been either delayed or unable to perform sick call between 3% - 19% of days each month since January 2004. This means that inmates who are ill are not being escorted to see the nurses and doctors.

As I have reported numerous times in the past, all these conditions substantially increase the risk of transmission of illness among inmates and staff. Moreover, the severe overcrowding and staff shortages have resulted in mounting tension within the living units, leading to violence and serious brain damage. I believe the Jail remains in a state of crisis. The Court's order to appoint a Receiver will help manage this crisis, so long as the Receiver is able to secure sufficient staff to insure security in the housing units; escort inmates to medical appointments; facilitate the distribution of medication by medical staff; and repair and maintain the mechanical, electrical, and plumbing systems. The population must be reduced to the building's capacity to maintain an environment safe from violence and communicable disease.

The quality of health care remains acceptable, to the extent that inmate patients can get to see the health care staff. There has only been one death in 2004. Since the beginning of the year 2000, there have been 17 deaths, averaging 3.8 per year. In contrast, for the two years prior to Court supervision, there were 8.5 deaths per year. This is a 55% reduction.

As the Court Monitor, I plan to visit the facility in early September to report on living conditions that affect health, access to health care and quality of health care.

Conclusions

The appointment of a Receiver will help manage the crisis at the Jail. The foremost problems are crowding, insufficient staffing and supervision, inadequate mechanical, electrical, and plumbing systems. The mold should be eliminated. The facility needs a heat policy to prevent vulnerable inmates from developing heat injury. The laundry should be fully repaired, using sufficient hot water and disinfectants to prevent the transmission of MRSA. Inmates should have daily change of clothing and underwear and, at least, clean linens twice weekly.

Among other things, the Receiver should assure sufficient security staffing for timely and efficient medical care. The lapses in medication and the cancellation of sick call caused by insufficient security staffing pose grave risks to inmates. In the case of HIV and other communicable diseases, medication lapses can lead to the development of drug-resistant organisms. This is life-threatening. Inadequate sick call risks the inadequate identification of serious or life-threatening acute conditions and causes backlogs in necessary care for chronic disease.

Fulton County Jail
July 12, 2004
Page 4 of 4

These problems are serious. Lapses in medication and care cause harm. Inmates are less satisfied and more likely to get agitated. Staff turnover will increase if the barriers to care are not reduced.

Sincerely,

Robert B. Greifinger, M.D.

cc: Paula Morgan Nash, Esq.
Steven Bright, Esq.
Sheriff Jacqueline Barrett
Lloyd Baccus, M.D.
George Herron

Exhibit 11

(Fulton County, GA)

ORIGINAL

FILED IN CLERK'S OFFICE
U.S.D.C. Atlanta

JUL 14 2004

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

LUTHER D. THOMAS, Clerk
By: *J. Reed* Deputy Clerk

FREDERICK HARPER, :
individually and on behalf of all :
present and future inmates in the :
Fulton County Jail in Atlanta, :
Georgia, :

Plaintiffs, :

v. :

DEPUTY TYRONE BENNETT, :
et al., :

Defendants. :

JACQUELYN BARRETT, Fulton :
County Sheriff, in her official :
capacity, :

Defendant and Third-party :
Plaintiff, :

v. :

JIM DONALD, Commissioner, :
Georgia Department of :
Corrections, in his official :
capacity, et al., :

Third-party Defendants. :

CIVIL ACTION

1:04-CV-1416-MHS

ORDER APPOINTING RECEIVER

Pursuant to the Court's Order of July 7, 2004, after considering a number of applications and consulting with other interested parties, the Court hereby APPOINTS John Gibson as temporary Receiver to replace defendant Sheriff Jacquelyn Barrett as custodian of the Fulton County Jail until a new, duly-elected sheriff takes office in January 2005. Based upon Mr. Gibson's outstanding qualifications as an experienced jail administrator with the federal Bureau of Prisons, the glowing recommendations of his references, and the Court's own assessment after conducting a personal interview, the Court is confident that Mr. Gibson is the best choice for the difficult task ahead. If anyone can fix the problems at the Fulton County Jail, the Court believes that Mr. Gibson can.

In order to allow Mr. Gibson to fulfill a prior commitment, the Court will swear him in as Receiver at 11:00 a.m. on Friday, July 23, 2004, at the Fulton County Jail. Upon his swearing in, the Receiver shall have the same powers and responsibilities as the Fulton County Sheriff with respect to the management, supervision, and operation of the jail, including but not limited to the power to hire, fire, and discipline employees and the power to make all

budgetary and other decisions ordinarily entrusted to the sheriff. Sheriff Barrett shall have no further authority with respect to the jail but has agreed to be available for consultation with the Receiver to the extent he deems necessary.

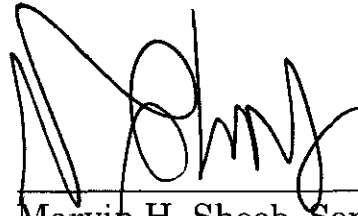
In addition to overseeing the daily operations of the jail, the Receiver shall immediately take every step reasonably necessary to correct the conditions described by Dr. Robert B. Greifinger in his reports dated May 31 and July 12, 2004. Specifically, the Receiver shall make every effort (1) to reduce the inmate population at the Rice Street facility to at or below 2,250; (2) to repair and properly maintain the basic systems at the jail, including especially the plumbing, air conditioning, ventilation, and electrical systems; and (3) to provide a sufficient number of trained and qualified staff to adequately protect the health and safety of both inmates and staff. As a court-appointed expert, Dr. Greifinger will continue to make bimonthly inspections of the jail during the term of the receivership and will be available for consultation with the Receiver as needed.

If, at any time, the Receiver finds that Fulton County and the Fulton County Board of Commissioners have not provided sufficient financial or other resources, or have otherwise failed to cooperate with the Receiver in the manner necessary for him to carry out the foregoing duties and responsibilities, then the Receiver may apply to the Court for an appropriate order directing the County and the Board of Commissioners to provide whatever resources or assistance may be needed. Such application shall be in writing and served on all parties and shall describe (1) the problem(s) sought to be addressed, (2) the efforts made by the Receiver to obtain the needed resources or assistance, (3) the County's response, and (4) the specific resources or assistance that the Court should order the County to provide. The Court will then promptly schedule a hearing to consider the application.

The Receiver shall be compensated at the rate of \$10,000 per month and shall be reimbursed for any out-of-pocket expenses in the same manner as would the sheriff. The County shall also provide him with a vehicle appropriately equipped for emergency use. On the first day of each month, the Receiver shall submit to the Court and to the Fulton County Attorney a statement showing the amount owing for services rendered during the

previous month, plus the amount of any expenses incurred. After approval by the Court, such amount shall be paid to the Receiver by Fulton County by the 15th of each month. The Receiver's compensation for the month of July shall be prorated from July 23, 2004.

IT IS SO ORDERED, this ^{14th}~~11~~ day of July, 2004.



Marvin H. Shoob, Senior Judge
United States District Court
Northern District of Georgia

Exhibit 12

(Fulton County, GA)

ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

FILED IN CLERK'S OFFICE
U.S.D.C. Atlanta

DEC 2 2005

LUTHER D. THOMAS, Clerk

By: *J. Reed* Deputy Clerk

FREDERICK HARPER, individually and on
behalf of all present and future inmates in the
Fulton County Jail in Atlanta, Georgia,

Plaintiff,

v.

DEPUTY TYRONE BENNETT, individually;
and FULTON COUNTY, GEORGIA; FULTON
COUNTY BOARD OF COMMISSIONERS,
KAREN HANDEL, Chairperson, ROB PITTS,
EMMA I. DARNELL, WILLIAM EDWARDS,
TOM LOWE, NANCY BOXILL, members, in
their official capacities;

Defendants,

MYRON FREEMAN, Fulton County Sheriff,
in his official capacity,

Defendant and Third Party Plaintiff,

v.

JIM DONALD, Commissioner Georgia,
Department of Corrections in his official capacity,
and the GEORGIA DEPARTMENT OF
CORRECTIONS,

Third-party defendants.

CIVIL ACTION

NO. 04-CV-1416-MHS

CONSENT ORDER

I. Introduction

1. This Consent Order resolves the dispute between the Plaintiffs, a class of inmates who are now or will be incarcerated in the future at the Fulton County Jail facilities in Atlanta, Georgia, and the Defendants, Fulton County, Georgia; the Fulton County Board of Commissioners and its members, in their official capacities; the Sheriff of Fulton County, in his official capacity, and the Commissioner of the Georgia Department of Corrections, in his official capacity, regarding conditions at the Fulton County Jail. The term “Defendants” herein refers to all of these defendants and their successors, agents, and assigns, with the exception of the Commissioner of the Georgia Department of Corrections and the Georgia Department of Corrections. The term “County Defendants” refers to Defendants Fulton County and the Fulton County Board of Commissioners and its members in their official capacities. The term “Sheriff” refers to the Sheriff of Fulton County in his official capacity. The term “State Defendants” refers to the Commissioner of the Georgia Department of Corrections and the Georgia Department of Corrections. Unless otherwise expressly provided herein, any obligations of this Consent Order related to the physical condition or maintenance of jail facilities shall not be the responsibility of the State Defendants.

2. Plaintiff Frederick Harper brought this action on June 22, 2004, pursuant to 42 U.S.C. § 1983, seeking compensatory and punitive damages, and

preliminary and permanent injunctive relief and declaratory relief for violations of his rights under the Eighth and Fourteenth Amendments of the U.S. Constitution. In his amended complaint, the Plaintiff alleges that he, and all people at the Jail, were confined in unconstitutional living conditions due to an excessive number of inmates in the Jail, an inadequate number of detention officers to ensure their safety, the breakdown of the ventilation, plumbing and laundry systems, and other circumstances.

3. The conditions at the Jail were described in a report of Dr. Robert Griefinger dated May 31, 2004, which is appended to this Consent Order as Appendix A.

4. The parties agree that Dr. Greifinger's report accurately described the conditions at the Jail on May 26-27, 2004 and agreed on July 7, 2004, to the appointment of a receiver by the court. See Consent Order of July 7, 2004, entered herein. On July 14, the Court appointed John Gibson as the Receiver. Order Appointing Receiver of July 14, 2004, filed herein. The Court swore John Gibson in as receiver on July 23, 2004, and he immediately took charge of the Jail. He served until January 1, 2005, when the newly elected sheriff of Fulton County assumed responsibility for the Jail.

5. The Plaintiffs, the Fulton County Sheriff, and the County Defendants have reached agreement as set out in this Consent Order with regard to all claims

for declaratory and injunctive relief on behalf of the class. Defendant Department of Corrections has agreed to perform the obligations imposed by it under this Consent Order. The parties agree that Dr. Greifinger's letter of May 31, 2004 and his September 14, 2004 follow-up report (Appendix A) provide an adequate factual basis for the Court to assess the conditions at the Jail and make findings herein.

6. The Court shall retain jurisdiction to enforce the terms of this Consent Order as provided by law.

7. The parties agree that a violation of the terms and conditions of this consent order does not alone establish the existence of unconstitutional conditions at the Jail or that any violation of an inmate's constitutional rights has occurred. No citation of contempt shall be issued for violation of the terms of this Order unless the dispute resolution procedures set out in Paragraph 112 have first been invoked and unless the Court has made a finding that such violation has led to unconstitutional conditions of confinement at the Jail or that the violation has led to violation of the constitutional rights of an inmate.

II. Definitions and Descriptions

8. The terms "Jail" and "Fulton County Jail" refer to the three facilities presently operated by the Fulton County Sheriff as the Fulton County Jail: the main building at 901 Rice Street which has a capacity of 2250 inmates, the Bellwood

Annex which has a capacity of 200, and the Marietta Annex which has a capacity of 100.

9. The main jail at 901 Rice Street consists of a three-story low rise structure joined to an elevator tower, providing access to two housing towers, designated the North Tower and the South Tower. The North side of the jail has seven floors where inmates are housed; the South side of the jail has six. Each such floor has six cellblocks, each containing 16 to 18 cells and a dayroom. Each floor also has a unit for exercise and an all-purpose unit used for sick call, legal and family visitation, counseling, and other purposes.

10. "Zone" refers to any one of the cellblocks, units for exercise or multi-purpose units.

11. "Staff" refers to any and all individuals involved in the administration of the Jail, deputies, detention officers, security specialists, and other employees, whether sworn deputies or civilian, and any other agents, successors, and assigns.

As used herein, "uniformed officer" refers to personnel trained and qualified to supervise inmates in the jail, whether sworn deputies of the Sheriff's office or civilians trained for such duties.

III. Terms and Conditions Necessary to Prevent Overcrowding, Provide for Appropriate Staffing, and Reduce Processing Time

A. Staffing and Security

12. The number of uniformed officers at the Rice Street facility and the two annexes shall not be decreased below the level authorized on June 1, 2005, unless such decrease is authorized by order of this Court. See Appendix B. The Board of County Commissioners shall not “freeze” or otherwise prevent the filling of positions presently authorized for security staff at the jail facilities without leave of this Court.

13. All Staff shall be trained with regard to the Jail's Jail Bureau Policies and Procedures Standard Operations Manual and be required to consult and follow the policies and procedures contained in it.

14. The Sheriff shall assign sufficient detention staff to provide transport, security and other functions necessary for the provision of medical care. The County Defendants shall provide sufficient detention staff for regular sick call and the prompt distribution of medications in all three facilities, and for prompt transport of inmates to and from any medical appointments or needed medical care, either in the facility or in the community. The Sheriff shall train detention staff to recognize and respond appropriately to signs and symptoms of mental illness.

15. The Sheriff shall require detention staff assigned to each floor to conduct security rounds inside each zone every hour.

16. All cell doors at the Jail shall be equipped with functioning locks which can be opened remotely from the tower. These locks shall be maintained in good working order.

17. All housing units shall have functioning emergency call buttons or intercoms in the day room at all times. On the medical floor of the Jail, each cell shall have a functioning emergency call button. Emergency call buttons and intercoms shall remain on except for good reason documented. This documentation shall be maintained as a log at the Jail.

B. Population Limits and Housing

18. The population of the 901 Rice Street facility shall not exceed an average of 2250 inmates daily in any calendar month so long as all housing units are being utilized. If one or more cellblocks are not being used, the population shall be reduced by the number of inmates normally housed in that part of the Jail. Other population figures in this Consent Order shall be adjusted in this manner. The population of Bellwood shall not exceed 200, and Marietta shall not exceed 100.

19. No inmate shall be required to sleep on the floor.

20. No more than two inmates shall be housed in a cell.

21. Defendant Commissioner of the Georgia Department of Corrections shall ensure that all inmates eligible for transfer to state prison facilities will be

removed from the Fulton County Jail or any other facility operated or leased for the housing of arrestees or inmates by the Fulton County Sheriff on a priority basis and transferred to a state facility as soon as possible after receipt of the paperwork necessary to effect the transfer.

C. Processing of Releases

22. The Sheriff shall implement and maintain procedures to provide for the release of Inmates from the Jail within a reasonable period of time, not to exceed 24 hours after receipt of court documents establishing that the inmate has received a signature bond, been authorized to post and has posted bond, had the charges against them dismissed, or otherwise become eligible for release. (The parties acknowledge that this time period may be exceeded for inmates subject to unreleased holds from other counties or governmental authorities.) The Sheriff will take all reasonable and prudent measures available to reduce the release time as much as possible and shall provide to the court and all parties to this Consent Order a monthly report of all inmates detained more than 24 hours after receiving a signature bond, posting bond, having the charges against them dismissed, or otherwise becoming eligible for release. The report shall state how long the inmate was detained after becoming eligible for release and the reason the detention exceeded 24 hours.

23. The Clerk of Fulton County Superior Court shall work with the Sheriff to accomplish real time disposition of court cases.

24. The Fulton County State Court shall work with the Sheriff to implement first appearance hearings at the jail beyond normal business hours by the use of video-conferencing, a judicial officer conducting such hearings at the jail, or other means.

IV. Other Terms And Conditions

A. Staffing and Security

25. The Sheriff shall assign at least three uniformed officers to supervise the inmates in the six cellblocks on each side of each floor at the Rice Street facility on all shifts seven days a week. In addition, one supervisor shall be stationed on each floor and at least one person shall be stationed in the tower to observe the cellblocks on each side from the tower. The Sheriff shall report to the Court each month when there are fewer than three officers in a cellblock on any shift and the reason for there being fewer than three.

26. Whenever the number of inmates on the floor on one side at the Rice Street facility exceeds 224, the Sheriff shall deploy on that floor at least one additional uniformed officer for every 25 inmates over 200 on all shifts seven days a week until the population decreases to 204 or less. If the Sheriff is unable to deploy the officers required by this paragraph within 10 days after the number of

inmates requires it, the Sheriff shall find other housing for enough inmates to reduce the inmate population on the floor to a level for which he has the minimum staffing required by the provisions of this Consent Order.

27. If inmates are housed at those facilities, there shall be 5 officers and a supervisor at Bellwood and 3 officers and a supervisor at Marietta, for all shifts.

28. Maintaining sufficient personnel to meet these staffing levels 24 hours a day seven days a week is necessary for the safety and security of inmates and jail personnel and shall be a high priority of the Sheriff. The Sheriff shall employ various measures to maintain sufficient personnel, including, but not limited to the use of overtime, temporary reassignment of personnel, and filling any vacancies as promptly as possible.

29. The Sheriff shall maintain administrative staff at the Rice Street facility adequate to complete processing of: new inmates as soon as possible and no later than within 8 hours of commitment; inmates in time for first appearance on the next available court date; and inmates for release as soon as possible and in any event within 24 hours of notice and receipt from the court of paperwork establishing their eligibility for release.

30. The Sheriff shall ensure that detention staff shall conduct regular and random searches for weapons throughout inmate housing units, common areas, and all-purpose rooms.

31. The Sheriff shall ensure that there shall be sufficient detention staff to ensure that a detention officer is available to be present, as requested by the nurse, at all times during pill distribution.

B. Population Limits and Housing

32. The Sheriff shall maintain at the Jail a classification system that specifies at least three levels of custodial control. Any revisions in the classification system shall be documented, provided to counsel for the Plaintiffs, and maintained in the Jail Bureau Policies and Procedures Standard Operations Manual.

33. The Sheriff shall on a weekly basis notify the Chief Judge of the Superior and State Courts, the Chief Magistrate, the District Attorney, the Solicitor General, the chiefs of each police force in the county, the public defenders, and counsel for the Plaintiffs of the total population of the three jail facilities and the number of beds available for men and for women at the facilities on the day of the report.

34. The Sheriff shall on a daily basis provide the magistrates or judges conducting first appearance hearings in both Superior and State Court with the number of beds available for men and for women in the jail facilities before the start of first appearance hearings each day.

35. Whenever the inmate population at the Rice Street facility reaches or exceeds 2100 and other housing is not available, the Sheriff will take the following actions:

- a. Notify the judges and magistrates of the State and Superior Courts, the District Attorney, the Solicitor General, and the chiefs of each police force in the county, that the Jail is near capacity, inform them of the number of beds available at the Jail and request that it be taken into account with regard to releasing arrestees on citation, setting bond, sentencing and sentencing modification,
- b. Review inmate records for early releases or home arrest.

36. The Sheriff shall maintain a list of other facilities where beds are available. If the number of inmates in the Rice Street facility exceeds the number that can be housed two to a cell, the Sheriff may house inmates on bunks in the day rooms while making efforts to decrease the population and find alternative housing in order to reduce the overall inmate population to capacity within forty-five (45) days. If the population of the Rice Street facility remains over 2250 for twenty (20) consecutive days, the Sheriff shall find alternative housing, place inmates on home arrest pursuant to statute, implement early release, or take such other action as he deems appropriate to reduce the population to 2250.

37. In addition to the actions being taken by the Sheriff, if the Rice Street population exceeds 2250 for twenty (20) consecutive days, the Public Defender

shall provide a list of inmates deemed eligible for release to the District Attorney who shall examine such list to determine whether an agreement can be reached on the release of said inmates. If an agreement is not reached by the Public Defender and District Attorney, the list will be submitted to the Chief Judge who after review, may authorize the release of inmates from the list as deemed appropriate.

38. Whenever less than 15 or fewer beds remain available for women, the Sheriff shall take the measures set out in paragraph 35 in order to prevent, if possible, the number of women from exceeding the number of beds for women. If the number of women exceeds the number of permanent beds, two beds to a cell, for women by 10 or more for twenty days or more, the Sheriff shall find alternative housing, place inmates on home arrest pursuant to statute, implement early release, or take such other action as he deems appropriate to reduce the population so that it does not exceed the number of permanent beds, two beds to a cell, for women.

39. Upon inquiry, plaintiff's counsel shall be provided the Jail population count on any day.

C. Replacement, Repair and Preventive Maintenance of Mechanical, Plumbing and Electrical Systems

40. The maintenance of the physical structures that are used to house inmates by Fulton County, including the 901 Rice Street facility, the Bellwood Annex and the Marietta Annex, and the mechanical, plumbing, and electrical

systems shall be the responsibility of the County Defendants operating through the General Services Department of Fulton County.

41. The County Defendants shall inspect manholes 4 through 14 on the sewer line serving the Rice Street Facility no less than quarterly and shall pump these manholes as required to insure that sewage does not back up into the housing areas on the first floor of the Rice Street Facility. The County Defendants shall work with City of Atlanta officials to insure that there are no cross connections problems in the water and sewer pipes serving the Rice Street Facility and shall cause any such problems to be corrected as soon as practicable. In the event these actions do not lead to a resolution of the problem of sewage backing up into the housing areas, the County Defendants and the Plaintiffs will discuss and will bring to the Court for its review additional remedial actions needed to resolve the problem.

42. By July 1, 2009, County Defendants shall repair and upgrade as needed and appropriate the plumbing in the jail facilities, including but not limited to replacing fixtures in cells where needed; making such repairs as needed to ensure that all toilets, faucets and showers work properly; reinstalling those fixtures which are not properly affixed to the walls and the plumbing system; removing electrical hazards from showers; and, installing shutoff control devices.

43. The County Defendants shall by July 1, 2009, complete the following work at the 901 Rice Street facility:

(a) replace the heating, ventilation and air conditioning equipment (HVAC), including the air handling units, terminal units and exhaust fans, associated ductwork and piping;

(b) replace air grilles in the cells, dayrooms, corridors and support areas;

(c) replace existing building energy management system with a direct digital control energy management system;

(d) replace power disconnect and motor starter for all the HVAC equipment and modify electrical equipment to support new HVAC equipment;

(e) install new lighting fixtures in all living areas in the towers at 901 Rice Street and salvage and reuse existing lighting fixtures in the low rise building at 901 Rice Street;

(f) install new acoustic ceiling tile;

(g) remove and replace chillers, cooling towers and chilled water pumps at the central plant.

(h) upgrade the electrical capabilities of the facility at 901 Rice Street, including its generators, so that sufficient amounts of electricity are provided to the facility at all times and power outages are avoided.

44. The County Defendants shall by July 1, 2009, renovate the four employee/inmate elevators at 901 Rice Street as necessary to insure the safe and reliable operation of each elevator. The County Defendants shall by July 1, 2009, renovate the two public elevators at 901 Rice Street as necessary to insure the safe and reliable operation of each elevator.

45. The County Defendants shall issue requests for proposals to accomplish the goals of Paragraphs 42, 43, and 44 no later than November 1, 2005, and shall commence the renovations as soon as practicable thereafter.

46. The County Defendants, through the Fulton County General Services Department and retention of engineering, construction and other appropriate firms, shall bring all of the jail facilities into compliance with the electrical, fire, plumbing, mechanical and other applicable codes of Georgia and Fulton County.

47. The County Defendants, through the Fulton County General Services Department and/or consultants, contractors and other means, shall carry out a program of preventive maintenance to minimize disruptions of the operation of the jail facilities due to mechanical failures.

48. The County Defendants shall employ sufficient maintenance staff to identify maintenance needs, carry out routine maintenance and promptly make repairs where needed. When on-site maintenance staff is unable to repair some part of a critical system such as HVAC or heating, County Defendants shall

immediately secure a qualified person to make the repair. Dated work orders for both routine and extraordinary maintenance, including descriptions and dates of actions taken, shall be maintained at the Jail.

49. The Sheriff shall inform inmates of and shall have ready access to “Maintenance Repair Forms” such as the one appended as Appendix C to notify staff of maintenance needs. Maintenance Repair Forms shall be available to inmates at all times. The Sheriff shall arrange through a lock-box or other means a way for inmates to submit such forms. The Sheriff will screen requests to eliminate duplicate and frivolous requests.

50. Once notified by the Sheriff, the County Defendants shall address maintenance repairs in a timely fashion and in order of severity, as set forth in the maintenance contract. All responses to “Maintenance Repair” forms shall be documented and maintained at the Jail.

D. Ventilation and Temperatures

51. The Sheriff shall adopt and implement the “Excessive Heat Policy” appended hereto as Appendix D. The policy shall be included in the Jail's Jail Bureau Policies and Procedures Standard Operations Manual. A determination shall be made at medical screening at intake of those inmates vulnerable to heat injury, including aged or pregnant inmates, inmates with chronic illnesses, and

inmates taking certain medications and taken into account when establishing the inmate's medical profile.

52. The Sheriff shall ensure that the heat index is measured and reported on every shift where the reported ambient temperature is 80° or higher or the recorded heat index on the housing area is 88° or higher. Where the reported ambient temperature is 80 degrees or higher or the recorded heat index on the housing area is 88 degrees or higher then the "Excessive Heat Policy" shall be implemented by the Sheriff. Instruments used to measure temperatures and relative humidity shall be calibrated weekly.

53. The ventilation system in the cells shall provide at least fifteen (15) cubic feet per minute of circulated air per occupant. Additionally, cells shall have no less than four (4) air changes per hour.

54. The Sheriff shall provide inmates with additional clothing and blankets when the temperature falls below sixty-five (65) degrees Fahrenheit.

55. The Sheriff shall ensure that inmates being transferred from the Jail to the courthouse on a bus with no air conditioning shall be provided access to fresh ice water during the course of the trip and while waiting on the bus.

E. Environmental Health and Safety

56. The Sheriff shall provide inmates adequate cleaning supplies to clean and disinfect their living areas on a daily basis. When using cleaning supplies,

appropriate protective clothing and equipment shall be available for use by inmates and staff.

57. The Sheriff shall ensure that all safety and cleaning equipment is cleaned and stored in a safe manner. This equipment shall be maintained in good working order.

58. The Sheriff shall ensure that kitchen staff, including contracted employees and inmate workers, receive training which includes the reasons for and meaning of taking temperatures of food and delivering food quickly.

59. The Sheriff shall develop policies and procedures for maintaining the sanitation and environmental cleanliness of the Jail, which will be included in Jail Bureau Policies and Procedures Standard Operations Manual. Plaintiffs' counsel shall be permitted to review and comment on the policies and procedures prior to their final adoption.

60. The Sheriff shall ensure that all housing areas, including showers, sinks, and common areas are thoroughly and safely disinfected and cleaned on a regular basis to control mold and Staphylococcus.

61. The Sheriff shall ensure that the dishwashing machines in the Jail kitchen shall have a "final rinse" water temperature of one hundred-eighty degrees (180) Fahrenheit with a nozzle pressure of 15-10 psi. The time and conveyor

speed of water hitting the dish, utensil, or tray shall conform to the operating manual of the dishwasher.

62. The Sheriff shall cause the air quality in cells and day rooms to be documented by a qualified individual on a regular basis. This documentation shall be maintained at the Jail.

63. During the existence of this Consent Order, an environmental specialist retained by plaintiffs' counsel shall be allowed twice a year to inspect the Jail, speak with inmates and staff; inspect documents; take photographs of environmental conditions and take samples on a date and at a time approved by the Sheriff.

F. Plumbing

64. The County Defendants shall maintain toilets, showers, and sinks in good working order. The County Defendants shall develop a preventive maintenance schedule and policy for upkeep of the plumbing system.

65. All inmates in the Jail shall have access to fresh drinking water twenty-four (24) hours per day seven (7) days per week.

66. No inmate shall be housed in a cell with standing water in the cell. No inmate shall be housed in a cell with a toilet that does not work or a sink that does not work.

67. The County Defendants shall clean up any and all sewage leaks within two (2) hours of becoming aware of them.

68. The hot water temperature in all showers and sinks in the Jail shall be between one hundred (100) degrees and one hundred twenty (120) degrees Fahrenheit. There shall be at least one (1) working shower in each zone. All sinks shall have working cold and hot water.

69. All electrical wiring in showers shall be covered according to code such that no live wire is exposed.

G. Laundry

70. The Sheriff shall provide all inmates with at least three (3) sets of clean Jail uniforms and underwear per week upon being assigned to a housing zone. All inmate linens and towels shall be exchanged for clean linens and towels at least twice weekly.

71. The Sheriff shall permit only those inmates and staff trained in the proper use of all laundry equipment to use the equipment. Training shall include instructions regarding laundry procedures - how long clothes are to wash and dry, the amount of detergent to be used, the temperatures required to disinfect the materials being washed, the requirement that clothes be completely dry, and similar information - shall be maintained in writing.

72. The Sheriff shall maintain separate laundry carts for clean clothes and soiled clothes, and carts shall be clearly labeled indicating clean clothes or soiled clothes.

73. Dissolvable laundry bags shall be located in an area that is easily accessible during an emergency for collection of clothes, linens, and other laundry items that become contaminated with blood or bodily fluids.

H. Housing

74. All cells in the Jail shall be equipped with adequate lighting. Lighting in the cells shall be at least twenty (20) foot candles at desk level and at the grooming station pursuant to Jail Bureau Policies and Procedures Standard Operations Manual No.1100-01.

75. All cells shall have a working day light. No inmate shall be confined in a cell without a working light.

76. Noise levels in the inmate housing units shall not exceed 70 dBA (A Scale) during the daytime and 45 dBA (A Scale) at night. "Night" shall be defined as from 11:00 p.m. until breakfast is served. "Daytime" shall consist of all other times. See Jail Bureau Policies and Procedures Standard Operations Manual No. 1100-03.

I. Legal and Family Visits

77. The Sheriff shall allow legal visits at the Jail from 7 a.m. until midnight seven days a week. The County Defendants shall install telephones in the attorney visiting booths to facilitate confidential communications between attorneys and clients.

78. The County Defendants shall ensure that all steel grating covering windows in any visitation booth shall be removed and replaced with plexiglass or glass panels that make it possible for the inmate to see the visitor.

J. Medical Care

79. The Sheriff shall require the medical vendor to ensure that medication administration records specify what medications are provided, when, and by whom. If the prescribed medications are not provided, these records shall specify the reason that they are not. All staff distributing medication must observe medications being taken by the recipient inmate as they are distributed.

80. The Sheriff shall ensure that all negative pressure indicators in the tuberculosis isolation rooms shall be checked and maintained in good working order. If a negative pressure indicator is broken, it shall be repaired promptly.

81. The Sheriff shall ensure that all dental equipment shall be re-sterilized prior to each use. All sterilization and re-sterilization procedures shall be clearly

documented in writing and followed at all times. This documentation shall be maintained at the Jail.

K. Inmates with Physical Disabilities

82. The County Defendants shall ensure that there is housing for men and women inmates with physical disabilities and such housing shall conform to applicable guidelines provided by the United States Department of Justice pursuant to the Americans with Disabilities Act (“ADA”), including but not limited to, wheel-chair accessible cells, bathroom facilities, and shower facilities; and handrails and ramps to access shower facilities.

83. The County Defendants shall ensure that visitation areas are accessible to physically impaired inmates or appropriate accommodation made to ensure that they have the same access to visitation as all other inmates.

L. Mentally Ill Inmates

84. The Sheriff shall cause a mental health screening to be conducted on each person brought to the Jail. If during the intake assessment, the inmate is able to identify credibly his or her medication, the intake nurse shall refer the inmate to the main clinic to a physician or a physician’s assistant who will continue the medications immediately. There shall be no unreasonable disruption in the continuity of medication. The intake medical provider shall ask each inmate identifying their medication to sign a release of information so that confirmation of

any treatment and medication administration and other relevant information can be exchanged as soon as possible.

85. Defendants shall employ a full-time board-certified psychiatrist. The psychiatrist's duties shall include, but not be limited to, evaluating treatment plans; review the prescriptions provided to mental health inmates; and oversee the creation, implementation, and revision of policies and procedures addressing mental health inmates.

86. The Sheriff shall provide staff assigned to the Jail, the courthouse, and transport duty with training in recognizing, responding, and working with mentally ill and mentally retarded people.

87. The Sheriff shall ensure that when a mentally ill inmate is identified during intake, the discharge planners at the jail shall be notified promptly.

88. Agencies providing support services to mentally ill and homeless people, such as Social Security Administration and those trained in administering benefits, shall be provided reasonable access to inmates to determine their eligibility for public benefits and begin the process of applying before they are released.

89. The Sheriff shall provide or arrange transportation for mentally ill and homeless inmates who are ordered by the court to enter day reporting or in-house treatment facilities.

90. The Sheriff shall ensure that court-ordered evaluations of inmates for competency to stand trial, insanity or other reasons shall be conducted within one week of such order.

91. The Sheriff and the Fulton County Defendants shall ensure that mentally ill inmates found incompetent to stand trial but remaining at the Jail awaiting transfer to Georgia Regional Hospital shall be reviewed each month to determine whether competency has been regained or other placement may be located.

92. The Sheriff shall provide to the courts each week a list of inmates the jail staff has identified as having substantial mental health issues. This list will be distributed to Public Defenders, Superior Court Expeditors, and any other parties necessary to assist in making appropriate recommendations for disposal of their cases.

M. Safety and Emergency Procedures

93. Comprehensive emergency policies and procedures conforming to National Commission on Correctional Healthcare (“NCCCHC”) and American Correctional Association guidelines shall be developed and implemented by the Sheriff. The emergency policies and procedures shall provide for immediate and appropriate response to any medical, fire, severe weather, riot, or other unforeseen emergency that could arise, and provide for drills at least twice a year. The

comprehensive emergency policies and procedures shall be in writing and made a part of the Jail Bureau Policies and Procedures Standard Operations Manual.

Plaintiffs' counsel shall be provided an opportunity to review and comment on the policies and procedures prior to their final adoption.

94. The Sheriff shall ensure that all uniformed staff at the Jail are trained in the proper use of fire safety equipment. Training in the proper use of fire safety equipment shall include quarterly retraining. All staff training and re-training in the use of fire safety equipment shall be documented and maintained at the Jail.

95. The County Defendants shall ensure that all fire doors in the Jail shall be maintained in good working order. All emergency equipment shall be maintained in good working order.

96. The Sheriff shall ensure that all uniformed staff and contracted medical staff shall be trained in administering CPR, and appropriate devices to prevent the spread of disease shall be made available on each floor in case of emergency.

97. The Sheriff shall ensure that the Jail fire system and equipment shall be tested quarterly. The Jail fire system and equipment shall be inspected and maintained annually. All inspections and findings shall be documented and maintained at the Jail. All sprinkler heads in the Jail shall be checked periodically

to ensure that they are clean of any debris. All sprinkler heads shall be maintained in good working order.

98. The County Defendants shall ensure that any electrical outlet that is located within twenty-four (24) inches of a sink or source of running water shall be equipped with a ground fault circuit interrupter or disconnected from electrical circuit.

99. The Defendants shall ensure that telephones located in the day rooms of the dorms shall be maintained in good working order.

100. The Sheriff shall ensure that recorded images of what occurs in the jail shall be kept for at least 10 days before the medium upon which they are recorded is reused. Any inmate that sustains an injury while incarcerated at the Jail shall be photographed pursuant to the Photographing Inmates Policy attached hereto at Appendix E.

N. Inmate Grievance Procedure

101. The Sheriff shall maintain a grievance procedure at the Jail. Upon admission to the Jail, inmates shall receive the inmate handbook or other document describing the grievance procedure and providing at least one grievance form. The handbook or other document shall inform inmates how to obtain additional forms, how to complete the forms, and submission of the forms. This information shall

also be set out on a laminated document and posted in each of the cellblocks housing units in the Jail.

102. Grievance forms shall be available to inmates at all times. Inmates shall receive a duplicate copy of their grievance forms at the time of their submission. All grievances shall be administered and responded to in accordance with the Jail Bureau Policies and Procedures Standard Operations Manual, No: 1900-08.

V. Monitor

103. The parties shall select a monitor subject to approval by the Court to inspect the Jail at least once a quarter and provide a report to the Court and the parties. If the parties are unable to agree on a monitor within 30 days of the entering of this order, the parties will each submit to the Court the names of three suggested monitors, and the Court will select a monitor.

104. The Monitor shall have access to any and all documents (including minutes, reports, and other documents), Jail staff, class members, and any other information, as he or she deems necessary to provide the Court with reports on the Jail.

105. The Sheriff and the Fulton County Defendants shall ensure the Monitor shall be paid by Fulton County defendants at a rate of \$90 per hour,

including for travel time (not to exceed five hours each way), for inspection of the jail (not to exceed 24 hours per visit) and for writing a report (not to exceed 10 hours for each report) and reasonable expenses, or such amounts and for such time periods as the Fulton County defendants and plaintiffs shall mutually agree are reasonable. The Monitor's visits shall be quarterly. If the Monitor identifies the need for additional specialists or experts to assist the Monitor in discharging his or her duties under the Order, he or she shall notify the parties of the need and reasons. If the parties are unable to reach an agreement concerning the Monitor's request for additional assistance, the request shall be submitted to the Court.

VI. Class Certification

106. Parties stipulate to and the Court hereby finds that this action is properly maintained as a class action. The plaintiff class is hereby certified as consisting of all inmates who have been since the date of the filing of the Complaint in this action, are now, or will in the future be incarcerated at the Fulton County Jail in Atlanta, Georgia.

VII. Scope of Relief; Impact

107. The parties, with the exception of the State Defendants, agree and stipulate, based upon the entire record, and the Court hereby finds, that the prospective relief set forth in this Consent Order is narrowly drawn, extends no further than necessary to correct the violations of the plaintiffs' federal rights, and

is the least intrusive means necessary to correct these violations. The parties, with the exception of the State Defendants, agree and stipulate, and the Court hereby finds that this Consent Order will not have an adverse impact on the public safety or the operation of the criminal justice system. The State Defendants agree that paragraph 21, the only one placing duties upon the State Defendants, extends no further than necessary to correct the violations of the plaintiffs' federal rights, is the least intrusive means necessary to correct these violations, and will not have an adverse impact on the public safety or the operation of the criminal justice system. Accordingly, the parties, with the exception of the State Defendants, agree and stipulate, and the Court finds, that this Consent Order complies in all respects with the provisions of 18 U.S.C. §3626(a). This Consent Order is not intended to have any preclusive effect except between the parties in this action. This Consent Order does not resolve, adjudicate, or bar the damages claims of any former, present, or future class members.

VIII. Modification and Enforcement

108. The Court shall retain jurisdiction to enforce the terms of this Order as provided by law.

109. The Sheriff and his staff shall provide a copy of this Consent Order to all of their agents, representatives, and employees in any way connected with the custody of class members. At least three copies of this agreement shall be

maintained in the Jail's library. Inmates who have questions about the provisions of this Consent Order shall be referred to plaintiffs' counsel by providing the names, telephone number and address of counsel.

110. Plaintiffs' counsel shall continue to have reasonable access to class members, documents maintained at the Jail and the Jail facility, including unannounced, escorted walkthrough visits of the Jail on a quarterly basis. Plaintiffs' counsel shall also be permitted communication with defendants directly, including their agents and employees, in order to monitor compliance with the terms of the Consent Order.

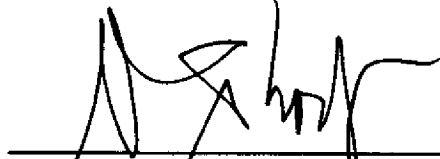
111. Any party may seek to modify any part of this Order for good cause shown. The parties acknowledge that these terms and conditions may require modification or situational variances to meet changed circumstances. Any party may initiate a modification or variance from the terms of this Consent Order by making a written request for such modification or variance to all parties to this Consent Order. If no party objects to the request within ten days, the party may submit the request to the Court for its consideration. If any party objects to a proposed modification or variance the dispute resolution procedures set forth in Paragraph 112 of this Consent Order shall be invoked. Once the dispute resolution procedures are invoked the parties shall comply with the Consent Order as written until the parties reach agreement or a modification is approved by the Court.

112. The parties stipulate and agree that any party aggrieved by an alleged violation of any term of this Consent Order or who seeks a modification or variance from any term of this Consent Order may request a dispute resolution conference with all parties for the purpose of seeking a resolution of the grievance or agreement on a proposed modification or variance. The Conference shall be held within ten (10) days of the receipt of written notice of the request for the Conference. All parties shall seek in good faith to resolve the dispute. In the event the parties are unable to resolve a dispute, any party may seek a determination from the Court resolving the dispute.

113. The parties agree and the Court finds that this Consent Order as well as previously entered orders of the Court created a material alteration of the legal relationship between the Plaintiffs and Defendants and therefore, Plaintiffs' counsel are entitled to the award of attorneys' fees from the County Defendants and Sheriff under *Buckhannon v. West Virginia Department of Health and Human Resources*, 533 U.S. 598 (2001). In the event that the Plaintiffs and Defendants are unable to resolve by agreement issues relating to Plaintiffs' claim for attorneys' fees, Plaintiffs may petition the Court within thirty days of the date on which the Court enters this Order.

114. Any party may move to terminate this Consent Order two years after the date the court enters it.


SO ENTERED THIS 21st DAY OF December, 2005.



Judge Marvin H. Shoob
United States District Court for the
Northern District of Georgia

WE CONSENT:

For the Plaintiff Class:



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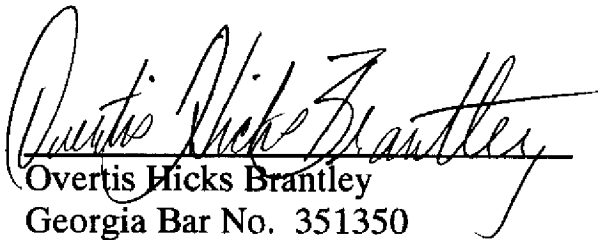
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For the Sheriff:



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Atlanta, GA 30303-1562

For the Fulton County Defendants:

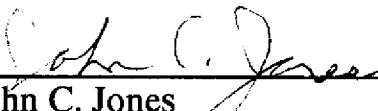


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APPENDIX

“A”

ROBERT B. GREIFINGER, M.D.

May 31, 2004

Paula Morgan Nash, Esq.
Office of the Fulton County Attorney
141 Pryor Street, S.W. Suite 4038
Atlanta, GA 30303

Dear Ms. Nash:

I visited the Fulton County Jail on May 26 - 27, 2004, to review health care and jail conditions for the 18th time in almost five years. As has been customary during this period, following my visit, I met with members of the jail staff, the medical staff, and counsel for Fulton County and for the inmates to discuss my findings. Nothing I said came as a surprise to anyone; it was generally acknowledged by everyone present at the meeting that there are major problems at the Jail that make health care delivery extremely difficult. The dismal environmental conditions and poor maintenance at the Jail were also recognized by everyone.

As I have reported numerous times in the past, these conditions substantially increase the risk of transmission of illness among inmates and staff. Moreover, the severe overcrowding and staff shortages have resulted in mounting tension within the living units, leading to violence and even death. Below are my specific observations. Overall, I believe the Jail is in a state of crisis, necessitating immediate action to reduce the inmate population, increase the security staffing, and repair and maintain the basic systems required for basic health and safety, such as laundry, plumbing, electricity, and air handling.

5 North and 5 South: Two Sides of the Fifth Floor of the Jail

It was dank, full of sweaty bodies. The air was thick with the scent of wet underwear. Rank. Each zone the same. Wet laundry on the railings. Raised voices. Noisy. Crowded. Inmates buzzing about, milling randomly, a few banging on the zone doors. Mattresses on the floor in the day room. No duty officers in sight. It was very hot indoors this pleasant Spring day. The air-conditioning had been broken for days. There are two showers on a zone; zone 5 North 500 has 59 inmates, 18 sleeping on the floor. 5 South has 326 inmates, but only 12 showers. This is a unit built for 108, or about 200 double-bunked. There are broken ceiling tiles and water dripping from the ceilings into garbage pails.

Extremely tense. Each of my senses raising an alarm. Scary. With almost two decades of visiting inmate housing units, it was the first time that I declined to go in.

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3 North: The "Mental Health Dorm"

Down to 3 North. Two hundred seventy-three bodies in an area built for 108. Half of the inmates are diagnosed with major mental illness. Some have disorders of thought and others disorders of mood. The situation was fragile. Inmates sleeping on the floor in the day room. Mattresses only. No room for the "boats," the sled-like cradles for the mattresses, intended to keep the mattresses and bed linens from direct contact with the floor.

Stepping inside, I slogged through puddles formed by the dripping condensation in the air handling system. The puddles around the showers were slick. Wet clothing draped the railings—hopeful to dry in humidity exceeding 90%. The temperature was well over 80 degrees. Hot, especially for patients on psychotropic medications that make them vulnerable to heat injury such as heat stroke. Puddles outside the showers, mold inside, mold like a fur carpet on the ceiling. Acrid. The air conditioning cannot keep up with the heat and moisture. Sleepy, quiet.

An officer pointed out Nguyen Hen Van, who didn't speak English. Mr. Nguyen has been behind bars since October 2002 on a low level felony charge. He was ordered by the Court to have a competency evaluation at Georgia Regional Hospital, but the Court never told Georgia Regional. Mr. Nguyen was lost in the system for 19 months, locked up, with no one who could understand him. Never seen by mental health staff at the jail because no one asked them. This is a failure of the courts. I shuddered in disbelief.

In 3 North, a nurse was giving out medications through the food trap on the door to the day room. No conversation was possible between her and the mentally ill inmates behind the door. She should have been inside, checking identity, administering prescribed medications one dose at a time, inquiring about side effects. But she would need an escort. There was no duty officer to escort her. So the nurse did her best to care for her patients.

3 South: Chronic Disease

3 South houses patients with chronic illness such as HIV. Same environment, but neither tense nor sleepy. Complaints about cold food, late medications, some days no medications. These were valid complaints. There are not enough duty officers to give out food when it is delivered from the sparkling new kitchen. There are not enough duty officers to escort and protect the nurses. There are not enough duty officers to bring patients to see the doctor or the dentist. As a result, inmates with chronic illness regularly (15 - 20%) miss their appointments.

1 North: Women's Housing

1 North houses the women. Same environment: hot, wet, crowded, tense. Mattresses directly on the floor of the day room.

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Intake Unit

The new intake unit is also crowded. There is insufficient staff to classify the inmates as they come in. Most inmates spend more than 24 hours until they are booked. They spend this time in a small crowded holding cell. More than 24 hours until they are screened by a nurse for acute and chronic illness. More than 24 hours until the nurse can interview them to see if they have symptoms of contagious tuberculosis. More than 24 hours until they can get to see a doctor to write prescriptions for their medications for HIV or mental illness. Intakes have increased by more than 50% in the past six months, but staffing has not increased. Nurses are commandeered to the intake unit from the floors. This delays sick call and medication administration. These delays can be dangerous for people who are acutely ill or who need medication on a strict schedule, such as people with diabetes or HIV.

Because of the backlogs in intake, some inmates are sent directly to 2 North without being formally booked. They don't get medical screens, or, if they do, it is sometimes hard to identify who is who. This is because they may use an alias in the intake unit. Prescriptions are written in one name and health staff may not know who to give medication to when they are later booked with another. This further delays medication administration.

Overcrowding and System Failures

On May 24, 2004, there were 3,299 inmates in custody, 3,035 in the main jail. The main jail was built for half this number. The court order in 1999 limited the main jail to 2,250, but this order expired in late 2002. A full 500 inmates were housed in the facility without cells, sleeping on the floors in the day rooms.

The maintenance staff cannot keep up. They spend 90% of their time on repairs and only 10% on preventive maintenance. They average 1,300 work orders per month. The air handling systems are overburdened; they break down. The HVAC controls do not work. There are leaking pipes throughout the facility, broken or missing security cameras, damaged ceiling tiles and overflowing toilets. On 5 North, body heat alone uses more than 50% of the air-conditioning capacity. The plumbing problems persist, with toilet leaks and inoperable sinks. The electrical systems are so strained that power regularly goes out in the dental unit. It is almost impossible to work productively in this environment.

Laundry

The laundry is in crisis. On the days of my visit, all the dryers in the main jail had been broken for a week. Only one dryer was functioning at Bellwood, an annex next door. The inmates are washing their own underwear, in their little sinks with hand soap, hanging them to dry on the railings. This is unsanitary. The wet laundry further humidifies the air, already wet with perspiration from the crowding and the inadequate air handling equipment. The Sheriff has spent at least \$500,000 on outsourced laundry services for uniforms and towels, but the outside laundries will not do underwear.

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Dirty and wet laundry pose substantial risks of transmission of illnesses, such as diarrheal disease, drug-resistant boils, and hepatitis A.

To prevent outbreaks of these illnesses, the Jail must provide clean underwear and uniforms daily and at least twice weekly bed-linens and towels.

Staff Shortage

There is a severe shortage of uniformed staff, with more than triple the usual vacancies of the past few years. But the vacant positions are frozen. Each new vacancy becomes a permanent vacancy. Vacancies are occurring at a rate of 80 per year. On May 24, 2004, there were 94 unfilled positions for uniformed staff. Absent duty officers, there is vandalism that creates a higher maintenance burden. Sergeants are doing what they can, as duty officers. But this leaves duty officers with less supervision. Health care staff has few escorts, so inmates do not get to see their physicians and do not get their medication when they need it. Uniformed staff shortages are reducing productivity of the health care staff. Because of these shortages, approximately 18% of scheduled dental appointments and 20% of sick calls and chronic care visits are missed. The appointments roll forward, increasing the demands on the schedule. We have not had a problem of this magnitude in four years.

The lack of security and heightened tension level that result from uniformed staff shortage also leads to serious injury and possibly death of inmates. This Spring, an inmate sustained head trauma and serious brain damage as a result of an assault in the housing unit. During my tour he was on life-support at Grady Medical Center. There were insufficient numbers of security staff available to break up the fight. Another inmate died of suicide, a death that might have been averted with better staffing and inmate supervision.

Positive Notes

Despite the extremely adverse working conditions, the health care staff continues to perform well. To the extent that the health care staff does not face barriers caused by security staff vacancies and faulty mechanical systems, the quality of medical care is good. The performance measurement system is in place. Once inmates actually do get to see the health care staff, the performance exceeds 85% on most measures.

There is a new pharmacy program with a correctional pharmacy called Secure Plus. The formulary has not been compromised by eliminating effective but expensive medications. A tickler system is working to prevent lapses between refills. There is a substantial cost-savings to the County with the new program.

The mental health program has been consolidated with the medical care program. This should help with staffing economies and communication.

There are only three or four nurse vacancies. In light of the nursing shortage and difficulties correctional facilities are having nationwide, this is a very low vacancy rate.

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Conclusions

Jail staff appears to be doing everything they can with limited resources. The courts control the census, the County controls the staff vacancies, and the main jail physical plant is inadequate. There is inadequate funding for preventive maintenance.

Correctional Medical Associates, Inc., the vendor for medical and mental health care, is functioning as well as it can, given the barriers described above.

I fear the onset of summer:

- The tension level among both staff and inmates is already high. The stresses continue unabated.
- The overcrowding is increasing. The jail is an extremely uncomfortable living and working environment.
- The air-handling systems, plumbing, and electrical systems cannot keep up due to crowding, poor construction and underfunded maintenance. The housing units are unsanitary.
- The laundry is not functional. Sink-washing of underwear is not hygienic and contributes to the demand on the air handling systems.
- Uniformed staff vacancies are increasing, reducing levels of inmate supervision and interfering with the provision of timely medication and medical care.
- Intake is functioning poorly, posing health risks to the staff and inmates.
- Inmates are at risk of heat injury. They are especially vulnerable if they are on psychotropic medications or other selected medications. Inmates and staff are at risk of widespread transmission of communicable disease because of the crowding, the heat, and the inadequate laundry.

The facility needs a heat policy. When the heat index (a calculation of temperature and humidity) reaches or exceeds 88, vulnerable inmates need air conditioning, extra liquids and increased access to showers. Vulnerable inmates include those on antipsychotic, antihistamine, or anti-hypertensive medication and those with chronic diseases such as diabetes, chronic lung disease, end-stage renal disease and heart disease. Between 12% and 15% of the inmates in this facility classify as heat vulnerable.

- Health care staff is also tense and dispirited. Staff is frustrated because of the barriers to doing their jobs. The psychiatrists have to see their patients on the housing units, but can only talk to them through the cracks in the cell doors or kneeling down, through the food traps. Patients are not getting to see the doctors and dentists. The nurses are unable to deliver medications on time.

These problems are serious. Lapses in medication and care cause harm. Inmates are less satisfied and more likely to get agitated. Staff turnover will increase if the barriers to care are not reduced.

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In my opinion, the Fulton County Jail needs immediate intervention by responsible county officials to prevent serious harm to staff and inmates. The County must address the problems created by crowding, staff shortages, laundry, and mechanical systems with all possible haste.

Sincerely,

Robert B. Greifinger, M.D.

cc: Sheriff Jacqueline Barrett
Lloyd Baccus, M.D.
George Herron
Tamara Serwer, Esq.
Chip Rowan, Esq.

ROBERT B. GREIFINGER, M.D.

September 14, 2004

The Honorable Marvin Shoob
United States District Court
Northern District of Georgia
75 Spring Street, Suite 1767
Atlanta, GA 30335

Dear Judge Shoob:

I visited the Fulton County Jail on September 7 - 9, 2004, to monitor the environmental conditions and medical care. In addition to my meeting with the Court, I met with Receiver John Gibson, attorneys for the County, jail staff, the jail maintenance vendor, and the health services staff. I inspected parts of the facility.

One month ago, the Court appointed John Gibson as Receiver. Since Mr. Gibson took charge, there has been a noticeable change at the facility. The census at 901 Rice Street is 2,586, a reduction of 290 in two months. In part, this is accounted for by a reduction of 89 inmates serving revoked probation sentences and a reduction of 120 inmates awaiting pick-up by the state. The number of probationers awaiting revocation hearings has increased to 251 from 196.

In contrast to the 446 inmates without bunks two months ago, there are currently no inmates sleeping on the floors of the housing units. This is a substantial improvement. All male inmates have bunks within cells. All females have bunks; however, approximately 18 of those bunks are in the day rooms of the women's housing units.

Mr. Gibson is working closely with a new command staff and the three major vendors to resolve outstanding issues at the jail. The tone and attitude of the custody staff have improved. The health care, maintenance, and dietary staff are each doing outstanding work. There are fewer delays in access to care caused by insufficient custody escort services, yet the existing delays continue to compromise care.

CMA, Inc., the medical vendor, will have a new medical director on-site forthwith.

Communication between custody staff and health care staff has deteriorated somewhat during the recent transition in jail leadership. Mr. Gibson and the health care staff are working assiduously to restore constructive communication with custody staff to assure timely access to health care services for inmates.

The major impediment to constructive change is the County's reluctance to unfreeze vacancies. As of today, the county has yet to unfreeze at least 66 security staff vacancies. Consequently, Mr. Gibson is unable to fully staff services such as escorting nurses on medication

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Fulton County Jail
September 14, 2004
Page 2 of 7

runs, sick call, and rounds on inmates who are segregated. The County's persistent delay in allowing Mr. Gibson to fill staff vacancies poses a substantial risk of harm to the inmates in the jail.

Maintenance

There are substantial improvements in maintenance, due to recent approvals by the County to acquire replacement parts for vital functions such as air-handling and the diligence of the maintenance staff in staying on top of work orders. New parts for the chiller are on-site, but not yet installed. The facility has received \$38,000 for fire safety repairs.

There is no substantial improvement yet in plumbing, however, replacement parts have been ordered.

The laundry at 901 Rice Street is functioning, however, I found dangerous breaches in facility procedure. The dryer exhaust ducts, for example, should be cleaned once per shift, according to the Atlanta Fire Department, yet they were only being cleaned once per week.¹ This is a fire hazard. When I reported this to Mr. Gibson, he acted immediately to make the cleaning practice conform to the fire department requirements.

To prevent the transmission of drug-resistant skin infections, bleach is now appropriately added to each wash cycle. To do this right, the wash cycles should have 30 minutes of sustained hot water at 140 degrees, or 25 minutes at 160 degrees. Mr. Gibson will have the machines adjusted accordingly.

The laundry eyewash station is not functional. This is dangerous in light of the recent use of bleach, which can be corrosive.

Duct cleaning and water temperature readings should be logged on a daily basis.

The washing machines at Bellwood are beyond their useful age. They should be replaced or another provision should be made for Bellwood laundry.

Housing Units

I toured housing units on the first, third and seventh floors. The air quality was improved and there were fewer leaks and floods. Most of the mold has been cleaned up. There was no wet

¹Letter dated July 16, 2004, from Chief H.B. Dodson fire Marshall to Lt. Silas Kevil, copied to The Fulton County Board of Directors (sic), Ms. Susan Allegro, and Ms O. V. Brantley, among others.

Fulton County Jail
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laundry hanging on the railings.

On 7 North 500, there was water and garbage on the floor. Cell 509 was flooded. The medical examination room on 1 North had no hand-towels and food mixed in with medication in the refrigerator. 3 North 700 had four inches of standing water in the shower.

On 7 South, one inmate was cooling his milk carton in the toilet water. This is a serious breach of hygiene.

The hot water temperature in some of the hand-washing sinks is excessive. This can cause burns. Water temperature in all hand-washing sinks should be adjusted to 100 - 120 degrees Fahrenheit.

Mr. Gibson is touring the facility daily to attend to these problems. He has begun to rehabilitate the showers with a polymer resin to ease cleaning and reduce the build-up of mold. All wet areas such as toilet and shower areas should be cleaned with chlorinated bleach (sodium hypochlorite) on a daily basis to control the molds that will inevitably grow in this facility, mold that develops from the moisture of overcrowding and poor air-handling systems.²

Maintenance staff is aware of the excess temperatures in the hand-washing sinks.

Linens and Clothing

The linen and laundry exchanges are inadequate for appropriate hygiene and prevention of transmission of disease such as drug-resistant skin infections. Inmates should have the following:

1. Two bed sheets and a pillowcase changed at least weekly
2. Clean underwear daily
3. Clean uniforms changed at least twice weekly

²According to samples taken in July 2004 by Sanitarian James Balsamo, the following fungi were growing in wet areas of the facility: *Aureobasidium pullulans*, *Cladosporium sphaerospermum*, *Rodotorula*, unidentified yeasts, *Paecilomyces marandii*, *Fusarium*, *Phoma*, and *Paeclomyces*. These molds can cause harmful inflammation of the lungs and skin through toxic and allergic effects. For inmates with compromised immune systems, these organisms are opportunistic, and can cause serious harm.

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4. Two towels exchanged at least twice weekly

Heat Policy

The facility has not yet implemented a heat policy, as discussed in my May 31, 2004-report. The heat index in the building regularly exceeds 90 in areas where the air-conditioning is not working. This is dangerous, especially for those who are vulnerable to heat injury such as those with chronic diseases and those on certain medications such as psychotropic drugs. A heat policy should provide for daily assessments of the heat index and an ongoing registry of inmates who are especially vulnerable to heat injury, such as those with chronic illness and those on selected medications. When the heat index exceeds 88, staff should implement procedures to protect those who are vulnerable, including cooling fans, multiple daytime showers, ice, and hydrating liquids.

Respiratory Isolation

The air-handling for the respiratory isolation rooms functions well. However, because of breaches in procedure, each of the three rooms in use for patients with active tuberculosis or suspicious for tuberculosis was not working. Security staff was unfamiliar with the ventilation alarms, and hence, did not recognize that the return air grates in each of the three rooms were obstructed. Mr. Gibson acted immediately to train staff in the proper inspection of the ventilation.

Intake

To meet NCCHC standards, inmates should have a nursing assessment immediately on intake. For inmates who are in no acute distress and with no life-threatening or urgent problems, this generally means within four hours. In the intake area at the jail, nurses are often idle while inmates wait excessively for their nursing evaluation. Many inmates wait substantially longer than four hours for the intake assessment. This is a work flow problem that may be caused by inconsistent booking procedures.

Male inmates are currently sent to 2 North for their physical examinations and TB skin test readings. This process should take 48 - 72 hours. The rate limiting factor is the minimum 48-hour requirement for reading TB skin tests. Health care staff has been unable to find some inmates during this process, due to delays in updating the current housing location in the jail computer system. Health care staff has been frustrated because they are unable to complete their work.

Mr. Gibson will be analyzing the work flow in the intake area to improve flow and reduce unnecessary delays. He will also be revisiting the need to use 2 North as a staging area. There is no medical need to segregate incoming inmates, however, there may be some efficiencies for physical examinations, as the inmates are clustered.

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Medication Management

The medication administration records are fairly complete and well documented. I did discover that the nurses have reverted to using "little paper cups" to administer medications to inmates in segregation status. The medications are put in the cups, marked only with the patients' names, prior to bringing the medication cart to the housing unit. This is an unsafe practice. The safer way to do it is to bring the inmate's blister pack, labeled by the pharmacy, to the cell door, and punch out the medications into a cup immediately prior to giving it to him.

Medication rounds are sometimes delayed because of insufficient security staffing (frozen positions).

CMA plans a quick remedy to the "little cup" issue. Mr. Gibson is working with custody staff and CMA to minimize delays in medication.

Medical Records

The medical records have recently become more bulky and less organized than they were a year ago. This is a result of a plethora of new forms and copies.

CMA will consult with me to revise some of the forms and reduce the bulk of the records, while improving documentation of care.

Sick Call

Sick call is sometimes delayed because of the unavailability of escorting officers (frozen positions). Mr. Gibson is now aware of the problem and will be working with security staff to assure that this access barrier is reduced.

Segregation Rounds

Segregated inmates should be seen by nurses at least three times weekly. (NCCHC J-E-09) These rounds should be documented. At the jail, there was a twelve-day, inadvertent, lapse in segregation rounds during the transition from one medical director to another. The segregation rounds have been resumed.

Due to staffing shortages (frozen positions), nurses are often unable to make these rounds in a timely way. Mr. Gibson is now aware of the problem and will be working with security staff to assure that this access barrier is reduced.

Grady

CMA has recently replaced the staff-member who was making Grady appointments and

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tracking lags to specialty care. CMA has committed to revitalizing the tracking system and assuring that inmates returning from outside care are seen by a licensed independent practitioner before they are sent to their housing units.

To evaluate the medical necessity of outside trips, I reviewed the medical records of six inmates who were recently sent to the Grady emergency department. Four of the six were clearly appropriate. One of the six had a simple laceration that could have been repaired in the jail. The other had head trauma; because of poor documentation, I was unable to determine whether the trip was necessary.

To reduce unnecessary trips and unnecessary expense, CMA will continue to retrospectively review the use of the emergency department and prospectively review requests for outside specialty care.

Skin Infections

I reviewed the records of eight inmates recently treated for Staph skin infections. By protocol, samples are sent to the laboratory and treatment is initiated. Apparently, most of the bacteria cultured from inmates at the jail are resistant to cephalosporin-class medication. As a result, medical staff should begin treatment with trimethoprim-sulfamethoxazole. Further, inmates treated for skin infections should have careful and regular follow-up until their problem is resolved.

CMA and the jail should develop an action plan for drug-resistant Staph skin infections. The CMA portion of the plan should be a clinical guideline for screening, diagnosis, treatment and follow-up. The jail portion should address inmate personal hygiene, laundry disinfection, linen and laundry exchange, and preventive maintenance to assure proper setting of wrist blades on medical sinks.³

Quality Management

With a new medical director and a new chief psychiatrist, CMA should reinforce the use of nationally-accepted clinical guidelines. Examples of these are available on the web-site of the NCCHC, including a new guideline for the management of schizophrenia in corrections.

CMA has been diligently measuring performance in areas such as HIV and diabetes—and consistently performing well. I recommend that CMA revisit its performance measurement to focus on areas that have recently had challenges, such as medical records and custody barriers to intake, sick call and medication.

Conclusions

³I provided reference materials on MRSA to jail and CMA staff.

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September 13, 2004
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The Receiver has taken control of the jail and is working tirelessly to improve the safety and security for staff and inmates. The Receiver believes that the facility is currently understaffed, due to frozen vacancies.

The County's dillydallying with the frozen positions is egregious. It places both staff and inmates at serious risk of harm. The County's obstinacy regarding staffing is a persistent and ongoing danger to the serious medical needs of inmates.

Other than the problems described in this report, the medical care for inmates is good and meets constitutional standards. At this time of transition, it is imperative for health staff and custody staff to be working together as a team. The Receiver is committed to developing this teamwork.

The Receiver has noticed that uniformed staff have not received sufficient training in jail management. As part of the reinforcement of training, I recommend that the Receiver add a sessions on the recognition of serious illness and team-building at the interface of health care and custody.

In addition to the practices that I mention in this report, a detailed report on physical conditions of this jail will be released this week. This report is authored by James Balsamo, a nationally-known sanitarian. Mr. Balsamo inspected the facility in late July 2004, on behalf of the Southern Center for Human Rights. I have reviewed a draft of Mr. Balsamo's report. I concur with his conclusions and recommend that the Receiver follow his advice.

There is a long way to go to reduce the population of the jail to levels that the mechanical infrastructure can support safely. There is a long way to go to repair the mechanical infrastructure in the jail. There are training needs and team-building needs. And there are ongoing safety violations and unsafe work practices that need to be addressed immediately. Other than the staffing issue, I believe that the jail is in a turnaround mode as a result of the efforts of the Court and the Court's Receiver.

Sincerely,

Robert B. Greifinger, M.D.

cc: Paula Morgan Nash, Esq.
Steven Bright, Esq.
Receiver John Gibson
Lloyd Baccus, M.D.
George Herron

APPENDIX

“B”

6/18/05

VACANT POSITION REPORT
PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3302 JAIL

POSITION NUMBER	POSITION	TITLE	DATE VACATED	CIVIL SERVICE		MINIMUM SALARY	MAXIMUM SALARY
				STATUS	GRADE		
0017600	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	2/08/05	CLASS	C52	61,254.00	90,044.00
0020874	DETENTION OFFICER I	DETENTION OFFICER I	12/08/04	CLASS	B21	25,506.00	44,168.00
0016672	DETENTION OFFICER I	DETENTION OFFICER I	1/12/05	CLASS	B21	25,506.00	44,168.00
0016681	DETENTION OFFICER I	DETENTION OFFICER I	1/12/05	CLASS	B21	25,506.00	44,168.00
0016690	DETENTION OFFICER I	DETENTION OFFICER I	1/12/05	CLASS	B21	25,506.00	44,168.00
0021240	EMPLOYEE DEVELOP MGR-SHERIFF	EMPLOYEE DEVELOP MGR-SHERIFF	1/12/05	CLASS	C51	57,683.00	84,793.00
0020727	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	1/12/05	CLASS	B21	25,506.00	44,168.00
0020734	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	2/09/05	CLASS	B21	25,506.00	44,168.00
0008659	RECORDS ADMINISTRATOR	RECORDS ADMINISTRATOR	12/27/04	CLASS	C41	46,957.00	66,678.00
0008244	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	11/16/04	CLASS	C41	46,957.00	66,678.00
0006108	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	12/27/04	CLASS	C41	46,957.00	66,678.00
0001541	SHERIFF DEPUTY I	SHERIFF DEPUTY I	9/27/04	CLASS	B23	32,649.00	52,271.00
0005945	SHERIFF DEPUTY II	SHERIFF DEPUTY II	1/25/05	CLASS	B23	32,649.00	52,271.00
0001124	SHERIFF DEPUTY II	SHERIFF DEPUTY II	4/14/05	CLASS	B23	32,649.00	52,271.00
0002585	SHERIFF DEPUTY III	SHERIFF DEPUTY III	2/22/05	CLASS	B31	37,122.00	57,143.00
0005809	SHERIFF DEPUTY MAJOR	SHERIFF DEPUTY MAJOR	4/18/05	UNCL	D61	68,408.00	103,979.00
0017737	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	2/22/05	CLASS	B32	42,484.00	62,886.00
0005822	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	2/22/05	CLASS	B32	42,484.00	62,886.00
0008247	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	2/22/05	CLASS	B32	42,484.00	62,886.00
0008248	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	2/10/04	CLASS	B32	42,484.00	62,886.00
0008851	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	5/18/04	CLASS	B32	42,484.00	62,886.00
0008972	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	5/20/04	CLASS	B32	42,484.00	62,886.00
0005975	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	2/22/05	CLASS	B32	42,484.00	62,886.00
0004710	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	4/18/05	CLASS	B32	42,484.00	62,886.00
0004434	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	2/10/04	CLASS	B32	42,484.00	62,886.00
0004987	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	4/12/05	CLASS	B32	42,484.00	62,886.00
0021241	SPECIAL INVEST OFCR-SHERIFF	SPECIAL INVEST OFCR-SHERIFF	1/12/05	CLASS	C43	54,100.00	76,822.00
TOTAL ORGANIZATION : 3302						1,095,261.00	1,663,496.00
NUMBER OF POSITIONS						27	

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VACANT POSITION REPORT
PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3308 SATELLITE CORRECTIONS

POSITION NUMBER	POSITION	TITLE	DATE VACATED	CIVIL SERVICE		MINIMUM SALARY	MAXIMUM SALARY
				STATUS	GRADE		
0003213	CORRECTIONAL COUNSELOR	CORRECTIONAL COUNSELOR	9/06/04	CLASS	C41	46,957.00	66,678.00
0008378	DETENTION OFFICER I	DETENTION OFFICER I	4/30/05	CLASS	B21	25,506.00	44,168.00
0017723	DETENTION OFFICER I	DETENTION OFFICER I	5/09/05	CLASS	B21	25,506.00	44,168.00
0005751	DETENTION OFFICER I	DETENTION OFFICER I	11/12/04	CLASS	B21	25,506.00	44,168.00
0016415	DETENTION OFFICER I	DETENTION OFFICER I	5/06/05	CLASS	B21	25,506.00	44,168.00
0020855	DETENTION OFFICER II	DETENTION OFFICER II	1/19/05	CLASS	B22	29,077.00	48,415.00
0020857	DETENTION OFFICER II	DETENTION OFFICER II	11/03/04	CLASS	B22	29,077.00	48,415.00
0020867	DETENTION OFFICER III	DETENTION OFFICER III	1/12/05	CLASS	B31	37,122.00	57,143.00
0020868	DETENTION OFFICER III	DETENTION OFFICER III	1/12/05	CLASS	B31	37,122.00	57,143.00
0020869	DETENTION OFFICER III	DETENTION OFFICER III	1/12/05	CLASS	B31	37,122.00	57,143.00
0017734	DETENTION OFFICER III	DETENTION OFFICER III	12/29/03	CLASS	B31	37,122.00	57,143.00
0003031	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	6/17/04	CLASS	B21	25,506.00	44,168.00
TOTAL ORGANIZATION : 3308						381,129.00	612,920.00
NUMBER OF POSITIONS 12							
TOTAL AGENCY : 330						3,025,134.00	4,520,709.00
NUMBER OF POSITIONS 75							

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FILLED POSITION REPORT
PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3308 SATELLITE CORRECTIONS

POSITION NUMBER	POSITION	TITLE	CIVIL		MINIMUM SALARY	MAXIMUM SALARY
			SERVICE STATUS	GRADE		
0000534	BUILDING MECHANIC SUPERVISOR	BUILDING MECHANIC SUPERVISOR	CLASS	B31	37,122.00	57,143.00
0001333	CORRECTIONAL COUNSELOR	CORRECTIONAL COUNSELOR	CLASS	C41	46,957.00	66,678.00
0005399	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016615	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017719	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016643	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016619	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017722	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016618	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017697	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016658	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016660	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016607	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016613	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016612	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017699	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016034	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017700	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016609	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017720	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016622	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016644	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016641	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016610	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016639	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016638	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017698	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017724	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016632	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016631	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016623	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017696	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016635	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016654	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016640	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016614	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017701	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017721	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017703	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016837	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016605	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016661	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016659	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016621	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016616	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016624	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016608	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00

AGENCY : 330 SHERIFF
 ORGANIZATION: 3308 SATELLITE CORRECTIONS

POSITION NUMBER	POSITION	TITLE	CIVIL		MINIMUM SALARY	MAXIMUM SALARY
			SERVICE STATUS	GRADE		
0016642	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016645	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016611	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016655	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016630	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016657	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017702	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016617	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017725	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016633	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016620	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017695	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016636	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016606	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0017694	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016656	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016411	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016412	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016413	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016414	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016416	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016417	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016418	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016419	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016420	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016421	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016422	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016423	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016424	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016425	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016426	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008683	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008381	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0000318	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0002319	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0003276	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008376	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0002258	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0005755	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006496	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001686	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0003890	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006682	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001803	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0000025	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008682	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0002990	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00

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FILLED POSITION REPORT
PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3308 SATELLITE CORRECTIONS

CIVIL

POSITION NUMBER	POSITION	TITLE	SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0006684	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001001	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0000702	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008382	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0002490	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0003219	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0003095	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008374	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006683	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008375	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006497	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001093	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0000143	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006494	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008377	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006492	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001777	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0015153	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0002725	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001500	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001668	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0000651	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0001534	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0005727	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0000586	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006491	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006495	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0005747	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008380	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0002275	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0008681	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0006678	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0005756	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0005753	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0002423	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017714	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017705	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017718	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017707	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017709	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017728	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017716	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017706	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017717	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017726	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017711	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017730	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00

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FILLED POSITION REPORT
PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3308 SATELLITE CORRECTIONS

POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0017727	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017715	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017704	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017712	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017713	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017729	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0017708	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0001361	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0020854	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0020856	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0020858	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0020859	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0020860	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0020861	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0020862	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0004426	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0001060	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0002775	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0002809	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0001120	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0008331	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0002492	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0003625	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0000262	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0004467	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0001612	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0004468	DETENTION OFFICER II	DETENTION OFFICER II	CLASS	B22	29,077.00	48,415.00
0005736	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0020863	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0020864	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0020865	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0020866	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0008371	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0017732	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0017735	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0017731	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0016626	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0016600	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0016601	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0016602	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0005742	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0005748	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0008370	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0001447	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0001047	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0008372	DETENTION OFFICER III	DETENTION OFFICER III	CLASS	B31	37,122.00	57,143.00
0002693	RECORDS & DOCUMENTS SUPERVISOR	RECORDS & DOCUMENTS SUPERVISOR	CLASS	B31	37,122.00	57,143.00

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FILLED POSITION REPORT
PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3308 SATELLITE CORRECTIONS

POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
TOTAL ORGANIZATION : 3308					5,203,355.00	8,768,449.00
NUMBER OF POSITIONS		188			5,203,355.00	8,768,449.00
TOTAL AGENCY : 330					32,497,401.00	51,009,705.00
NUMBER OF POSITIONS		922			32,497,401.00	51,009,705.00

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FILLED POSITION REPORT
PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3302 JAIL

POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE			
			STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0008251	ACCOUNTANT I	ACCOUNTANT I	CLASS	B23	32,649.00	52,271.00
0002299	ADMINISTRATIVE ASSISTANT I	ADMINISTRATIVE ASSISTANT I	CLASS	A13	22,375.00	38,743.00
0009067	ADMINISTRATIVE ASSISTANT II	ADMINISTRATIVE ASSISTANT II	CLASS	B21	25,506.00	44,168.00
0009087	ADMINISTRATIVE ASSISTANT II	ADMINISTRATIVE ASSISTANT II	CLASS	B21	25,506.00	44,168.00
0003407	ADMINISTRATIVE ASSISTANT II	ADMINISTRATIVE ASSISTANT II	CLASS	B21	25,506.00	44,168.00
0005978	ADMINISTRATIVE ASSISTANT II	ADMINISTRATIVE ASSISTANT II	CLASS	B21	25,506.00	44,168.00
0000312	ADMINISTRATIVE CHAPLAIN	ADMINISTRATIVE CHAPLAIN	CLASS	C43	54,100.00	76,822.00
0006360	CHIEF JAILER	CHIEF JAILER	UNCL	D71	80,024.00	125,637.00
0005760	CORRECTIONAL COUNSELOR	CORRECTIONAL COUNSELOR	CLASS	C41	46,957.00	66,678.00
0004307	DATA BASE SPECIALIST	DATA BASE SPECIALIST	CLASS	C41	46,957.00	66,678.00
0017609	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0020268	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0020269	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0017613	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0020266	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0017607	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0017602	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0017604	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0017605	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0017611	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0017616	DEPUTY CAPTAIN, SHERIFF	DEPUTY CAPTAIN, SHERIFF	CLASS	C52	61,254.00	90,044.00
0016683	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020872	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020873	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020875	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020876	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020877	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020878	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020879	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020880	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020881	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020882	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020883	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020884	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020885	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020886	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020887	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020888	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020889	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020890	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020891	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020892	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0020893	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016684	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016685	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016686	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016687	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00

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PERMANENT FULL-TIME POSITIONS

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF

ORGANIZATION: 3302 JAIL

POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0016688	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016689	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016691	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016692	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016664	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016665	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016666	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016667	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016668	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016669	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016670	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016671	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016673	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016674	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016675	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016676	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016677	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016678	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016679	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016680	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0016682	DETENTION OFFICER I	DETENTION OFFICER I	CLASS	B21	25,506.00	44,168.00
0015152	HEALTH PROGRAM MANAGER	HEALTH PROGRAM MANAGER	CLASS	C51	57,683.00	84,793.00
0002226	HUMAN RESOURCES COORDINATOR	HUMAN RESOURCES COORDINATOR	CLASS	C42	50,529.00	71,750.00
0002973	HUMAN RESOURCES SPECIALIST	HUMAN RESOURCES SPECIALIST	CLASS	B23	32,649.00	52,271.00
0005340	OFFICE ASSISTANT	OFFICE ASSISTANT	CLASS	A11	17,010.00	29,459.00
0009084	OFFICE ASSISTANT	OFFICE ASSISTANT	CLASS	A11	17,010.00	29,459.00
0005877	OFFICE ASSISTANT	OFFICE ASSISTANT	CLASS	A11	17,010.00	29,459.00
0004439	OFFICE ASSISTANT	OFFICE ASSISTANT	CLASS	A11	17,010.00	29,459.00
0009066	RECORDS & DOCUMENTS ASSISTANT	RECORDS & DOCUMENTS ASSISTANT	CLASS	A12	19,691.00	34,098.00
0009059	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0009082	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0009060	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0009061	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0009062	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0009063	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0009068	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0008407	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0008772	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0008773	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0006849	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0008774	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0008775	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0008778	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0008780	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0003634	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0004371	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0011184	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00

PERMANENT FULL-TIME POSITIONS

PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
 ORGANIZATION: 3302 JAIL

POSITION NUMBER	POSITION	TITLE	CIVIL		MINIMUM SALARY	MAXIMUM SALARY
			SERVICE STATUS	GRADE		
0011183	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0014042	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0005894	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0019446	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020715	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020716	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020717	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020718	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020719	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020720	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020721	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020722	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020723	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020724	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020725	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020726	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020728	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020729	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020730	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020731	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020732	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020733	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020735	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020736	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020737	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020738	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0001657	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0005879	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0001774	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0005869	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0003387	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0001172	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0005886	RECORDS & DOCUMENTS SPECIALIST	RECORDS & DOCUMENTS SPECIALIST	CLASS	B21	25,506.00	44,168.00
0020870	RECORDS & DOCUMENTS SUPERVISOR	RECORDS & DOCUMENTS SUPERVISOR	CLASS	B31	37,122.00	57,143.00
0020871	RECORDS & DOCUMENTS SUPERVISOR	RECORDS & DOCUMENTS SUPERVISOR	CLASS	B31	37,122.00	57,143.00
0003576	RECORDS & DOCUMENTS SUPERVISOR	RECORDS & DOCUMENTS SUPERVISOR	CLASS	B31	37,122.00	57,143.00
0006032	RECORDS & DOCUMENTS SUPERVISOR	RECORDS & DOCUMENTS SUPERVISOR	CLASS	B31	37,122.00	57,143.00
0009707	RECORDS & DOCUMENTS SUPERVISOR	RECORDS & DOCUMENTS SUPERVISOR	CLASS	B31	37,122.00	57,143.00
0008660	RECORDS & DOCUMENTS SUPERVISOR	RECORDS & DOCUMENTS SUPERVISOR	CLASS	B31	37,122.00	57,143.00
0008451	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0008390	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0008391	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0008240	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0005911	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0005940	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0005946	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0001750	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00

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AGENCY : 330 SHERIFF						PROGRAM NAME : GHR20142
ORGANIZATION: 3302 JAIL						
POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0005898	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0003441	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0005876	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0003136	SHERIFF DEP FIELD TRAINING OFF	SHERIFF DEP FIELD TRAINING OFF	CLASS	C41	46,957.00	66,678.00
0000755	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0008187	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0008445	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0008648	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0003719	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0008898	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0002398	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005826	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005840	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0002885	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005909	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0000421	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005935	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005883	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005864	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005835	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0006457	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0006480	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0002988	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0006450	SHERIFF DEPUTY I	SHERIFF DEPUTY I	CLASS	B23	32,649.00	52,271.00
0005893	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009007	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009008	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008967	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008968	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008969	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008971	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003108	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003718	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005800	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002380	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0004961	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003155	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008649	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008650	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008651	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008652	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008653	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008654	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008655	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008656	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008658	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008640	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3302 JAIL

POSITION NUMBER	POSITION	TITLE	CIVIL		MINIMUM SALARY	MAXIMUM SALARY
			SERVICE STATUS	GRADE		
0008444	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008406	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008447	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008453	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008395	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008396	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008399	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008400	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008402	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008186	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009040	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009042	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009043	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009046	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009048	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009049	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009051	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009052	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009053	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009054	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009055	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009056	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009057	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0009058	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008193	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008194	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008195	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008196	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008189	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008191	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005833	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008810	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008847	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008848	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001730	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006458	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008257	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003570	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001471	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005786	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008080	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008082	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008083	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008084	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008064	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008071	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008072	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
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POSITION NUMBER	POSITION	TITLE	CIVIL			
			SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0008074	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008075	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008077	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0008079	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001772	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003000	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002058	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003530	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006448	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005814	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002125	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005920	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000930	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006434	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0004726	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006477	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005881	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005838	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002888	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001496	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001911	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005890	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006452	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006109	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003242	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001197	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006460	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005821	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0004985	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006453	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000032	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002004	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005889	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001145	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0004340	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003478	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003683	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006478	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006447	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005930	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000987	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005903	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000273	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005916	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005829	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002017	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001161	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00

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AGENCY : 330 SHERIFF
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POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0002215	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006467	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005927	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006288	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005944	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006466	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005832	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006440	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000673	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005891	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006439	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006459	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006464	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002037	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001383	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005860	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006445	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000314	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000166	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002026	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002283	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005974	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000658	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005932	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005870	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006468	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000635	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003635	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003313	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006441	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005892	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002277	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005926	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006472	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002902	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000408	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005874	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002727	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0005908	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0003240	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000891	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0001415	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0002559	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0006446	SHERIFF DEPUTY II	SHERIFF DEPUTY II	CLASS	B23	32,649.00	52,271.00
0000272	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0003712	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0000719	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00

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PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
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POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0001108	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0008256	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0005818	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0003713	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0008192	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0009085	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0008242	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0008405	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0008646	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0005811	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0003207	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0003033	SHERIFF DEPUTY III	SHERIFF DEPUTY III	CLASS	B31	37,122.00	57,143.00
0004993	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0008385	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0008106	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0001888	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0008107	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0008973	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0002507	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0001987	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0008623	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0004974	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0008804	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0006418	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0004959	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0002857	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0004958	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0006420	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0004119	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0002850	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0003860	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0017741	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0017744	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0000327	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0009973	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0003065	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0005000	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0004978	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0006432	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0004997	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0000240	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0006419	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0004225	SHERIFF DEPUTY LIEUTENANT	SHERIFF DEPUTY LIEUTENANT	CLASS	C43	54,100.00	76,822.00
0008091	SHERIFF DEPUTY MAJOR	SHERIFF DEPUTY MAJOR	UNCL	D61	68,408.00	103,979.00
0008168	SHERIFF DEPUTY MAJOR	SHERIFF DEPUTY MAJOR	UNCL	D61	68,408.00	103,979.00
0008169	SHERIFF DEPUTY MAJOR	SHERIFF DEPUTY MAJOR	UNCL	D61	68,408.00	103,979.00
0003518	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00

6/18/05

FILLED POSITION REPORT
PERMANENT FULL-TIME POSITIONS

PAGE 146

PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3302 JAIL

POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE		MINIMUM SALARY	MAXIMUM SALARY
			STATUS	GRADE		
0001272	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0001244	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008805	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008806	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008807	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008808	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0003796	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008387	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008388	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008246	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0009038	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0009005	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008637	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0003801	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0002590	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008639	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0008897	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005976	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0017736	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0017738	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0017739	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0001607	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0002260	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0016628	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0016629	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004981	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0006425	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005002	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004208	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004215	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004992	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0001868	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005859	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004219	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004982	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0002644	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004218	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0002242	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004308	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0003158	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004996	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004976	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004973	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0001304	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005009	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005867	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005882	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00

6/18/05

FILLED POSITION REPORT
PERMANENT FULL-TIME POSITIONS

PAGE 147
PROGRAM NAME : GHR20142

AGENCY : 330 SHERIFF
ORGANIZATION: 3302 JAIL

POSITION NUMBER	POSITION	TITLE	CIVIL SERVICE STATUS	GRADE	MINIMUM SALARY	MAXIMUM SALARY
0004437	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004983	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0006431	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005007	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004980	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004438	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005090	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005834	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0006426	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004223	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004986	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004210	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0001932	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0000330	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004991	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005814	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005856	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004977	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004972	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005004	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0004984	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
0005913	SHERIFF DEPUTY SERGEANT	SHERIFF DEPUTY SERGEANT	CLASS	B32	42,484.00	62,886.00
TOTAL ORGANIZATION : 3302					15,895,779.00	24,839,826.00
NUMBER OF POSITIONS 445					15,895,779.00	24,839,826.00

APPENDIX

“C”



FULTON COUNTY JAIL FACILITIES WORK ORDER DETAILS

Reported By: [Redacted] Phone: [Redacted] Date: [Redacted] JCI WO#: [Redacted]

Shift (circle one): 1st [Redacted] 2nd [Redacted] 3rd [Redacted]

Location: [Redacted] Equipment ID: _____

Equipment Description: _____

Vandalism (circle one)	Y	N	Repaired (circle one)	Y	N	Gloves (circle one)	Y	N
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Work Request Priority:

- 1 **EMERGENCY** - Life or property threatening. Requires response within 30 minutes.
- 2 **HIGH-PRIORITY** - Non-threatening. Requires response within 24 hours.
- 3 **SCHEDULED** - Non-threatening. Requires response within 5 days.

Description of Work Request and Work Performed:

Date 1	Start Time	[Redacted]	End Time	[Redacted]	Start Time	_____	End Time	_____
Date 2	Start Time	_____	End Time	_____	Start Time	_____	End Time	_____

Actual Time and Materials

Time	Employee(s)	Materials/Parts	QTY	Unit Cost	Total
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Total Materials \$ _____

Floor Deputy/Staff: [Redacted] Date: [Redacted]

Lead Technician: [Redacted] Date: [Redacted]

Quality Review (Yes / No) By: _____ Date: _____

APPENDIX “D”

Policy No. 2400-30	Health Care	Heat Index	Page 1 of 2
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Fulton County Sheriff's Department Jail Bureau Policies and Procedures

Effective Date: October 28, 2004	Number: 2400-30	Pages: 2
Chapter: Health Care Inmate Housing Section Subject: Heat Index		Distribution: All Jail Bureau Personnel
References: 3-ALDF-4E-03, 4E-28, 4E-35		Amends/Rescinds:
Approving Authority / Date: October 29, 2004 (7:52AM)		Review:

I. Purpose

Prevention of heat related illness.

II. Policy

To identify and prevent heat injury in those patients at risk for heat related illness.

III. Scope

Protocol related to extreme heat in the housing units with malfunctioning or overloaded air conditioning capabilities

IV. Procedure

A. Identify those individuals know to be at high risk and further identify those individuals meeting the highest priority criteria.

1. Elderly (age + 60 years of age)
2. Patients on antihypertensive, antihistamine, antipsychotic, anti-cholinergic medications, and those on cyclic anti-depressants or hydroxyzine.
3. Patients with:
 - a. Cardiac Disease
 - b. Renal Disease
 - c. Parkinson's Disease
 - d. Cystic Fibrosis
 - e. Scleroderma
 - f. Extensive Burn Scars
 - g. Ectodermal Dysplasia
 - h. COPD (Chronic Obstructive Pulmonary Disease)

Policy No. 2400-30	Health Care	Heat Index	Page 2 of 2
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- i. Morbid Obesity
 - j. Hyperthroid Disease
 - k. Dehydration including those with active drug or alcohol withdrawal
 - l. History of heat-related illness
- B. The Watch Commander will report **heat index** as measured on all housing area (if media reported temperature is 80 degrees or above) to the Health Service Administrator. This will be measured and reported on every shift as long as the reported ambient temperature remains 80 degrees or higher or the recorded heat index on the housing area remains 88 degrees. The Health Service Administrator will notify the Chief Medical Officer and collaborate with the Shift Commander to assess what measures have been or will be taken by jail staff to avoid potential heat related illness. This should include the availability of additional ventilating fans, cold water, ice and electrolyte replacement solutions such as Gatorade or PowerAde.
- C. The Chief Jailer and the Chief Medical Officer/Health Service Administrator will collaborate to relocate patients as necessary to air conditioned sites.
- D. The Chief Medical Officer will maintain and update a list of those individuals at high risk through pharmacy records and the chronic disease registry.

Heat Index Table	
Heat Index	Affects on the human body
130 or above	Heat stoke highly likely with continued exposure.
105 to 130	Heat stroke likely with prolonged exposure.
90 to 105	Heat stroke possible with prolonged exposure.

30	70	75	80	85	90	95	100	105	110	115	120
35	67	73	78	84	90	96	104	113	123	135	148
40	67	73	79	85	91	98	107	118	130	143	
45	68	74	79	86	93	101	110	123	137	151	
50	68	74	80	87	95	104	115	129	143		
55	69	75	81	88	96	107	120	135	150		
60	69	75	81	89	98	110	126	142			
65	70	76	82	90	100	114	132	149			
70	70	76	83	91	102	119	138				
75	70	77	85	93	106	124	144				
80	70	77	86	95	109	130					
85	71	78	86	97	113	136					
90	71	78	87	99	117						
95	71	79	88	112	122						
100	71	79	89	105							
	72	80	91	108							

APPENDIX

“E”

FULTON COUNTY JAIL POLICY AND PROCEDURES

SUBJECT: PHOTOGRAPHING INMATES

DATE:

NUMBER:

POLICY: Where it is alleged that an inmate has been injured while in custody of the Fulton County Jail, as a result of any conduct of Fulton County or its employees, or any other person or entity, the inmates may be photographed by a visitor (whose name has been provided on the inmates' visitor's list maintained by the jail) or by his/her attorney provided that the inmate consents to be photographed and provided that all of the following procedures are followed. The inmate and the visitor may determine how many photographs are necessary and what parts of the inmate's body are to be photographed.

PROCEDURE:

1. Any visitor or attorney desiring to photograph an inmate shall give written notice to the Chief Jailer at least 2 hours prior to taking such photographs.
2. All cameras shall be subject to inspection upon arrival at the jail and shall not contain any film. Cameras must be able to be opened for inspection and no camera which is unable to be opened (such as a disposable camera) shall be permitted. All film shall be sealed in its original packaging upon arrival at the jail.
3. The visitor or attorney desiring to photograph an inmate must load the film in the camera in the presence of a jail deputy. The visitor or attorney must remove the film in the camera in the presence of a jail deputy.
4. Two sets of film negatives of photographs and prints of jail inmates shall be obtained by the jail from an independent contractor hired by the jail. Prints from the negatives and the negatives shall be provided by an independent contractor hired by the Sheriff's Department to the jail, the inmate, and/or the visitor or attorney taking the photographs upon receipt of payment for the cost of developing the printing the photographs. Prints and negatives shall be made available within five (5) days.
5. All photographing of inmates shall be done in the immediate presence of a jail deputy, regardless of whether the inmate's attorney or a visitor photographs the inmate. Where photographs are taken by the inmate's attorney, the inmate and attorney shall be permitted a normal attorney-client visitation either before or after the photographing is complete.
6. All copies of negatives and prints of jail inmates shall be maintained in a filing system in the jail for a period of two (2) years. Anyone inspecting, reviewing, seeking copies of or other access to the

negatives and/or prints of jail inmates shall sign and date a log sheet which shall be officially located on or near the files wherein the negatives and prints are maintained under lock and key. The log sheet shall reflect the date on which the negatives and/or prints were removed and returned to the file and shall generally provide the reason for the inspection, review and copy(ies) of the prints and negatives. Neither Fulton County nor the jail shall be responsible or liable in any way to any inmate, attorney or visitor for lost or stolen negatives and prints that were in the possession of the jail.

7. Anyone inspecting, reviewing, seeking copies of or otherwise seeking access to the negatives and/or prints must first obtain written permission from the Sheriff, Chief Deputy or Chief Jailer and/or his/her designee.

8. In compliance with Georgia law, all copies of negatives and prints are subject to the Georgia Open Records' Request.

Exhibit 13

(California)



PC-CA-018-007

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,
Plaintiffs,

v.

ARNOLD SCHWARZENEGGER,
et al.,
Defendants.

NO. C01-1351 TEH

CLASS ACTION

FINDINGS OF FACT AND
CONCLUSIONS OF LAW RE
APPOINTMENT OF RECEIVER

United States District Court
For the Northern District of California

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INTRODUCTION

On June 30, 2005, after six days of evidentiary hearings, this Court ruled from the bench that it would establish a Receivership to take control of the delivery of medical services to all California state prisoners confined by the California Department of Corrections and Rehabilitation (“CDCR”). The purpose of this written decision is to amplify upon this Court’s June 30, 2005 oral ruling by providing the specific Findings of Fact and Conclusions of Law that underlay this decision, as well as to address further proceedings in this case.

By all accounts, the California prison medical care system is broken beyond repair. The harm already done in this case to California’s prison inmate population could not be more grave, and the threat of future injury and death is virtually guaranteed in the absence of drastic action. The Court has given defendants every reasonable opportunity to bring its prison medical system up to constitutional standards, and it is beyond reasonable dispute that the State has failed. Indeed, it is an uncontested fact that, on average, an inmate in one of California’s prisons needlessly dies every six to seven days due to constitutional deficiencies in the CDCR’s medical delivery system. This statistic, awful as it is, barely provides a

1 window into the waste of human life occurring behind California’s prison walls due to the
2 gross failures of the medical delivery system.

3 It is clear to the Court that this unconscionable degree of suffering and death is sure to
4 continue if the system is not dramatically overhauled. Decades of neglecting medical care
5 while vastly expanding the size of the prison system has led to a state of institutional
6 paralysis. The prison system is unable to function effectively and suffers a lack of will with
7 respect to prisoner medical care.

8 Accordingly, through the Court’s oral ruling and with this Order, the Court imposes
9 the drastic but necessary remedy of a Receivership in anticipation that a Receiver can reverse
10 the entrenched paralysis and dysfunction and bring the delivery of health care in California
11 prisons up to constitutional standards. Once the system is stabilized and a constitutionally
12 adequate medical system is established, the Court will remove the Receiver and return
13 control to the State. Progress toward that goal will be enhanced and quickened by the
14 support of the defendants. Fortunately, the Court is confident that the leaders of the State
15 prison system recognize the gravity of the problem and are committed to facilitating the
16 Receivership.

17
18 **PROCEDURAL BACKGROUND**

19 Plaintiffs filed this class action on April 5, 2001, alleging that defendants were
20 providing constitutionally inadequate medical care at all California state prisons.¹
21 Defendants agreed to enter into a consent decree and to implement comprehensive new
22 medical care policies and procedures at all institutions. See June 13, 2002 Stipulation for
23 Injunctive Relief. The Stipulated Injunction provides in part: “The Court shall have the
24 power to enforce the Stipulation through specific performance and all other remedies
25

26
27 ¹ This suit exempts Pelican Bay State Prison, which is under Court jurisdiction in the
28 case of *Madrid v. Woodford*, No. C90-3094 TEH. See June 13, 2002 Stipulation for
Injunctive Relief at 3-4.

1 permitted by law.” It also provides that it “shall be binding upon, and faithfully kept,
2 observed, performed and be enforceable by and against the parties.” *Id.* at 14. Defendants
3 also agreed to the court appointment of medical and nursing experts to assist with the
4 remedial process. *See* June 13, 2002 Order Appointing Experts.

5 Defendants were ordered to implement new policies and procedures on a staggered
6 basis, with seven prisons to complete implementation in 2003, and five additional prisons for
7 each succeeding year until state-wide compliance is achieved. The Court Experts submitted
8 a report on July 16, 2004 which found an “emerging pattern of inadequate and seriously
9 deficient physician quality in CDC facilities.” July 16, 2004 Report (part 2) at 1. In
10 response, defendants agreed to address the very serious issues identified in the report through
11 a Stipulated Order re Quality of Patient Care and Staffing, which this Court approved on
12 September 17, 2004 (“Patient Care Order”). The Patient Care Order required defendants to
13 engage an independent entity to (a) evaluate the competency of physicians employed by the
14 CDCR and (b) provide training to those physicians found to be deficient. It also required
15 defendants to undertake certain measures with respect to the treatment of high-risk patients,
16 to develop proposals regarding physician and nursing classifications and supervision, and to
17 fund and fill Quality Management Assistance Teams (“QMAT”) and other support positions.
18 Defendants failed to come close to meeting the terms of the Patient Care Order, even with
19 generous extensions of time from the Court.

20 On May 10, 2005, this Court issued an Order to Show Cause (“OSC”) as to (1) why a
21 Receiver should not be appointed to manage health care delivery for the CDCR until
22 defendants prove that they are capable and willing to do so without Court intervention, and
23 (2) why defendants should not be held in civil contempt of this Court’s prior orders. On May
24 31, and June 1-2 and 7-9, 2005, the Court conducted an evidentiary hearing in which the
25 parties presented evidence relating to the OSC. That evidence took the form of testimony
26 from the Court Experts, state employees in positions critical to the prison medical system,
27 and the state’s medical consultant, as well as eighty-two exhibits.

28

1 On May 17 and June 1, 2005, the Court received correspondence from the president of
2 the Service Employees International Union (“SEIU”) Local 1000, on behalf of SEIU and
3 other unions representing state prison medical personnel, asking to participate in the
4 evidentiary hearings. The Court responded by inviting the unions to submit an amicus brief.

5 The parties subsequently submitted legal briefs addressing the issues of contempt and
6 Receivership in light of the evidence elicited at the hearing, and the unions filed an amicus
7 brief. On June 30, 2005 the Court held a hearing on the OSC. Based on the arguments of
8 counsel, the evidence presented, the full record in this case, and the Court’s own observations
9 on prison tours, the Court delivered an oral ruling at the conclusion of the hearing that it
10 would take control of the medical delivery system of the CDCR and place it under the
11 auspices of a Receivership. This Order is consistent with that ruling and provides a full
12 discussion of the Court’s findings of fact and conclusions of law.

13
14 **FINDINGS OF FACT**

15 **A. Background**

- 16 1. Over the past 25 years, the California correctional system has undergone a vast
17 expansion in size and complexity. Ex. 42 at 1 (Governor’s Reorganization Plan 2 – “A
18 Government for the People for a Change: Reforming California’s Youth and Adult
19 Correctional System”). Since 1980, the inmate population has grown well over 500 percent
20 and the number of institutions has nearly tripled from 12 to 33. *Id.* Currently, the CDCR has
21 approximately 164,000 inmates, 114,000 parolees, and 45,200 employees. *Id.* at 1, 3.
- 22 2. Defendants concede that this rapid growth of the correctional system was not
23 accompanied by organizational restructuring to meet increasing system demands and that it
24 requires fundamental reform in a variety of areas, including management structure,
25 information technology and health care services in order to function effectively and in
26 compliance with basic constitutional standards. *Id.* at 6-7.
- 27 3. A prevailing lack of accountability within California’s struggling correctional system
28 has resulted in a failure to correct basic problems and an increase in tell-tale signs of

1 dysfunction. *Id.* at 5. The CDCR has functioned for years under a decentralized structure in
2 which individual wardens wielded extensive independent authority in determining prison
3 standards and operating procedures. *Id.* These “operational silos” resulted in a lack of
4 accountability and responsibility among the various institutions. *Id.*

5 4. In the area of health care services, the consequences of system expansion without
6 reform have been shocking. The Department’s annual health care budget has risen to over
7 \$1 billion. Ex. 41 at 103 (06/04 “Reforming Corrections” – Report of the Corrections
8 Independent Review Panel, Chapter 6 - Risk Management and Care). The CDCR’s spending
9 on health care is so poorly managed, however, that this increase in budget has been
10 tantamount to throwing good (taxpayer) money after bad.

11
12 **B. Defendants’ Failure to Provide Constitutionally Adequate Medical Care has
13 Caused Plaintiffs Extreme Harm**

14 5. As required by the Court’s June 13, 2002 Stipulation for Injunctive Relief, the Court’s
15 Medical Experts visited nine prisons that had begun implementation of the Inmate Medical
16 Policies and Procedures. Reporter’s Transcript of Evidentiary Hearing (“RT”) 263:9-14
17 (LaMarre); RT 28:19-22 (Puisis); RT 339:11-340:10 (Goldenson). As set forth in their
18 reports, the Experts concluded that defendants’ failure to implement the required remedies
19 had the effect of placing CDCR prisoners at serious risk of harm or death. *See, e.g.*, Exs. 51-
20 64 and 95 (reports by Court Experts regarding conditions in various prisons). The extensive
21 and disturbing findings of the Expert’s reports are essentially uncontested, and the Court
22 finds that they accurately describe an extreme crisis in CDCR’s medical delivery system.

23 **(1) Lack of Medical Leadership**

24 6. The leaders of the CDCR medical system lack the capability and resources necessary
25 to deliver adequate health care, much less fix the abysmal system that now exists. Dr. Rene
26 Kanan, Acting Director of Health Care Services for the CDCR, testified that the CDCR lacks
27 an adequate system to manage and supervise medical care, both in the central office and at
28 nearly all of its prisons. RT 572:1-5 (Kanan).

United States District Court
For the Northern District of California

1 7. Indeed, Undersecretary of Corrections Kevin Carruth testified that medical care
2 simply is not a priority within the CDCR, is not considered a “core competency” of the
3 Department, and is “not the business of the CDC, and it never will be the business of the
4 Department of Corrections to provide medical care.” RT 554: 4-15. Mr. Carruth could not
5 even estimate when significant improvements to the system might be made if the State were
6 left to its own devices. RT 549:1-4 (Carruth); RT 571:11-22 (Kanan).

7 8. In order to implement medical care policy, Dr. Kanan must seek assistance from non-
8 medical administrators with higher authority. RT 727:22-729:7 (Rougeux). To make matters
9 worse, many prison medical staff believe that the warden is their “real boss” even though
10 organization charts indicate that medical staff report to Dr. Kanan. RT 243:3-16 (Puisis).
11 The Court finds, as defendants’ own expert consultant Dr. Ronald Shansky testified, that the
12 Deputy Director is inhibited “internally, organizationally,” and in her dealings with external
13 governmental organizations to implement Court Orders because the Deputy Director lacks
14 the perceived and ultimate authority over the health care program. RT 671:14-672:15
15 (Shansky).

16 9. Furthermore, central office staff do not have the tools they need to handle the vast
17 quantity of information necessary to manage a billion dollar, 164,000 inmate system. RT
18 545:8-546:10 (Carruth). Data management, which is essential to managing a large health
19 care system safely and efficiently, is practically non-existent. RT 138:8-139:4; 140:3-9
20 (Puisis). The CDCR’s system for managing appointments and tracking follow-up does not
21 work. RT 140:12-24 (Puisis). These data management failures mean that central office staff
22 cannot find and fix systemic failures or inefficiencies. As just one of innumerable examples,
23 there are patients in the general prison population who need specialized housing, but the
24 CDCR does not track them and headquarters staff is unaware of how many specialized beds
25 are needed. Ex. 48 at 4.

26 10. The CDCR is aware of the actions required to improve the prison health care system,
27 but its leaders have not been able to address issues requiring systemic change. RT 390:19-
28 391:22 (Goldenson), RT 152:23-154:5 (Puisis). For example, although the Experts noted

1 repeatedly in reports to the CDCR headquarters staff that the health care delivery system in
2 San Quentin posed “a risk of imminent harm and death to patients,” it took a year for the
3 CDCR to take notice, due in part to a “lack of resource capacity in the Health Care Services
4 Division to address problems at multiple sites.” Ex. 56 at 1 (04/09/05 Expert LaMarre’s
5 Report on San Quentin State Prison from February 7-8, 2005 Visit). Dr. Kanan frankly
6 testified that the CDCR lacks an adequate system to manage and supervise medical care. RT
7 572:1-5 (Kanan).

8 11. The State reorganized the prison system into a new organizational structure effective
9 July 1, 2005. Ex 86 (Department of Corrections and Rehabilitation Organization Chart).
10 While the new structure holds promise for some improvements in the Department, it fails to
11 provide sufficient authority to the medical leadership, and may well exacerbate the problems
12 that currently exist. RT 677:8-14 (Shansky). The highest ranking health care operations
13 director is several levels down from the Secretary in the organizational hierarchy, and thus
14 does not have sufficient authority. RT 670:11-19 (Shansky); RT 149:18-152:1 (Puisis). The
15 new organization also splits health care operations and policy, thereby creating unnecessary
16 room for conflict and inefficiency. RT 677:15-23 (Shansky).

17 12. The Court finds that the CDCR leadership simply has been – and presently is –
18 incapable of successfully implementing systemic change or completing even minimal goals
19 toward the design and implementation of a functional medical delivery system.

20 **(2) Lack of Qualified Medical Staff**

21 **a. Medical Administrators**

22 13. Of the higher level management positions in the CDCR’s Health Care Services
23 Division, *80% are vacant*, making effective supervision or management impossible. RT
24 572:6-8 (Kanan); RT 543:10-16 (Carruth). This is akin to having a professional baseball
25 team with only a relief pitcher and no infielders.

26 14. Furthermore, the CDCR has not hired regional medical directors as ordered. RT
27 392:20-25 (Goldenson). These regional medical directors are needed to provide supervision
28 of medical staff at the institutional level. RT 93:11-94:17 (Puisis). Court Expert Goldenson

1 accurately described the absence of regional management, coupled with incompetent prison
2 staff, as resulting in “the blind leading the blind.” RT 387:21-388:10 (Goldenson).

3 15. There also is no central office leadership in nursing. This makes it difficult to initiate
4 and ensure compliance with nursing policy and practice. Ex. 48 at 6 (07/09/04 Plata Experts’
5 Second Report, Part One); RT 270:1-17 (LaMarre). Moreover, there is a severe shortage of
6 nursing supervisors at the prisons. RT 274:12-19 (LaMarre).

7 **b. Physicians**

8 16. The CDCR sorely lacks sufficient qualified physicians to provide adequate patient
9 care to prisoners. While there certainly are some competent and dedicated doctors working
10 within the system, they are unable to service even a fraction of the entire prisoner population.
11 RT 682:14-22 (Shanksy). Many other CDCR physicians are inadequately trained and poorly
12 qualified as, for many years, CDCR did not have appropriate criteria for selecting and hiring
13 doctors. RT 669:4-17 (Shansky). Dr. Shansky testified that historically the CDCR would
14 hire any doctor who had “a license, a pulse and a pair of shoes.” RT 669:7-9 (Shanksy).
15 According to Dr. Puisis, 20-50% of physicians at the prisons provide poor quality of care.
16 RT 51:17-19 (Puisis). Many of the CDCR physicians have prior criminal charges, have had
17 privileges revoked from hospitals, or have mental health related problems. Ex. 49 at 3
18 (07/16/04 Plata Experts’ Second Report, Part Two); Ex. 54 at 1 (03/17/05 Email from Expert
19 Puisis re: Visit to Substance Abuse Treatment Facility State Prison (“SATF”)). An August
20 2004 survey by CDCR’s Health Care Services Division showed that approximately 20
21 percent of the CDCR physicians had a record of an adverse report on the National
22 Practitioner Databank, had a malpractice settlement, had their license restricted, or had been
23 put on probation by the Medical Board of California. RT 580:1-7 (Kanan). The Court
24 Experts testified that the care provided by such doctors repeatedly harms prisoner patients.
25 RT 350:18-355:21 (Goldenson); RT 51:12-13 (Puisis). The Court finds that the
26 incompetence and indifference of these CDCR physicians has directly resulted in an
27 unacceptably high rate of patient death and morbidity.

28

1 17. Inadequate medical care in CDCR is due not merely to incompetence but, at times, to
2 unprecedented gross negligence. RT 366:25-367:4 (Goldenson). Indeed, the evidence from
3 multiple sources establishes that medical care too often sinks below gross negligence to
4 outright cruelty. Ex. 54 at 1; RT 74:6-75:8 (Puisis).

5 18. The Court will give just a few representative examples from the testimonial and
6 documentary evidence. In one instance, a prisoner reported a two to three week history of
7 fever and chills and requested care. RT 346:9-10 (Goldenson). The prisoner repeatedly
8 visited medical staff with an increasingly serious heart condition but was consistently sent
9 back to his housing unit. RT 347:1-19 (Goldenson). Eventually, the patient received a
10 correct diagnosis of endocarditis, a potentially fatal heart condition treatable with antibiotics,
11 but did not get appropriate medication. *Id.* Finally, the prisoner went to the prison
12 emergency room with very low blood pressure, a high fever and cyanotic (blue) fingertips,
13 indications of seriously deficient blood flow and probable shock. RT 347:20-25; 350:3-10
14 (Goldenson). Despite the objections of a nurse who recognized the severity of the prisoner's
15 condition, the physician attempted to return the patient to his housing unit without treatment.
16 RT 348:1-5 (Goldenson). Rather than being sent to a community hospital emergency room
17 for immediate treatment, as would have been appropriate, the patient was sent to the prison's
18 Outpatient Housing Unit for observation. RT 348:7-12 (Goldenson). He died shortly
19 thereafter from cardiac arrest. *Id.* Dr. Goldenson found that this course of treatment was
20 "the most reckless and grossly negligent behavior [he had] ever seen by a physician." RT
21 350:21-24; Ex. 80 at 4 (10/09/04 Investigation into Patient Death).

22 19. In another example, a prisoner repeatedly requested to see a doctor regarding acute
23 abdominal and chest pains; the triage nurse canceled the medical appointment, thinking the
24 prisoner was faking illness. RT 63:10-20 (Puisis). When the prisoner requested transfer to
25 another prison for treatment, his doctor refused the request without conducting an
26 examination. RT 63:21-24 (Puisis). A doctor did see the prisoner a few weeks later but
27 refused to examine him because the prisoner had arrived with a self-diagnosis and the doctor
28 found this unacceptable. RT 63:25-64:7 (Puisis); Ex. 54 at 1. The prisoner died two weeks

1 later. RT 64:11-12 (Puisis). Sixty-two grievances had been filed against that same
2 physician, but when interviewed by the Court Expert, the physician advised that most of the
3 prisoners she examined had no medical problems and were simply trying to take advantage
4 of the medical care system. Ex. 54 at 1.

5 20. In a further example, in 2004 a San Quentin prisoner with hypertension, diabetes and
6 renal failure was prescribed two different medications that actually served to exacerbate his
7 renal failure. RT 64:13-19 (Puisis). An optometrist noted the patient's retinal bleeding due
8 to very high blood pressure and referred him for immediate evaluation, but this evaluation
9 never took place. RT 65:3-7 (Puisis). It was not until a year later that the patient's renal
10 failure was recognized, at which point he was referred to a nephrologist on an urgent basis;
11 he should have been seen by the specialist within 14 days but the consultation never
12 happened and the patient died three months later. RT 64:22-65:4 (Puisis). Dr. Puisis
13 testified that "it was like watching the natural history of high blood pressure turn into chronic
14 renal failure somewhat similar to the Tuskegee experiment." RT 65:8-14 (Puisis).

15 21. Defendants have made some efforts to identify and remove from patient care those
16 practitioners believed to be providing substandard care; in 2004, twelve such doctors were
17 removed. RT 595:10-21 (Kanan). The Quality In Corrections Medical ("QICM") program,
18 developed in conjunction with the Court Experts, Dr. Kanan, Dr. Shansky, and the University
19 of California at San Diego ("UCSD"), seeks to evaluate the work of identified CDCR
20 physicians in order to improve and assure physician quality. RT 606:25-609:6 (Kanan).
21 However, QICM has encountered considerable obstacles to implementation and as of yet has
22 not satisfactorily addressed the problems of incompetence and indifference. RT 539:7-13.

23 (I) Death Reviews

24 22. Death reviews provide a mechanism for medical delivery systems to identify and
25 correct problems. RT 37:7-11 (Puisis); RT 367:10-17 (Goldenson). These reviews should
26 determine whether there has been a gross deviation from the adequate provision of care and
27 whether the death was preventable. RT 342:14-344:20 (Goldenson). These reviews should
28

1 be conducted even when death is expected, such as with a terminal condition, to determine if
2 appropriate care has been provided. *Id.*; *see also* RT 587:2-7 (Kanan).

3 23. Expert review of prisoner deaths in the CDCR shows repeated gross departures from
4 even minimal standards of care.² In 2004, the Court Experts and Dr. Shansky reviewed
5 approximately 193 deaths, the majority from August 2003 to August 2004. These death
6 reviews were the result of an Order of this Court after CDCR failed to perform the death
7 reviews independently. RT 38:10-21 (Puisis); *see also* Ex. 34 (Report on death reviews
8 conducted by Drs. Puisis, Goldenson, and Shansky in December 2004). These were only a
9 portion of the backlogged death review cases. RT 38:22-24 and 195:12-17 (Puisis); *see also*
10 370:1-7 (Goldenson).

11 24. The Court Experts concluded, and the Court finds, that thirty-four of the deaths were
12 serious and probably preventable. RT 42:21-24 (Puisis). CDCR sent these thirty-four cases
13 to physicians at UCSD for review. RT 370:22-371:1 (Goldenson). On May 31, 2005, the
14 UCSD physicians provided reviews for 23 cases. RT 356:10-13 and 371:10-14 (Goldenson).
15 In twenty cases, the UCSD physicians found serious errors that contributed to death. RT
16 372:2-9 (Goldenson); *see also* Ex. 84 (UCSD Physician Assessment and Clinical Education
17 Program Review of CDC Death Records). The conclusions of the UCSD physicians
18 confirmed that the medical care provided by the prison medical staff prior to the inmates'
19 deaths was well below even minimal standards of care. Ex. 84. The reviewing physicians
20 used the following language to describe some of their conclusions: "a gross" departure from
21 the standard of care (Ex. 84, Case A at 2); "standard of care definitely not met" (Ex. 84, Case
22 D at 17); "a number of deviations" and "a severe systemic problem" (Ex. 84, Case F at 24);
23

24
25 ² As stated in the Stipulated Order, the Court applies a "community standard," i.e. the
26 standard of care imposed under the laws of the State of California upon health care providers
27 licensed to practice in California. *See* Stipulation for Injunctive Relief at 11 n. 3; *see also*
28 *U.S. v. DeCologero*, 821 F.2d 39, 43 (1st Cir. 1987) (defining constitutionally adequate
medical services as being "at a level reasonably commensurate with modern medical science
and of a quality acceptable within prudent professional standards"); *Smith v. Jenkins*, 919
F.2d 90, 93 (8th Cir. 1990) (measuring standard of care under Eighth Amendment by
"professional standards").

1 “a gross departure” and “treatment ... far below the standard” (Ex. 84, Case I at 32); “the
2 corrections medical system failed the patient” and the inmate “died of what quite likely was a
3 preventable process” (Ex. 84, Case K at 39 & 41); “an egregious deviation” (Ex. 84, Case Q
4 at 59; Case X at 85); “a fatal omission” and “a gross deviation” (Ex. 84, Case U at 74);
5 “multiple gross deviations” (Ex. 84, Case W at 83). A Court Expert also testified: “You
6 would not expect [] one death like this in a relatively large-sized facility for years. As an
7 example, if I took one of the most problematic deaths that we reviewed, I don’t think I saw
8 one of these in my entire 20 years” experience in managing prison facilities. RT 44:7-13
9 (Puisis); RT 350:18-351:4 (deaths were the result of the “most reckless and grossly negligent
10 behavior” he has ever seen) (Goldenson).

11 25. The Court will provide just one of many examples to illustrate the problems revealed
12 by the death reviews. An inmate arrived at 4:30 a.m. at the prison infirmary due to
13 complaints of shortness of breath and tiredness. Ex. 84, Case W at 2-3. About a week prior,
14 the inmate had reportedly been swollen all over with a blood pressure of 150/126 and a heart
15 rate of 100. The night before his death the inmate had been brought to the infirmary for very
16 similar complaints. *Id.* The following morning at 6:00 a.m., the nurse and physician
17 determined that further care was unnecessary at that time and released the inmate from the
18 infirmary. *Id.* On his return to the transport van, the inmate began staggering, went down on
19 his hands and knees and went prone. *Id.* As the inmate was helped into the van, a medical
20 provider told a correctional officer that the inmate “was fine and just needed sleep.” *Id.*
21 When the inmate arrived at his housing unit fifteen minutes later, he stumbled out of the van,
22 went down on his hands and knees, then went prone and became unresponsive. *Id.* By 6:30
23 a.m., the inmate had no vital signs, and at 7:02 a.m. he was pronounced dead. *Id.* The
24 UCSD physicians determined that there were “multiple gross deviations from the standard of
25 care” in this case, including an inadequate monitoring of the inmate’s diabetes and
26 hypertension in the years before his death, a lack of concern for high blood pressure readings
27 in the days and weeks before his death, the lack of a personal physician’s evaluation of the
28

1 inmate when he came to the infirmary, and the failure to diagnose or treat the congestive
2 heart failure from which the inmate presumably died. Ex. 84, Case 22 at 3.

3 26. The Court Experts have made even further findings based on their reviews of
4 additional death records beyond those sent to UCSD. In March 2005, a Court Expert
5 reviewed the death files of ten prisoners at SATF prison and determined that at least seven
6 deaths were preventable, and two more might have been preventable. Ex. 54 at 2. The Court
7 Expert concluded that the care provided in most of the cases constituted medical
8 incompetence. *Id.*

9 27. In February 2005, the Court Experts made similar conclusions regarding the review of
10 ten deaths at San Quentin; most of the deaths had been preventable. Ex. 55 at 13. The Court
11 adopts these uncontested expert findings regarding preventable deaths.

12 28. All of this information led Dr. Puisis to the uncontested conclusion, as referenced in
13 the Introduction, that on average, every six to seven days one prisoner dies unnecessarily.
14 RT 44:2-18, 86:8-13 (Puisis) (“based on estimates of deaths, there is probably one to two
15 preventable deaths per site per year.”).

16 (ii) Morbidity

17 29. The lack of adequate care in prisons also has resulted in a significant degree of
18 morbidity to inmate-patients. RT 86:7-13 (Puisis); 372:14-373:14 (Goldenson). Morbidity is
19 defined as any significant injury, harm or medical complication that falls short of death. RT
20 31:1-5 (Puisis).

21 30. In one instance, a physician’s cruelty may have caused a prisoner to suffer paralysis.
22 RT 74:6-75:8 (Puisis). The prisoner arrived at the clinic after a fight and was unable to move
23 his legs. *Id.* As the patient had sustained a neck injury, the medical staff should have
24 immobilized his neck to prevent further injury. *Id.* When the patient failed to respond as the
25 doctor stuck needles in his legs, the doctor said that the patient was faking, and moved his
26 neck from side to side, paralyzing the patient, assuming he was not already paralyzed. *Id.*
27 Dr. Puisis termed his actions “fairly amazing” and cruel. *Id.*

28

1 31. In addition, the CDCR has a significant number of preventable acute care
2 hospitalizations. RT 161:7-20 (Puisis). Due to the lack of appropriate care, the health of
3 high risk chronic care patients is particularly compromised, and though such care may not
4 lead to death, lives are markedly shortened. RT 372:14-373:2 (Goldenson). Considering the
5 general risk to patients due to inadequate medical care, the unnecessary deaths are just “the
6 tip of the iceberg.” *Id.*

7 32. Given the Court’s findings regarding inmate deaths, it should be no surprise that the
8 Court also finds that there is an inordinately high level of morbidity among CDCR prisoners.

9 c. Nurses

10 33. The evidence establishes beyond a doubt that the CDCR fails to provide competent
11 nurses to fill the needs of the prison medical care system. According to the Court’s nursing
12 Expert, Maddie LaMarre, CDCR nurses often fail to perform basic functions and refuse to
13 carry out specific physician’s orders. RT 279:16-280:6 (LaMarre). She also found that a
14 number of nurses were not even certified in basic CPR. Ex. 53 at 10 (02/28/05 Expert
15 LaMarre’s Report on CSP - Sacramento from January 24-25, 2005). At certain prisons,
16 nurses often fail to identify urgent medical issues that require immediate referral to a
17 physician. RT 285:17-286:7 (LaMarre). Even where face-to-face triage is implemented,
18 nurses often fail to take vital signs or conduct examinations. Ex. 56 at 4; RT 286:8-24
19 (LaMarre). Nurses then often fail to adequately assess patients and dispense appropriate
20 over-the-counter medications for problems. RT 286:25-287:7 (LaMarre).

21 34. Additionally, the evidence shows that those nurses who fail to perform basic duties
22 over an extended period of time are not disciplined. Ex. 62 at 10 (05/16/05 Experts’ Report
23 on Visit to Substance Abuse Treatment Center); RT 275:7-276:7 (LaMarre).

24 (3) Lack of Medical Supervision

25 35. The Court finds that the lack of supervision in the prisons is a major contributor to the
26 crisis in CDCR medical delivery.

27 36. At the institutional level, there are very few managers and supervisors that are
28 competent. RT 386:9-23. (Goldenson). Thus, it is difficult to carry out central office

1 directives. RT 94:5-8 (Puisis). Just five or six prisons have an adequate Chief Physician and
2 Surgeon, and only one-third of the prisons have an adequate Health Care Manager. RT
3 578:7-579:2 (Kanan). For example, the Experts report that San Quentin is “a completely
4 broken system bereft of local medical leadership.” Ex. 55 at 9.

5 37. A large part of the problem is simply a lack of personnel and a chronic high vacancy
6 rate. Ex. 51 at 2 (02/18/05 Expert LaMarre’s Report on Salinas Valley State Prison from
7 January 26-27, 2005 Visit); Ex. 55 at 11; Ex. 60 at 1 (05/04/05 Email from Expert Puisis re:
8 Experts’ concerns from visit to Pleasant Valley State Prison). Many line-staff, including
9 both physicians and nurses, work without any supervision whatsoever. Ex. 39 at 5 (01/03
10 OIG Management Audit Review from California Substance Abuse Treatment Facility and
11 State Prison (and supplement to report), pages 5-7, 22-38, Attachment A); Ex. 62 at 4; Ex. 63
12 at 2 (05/16/05 Experts’ Report on Visit to California State Prison - Corcoran); Ex. 64 at 6
13 (Experts’ Report on Visit to Pleasant Valley State Prison Miscellaneous); Ex. 95 at 2 (Email
14 from Dr. Puisis re: Conference Call re: CSP-SAC); RT 273:18-25 (LaMarre).

15 38. This lack of leadership and supervision has resulted in a failure to correct the myriad
16 problems within the CDCR medical clinics. Ex. 51 at 2; RT 95:18-22 (Puisis). Such
17 unaddressed problems have made the provision of adequate medical care impossible and
18 clearly have resulted in patient deaths. Ex. 54 at 1, 2; Ex. 62 at 5; RT 285:11-286:4
19 (LaMarre).

20 39. A further result of this non-supervision is that doctors responsible for patient death
21 and morbidity receive little if any discipline from supervising physicians. RT 44:24-45:6
22 (Puisis). Beyond the obvious problem of condoning malpractice and allowing incompetent
23 doctors to remain on staff, the leadership vacuum and lack of discipline also fosters a culture
24 of non-accountability and non-professionalism whereby “the acceptance of degrading and
25 humiliating conditions [becomes] routine and permissible.” Ex. 55 at 11; Ex. 51 at 2. No
26 organization can function for long when such a culture festers within it, and it has become
27 increasingly clear to the Court that this is a major factor in the current crisis.

28

United States District Court

For the Northern District of California

(4) Failure to Engage in Meaningful Peer Review

1
2 40. Peer review is the periodic review of work by similarly qualified professionals. Ex.
3 49 at 3; RT 136:5-7 (Puisis). For quality control and the identification of bad practitioners,
4 peer review is performed universally by health care organizations. RT 136:8-10, 137:9-13.
5 (Puisis). But in the CDCR, peer review “is either bogus or it’s not done at all.” RT 136:21-
6 23 (Puisis).

7 41. The peer review process sometimes fails because there is a paucity of qualified staff to
8 engage in the process. Doctors with internal medicine qualifications are needed to review
9 medical decisions, correct mistakes and provide training, but such doctors are rarely present
10 at the institutions. Ex. 49 at 3-4. At some prisons, the doctors who engage in the peer review
11 process are incompetent. As a result, “untrained physicians who make mistakes will
12 continue to make them because there is no one to identify and correct their mistakes.” *Id.*

(5) Defendants Lack the Capacity to Recruit Qualified Personnel for Key Medical Positions

13
14 42. The CDCR also suffers from a significant vacancy rate in critical positions within the
15 medical care line-staff. Ex. 1 at 2 (01/09/04 Letter from QMAT Members re: San Quentin
16 Visit on January 7, 2004); Ex. 2 at 4 (01/07/05 QMAT Process Review of San Quentin); Ex.
17 10 at 4 (11/04 QMAP System Review of California Correctional Institute); Ex. 18 at 1
18 (08/25/04 QMAP Institutional Review Weekly Report from Salinas Valley State Prison); Ex.
19 23 at 1 (09/03/04 QMAP Institutional Review Weekly Report from California State Prison -
20 Sacramento); Ex. 33 at 11 (Corrective Action Plan for July 9, 2004 Letter from Court
21 Experts, Revised 03/03/05); Ex. 41 at 113; Ex. 48 at 6-7; Ex. 51 at 2; Ex. 56 at 11; Ex. 84 at
22 4. The vacancy rate for physician positions is over 15%, and this does not account for the
23 additional significant percentage of incompetent doctors who need to be replaced. RT
24 579:11-13 (Kanan). The rates differ from institution to institution, depending partly on the
25 desirability of the location and the culture of the prison. At one institution, there are only
26 two doctors responsible for approximately 7,000 prisoners. RT 643:22-644:7 (Kanan).
27
28

1 43. The Court finds, based on estimates by the court Experts and CDCR's consultant, that
2 the CDCR must hire approximately 150 competent physicians to fill vacancies and replace
3 inadequate physicians throughout the system. RT 96:9-12 (Puisis); RT 680:19-23 (Shansky).

4 44. The vacancy problem also plagues the Department in all other areas of health care
5 staffing. Vacancy rates at some institutions are as high as 80% for Registered Nurses (RNs)
6 and 70% for Medical Technical Assistants (MTAs) (i.e. licensed vocational nurses who are
7 also custody officers). RT 287:20-22 (LaMarre).

8 45. The CDCR has made some efforts to recruit and retain qualified supervisors, doctors,
9 nurses and MTAs. However, these efforts have paled in the face of the enormity of need.
10 RT 58:3-60:5 (Puisis); RT 288:3-5 (LaMarre). The CDCR's efforts also have been stymied
11 to large degree by the state bureaucracy, as discussed below.

12 46. The reality facing the CDCR is that its efforts to recruit qualified medical staff into the
13 current system have been ill-fated from the start. For example, compensation levels for
14 CDCR medical staff are simply too low. RT 59: 8-17 (Puisis) According to a CDCR
15 commissioned study, compensation for CDCR staff registered nurses is 20-40% lower than
16 for RNs in the private sector, and up to 57% lower for some supervising nurses. Ex. 81 at 8
17 and 11 (CDCR Nurses and Pharmacists Compensation Survey, November 2004). Yet the
18 State has failed to pay heed to the study and the nurse staffing crisis continues unabated.

19 47. The difficulty in recruiting qualified medical staff is compounded by the poor working
20 conditions offered. RT 295:21-24 (LaMarre). In one instance, the triage nurse at San
21 Quentin had to walk through the men's shower room, while it was in use, in order to get to
22 her "clinic" in which she had no sink, exam table or medical equipment. RT 295:1-12
23 (LaMarre). Many competent professionals simply will not work, at least not for long, under
24 such conditions.

25 48. In addition, the long and bureaucratic hiring process at CDCR increases the difficulty
26 of retaining competent doctors and nurses. RT 99:21-25 (Puisis); RT 291:11-21(LaMarre).
27 The testimony at the hearing makes it clear that the State bureaucracy is simply incapable of
28 recognizing and acting upon the crisis in which the CDCR finds itself.

1 49. In all fairness, the CDCR has made some progress lately, though it is far too limited
2 relative to the enormity of the need. Since July 1, 2004, the Department has hired and
3 retained approximately 27 additional board-certified or board-eligible family practitioners or
4 internists and has contracted with two outside entities to provide additional care for high
5 acuity patients to address shortages at various prisons. RT 580:8-15; 588:16-589:9; RT
6 591:6-592:12 (Kanan). It also has intensified recruitment through the creation of a
7 “physician strike team” that has conducted rounds at a local university and has established an
8 interagency agreement with the University of California to have access to primary care
9 residency programs. RT 604:2-15 (Kanan) In order to provide hiring incentives to qualified
10 physicians, the CDCR has expanded the federal loan repayment program. RT 603:19-21
11 (Kanan). Although these improvements facilitate recruitment, they are piece-meal steps that
12 fail to make the necessary transformations in the system; thus, they are insufficient to resolve
13 the crisis. Consequently, the Court finds that vacancy rates in CDCR medical staff remain at
14 a critical level.

15 (6) Intake Screening and Treatment

16 50. At present, the reception center intake process, which involves only a brief medical
17 examination, fails to adequately identify and treat the health care problems of new prisoners.
18 RT 301:18-24 (LaMarre); RT 116:16-117:8, 120:5-10 (Puisis). This intake process is
19 supposed to allow medical staff to identify the medical problems, in particular communicable
20 diseases such as syphilis and tuberculosis, that pose a risk of transmission to other prisoners.
21 RT 119:22-120:4 (Puisis); RT 301:2-12, 305:4-7 (LaMarre). In fact, tuberculosis is an
22 “incredibly serious problem” in the prisons because it has the potential to affect other
23 prisoners, the staff and the local community. RT 361:20-362:2 (Goldenson).

24 51. An adequate intake exam should take fifteen to twenty minutes for a young healthy
25 prisoner and thirty to forty minutes for prisoners with more complicated health problems.
26 RT 308:8-14 (LaMarre). However, prisoners’ exams in CDCR reception centers typically
27 last no more than seven minutes. RT 119:11-18 (Puisis). Further, some prisoners are
28

1 removed from the reception process before their examination is complete and do not receive
2 medical screening or care until weeks later. RT 304:23-305:18 (LaMarre).

3 52. For example, at San Quentin one to two physicians are responsible for conducting
4 intake examinations of approximately eighty to one hundred new prisoners every day. The
5 volume of work is too large to allow for adequate screening of illnesses. Ex. 55 at 7. The
6 Court personally toured San Quentin and has first-hand knowledge of the shocking
7 inadequacy of the reception screening process. The lack of sanitation, the dearth of basic
8 medical examination tools, and the failure to provide any semblance of confidentiality in the
9 medical examining rooms were apparent at first glance.

10 53. At the California Institution for Men (CIM), which the Court also personally visited, a
11 single nurse individually interviews 100 to 180 incoming prisoners each day within a period
12 of approximately four hours, allowing just a few minutes for each prisoner. RT 116:22-
13 117:2 (Puisis). In addition, a fellow prisoner completes the TB screening form for incoming
14 prisoners (RT 302:7-11 (LaMarre)), which is an improper violation of medical
15 confidentiality and harkens to the discredited and foregone practice in Southern prisons
16 where so-called prisoner “trustees” were used to guard other prisoners. Following the
17 nurse’s examination, prisoners undergo an examination by a physician at which up to three
18 prisoners are interviewed and examined simultaneously with no individual protection of the
19 prisoners’ privacy. RT 117:22-118:11 (Puisis). According to a Court Expert, this lack of
20 privacy “virtually ensures that an adequate exam would not be done.” RT 118:12-13
21 (Puisis). In fact, in some cases, serious conditions are not identified or are given no
22 treatment. RT 306:10-22 (LaMarre) (prisoner with cirrhosis and swelling ankles was
23 identified at screening but was provided no treatment or follow-up; three days later, he
24 collapsed in the cell block and required transfer to an acute care hospital).

25 (7) Patients’ Access to Medical Care

26 54. As a matter of medical policy, the CDCR requires that within one business day of the
27 submission of a prisoner request for medical care, an RN shall triage the request using an in-
28 person interview and standardized protocols. Inmate Medical Services Policy (“IMSP”) Vol.

1 4, Chp. 4 & Vol. 5.³ Unfortunately, this policy lives more on paper than in reality. The
2 CDCR has left several basic nursing policy requirements only partially implemented and at
3 some prisons face-to-face triage is nonfunctional. RT 268:1-7 (LaMarre); see also Ex. 4 at 1
4 (12/22/04 Email from Lilia Meyer re: Monthly Reports); Ex. 5 at 1 (QMAT Executive
5 Summary of Medical Services Clinical Indicator Review of Corcoran from June 21-25, 2004
6 Visit); Ex. 15 at 2 (04/01/04 QMAT Executive Summary of Medical Services Process
7 Review at Salinas Valley State Prison); Ex. 51 at 11; Ex. 53 at 8; Ex. 62 at 8; and Ex. 63 at 6-
8 7. As a result, patients do not receive timely access to care and suffer a serious risk of harm
9 and even death as a result. RT 267:5-268:7 (LaMarre).

10 55. In addition, inmates do not have timely access to physicians. Appointments with
11 physicians often do not take place within the time frame established by CDCR policy. Ex. 13
12 at 5 (QMAT Executive Summary of Medical Services Clinical Indicator Review of Valley
13 State Prison for Women from June 21-24, 2004 Visit); Ex. 15 at 2; Ex. 25 at 6 (QMAT
14 Executive Summary of Medical Services Clinical Indicator Review of High Desert State
15 Prison from May 10-14, 2004 Visit); Ex. 39 at 24; Ex. 51 at 11. A number of prisons
16 experience "serious backlogs in patients receiving medical care." Ex. 62 at 5; Ex. 64 at 2.

17 (8) Medical Records

18 56. The medical records in most CDCR prisons are either in a shambles or non-existent.
19 RT 109:18-23 (Puisis). This makes even mediocre medical care impossible. Medical
20 records are an essential component of providing adequate patient care and should contain
21 comprehensive information about a patient that can assist a physician in determining the
22 patient's history and future treatment. RT 109:5-17 (Puisis).

23 57. The amount of unfiled, disorganized, and literally unusable medical records
24 paperwork at some prisons is staggering. RT 109:23-110:6 (Puisis); see also Ex. 2 at 4 (three
25 and one-half feet of loose filing at San Quentin in December 2004); Ex. 20 at 3 (QMAT
26
27

28 ³ The Inmate Medical Policies and Procedures were lodged with this Court on
February 15, 2002.

1 Report from SVSP Institutional Visit for January 4-6, 2005)(twelve to eighteen inches of
 2 loose filing at Salinas Valley in January 2005); and Ex. 53 at 10 (six to eight feet of loose
 3 filing at CSP-Sacramento in January 2005). At CIM, the records were kept in a 30 foot long
 4 trailer with no light except for a small hole cut into the roof and were arranged into piles
 5 without any apparent order. RT 126:4-127:3 (Puisis). Conditions are similar at other prisons
 6 as well. RT 127:20-21 (Puisis). At some prisons medical records are completely lost or are
 7 unavailable in emergency situations. RT 111:4-112:6 (Puisis).

8 58. At CIM, the use of temporary medical records creates a confusing and dangerous
 9 situation for practicing physicians who often have access only to little or none of a patient's
 10 history. RT 114:2-115:11 (Puisis). The Court observed first-hand at CIM that doctors were
 11 forced to continually open new files on patients simply because the doctors could not get
 12 access to the permanent files. As a result, the risk of misdiagnosis, mistreatment, and at a
 13 minimum, wasted time, increase unnecessarily.

14 59. The Court concurs with Dr. Puisis's testimony that the CDCR medical records system
 15 is "broken" and results in dangerous mistakes, delay in patient care, and severe harm. RT
 16 110:7-8; RT 112:8-22 (Puisis).

17 **(9) Medical Facilities**

18 60. The physical conditions in many CDCR clinics are completely inadequate for the
 19 provision of medical care. Ex. 1 at 2; Ex. 2 at 8; Ex. 60 at 1. Many clinics do not meet basic
 20 sanitation standards. Ex. 3 at 7 (04/22/05 Health Care Services, Quality Improvement Plan
 21 for San Quentin); Ex. 51 at 2; Ex. 53 at 7; Ex. 55 at 8 and 10; Ex. 58 at 2 (03/02/05 Email
 22 from Expert LaMarre re: Two Systemwide Issues); Ex. 62 at 9; Ex. 63 at 6; RT 296:23-298:9
 23 (LaMarre). Exam tables and counter tops, where prisoners with infections such as
 24 Methicillin-Resistant Staph Aureus (MRSA) and other communicable diseases are treated,
 25 are not routinely disinfected or sanitized. RT 297:2-13 (LaMarre). Many medical facilities
 26 require fundamental repairs, installation of adequate lighting and such basic sanitary facilities
 27 as sinks for hand-washing. Ex. 62 at 11; Ex. 63 at 8. In fact, lack of adequate hygiene has
 28

1 forced the closure of some operating rooms. Ex. 94 at 10 (Report on CDCR Hospitals and
2 Skilled Nursing Care, October 9, 2004).

3 61. In addition, many of the facilities lack the necessary medical equipment to conduct
4 routine examinations and to respond to emergencies. Ex. 1 at 2; Ex. 3 at 29; Ex. 10 at 1; Ex.
5 23 at 1; Ex. 33 at 4; Ex. 40 at 51 (03/16/05 Special Review into the Death of Correctional
6 Officer Manuel A. Gonzalez, Jr. on January 10, 2005 at the California Institute for Men,
7 pages 7, 49-63, Governor's Office and Related Materials); Ex. 48 at 3; Ex. 51 at 2 (02/18/05
8 Expert LaMarre's Report on Salinas Valley State Prison from January 26-27, 2005 Visit);
9 Ex. 55 at 5; Ex. 58 at 1; Ex. 62 at 9; Ex. 94 at 10; RT 128:15-25 (Puisis); RT 295:4-12
10 (LaMarre). Clinics lack examination tables and physicians often have to examine patients
11 who must sit in chairs or stand in cages. Ex. 48 at 3.

12 62. The Court observed first-hand at San Quentin that even the most simple and basic
13 elements of a minimally adequate medical system were obviously lacking. For example, the
14 main medical examining room lacked any means of sanitation – there was no sink and no
15 alcohol gel – where roughly one hundred men per day undergo medical screening, and the
16 Court observed that the dentist neither washed his hands nor changed his gloves after treating
17 patients into whose mouths he had placed his hands.

18 **(10) Interference by Custodial Staff with Medical Care**

19 63. A major problem stemming from a lack of leadership and a prison culture that
20 devalues the lives of its wards is that custody staff present a determined and persistent
21 impediment to the delivery of even the most basic aspects of medical care. Too frequently
22 medical care decisions are preempted by custodial staff who have been given improper
23 managerial responsibility over medical decision-making. Ex. 60 at 1; Ex. 64 at 4; RT
24 162:18-23 (Puisis).

25 64. Correctional officers often are not available to take prisoners to medical appointments
26 or to enable the physicians to do examinations. Ex. 94 at 10. In medical units that lack call
27 buttons for prisoners to contact doctors, custody staff routinely fail to make rounds and check
28 on patients. Ex. 61 at 1 (05/06/05 Email from expert Goldenson re: San Quentin OHU); Ex.

1 22 at 5 (QMAT Executive Summary of Medical Services Clinical Indicator Review of
2 California State Prison - Sacramento from May 24-28, 2004 Visit).

3 65. All in all, there is a common lack of respect by custody staff for medical staff, and
4 custody staff far too often actively interfere with the provision of medical care, often for
5 reasons that appear to have little or nothing to do with legitimate custody concerns. Ex. 66 at
6 3 (02/18/05 and 04/26/05 Letters from Dr. Khoo to Chief Physician and Surgeon Dr.
7 Williams re: issues with Medical Staff at San Quentin). Ex. 51 at 2. This exacerbates the
8 problem of physician retention, and the evidence reflects that a number of competent
9 physicians have left CDCR specifically due to conflicts with custodial staff. Ex. 84 at 4; RT
10 98:19-23 (Puisis).

11 (11) Medication Administration

12 66. The Court concurs with Dr. Puisis that management of the prison pharmacy operations
13 is "unbelievably poor." RT 160:13-14 (Puisis). There is no statewide coordination between
14 pharmacies and there is no statewide pharmacist. RT 236:2-6 (Puisis). At the individual
15 institutions, the administration of medications is in various states of disarray. RT 160:14-17
16 (Puisis).

17 67. The CDCR has failed to adequately implement the Inmate Medical Policies and
18 Procedures that require each prison to develop local procedures for medication management.
19 IMPP, Vol. 4, Chp. 11 at 1; RT 283:2-10 (LaMarre).

20 68. There are serious, long-standing problems with dispensing medication, renewing
21 prescriptions, and tracking expired prescriptions. *Id.* Chronically ill patients are not able to
22 refill their prescriptions in a timely manner. RT 283:20-25 (LaMarre); Ex. 15 at 3; Ex. 16 at
23 4 (04/01/04 QMAT Executive Summary of Medical Services Clinical Indicator Review of
24 Salinas Valley State Prison from June 7-10, 2004 Visit); Ex. 25 at 4; Ex. 51 at 15-16; Ex. 55
25 at 51; Ex. 63 at 16; Ex. 64 at 49; Ex. 84 at 9.

26 69. The Court observed the pharmacy at San Quentin first-hand. As discussed in the
27 Order to Show Cause, the pharmacy was in almost complete disarray. Additionally, there is
28 no system to identify expiring prescriptions for critical medications and patients wait two to

1 three weeks for refills, which places many inmates at unnecessarily increased risk. Ex. 84 at
2 9.

3 70. To ensure continuity of treatment, the policies require that prescriptions continue to be
4 filled when a prisoner transfers to another prison. IMPP, Vol. 4, Chp. 11 at 7. In practice,
5 however, the prisons do not consistently transfer prescriptions along with the inmates,
6 resulting in large quantities of medication being thrown out rather than administered. Ex. 22
7 at 4; Ex. 39 at 36; Ex. 51 at 9; Ex. 84 at 9. On the other end, the receiving prisons routinely
8 disregard prescriptions from sending prisons. Ex. 26 at 3 (Report from March 22-25, 2004
9 Assessment of High Desert State Prison, written by Suzette Geary, Jerry Mobery, and Amy
10 Perez); Ex. 27 at 2 (QMAT Executive Summary of Medical Services Process Review of
11 California Institution for Women from March 22-24, 2004 Visit); Ex. 64 at 12.

12 (12) Chronic Care

13 71. A sizable portion of CDCR prisoners suffer from chronic illness, yet defendants have
14 failed to devise and implement a system to track and treat these patients, and such patients
15 suffer from a lack of continuity of care. RT 90:15-20 (Puisis); RT 284:15-19 (LaMarre); Ex.
16 10 at 3; Ex. 18 at 1; Ex. 53 at 4; Ex. 61 at 1-2; Ex. 63 at 14; Ex. 64 at 11; Ex. 84 at 4; RT
17 284:20-285:1 (LaMarre)

18 (13) Specialty Services

19 72. Defendants have failed to provide patients with necessary specialty services. Patients
20 with very serious medical problems often wait extended periods of time before they are able
21 to see a specialist due to unnecessary and preventable delays. Ex. 60 at 2; Ex. 64 at 9 and 53;
22 RT 312:5-15 (LaMarre). At Pleasant Valley State Prison ("PVSP") for example, it may take
23 over a year to see certain specialists; as of May 2005, patients with consultation referrals
24 from early 2004 had yet to be seen. Ex. 64 at 9-10; RT 313:3-12 (LaMarre). In one instance
25 a patient with a colonoscopy referral had to wait ten months before his appointment; by the
26 time he was seen the mass in his colon was so large that the colonoscope could not pass
27 through. *Id.* at 9-10. Even when patients do see a specialty consultant, medical staff often do
28 not follow-up on the specialist's recommendations. Ex. 64 at 10.

(14) Medical Investigations

1
2 73. The CDCR's failure to perform adequate investigation of medical staff results in
3 incompetent and abusive staff continuing to provide dangerous care. Ex. 85 (Category II
4 Investigations dated May 5, 2005-Filed Under Seal); RT 582:24-583:24 (Kanan). Too often,
5 medical investigations have been ineffective because of coverups. For example, when a
6 CSP-Sacramento inmate died, a CDCR central office physician evaluated the prison
7 physician's conduct through an Internal Affairs investigation. Ex. 80 (10/09/04 Investigation
8 into Patient Death); RT 345:23-349:22 (Goldenson). The central office reviewing physician
9 concluded that the patient was totally mismanaged and that the death was preventable. Ex.
10 80 at 4-5; RT 348:13-20 (Goldenson). Subsequently, a second central office physician
11 reviewed the case and determined that care was adequate. Ex. 80; RT 348:13-349:13.
12 Although this second report was superficial and totally inadequate, the CDCR accepted it,
13 clearing the prison physician and disregarding the thorough findings of the earlier review.
14 Ex. 80 at 5. Dr. Goldenson described this as a "cover up of a very serious medical error."
15 RT 349:21 (Goldenson). The prison doctor continued to practice for more than a year. RT
16 349:14-18 (Goldenson).

(15) Defendants Have Been Unable to Overcome Various Obstacles to Providing Adequate Medical Care

17
18 74. The Court recognizes that certain obstacles external to the CDCR have hindered the
19 Department's ability to effectively take action regarding medical care. RT 549:5-551:4
20 (Carruth); RT 671:23-672:23 (Shansky). These obstacles are presented by the State of
21 California's civil service system and the related operations of the State Personnel Board
22 ("SPB"), the Department of Personnel Administration ("DPA"), the State budget process,
23 and the collective bargaining obligations of the CDCR with respect to its union-represented
24 employee groups. RT 551:5-25 (Carruth). However, these obstacles do not in any manner
25 excuse defendants, including the Governor, from taking effective action to cure constitutional
26 violations.
27
28

1 **a. Civil Service Obligations**

2 75. Certain State civil service rules, grounded in the California Constitution and other
3 laws and regulations, place the authority over creating new job classifications, hiring, setting
4 compensation levels, and creating recruitment and retention bonuses within the authority of
5 the State Personnel Board, the Department of Personnel Administration and other agencies,
6 thus preventing CDCR from acting unilaterally in these areas. RT 454:15-455:9, 465:19-
7 466:13 (Duvneck). These requirements have directly affected the CDCR's ability to hire
8 and recruit, because when the CDCR attempts to create new job classifications, or change the
9 salary for an existing position, it generally must endure a lengthy process involving the DPA,
10 SPB and the applicable bargaining unit representatives. RT 469:3-476:15, 479:23-480:24
11 (Duvneck).

12 **b. The Dills Act**

13 76. Under the Dills Act (Government Code § 3512 *et seq.*), employees have the right to
14 collectively bargain with the State over wages, hours, and other terms and conditions of
15 employment. RT 426:15-23 (Hanson). The State has interpreted coverage of the Dills Act to
16 extend to virtually any change in the terms or conditions of employment, including changing
17 the way an employee is required to fill out a form. RT 428:1-11 (Hanson); RT 426:25-427:4,
18 427:13-25, 428:1-11 (Hanson); Cal. Govt. Code § 3512 *et seq.*

19 **c. Procurement, Contracting, and Budgeting Rules**

20 77. In general, the California Department of General Services must approve all State
21 contracts, including contracts for personal services and contracts for information technology
22 goods and services. Cal. Pub. Cont. Code §§ 10295, 10335-10381, 12102. Deputy
23 Secretary for Information Technology for CDCR, Jeff Baldo, testified that the entire
24 contracting process, from the initial stage of determining the need for goods or services for
25 information technology to awarding a contract, can take up to two years. RT 493:9-18
26 (Baldo).

27 78. The State budgetary process similarly hinders defendants from instituting medical
28 reforms. There is a lengthy process for obtaining resources for personnel, equipment or

1 facilities. It generally takes between 14 months to two years for a budget concept to result in
2 an appropriation of funds. RT 527:15-18 (Horel). An even lengthier capital outlay process
3 must be used when the CDCR seeks to build a new building or make significant changes to
4 an existing structure. RT 527:20-528:6 (Horel).

5 79. Thus, the Court recognizes that reforming the CDCR medical system is neither simple
6 nor easy. However, the question is whether defendants have used the full extent of their
7 power to raise the system to constitutional standards, and the answer is quite definitively: no.
8 Perhaps no better illustration epitomizes the problem than the following colloquy that
9 occurred during the OSC hearing between the Court and one of the State's Deputy Secretary
10 for Human Resources as to why defendants have been so stymied by the bureaucracy. RT
11 457:2-458:17 (Duvenceck). The Deputy Secretary testified that the State "cannot contract out
12 for [medical] services unless it's an emergency, if State workers could do the work." RT
13 456:4-6 (Duvenceck). When asked for an example of an emergency that had justified
14 contracting out in the past, the witness testified that an agency received emergency approval
15 to hire contractors when immediate hiring was a prerequisite to receiving federal funds. RT
16 457:14-21 (Duvenceck). The Court responded that in one to six months "we would have 3 to
17 18 people dying... I can't think of a bigger emergency." RT 457:22-458:4 (Duvenceck). Even
18 in light of the Court's concern, the witness continued to balk at the idea of doing any
19 emergency contracting whatsoever for prisoner medical services. RT 458:4-15 (Duvenceck).
20 This is exactly the kind of "can't do" attitude (or "trained incapacity," as discussed below)
21 that has left the Court utterly frustrated and that has brought the Court to the point of
22 establishing a Receivership.

24 **C. Defendants Have Failed to Comply with Court Orders**

25 The Court has attempted to move defendants toward meeting constitutional standards
26 by issuing a series of court orders with detailed objectives and measures. Unfortunately,
27 defendants have repeatedly delayed their progress and ultimately failed to achieve even a
28 semblance of compliance.

1 **(1) The June 13, 2002 Stipulation for Injunctive Relief**

2 80. Defendants entered into a Stipulation for Injunctive Relief which required CDCR to
3 implement specified remedial medical policies and procedures designed to meet “the
4 minimum level of care necessary to fulfill the Defendants’ obligation to Plaintiffs under the
5 Eighth Amendment of the Constitution.” Stipulation for Injunctive Relief at 2-3.

6 **a. Roll-Out Implementation**

7 81. The Stipulated Injunction required the CDCR to implement the specified remedial
8 medical policies and procedures at all California state prisons according to a staggered
9 schedule beginning in calendar year 2003. Stipulation for Injunctive Relief at 3-4. The first
10 “roll-out” institutions were given a calendar year to implement the requisite policies and
11 procedures. *Id.* As of this date, no prison has implemented them. RT 34:2-19 (Puisis); RT
12 267:15-25 (LaMarre); RT 341:17-24 (Goldenson); RT 666:3-7 (Shansky).

13 82. In fact, the roll-out institutions are not even close to attaining compliance. RT 666:5-
14 7 (Shansky). Specifically, the Court Experts’ review of San Quentin found that “overall
15 compliance with the Stipulated Order and subsequent Court Orders was non-existent.” Ex.
16 48 at 3. A May 2005 Expert review of PVSP (a 2004 roll-out prison) found it “substantially
17 non-compliant.” Ex 64 at 2. Fifteen months after the roll-out started, QMAT reported that
18 Valley State Prison for Women (“VSPW”) had not met six of eight indicators for overall
19 compliance. Ex. 12 at 1.

20 83. Defendants rightly concede that they have not complied with the Court’s Order.
21 Defendants’ Response to Order to Show Cause (filed June 20, 2005) at 2, 6. Moreover, Dr.
22 Shansky testified that there “isn’t a realistic possibility of compliance with the court orders
23 . . . unless something dramatically changes.” RT 666:13-25 (Shansky); RT 550:12-19
24 (Carruth).

25 **b. January 1, 2003 Measures for all Institutions**

26 84. In addition to the phase-in of the medical policies and procedures discussed above, the
27 Stipulated Injunction also required the CDCR to implement five particular policies or
28 procedures considered crucial to meeting class members’ basic needs at all prisons statewide,

1 effective January 1, 2003. Stipulation for Injunctive Relief at 4. For instance, the
2 Stipulation mandated that, effective January 1, 2003, all prisons follow the medical protocol
3 established for inter-institution transfers. *Id.* Defendants have not met this requirement. Ex.
4 48 at 1-2; Ex. 51 at 4; Ex. 89 at 7 (Report by the Plata Medical Experts: Review of Progress
5 of Inmate Medical Services Program Implementations at California State Prison, San
6 Quentin, June 1, 2005); Ex. 51 at 4. Nor have they fully executed the other four
7 requirements.

8 c. Death Reviews

9 85. As discussed above, the Stipulated Order required defendants to formulate “a
10 minimally adequate death review process.” Stipulation for Injunctive Relief at 11. Although
11 defendants have had over three years to comply, they have failed to establish an adequate
12 death review system, and many of the unreviewed deaths present serious problems, including
13 neglect and cruelty. RT 367: 18-21 (Goldenson); Ex. 36 at 18-24 (03/03 OIG Management
14 Audit Review from California State Prison, Solano, pages 3-6, 11-14, 18-22, 28-30); Ex 54 at
15 2; Ex 55 at 16-17; Ex. 57 at 1-3 (04/22/05 Expert Goldenson’s Report of Dr. Wu). The
16 CDCR has a backlog of over 300 deaths that have not been reviewed. RT 585:9-586:10
17 (Kanan). In addition, almost all the deaths that occurred (at an approximate rate of one per
18 day) in March, April and May of this year have not been reviewed. *Id.*

19 d. Hiring Procedures

20 86. The Stipulated Order mandated that “Prior to Calendar Year 2003, CDCR shall
21 initiate appropriate hiring procedures to hire medical staff for employment beginning January
22 1st.” Stipulation for Injunctive Relief at 4. The CDCR failed miserably in meeting this
23 requirement. Ex. 49 at 2. Unfortunately, low standards in the hiring process have continued
24 to plague the CDCR in recent times as well, with physicians being hired without primary
25 care qualifications, with no background checks or primary care credential assessments, and
26 with questionable practice histories. RT 669:4-17 (Shansky); RT 51:2-8 (Puisis). Dr. Puisis
27 testified that the hiring procedures in California are “really the worst I have ever seen in my
28 life . . . This is absolutely the worst.” RT 100:25-101:2 (Puisis).

1 87. New screening procedures that have been implemented very recently, while an
2 improvement, are inadequate, and require further steps to ensure that physicians are qualified
3 to provide care to inmate patients. Ex. 49 at 4-5.

4 **(2) 2004 Patient Care Order**

5 88. In the Fall of 2004, it became apparent that further measures were required in light of
6 the paltry progress that had been made to date. To this end, defendants stipulated to entry of
7 the Patient Care Order.

8 This order required defendants to: (a) engage an independent entity to undertake measures
9 with respect to the treatment of high risk patients; (b) evaluate the competency of physicians
10 employed by the CDCR and provide training to those found to be deficient; (c) develop
11 proposals regarding physicians, nursing classifications, and supervision; and (d) fund and fill
12 Quality Management Assistance Teams (QMAT) and other support positions. *Id.*

13 Defendants have failed to meet the terms of the Patient Care Order.

14 **a. High Risk Patient Care**

15 89. Under the Patient Care Order, the CDCR has the duty to identify “high risk patients”
16 whose medical condition makes them more vulnerable to death or serious injury than other
17 patients. Patient Care Order at 3-4; RT 67:18-25 (Puisis). However, only roughly one
18 quarter of those patients with complex medical problems are actually classified as high-risk.
19 RT 87:25-88:23 (Puisis). High-risk patients should be treated by specialists, but instead are
20 often treated by minimally qualified and incompetent doctors. RT 89:3-9 (Puisis).
21 Furthermore, the plain fact is that the CDCR simply does not have enough qualified doctors
22 to treat high-risk patients. RT 66:20-24 (Puisis). Although the CDCR does work with
23 University of California system internists to provide medical care to high-risk patients, these
24 sporadic consultations are inadequate to address the vastness of the problem. RT 54:21-55:2,
25 72:7-13 (Puisis).

26 **b. Quality in Corrections Medicine (“QICM”) Evaluations**

27 90. The Patient Care Order required Defendants to complete evaluations of its physicians,
28 and, if appropriate, to provide training for all physicians with clinical responsibilities at the

1 calender year 2003-2004 roll-out institutions by December 31, 2005. Patient Care Order at 2.
2 In cooperation with UC San Diego Medical Center, defendants created the Quality in
3 Corrections Medicine (QICM) evaluation program. RT 432:18-21 (Hanson).

4 91. The CDCR has failed to make reasonable progress towards putting the QICM
5 program into practice. It was not until a week after the OSC hearing that clinicians began
6 reporting for their evaluations. Kanan Decl. at 2.

7 **c. Credentialing Policy**

8 92. The CDCR's high number of incompetent or unqualified doctors is due in part to
9 defendants' failure to track physician credentials and to remain cognizant of the areas of
10 practice in which their board-certified doctors are certified. RT 51:20-25 (Puisis). The Patient
11 Care Order required CDCR to establish a policy of credentialing and privileging physicians
12 as a critical step to preventing harm to prisoners. RT 79:11-14 (Puisis).

13 93. Defendants were allotted five and a half months to institute a credentialing policy.
14 Patient Care Order at 5. Credentialing is widely used in the health care industry, and the
15 policies are "not that complicated." RT 79:21-23, 80:4-8 (Puisis); RT 645:3-6 (Kanan).
16 Instead of developing this policy in house, the CDCR contracted out the task, waiting nine
17 months to even sign a contract with the firm performing the work. RT 645:7-22. (Kanan).

18 94. At the beginning of 2005, the CDCR implemented a policy that forbade hiring
19 independent contractors and primary care physicians who were not board-certified or board-
20 eligible in internal medicine or family practice. Ex. 32 at 1 (Corrective Action Plan for
21 Stipulated Court Order re: Quality of Patient Care and Staffing, Version updated 2/17/05);
22 Patient Care Order at 3. The central office now investigates each new CDCR physician by
23 doing a broad search of practitioner databases to ascertain whether other health care entities
24 have reported adverse credentialing actions regarding them or malpractice settlements on
25 their behalf that are indicative of problems with their patient care. RT 597:11-600:1
26 (Kanan). However, the CDCR has not formally adopted this or any other credentialing
27 policy, which is evidence of a lack of will (or at a minimum a lack of competence) for
28 systemic reform in this area. RT 79:15-20 (Puisis). Due to the lack of a credentialing policy,

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1 many CDCR doctors are not qualified to practice the type of medicine required by their
2 position and practice outside their area of medical expertise. Ex. 40 at 52-53; Ex. 49. For
3 example, within the CDCR, one OBGYN manages HIV patients and an incompetent
4 neurosurgeon practices internal medicine. Ex. 49 at 3.⁴

5
6 **CONCLUSIONS OF LAW**

7 **I. The Establishment of a Receivership is Warranted**

8 **A. Historical Background of Receivership Remedy**

9 The receivership remedy has its roots in the English Chancery Courts, where receivers
10 were appointed to protect real property and monetary rents and profits. See RALPH EWING
11 CLARK, A TREATISE ON THE LAW AND PRACTICE OF RECEIVERS (3d ed. 1959) (“TREATISE ON
12 RECEIVERS”), citing *Barnardiston’s Reports* (1740-1741) 69, 27 Eng. Rep. 558; *Gordon v.*
13 *Washington*, 295 U.S. 30, 37 (1935). The traditional definition of a receiver is as follows:

14 A receiver ... is a person who ... becomes an officer of the court to receive, collect,
15 care for, administer, and dispose of the property or the fruits of the property of another
or others brought under the orders of court by the institution of a proper action...

16 TREATISE ON RECEIVERS at 13, citing *Spring Valley W. Co. v. City and County of San*
17 *Francisco*, 225 Fed. 728, 731 (1918), *aff’d* 246 U.S. 391 (1918). Additionally, “[t]echnically
18 property placed by a court in the hands of a receiver is not in the possession of the receiver
19 but in the possession of the court through such receiver as its officer.” TREATISE ON
20 RECEIVERS at 626; *Atlantic Trust Co. v. Chapman*, 208 U.S. 360, 371 (1907) (receiver is an
21 officer of the court).

22 The receivership process became incorporated into early American jurisprudence,
23 where it has established a long historical tradition as part of the federal courts’ equity
24 jurisdiction, arising from Article III, section 2 of the Constitution (“The judicial Power shall
25

26
27 ⁴ Although the Court has attempted to avoid commingling findings of fact with
28 conclusions of law, any conclusions that are inadvertently labeled as findings (or vice versa)
shall be considered “in [their] true light, regardless of the label that the ... court may have
placed on [them].” *Tri-Tron International v. Velto*, 525 F.2d 432, 435-36 (9th Cir.1975).

1 extend to all Cases, in Law and Equity, arising under this Constitution...”). See *In re*
2 *Reisenberg*, 208 U.S. 90 (1908) (upholding displacement of corporate management by court-
3 appointed receiver); *Washington v. Washington State Commercial Passenger Fishing Vessel*
4 *Assoc.*, 443 U.S. 658, 695 (1979) (holding that district court has power to “assum[e] direct
5 supervision” of state property “if state recalcitrance or state-law barriers should be
6 continued,” and that the court may “displace local enforcement of [the court’s] orders if
7 necessary to remedy the violations of federal law found by the court”); FED. R. CIV. P. 66
8 (providing district court with control over appointment and dismissal of receivers); 4 JOHN
9 NORTON POMEROY, POMEROY’S EQUITY JURISPRUDENCE § 1330 *et seq.* (Spencer W. Symons
10 ed., Bancroft-Whitney 5th ed. 1941).

11 While the historical roots of receivership lie in the protection of property and assets,
12 and at times in the implementation of corporate reorganizations, its usage expanded during
13 the civil rights era. In the second decision in *Brown v. Board of Education*, the Supreme
14 Court invoked the chancery tradition by stating that “equity has been characterized by a
15 practical flexibility in shaping its remedies and by a facility for adjusting and reconciling
16 public and private needs.” *Brown v. Bd. of Educ.*, 349 U.S. 294, 300 (1955). The Court
17 further discussed a “period of transition” during which the district courts should maintain
18 jurisdiction over desegregation cases to “consider the adequacy of any plans the defendants
19 may propose ... and to effectuate a transition to a racially nondiscriminatory school system,”
20 thus suggesting that federal courts might be called upon to engage in long-term institutional
21 oversight. *Id.* at 300-01 (1955); see also Owen M. Fiss, *Foreword: The Forms of Justice*, 93
22 HARV. L. REV. 1, 3 (1979) (the second *Brown* decision “delegated the reconstructive task to
23 the lower federal judges. They, in turn, discovered what the task required and adjusted
24 traditional procedural forms to meet the felt necessities.”). Subsequent intense resistance to
25 integration presented certain federal district and appellate courts with no realistic choice
26 other than taking control of school districts through the imposition of receiverships. See,
27 e.g., *Turner v. Goolsby*, 255 F.Supp. 724, 730 (S.D. Ga. 1966) (state superintendent
28

1 appointed receiver for county school system); *Morgan v. McDonough*, 540 F.2d 527, 533 (1st
2 Cir. 1976) (approving temporary receivership of South Boston High School).

3 The use of receivers to reform public institutions has spread to analogous contexts in
4 the civil rights arena, including prisons. *See, e.g., Newman v. State of Ala.*, 466 F.Supp. 628,
5 635-36 (1979) (appointing receiver for Alabama State Prisons, stating: “The extraordinary
6 circumstances of this case dictate that the only alternative to non-compliance with the
7 Court’s orders is the appointment of a receiver for the Alabama prisons.”); *Shaw v. Allen*,
8 771 F.Supp. 760, 762 (S.D. W.Va. 1990) (“Where more traditional remedies, such as
9 contempt proceedings or injunctions, are inadequate under the circumstances, a court acting
10 with its equitable powers is justified, particularly in aid of an outstanding injunction, in
11 implementing less common remedies, such as a receivership, so as to achieve compliance
12 with a constitutional mandate.”); *Wayne County Jail Inmates v. Wayne County Chief*
13 *Executive Officer*, 444 N.W.2d 549, 556 (Mich. App. 1989); *Inmates of D.C. Jail v. Jackson*,
14 158 F.3d 1357 (D.C. Cir. 1998).⁵

15 Thus, the remedy being imposed through this Order follows a long historical line of
16 precedent where nothing short of receivership could protect the plaintiffs’ interests and
17 remedy the violation of their constitutional rights.

18

19 B. Legal Analysis

20 The decision whether to appoint a receiver is a function of the court’s discretion in
21 evaluating what is reasonable under the particular circumstances of the case. *See Dixon*, 967
22 F.Supp. at 550; 12 CHARLES ALAN WRIGHT & ARTHUR R. MILLER, FEDERAL PRACTICE &
23

24

25 ⁵ The appointment of receivers has extended to other areas as well, such as mental
26 health and child protection services. *See, e.g., Dixon v. Barry*, 967 F.Supp. 535 (D.D.C.
27 1997) (appointing receiver for Commission on Mental Health Services); *Gary W. v.*
28 *Louisiana*, 1990 WL 17537, *17, *28-33 (E.D. La. 1990) (appointing receiver to oversee
state children’s services agencies where court’s mandates were continually met with “a
dismal record of non-compliance and management by crisis”); *Judge Rotenberg Educ. Cntr.,*
Inc. v. Comm’r of the Dep’t of Mental Retardation, 677 N.E.2d 127 (1997) (appointing
receiver of state Department of Mental Retardation).

1 PROCEDURE § 2983 (2005). As the case law concerning the receivership remedy for the
2 reform of public institutions has developed over the past few decades, a multi-pronged test
3 has developed to guide the trial courts in making this often difficult determination. The test
4 includes the following elements, the first two of which are given predominant weight:

5 (1) Whether there is a grave and immediate threat or actuality of harm to plaintiffs;

6 (2) Whether the use of less extreme measures of remediation have been exhausted or
7 prove futile;

8 (3) Whether continued insistence that compliance with the Court’s orders would lead
9 only to confrontation and delay;

10 (4) Whether there is a lack of leadership to turn the tide within a reasonable period of
11 time;

12 (5) Whether there is bad faith;

13 (6) Whether resources are being wasted; and

14 (7) Whether a receiver is likely to provide a relatively quick and efficient remedy.

15 *See Dixon*, 967 F.Supp. at 550; *District of Columbia v. Jerry M.*, 738 A.2d 1206, 1213 (D.C.
16 Ct. App. 1999) (reversing appointment of receiver based on trial court’s consideration of
17 only the single factor of defendant’s historical failure to comply with court mandates);
18 *Morgan*, 540 F.2d at 533 (appointing receiver as “the only reasonable alternative to non-
19 compliance with [the] court’s plan”); 12 FEDERAL PRACTICE & PROCEDURE § 2983 (factors
20 relevant to establishing requisite need for receivership include “imminent danger,”
21 inadequacy of available legal remedies, probability of harm to plaintiff, and possibility of
22 irreparable injury).

23 The Court will review each of these factors in turn.

24 (1) ***Threat of Harm***

25 As the Findings of Fact amply demonstrate, the treatment of prisoners in California
26 constitutes a “gross and extreme departure from the standard of care.” The Supreme Court’s
27 discussion of prisoner medical care in *Estelle v. Gamble* was prescient in regard to the
28 current situation in California:

1 An inmate must rely on prison authorities to treat his medical needs; if the authorities
2 fail to do so, those needs will not be met. In the worst cases, such a failure may
3 actually produce physical “torture or a lingering death,” the evils of most immediate
4 concern to the drafters of the [Eighth] Amendment. In less serious cases, denial of
5 medical care may result in pain and suffering which no one suggests would serve any
6 penological purpose. The infliction of such unnecessary suffering is inconsistent with
7 contemporary standards of decency...

8 *Estelle v. Gamble*, 429 U.S. 97, 103 (1976).

9 Nothing beyond the Findings recited above need be said to express the severity of the
10 health crisis facing California prisoners. Indeed, the findings in this Order scarcely do justice
11 to the actual harm experienced by thousands upon thousands of individuals in the California
12 prison system. As Judge Justice stated twenty-five years ago when describing the Texas
13 prison system:

14 [I]t is impossible for a written opinion to convey the pernicious conditions and the
15 pain and degradation which ordinary inmates suffer ... [including] the physical
16 suffering and wretched psychological stress which must be endured by those sick or
17 injured who cannot obtain adequate medical care.

18 *Ruiz v. Estelle*, 503 F.Supp. 1265, 1390 (S.D. Tex. 1980).

19 Based on the Findings, removing defendants from control of the medical system and
20 imposing a Receiver to radically transform it is the only viable means of saving lives and
21 creating a stable and effective health care delivery system in the CDCR. *See, e.g., Dixon*,
22 967 F.Supp. 535, 554 (“There is no doubt that without severe action by the Court [in the
23 appointment of a receiver] ... suffering and loss of life will continue unabated”); *LaShawn A.*
24 *v. Kelly*, 887 F.Supp. 297, 315 (D.D.C. 1995) (“While it is true that the defendants have
25 made some progress in various areas, the ... factual findings show the urgent need for a new,
26 more fundamental approach to change.”). Indeed, the suffering and deaths that have
27 occurred since this Court’s oral ruling on June 30, 2005 weigh most heavily on this Court’s
28 mind and conscience as it tries to move expeditiously through these complex proceedings.

(2) Least Intrusive Means

In fashioning an appropriate remedy, the Court must exercise restraint, using the least
possible power adequate to the remediation of constitutional violations. *See, e.g., Missouri v.*
Jenkins, 495 U.S. 33, 51 (1990) (before intruding on local authority, district court must

1 assure itself that no lesser alternatives are adequate to the task). However, the Court is not
 2 required to restrict its powers to those means that have proven inadequate, or that show no
 3 promise of being fruitful. Rather, as the Supreme Court has held, “federal courts are not
 4 reduced to issuing injunctions against state officers and hoping for compliance. Once issued,
 5 an injunction may be enforced.” *Hutto v. Finney*, 437 U.S. 678, 690 (1979). The Ninth
 6 Circuit similarly has held that “where federal constitutional rights have been traduced,
 7 principles of restraint, including comity, separation of powers and pragmatic caution
 8 dissolve...” *Stone v. City and County of San Francisco*, 968 F.2d 850, 861 (9th Cir. 1992).

9 The Prison Litigation Reform Act (PLRA), 18 U.S.C. § 3626(a)(1)(A), which governs
 10 this case, codifies the Court’s authority to issue prospective relief that fully remedies
 11 constitutional violations, while mandating that the relief not be overly broad. The relevant
 12 language of the PLRA is as follows:

13 Prospective relief in any civil action with respect to prison conditions shall extend no
 14 further than necessary to correct the violation of the Federal right of a particular
 15 plaintiff or plaintiffs. The court shall not grant or approve any prospective relief
 16 unless the court finds that such relief is narrowly drawn, extends no further than
 17 necessary to correct the violation of the Federal right, and is the least intrusive means
 18 necessary to correct the violation of the Federal right. The court shall give substantial
 19 weight to any adverse impact on public safety or the operation of a criminal justice
 20 system caused by the relief.

21 18 U.S.C. § 3626(a)(1)(A). The Second Circuit recently held that “the deference due prison
 22 administrators by courts is implicated primarily by questions relating to institutional security
 23 of a type not raised” in the context of health-related conditions. *Benjamin v. Fraser*, 343
 24 F.3d 35, 52 (2nd Cir. 2003). Nevertheless, this Court is able to abide in full with the “needs-
 25 narrowness-intrusiveness” standard of the PLRA, so it need not address whether a lesser
 26 standard is applicable in this case.

27 **a. Failure of the Court’s Efforts to Use Lesser Intrusive Means**

28 The task of running the CDCR medical system is a complex and difficult one,
 especially given the number of prisoners, the breadth and depth of their medical needs, the
 special difficulties posed in a correctional setting, the number and geographic dispersion of
 the state’s 33 prisons, the extreme state of overcrowding, and the failures of past

1 administrations to take medical care seriously. The provision of adequate medical care in
2 this situation presents a classic example of a “polycentric” problem. As then Professor of
3 Law and now Ninth Circuit Judge William Fletcher has explained:

4 The concept of polycentricity may help to clarify the problems involved in trial court
5 remedial discretion in institutional suits. Polycentricity is the property of a complex
6 problem with a number of subsidiary problem “centers,” each of which is related to
7 the others, such that the solution to each depends on the solution to all the others. A
8 classic metaphor for a polycentric problem is a spider web, in which the tension of the
various strands is determined by the relationship among all the parts of the web, so
that if one pulls on a single strand, the tension of the entire web is redistributed in a
new and complex pattern.

9 William A. Fletcher, *The Discretionary Constitution: Institutional Remedies and Judicial*
10 *Legitimacy*, 91 YALE L.J. 635, 645 (1982) (citation omitted) (“*Discretionary Constitution*”).
11 As just one example of the interrelatedness of multiple problem centers, the Court notes that
12 the hiring of competent medical staff and the creation of a working medical records system
13 are two pressing issues. Both tasks must be accomplished simultaneously. Good doctors and
14 nurses cannot be recruited if they know that they will be forced to treat patients without
15 adequate medical records. At the same time, qualified doctors and administrators must be
16 brought on board to establish and maintain the medical records system. One cannot function
17 well without the other, and each element of the solution requires “mutual spontaneous
18 adjustment.” *Discretionary Constitution* at 647.

19 But to say that a problem is polycentric is not to say that it is insoluble. As expressed
20 above, steps toward resolving this crisis have been ordered by the Court. Additionally, the
21 Court Experts, plaintiffs, and the Court itself have provided specific achievable measures and
22 have made innumerable informal suggestions as to how defendants can move forward. The
23 Court invited the parties during monthly status conferences to contribute ideas as to possible
24 remedies, and the Court especially encouraged defendants to consider ways in which they
25 could take the actions necessary to solve the medical care problems through measures within
26 their own control, including use of the extraordinary powers of the Governor. The Court
27 went to the length of requesting that defendants present it with a series of proposed orders so
28 that the Court could help empower them to overcome some of their bureaucratic hurdles on

1 their own. *See* Order Following April 2005 Status Conference (filed April 29, 2005) at 2.
2 Defendants did not submit a single proposed order. Finally, the Court issued the Order to
3 Show Cause, which stated that “with respect to the substantive remedy itself, the Court
4 encourages all parties to think as creatively as possible, and the Court will remain open to all
5 reasonable alternatives.” OSC at 17. Even following issuance of the OSC – on the brink of
6 possible contempt and the imposition of a Receivership – defendants were able to enact only
7 very limited and piece-meal measures, with no prospect for system-wide reform or
8 restructuring.

9 In spite of all these efforts by the Court, defendants have been unwilling or incapable
10 of breaking out of a deeply entrenched bureaucratic mind-set, and have refused or been
11 unable to take the steps necessary to prevent further needless loss of life and suffering among
12 its wards. As just one example, defendants have recognized that they need an immediate
13 infusion of clinical and administrative staff, yet they have taken no measures to overcome the
14 substantial barriers posed by the state bureaucracy. The result is that requests for medical
15 staff, or for an increase in salary to attract qualified staff, or even for a salary survey, have
16 been met with the same delay and resistance as requests for far less urgent matters.

17 This mind-set is a classic example of what the sociologist Thorstein Veblen terms
18 “trained incapacity.” THORSTEIN VEBLEN, *THE INSTINCT OF WORKMANSHIP AND THE STATE OF*
19 *THE INDUSTRIAL ARTS* 347-48 (Macmillan 1914). State officials have become so inured to
20 erecting barriers to problems that appear to threaten the bureaucracy (or that at least appear to
21 require the bureaucracy to bend or flex) that the officials have trained themselves into a
22 condition of becoming incapable of recognizing, and acting in response to, true crisis. *See,*
23 *e.g., Gary W.*, 1990 WL 17537 at *32 (“In instances of justifying [receivership], the courts
24 have typically found a lack of leadership that could be expected to improve conditions within
25 a reasonable period of time, systemic deficiencies in administrative, organizational, and fiscal
26 structures, institutional inertia, and similar indicia of bureaucratic morass.”).

1 **b. The Lack of Alternative Effective Remedies**

2 In its attempt to allow defendants to resolve this crisis, the Court has exhausted all
 3 reasonable means of compulsion. Nonetheless, for the sake of thoroughness, the Court will
 4 briefly discuss the avenues that conceivably remain short of Receivership. First, the Court
 5 could impose contempt sanctions. However, the Court does not view a contempt remedy as
 6 having a realistic likelihood of proving effective. Pursuing a contempt remedy would greatly
 7 extend the future life-span of the current dysfunctional system, thereby placing innumerable
 8 lives in grave danger, with no hope that the sanctions would produce a positive result due to
 9 the State's self-professed inability to cope with the magnitude and complexity of this crisis.
 10 Even if this lack of will were overcome to some extent and the Court were to succeed in
 11 forcing the hand of certain individual defendants, the Court believes that other impediments
 12 – not least of which are the bureaucratic barriers discussed above and the long-standing
 13 culture of medical neglect – would largely subvert the effort and the system would still fall
 14 short of constitutional adequacy. Contempt simply is not an appropriate remedy in the
 15 current circumstances. As the court stated in *Gary W.*:

16 [D]efendants have not only shown no capacity to implement corrective plans
 17 previously submitted, but also that they either are no longer willing or able to even
 18 devise remedial programs to address the clearly identified barriers to compliance with
 19 the Orders of the Court... Given the history of this case, including the past efforts of
 20 this Court to facilitate, cajole, and even coerce compliance, the demonstrated inability
 of defendants to comply substantially with this Court's previous Orders (despite many
 opportunities to do so), and the flawed organizational structure [of defendants], this
 Court concludes that an Order holding the defendants in contempt is not an adequate
 remedy... [S]uch measures "promise only confrontation and delay."

21 *Gary W.*, 1990 WL 17537 at *29-30 (citation omitted); *see also Wayne County*, 444 N.W.2d
 22 at 561 (affirming receivership of county jail system, stating: "[W]e do not feel contempt is an
 23 appropriate vehicle to remedy the panoply of noncompliance in this case... The trial court
 24 correctly reached the realization that contempt proceedings would never bring full
 25 implementation of its orders."); *Newman*, 466 F.Supp. at 635; *Morgan*, 540 F.2d at 533
 26 (rather than instituting contempt proceedings or issuing further injunctions, which "were
 27 plainly not very promising, as they invited further confrontation and delay," a receivership
 28 was necessary "to get the job done.").

1 The Court also could consider appointing a special master. However, given
2 defendants' professed inability to take adequate measures to cure the constitutional violations
3 even with the extraordinary guidance of the Court Experts and the mandates of the Court's
4 orders, this would be an exercise in futility. As the court held in *Newman*:

5 The lack of any significant progress since the original hearings in this case strongly
6 suggests that the appointment of monitors offers little, if any, hope of swift
7 compliance. The extraordinary circumstances of this case dictate that the only
8 alternative to non-compliance with the Court's orders is the appointment of a receiver.

9 *Newman*, 466 F.Supp. at 635.

10 Another conceivable remedy is that of sequestration, whereby the courts traditionally
11 have coerced compliance by detaining defendants' property, or by quasi-sequestration where
12 the courts limit or shut off defendants' access to funds. *See, e.g., United States v. City of*
13 *Chicago*, 549 F.2d 415 (7th Cir. 1977) (affirming district court's suspension of distribution
14 of general revenue sharing funds to Chicago as means of compelling city to end racial
15 discrimination in police department). However, the effect of depriving the CDCR of funds
16 that are desperately needed for medical care would not only be counter-productive, but
17 would result in a perversion of the equities in this instance.

18 The Court also could consider either closing some institutions or ordering the release
19 of some prisoners (perhaps those who are at highest risk of receiving inadequate medical
20 care, or those who pose the least security risk as a means of general population reduction).
21 Since these options would be more onerous to defendants than the establishment of a
22 Receivership, the Court need not entertain them at this time. *See Shaw*, 771 F.Supp. at 763
23 (receivership "is not as drastic and intrusive as the ultimate course of action this Court could,
24 and may yet effectuate – that of ordering the [] jail closed."); *Newman*, 466 F.Supp. at 635
25 ("There is, of course, a more extreme alternative to a receivership ... [i.e.] the closing of
26 several prison facilities. In light of that alternative, the more reasonable and the more
27 promising approach is the appointment of [a] receiver for the prison system.")⁶

28 ⁶ *See also Crain v. Bordenkircher*, 376 S.E.2d 140, 142 (W.Va. 1988) (issuance of
"rule to show cause" for the appointment of a receiver to oversee the funding and

1 Notably, defendants have proposed no alternative measures to resolve the crisis and
 2 have not opposed the appointment of a Receiver. *See* Defendants' Response to Order to
 3 Show Cause.

4 Thus, having exhausted all reasonable coercive measures at its disposal, yet finding
 5 itself unable and unwilling to sit idly by while people are needlessly dying, the Court
 6 believes it is obligated to take control of the prison medical system. As the court stated in
 7 *Gary W.*:

8 [T]he responsibility of this Court is "clear and compelling: to use its broad and
 9 flexible equitable powers to implement a remedy that, while sensitive to the burdens
 10 that can result from a decree and the practical limitations involved, promises,
 'realistically to work now.'"

11 *Gary W.*, 1990 WL 17537, *30, quoting *Green v. County School Bd.*, 391 U.S. 430, 439
 12 (1968); *see also Swann v. Charlotte-Mecklenberg Bd. of Ed.*, 402 U.S. 1, 16 (1971) (the
 13 scope of relief must be determined by the nature of the violation); *Feliciano*, 1990 WL 83321
 14 at *11 (less than four years following stipulation to increase the size of prison cells, the court
 15 concluded: "[T]his court of equity will not suffer a wrong of such constitutional magnitude
 16 ... to go any longer without an adequate remedy," including a possible receivership). In
 17 essence, the time has now come when the number of options with any realistic chance of
 18 success has dwindled down to a single one – Receivership.

19 construction of a new prison, costing roughly \$50 million, despite the court's recognition of
 20 the state's "great economic distress," stating that such appointment would be "clearly a lesser
 21 evil than ... [the prisoners'] release from the penitentiary because of unconstitutional
 22 conditions of confinement."); *Feliciano v. Colon*, 1990 WL 83321 at *10 (D. Puerto Rico
 23 1990) (placing defendants on notice that their failure to cure contempt could subject them to
 24 "compensatory fines," "coercive fines," "accelerated award of good time to prisoners to
 25 reduce population density," and "the imposition of a receivership."); *Wayne County*, 444
 26 N.W.2d at 561 ("The receivership remedy is far from the most intrusive action [the trial
 27 court] might have taken... He could have taken a different approach and closed the jail until
 28 the final judgment was fully implemented."); 18 U.S.C. § 3626(a)(3) (provision of PLRA
 governing prisoner release orders); MALCOLM M. FEELEY & EDWARD L. RUBIN, JUDICIAL POLICY
 MAKING AND THE MODERN STATE: HOW THE COURTS REFORMED AMERICA'S PRISONS 93 (Alfred
 Blumstein & David Farrington eds., Cambridge University Press 1998) ("JUDICIAL POLICY
 MAKING") (describing process in *Ruiz v. Estelle* litigation in Texas whereby the court ordered
 the release of a certain number of inmates whenever crowding reached a certain level, and
 the state legislature responded by enacting legislation to permit the prison authorities to
 select which inmates to release); *cf. Morgan*, 540 F.2d at 534 (establishment of receivership
 over school was less onerous than closing school, and district court "demonstrated both
 restraint and wisdom in selecting the receivership option," which was "not excessive but
 [rather] reasonably tailored to carrying out the court's responsibilities").

1 **(3) Continued Delay**

2 It is resoundingly clear to the Court that continued insistence on defendants'
3 compliance with Court orders would lead to nothing but further delay, as well as further
4 needless death and morbidity. As discussed above, the State sees itself as incapable of
5 handling this crisis, and no degree of support or coercion is likely to help. *See Newman*, 466
6 F.Supp. at 635 (“Time does not stand still, but the Board of Corrections and the Alabama
7 Prison System have for six years. Their time has now run out. The Court can no longer
8 brook non-compliance with the clear command of the Constitution, represented by the orders
9 of the Court in this case.”); *Gary W.*, 1990 WL 17537 at *29-30 (“The time for ‘all deliberate
10 speed’ is long passed”).

11 **(4) Leadership**

12 While blame for the deplorable condition of prison medical care in the state can
13 properly be attributed to multiple causes, there is a single root cause of this crisis: an
14 historical lack of leadership, planning, and vision by the State’s highest officials during a
15 period of exponential growth of the prison population. *See, e.g., Newman*, 466 F.Supp. at
16 630 (“The theme running throughout the evidence is a lack of professional leadership.”).
17 These State officials have the ultimate responsibility to hire, train, supervise, and audit their
18 own staff, and to provide sufficient resources, technology, and support for those staff
19 members to ensure that instances of negligent care and malpractice are kept to a minimum
20 and that the system operates at least at the level of constitutionally adequate care.

21 The past and current leaders of the prison system have failed to take the bold measures
22 necessary to protect the lives of prisoners, to find solutions to the impediments posed by the
23 State bureaucracy, and to make systemic improvements. Many of these measures, such as
24 taking incompetent doctors out of patient care, hiring qualified new doctors and nurses, and
25 providing a medical records system are neither obscure nor infeasible.

26 Perhaps no better illustration exists of the lack of leadership than Dr. Shansky’s
27 testimony regarding the State’s failure to maintain, and to capitalize upon, improvements
28 made in the medical delivery system at San Quentin years ago pursuant to the litigation in

1 *Marin v. Rushen*, C-80-0012 MHP (N.D. Cal. 1980). RT 698:2-699:11. The Court's first-
2 hand observation of the depths to which that institution was allowed to sink in the aftermath
3 of careful and productive judicial intervention in *Marin* has had a profound effect on this
4 Court.

5 Defendants also have failed to take a strong leadership position in resolving a long-
6 standing impediment to medical care, which is the over-prioritization of custody interests
7 even in the face of pressing medical needs. The testimony is replete with stories of prisoners
8 suffering from obvious illness and injuries who are blocked from receiving medical attention
9 by custody staff. While the Court is cognizant of the legitimate special difficulties posed in
10 dealing with an incarcerated population, these challenges fail to explain or justify the severe
11 imbalance of priorities in this case. See Susan Sturm, *Resolving the Remedial Dilemma:
12 Strategies of Judicial Intervention in Prisons*, 138 U. PA. L REV. 805, 818 (1990) (describing
13 phenomenon of "goal displacement" in prison administration).

14 The numerous deaths and harm from medical misfeasance and neglect have been
15 predictable consequences of what can best be described as a "non-system" of care in
16 California's prisons. This is not mere hindsight; rather, it has been the foreseeable and
17 unavoidable result of the State's failure to use the full extent of its powers to meet its
18 constitutional obligations. See, e.g., *Palmigiano v. Garrahy*, 448 F.Supp. 659, 671(D. R.I.
19 1978 (governor's efforts did not constitute "'all reasonable steps' toward achieving
20 compliance" and "none of the reasons offered for delay by defendants related to an inability
21 to comply"); *Bracco v. Lackner*, 462 F.Supp. 436, 449 (N.D. Cal. 1978), quoting *Welsch v.
22 Likins*, 550 F.2d 1122, 1132 (8th Cir. 1977) ("The obligation of defendants to eliminate
23 existing unconstitutionality does not depend upon what the Legislature may do, or upon
24 what the Governor may do...").

25 In all fairness, the Court recognizes that the current administration inherited many of
26 the problems identified above from past administrations, which must bear much of the blame
27 for building California's vast prison system without regard for inmate medical care. As the
28 Court has stated in the past, the Governor has appointed, and the State has hired, a number of

1 dedicated individuals to tackle the difficult task of addressing the crisis in the delivery of
2 health care in the CDCR. These leaders have been forthright in conceding their failures,⁷
3 have not attempted to obstruct the Receivership process, and have shown good faith and even
4 enthusiasm in discussions with the Court and plaintiffs' counsel about the prospect of
5 working with a Receiver toward the goal of revamping, and perhaps redesigning, the prison
6 medical delivery system.

7 When appointing receivers, courts often remove the officials in charge of the entity
8 responsible for the constitutional violations from power and place the receiver in their stead.
9 *See, e.g., Newman*, 466 F.Supp. at 636 (relieving the Board of Corrections of all power and
10 displacing the Board with a receiver); *Morgan*, 540 F.2d 527. As an expression of the
11 Court's trust in the current State leadership, the Court will deviate from this practice and will
12 not displace any State officials. This trust must continue to be earned. This Order shall serve
13 as notice to the current leaders of the prison system and of the State that they must do
14 everything in their power to work cooperatively with the Receiver, to create substantial
15 reform in the executive branch (within CDCR and in all other relevant agencies), to seek
16 legislative reform where necessary, and take all other necessary measures to eradicate the
17 barriers that have led to the current crisis. While these changes will take some time, the
18 Court expects to see continual progress toward these goals. Ultimately, these changes will be
19 essential to the Court's decision to return control to the State.

20 (5) *Bad Faith*

21 The question of motive is complicated. As in any case dealing with a governmental
22 institution, circumstances are dictated by a combination of individual effort (or lack thereof)
23 and bureaucratic and political forces. *See Fiss, Foreword: The Forms of Justice* at 22 ("In
24

25
26 ⁷ As discussed in the Findings, Undersecretary Kevin Carruth testified that medical
27 care is not a "core competency" of the State prison leadership. This concession is a double-
28 edged sword. On the one hand, defendants have had the wisdom to recognize and admit their
failure, as opposed to many other individuals or institutions who in similar circumstances
would pursue indefensible positions to the bitter end. On the other hand, as discussed below,
it is an abdication of the public trust for these officials to throw up their hands in surrender, at
least prior to exhausting all measures available to them.

1 the structural context, there may be individual wrongdoers ... [but] the target of the suit [is]
2 on a social condition ... and also on the bureaucratic dynamics that produce that condition. In
3 a sense, a structural suit is an in rem proceeding where the res is the state bureaucracy.”).
4 The Court has discussed above a number of these forces, including the leadership vacuum
5 and the trained incapacity of the bureaucracy. While lack of will thus is a key factor
6 contributing to this crisis, the Court need not ascribe ill will to defendants as a predicate to
7 appointing a Receiver, and the Court declines to do so.

8 **(6) Wasted Resources**

9 While the Court has not yet ordered a detailed accounting, all the evidence supports
10 the Court’s firm conviction that defendants have engaged in a huge waste of the taxpayer’s
11 resources. Certainly, spending over one billion dollars annually on a system that far too
12 often neglects, mistreats, and at times literally kills those it is intended to serve is a massive
13 waste of money and, more importantly, life. *See Palmigiano*, 448 F.Supp. at 674 (“[A]ready
14 the heavy financial costs, which the prison administration imposes by maintaining many
15 prisoners [in unconstitutional conditions], fall on the taxpayers; this cost should soon be
16 diminished. The citizens of this state also bear the human costs of operating a degraded
17 prison system.”).

18 Even focusing just on money, the expert testimony indicates that there are substantial
19 inefficiencies in the system, and the Court’s own observations at San Quentin and the
20 California Institute for Men mirrors that evidence. As just one example, from the testimony
21 and the Court’s discussion with staff at San Quentin it is clear that large amounts of
22 pharmaceuticals end up being thrown away for no reason other than mismanagement. The
23 Court has little doubt that the degree of waste experienced by the CDCR in the past can be
24 reduced substantially by a Receiver.

25 **(7) Likelihood of a Quick and Efficient Remedy**

26 No doubt the reform of the CDCR medical system will be a monumental task. The
27 preparation and execution of an effective plan to bring the prison medical system up to
28 constitutional standards will require intimate knowledge and understanding of the way the

1 CDCR operates from both the medical and custodial perspectives, a keen grasp of the reasons
2 for the present crisis, an appreciation of the positions of each interested stakeholder, an
3 understanding of financial and budgetary factors, and an ability to navigate the state
4 bureaucracy and to make it responsive to the plaintiffs' needs. Making an appreciable impact
5 may take many months, and a full remedy will take years. While this may not be "quick" in
6 some contexts, the speed of reform must be judged relative to the scale of the project, which
7 in this case is enormous.⁸ The Court believes that steady progress here under the direction of
8 a Receiver is possible, that gains in patient care will be made along the way, and that this is
9 far preferable to the current state of paralysis.

10 **(8) Additional Considerations**

11 **a. The Problem of Democratic Debilitation**

12 Looking at the full spectrum of powers typically exercised by the courts, there is no
13 doubt that the imposition of a Receivership is a drastic measure. But it is not a measure that
14 the Court has sought, nor is it one the Court relishes. Rather, the Court is simply at the end
15 of the road with nowhere else to turn. Indeed, it would be fair to say that the Receivership is
16 being imposed on the Court, rather than on the State, for it is the State's abdication of
17 responsibility that has led to the current crisis. *See Judge Rotenberg Educational Center,*
18 *677 N.E.2d at 150* ("[W]hen the executive persists in indifference to, or neglect or
19 disobedience of court orders, necessitating a receivership, it is the executive that could more
20 properly be charged with contemning the separation principle."). Since the Court has
21 jurisdiction over this matter, it has no choice but to step in and fill the void. But this is a
22 disturbing result, not simply because it is a drastic measure for the Court, but because it
23 exhibits a debilitation of the democratic process whereby the State executive branch has
24 effectively turned over its obligations to the federal judicial branch. *See Shaw, 771 F.Supp.*

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26
27 ⁸ The Court has referred to this case, and the task at hand, as humongous, and indeed
28 it is. Nevertheless, judicial control of state-wide prison systems is nothing new. In fact, the
Court is aware of ten other states in which court orders involving the totality of conditions in
the entire prison systems were issued. *See JUDICIAL POLICY MAKING at 41, 81.*

1 at 763 (“In essence, it is the Court’s view that the Defendants are, at least in part, ‘passing the
2 buck’ to it. Well, if it may appropriately be said, the ‘buck stops here’ for the Court is
3 constitutionally bound to ‘pick up the gauntlet.’”). This dual problem implicating concerns
4 of separation of powers and comity unfortunately will remain until the State proves itself
5 ready to regain control of the prison medical system.

6 **b. The Lack of Political Will**

7 The Court also recognizes the inherently political nature of this matter. To a
8 significant extent, this case presents a textbook example of how majoritarian political
9 institutions sometimes fail to muster the will to protect a disenfranchised, stigmatized, and
10 unpopular subgroup of the population. This failure of political will, combined with a
11 massive escalation in the rate of incarceration over the past few decades, has led to a serious
12 and chronic abnegation of State responsibility for the basic medical needs of prisoners. This
13 is a case where “the failure of the political bodies is so egregious and the demands for
14 protection of constitutional rights [is] so importunate that there is no practical alternative to
15 federal court intervention.” *Discretionary Constitution* at 697; *see also Shaw v. Allen*, 771
16 F.Supp. 760, 763 (S.D.W.Va. 1990) (“[T]he Court is ... not so naive as to fail to recognize ...
17 that factors of a ‘political’ nature are also guiding the Defendants. Certainly, it may be said
18 without a great deal of reservation that the expenditure of a significant portion of a limited
19 budget so as to protect the constitutional rights of prisoners is not a paramount concern in the
20 minds of many citizens. In fact, many may inappropriately consider it both an unnecessary
21 and unwarranted expenditure of public funds.”); *see also* JOHN IRWIN, *THE WAREHOUSE*
22 *PRISON: DISPOSAL OF THE NEW DANGEROUS CLASS* 150 (Roxbury Publishing Company
23 2005) (explaining that state governments are unwilling to allocate resources to prisoners
24 because their “needs rank at the bottom of the state’s priorities.”). The legal response to this
25 political issue, however, is quite clear: When the state deprives individuals of their liberty,
26 for whatever reason, it takes upon itself the obligation to provide those persons with certain
27 services basic to their humanity, including medical care. *See Estelle*, 429 U.S. at 103
28 (citations omitted) (adopting “common-law view that ‘[i]t is but just that the public be

1 required to care for the prisoner, who cannot by reason of the deprivation of his liberty, care
2 for himself.””).

3 **c. The Importance of Qualified and Dedicated Medical Staff**

4 The Court does not wish to give the impression that all doctors working within the
5 CDCR are incompetent or uncaring. For those who have violated their Hippocratic oath,
6 they must take personal responsibility for their failures, even in light of the leadership
7 failures discussed above. But the Court is personally aware of a number of doctors, nurses,
8 and other medical staff members who have been struggling to provide quality care in dire
9 circumstances. For these individuals the Court has nothing but praise. The Court wishes to
10 encourage all of these medical professionals to continue their good work in the knowledge
11 that California is about to embark on a dramatic transformation of its prison medical system.
12 This message is intended as well for those medical professionals who have left CDCR
13 employment in frustration, or who may consider applying for work in CDCR in the future.

14 On a related point, the Court is encouraged by the role that the unions representing
15 medical staff have played in this process by submitting an amicus brief in support of the
16 Receivership. The Court looks forward to working with the unions toward the commonly
17 shared goal of saving lives and improving health care in the CDCR.

18
19 **C. Conclusion**

20 In light of all of the above, the Court concludes that the relevant factors and
21 considerations weigh heavily in favor of the imposition of a Receivership in this case. While
22 this is a step that no court takes lightly, this Court concludes that the record in this case
23 compels this result and offers no realistic alternative. The Court further finds that the
24 establishment of a Receivership, along with those actions necessary to effectuate its
25 establishment, are narrowly drawn to remedy the constitutional violations at issue, extend no
26 further than necessary to correct a current and ongoing violation of a federal right, and are
27 the least intrusive means necessary to correct these violations. The Court is amply satisfied
28 that this relief will impose no unnecessary burden on defendants and will have no adverse

1 impact on either the safety of the public or the operation of the criminal justice system.

2 It bears emphasizing that establishment of the Receivership, while absolutely
3 necessary, is intended as a temporary, not permanent, measure. The Court looks forward to
4 the day, hopefully sooner rather than later, when responsible officials of the State will
5 assume their legal obligations to run the CDCR in a manner that provides constitutionally
6 adequate health care to all prisoners. As the Supreme Court has instructed, “[a] receivership
7 is only a means to reach some legitimate end sought through the exercise of the power of a
8 court of equity. It is not an end in itself.” *Gordon*, 295 U.S. at 37. Once the Court is
9 confident that defendants have the capacity and will to provide such care, the Court will
10 relinquish control from the Receiver back to the State.

11 Lastly, the Court wishes to make clear that it intends to remain actively involved in
12 the Receivership phase of this case, working in tandem with the Receiver to ensure the
13 design and implementation of a constitutionally adequate remedy, and the return of control to
14 the defendants, in the shortest time possible. While the Receiver will be imbued with the
15 power and authority to act in the name of the Court as the Court’s officer, ultimate authority,
16 as well as responsibility, lies with the Court alone.

17 18 **II. The Court Will Hold the Remedy of Contempt in Abeyance**

19 A contempt finding is not a prerequisite to the appointment of a receiver. *See, e.g.,*
20 *LaShawn A.*, 887 F.Supp. at 300 (“The Court, not eager to engender resentment among the
21 defendants and their employees, declined to grant the plaintiff’s motion for a finding of
22 contempt and held it in abeyance, even though ‘contempt may well [have been] justified.’”);
23 *Gary W.*, 1990 WL 17537 at *30; *Newman*, 466 F.Supp. at 635; *Morgan*, 540 F.2d at 533. In
24 the discussion above, the Court has made explicit its expectations of defendants in terms of
25 facilitating the Receivership and eradicating bureaucratic barriers to future success. While
26 the Court has confidence that these expectations will be met, the contempt remedy remains
27 an available tool to address any failures in this regard.

28

FURTHER PROCEEDINGS

1
2 During the course of the evidentiary hearing pertaining to the Order to Show Cause,
3 plaintiffs filed an *ex parte* motion with the Court requesting the immediate appointment of a
4 temporary receiver. Plaintiffs proposed that the Court's medical experts be appointed as
5 temporary receivers and that they be given the limited role of improving physician staffing.
6 There is support for the proposition that courts may appoint temporary receivers in
7 appropriate circumstances. *See e.g., Morgan*, 540 F.2d at 533 (approving temporary
8 receivership of South Boston High School to ensure immediate transfer of certain staff who
9 were impeding desegregation goal); *cf. LaShawn A.*, 887 F.Supp. at 300 (court imposed two
10 "limited receiverships" in child welfare system at time consent agreement was entered; after
11 subsequent non-compliance, court imposed a full receivership); TREATISE ON RECEIVERS at
12 21.

13 Plaintiffs' motion was based on their understandable concern that class members
14 were suffering continued harm as the legal proceedings progressed. The Court has openly
15 shared this concern, as expressed in the oral ruling on June 30, 2005. In fact, the Court
16 initially was strongly inclined to appoint a temporary receiver pending a more thorough,
17 systematic search for a Receiver. Thus, in July 2005, the Court began the process for the
18 selection of a temporary receiver by consulting with the parties and sending a request for
19 proposals to potential candidates recommended by counsel.

20 It became clear to the Court, however, during the process of reviewing proposals for a
21 temporary receivership and interviewing candidates, that appointment of a temporary
22 receiver would not be appropriate in this instance. The Receiver necessarily will have to
23 engage in wholesale systemic reform given the polycentric and pervasive nature of the
24 problems afflicting the CDCR. Such wholesale reform cannot effectively be initiated by a
25 receiver with only very temporary authority. Furthermore, piecemeal reform that focuses on
26 a limited aspect of the problem may actually prove counter-productive in the long run.
27 Rather, the only effective approach to reforming the state prison medical system, and
28 reducing harm to plaintiffs in a sustainable fashion, must be comprehensive and systemic

1 from the outset. As such, the Plaintiffs' request for appointment of a temporary receiver
2 shall be denied.⁹

3 Accordingly, the Court is presently engaged in the process of appointing a full
4 Receiver with the leadership, commitment, experience, and vision to take on the monumental
5 and critical task of bringing the level of medical care provided to California's 165,000
6 inmates up to constitutional standards. In undertaking this task, the Court is committed to
7 discharging its obligation to ensure that it has appointed the best possible person to undertake
8 this unusually complex and critically important challenge. To this end, the Court has
9 concluded, based on its experience to date in this process, that it is essential to undertake a
10 professionally organized national search for a Receiver. While the Court has initiated this
11 process, and intends to proceed as expeditiously as possible, while also consulting counsel, it
12 recognizes that this undertaking necessarily will take some time to conduct in a responsible
13 manner. The Court concludes that any limited delay will be far outweighed by the benefit of
14 ensuring the superiority of the Court's ultimate appointment.

15 During the current interim period prior to the appointment of the Receiver, the Court
16 wishes, of course, to minimize the ongoing injury to the plaintiff class, given the life
17 threatening impact of the ongoing constitutional violations. To this end, and by a separate
18 order filed contemporaneously herewith, the Court is appointing a Corrections Expert,
19 experienced in prison medical care reform and with extensive knowledge of CDCR
20 operations, to make recommendations to the Court as to discrete remedial measures that can
21 be undertaken immediately without interfering with the comprehensive and systemic reform
22 that the Receiver necessarily will undertake. The Court emphasizes that the Corrections
23 Expert will not be a temporary receiver and will not have the powers, authority, or
24 responsibilities of a temporary receiver. Rather, the Corrections Expert will be limited to


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27 ⁹ Although Plaintiffs never formally withdrew their request for appointment of a
28 temporary receiver they have informally indicated to the Court that, in light of information
learned during the process of interviewing candidates for a temporary receiver, they concur
in the conclusion that appointment of a temporary receiver is not a practical approach in this
instance.

United States District Court
For the Northern District of California

1 preparing recommendations to the Court regarding potential remedial orders that will not
2 interfere with any systemic reform efforts that the Receiver may undertake. Once the Court
3 selects a Receiver, the Court will issue a separate order of appointment outlining the
4 responsibilities and powers of the Receiver.

5
6 **IT IS SO ORDERED.**

7
8 DATED October 3, 2005



SHELTON E. HENDERSON
UNITED STATES DISTRICT JUDGE

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Exhibit 14

(California)

FILED
FEB 14 2006
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,
Plaintiffs,
v.
ARNOLD SCHWARZENEGGER,
et al.,
Defendants.

NO. C01-1351 TEH
CLASS ACTION
ORDER APPOINTING
RECEIVER

United States District Court
For the Northern District of California

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On October 3, 2005, this Court issued its written Findings of Fact and Conclusions of Law in support of its June 30, 2005 decision to establish a Receivership to take control of the delivery of medical services to California state prisoners confined by the California Department of Corrections and Rehabilitation (“CDCR”).¹ In its written ruling, the Court explained that it was undertaking a national search to find a Receiver with the leadership ability, experience, and vision to take on the monumental and critical task of bringing the

¹ As the October 3, 2005 ruling notes, Pelican Bay State Prison is exempted from this action and instead falls under this Court’s jurisdiction in the separate case of *Madrid v. Woodford*, C90-3094 TEH.

1 level of medical care provided to California’s 166,000 inmates up to federal constitutional
2 standards. Having undergone a thorough and successful search process, the Court HEREBY
3 APPOINTS Mr. Robert Sillen to serve as the Receiver in this case, at the pleasure of the
4 Court, effective Monday, April 17, 2006. A copy of the Receiver’s curriculum vitae is
5 attached to this Order.

6 In furtherance of the Receivership, the Court sets forth the Receiver’s duties and
7 powers as follows:

8
9 I. DUTIES OF THE RECEIVER

10 A. Executive Management

11 The Receiver shall provide leadership and executive management of the California
12 prison medical health care delivery system with the goals of restructuring day-to-day
13 operations and developing, implementing, and validating a new, sustainable system that
14 provides constitutionally adequate medical care to all class members as soon as practicable.
15 To this end, the Receiver shall have the duty to control, oversee, supervise, and direct all
16 administrative, personnel, financial, accounting, contractual, legal, and other operational
17 functions of the medical delivery component of the CDCR.

18
19 B. Plan of Action

20 The Receiver shall, within 180 - 210 calendar days of the effective date of
21 appointment, develop a detailed Plan of Action designed to effectuate the restructuring and
22 development of a constitutionally adequate medical health care delivery system. This Plan
23 shall include recommendations to the Court of which provisions of the (1) June 13, 2002
24 Stipulation for Injunctive Relief, and (2) September 17, 2004 Stipulated Order re Quality of
25 Patient Care and Staffing Order and Injunction (and/or policies or procedures required
26 thereby), should be carried forward and which, if any, should be modified or discontinued
27 due to changed circumstances. The Plan of Action shall also include a proposed time line for
28

1 all actions and a set of metrics by which to evaluate the Receiver’s progress and success.
 2 The Receiver shall update and/or modify this Plan as necessary throughout the Receivership.
 3 Pending development of the Plan of Action, the Receiver shall undertake immediate
 4 and/or short term measures designed to improve medical care and begin the process of
 5 restructuring and development of a constitutionally adequate medical health care delivery
 6 system.

7
8 C. Budgeting and Accounting

9 The Receiver shall determine the annual CDCR medical health care budgets
 10 consistent with his duties and implement an accounting system that meets professional
 11 standards. The Receiver shall develop a system for periodically reporting on the status of the
 12 CDCR’s medical health care budget and shall establish relations with the California Office of
 13 Inspector General to ensure the transparency and accountability of budget operations.

14
15 D. Reporting

16 The Receiver shall provide the Court with bimonthly progress reports. These reports
 17 shall address: (a) all tasks and metrics contained in the Plan and subsequent reports, with
 18 degree of completion and date of anticipated completion for each task and metric,
 19 (b) particular problems being faced by the Receiver, including any specific obstacles
 20 presented by institutions or individuals, (c) particular successes achieved by the Receiver,
 21 (d) an accounting of expenditures for the relevant period, and (e) all other matters deemed
 22 appropriate for judicial review.

23 The Receiver shall meet with the Court on a bimonthly basis shortly following the
 24 issuance of each report and shall remain in contact with the Court throughout the
 25 Receivership on an informal, as needed, basis.

1 II. POWERS AND AUTHORITY OF THE RECEIVER

2 The Receiver shall have all powers necessary to fulfill the above duties under this
3 Order, including, but not limited to:

4 A. General Powers

5 The Receiver shall exercise all powers vested by law in the Secretary of the CDCR as
6 they relate to the administration, control, management, operation, and financing of the
7 California prison medical health care system. The Secretary's exercise of the above powers
8 is suspended for the duration of the Receivership; it is expected, however, that the Secretary
9 shall work closely with the Receiver to facilitate the accomplishment of his duties under this
10 Order.

11

12 B. Personnel

13 The Receiver shall have the power to hire, fire, suspend, supervise, promote, transfer,
14 discipline, and take all other personnel actions regarding CDCR employees or contract
15 employees who perform services related to the delivery of medical health care to class
16 members. The Receiver shall have the power to establish personnel policies and to create,
17 abolish, or transfer positions related to the delivery of medical health care to class members.
18 The Receiver also shall be empowered to negotiate new contracts and to renegotiate existing
19 contracts, including contracts with labor unions, in the event that such action is necessary for
20 the Receiver to fulfill his duties under this Order.

21

22 C. Property

23 The Receiver shall have the power to acquire, dispose of, modernize, repair, and lease
24 property, equipment, and other tangible goods as necessary to carry out his duties under this
25 Order, including but not limited to information technology and tele-medicine technology.

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D. Governing State Laws, Regulations, and Contracts

The Receiver shall make all reasonable efforts to exercise his powers, as described in this Order, in a manner consistent with California state laws, regulations, and contracts, including labor contracts. In the event, however, that the Receiver finds that a state law, regulation, contract, or other state action or inaction is clearly preventing the Receiver from developing or implementing a constitutionally adequate medical health care system, or otherwise clearly preventing the Receiver from carrying out his duties as set forth in this Order, and that other alternatives are inadequate, the Receiver shall request the Court to waive the state or contractual requirement that is causing the impediment. Upon receipt of any such request, the Court shall determine the appropriate procedures for addressing such request on a case-by-case basis.

E. Access

The Receiver shall have unlimited access to all records and files (paper or electronic) maintained by the CDCR, including but not limited to all institutional, personnel, financial, and prisoner records, as deemed necessary by the Receiver to carry out his duties under this Order.

The Receiver shall have unlimited access to all CDCR facilities, as deemed necessary by the Receiver, to carry out his duties under this Order. Ordinarily, the Receiver shall attempt to provide reasonable notice when scheduling such visits, but this shall not preclude the Receiver from making unannounced visits to facilities or offices as the Receiver deems necessary to carry out his duties under this Order.

The Receiver shall have unlimited access to prisoners and to line and managerial staff, including the authority to conduct confidential interviews with staff and prisoners.

1 F. Immunity and Indemnification

2 The Receiver and his staff shall have the status of officers and agents of this Court,
3 and as such shall be vested with the same immunities as vest with this Court.

4 Additionally, Defendants shall indemnify the Receiver and members of his staff to
5 the same extent as Defendants are obligated to indemnify the Secretary of the CDCR.

6

7 III. OFFICE OF THE RECEIVER

8 A. The Receiver shall be paid a reasonable compensation for his services in an
9 amount to be approved by this Court.

10 B. The Receiver shall establish an Office of the Receiver in a location to be
11 determined in consultation with the Court, with staffing necessary to fully carry out his duties
12 as set forth in this Order. Upon approval from the Court, the Receiver shall set reasonable
13 compensation and terms of service for each member of his staff, (including employees and/or
14 consultants) and shall be authorized to enter into contracts with the employees or consultants
15 of the Office.

16 C. Because time is of the essence, and in order to begin operations immediately,
17 Defendants shall, within 30 days of the date of this Order, establish an initial operating fund
18 with the Court in the amount of \$750,000. The Receiver shall submit monthly requests for
19 payment from this fund to the Court. Further funds for the Office of the Receiver shall be
20 deposited to the Receiver's Office Fund Account set forth in paragraph F below.

21 D. Throughout the Receivership, the Receiver shall submit to the Court a monthly
22 accounting of all receipts and expenditures of the Office of the Receiver and shall arrange for
23 an independent financial audit of the Receiver's Office Fund Account on an annual basis.

24 E. Within 45 calendar days from the date of effective appointment, the Receiver shall
25 establish an interest-bearing account, with respect to which he shall be the signatory and
26 fiduciary. This account shall be designated as the Receiver's Office Fund Account and shall
27 be maintained solely for the reasonable and necessary expenses associated with the operation
28

1 of the Office of the Receiver, including but not limited to salaries, consulting fees, and the
2 costs of supplies, equipment, office space, transportation,² and the like. The Receiver shall
3 arrange with Defendants a system for regularly replenishing the Receiver’s Office Fund
4 Account.

5 F. Within 75 calendar days of the date of effective appointment, the Receiver shall
6 establish a budget for the Office of the Receiver’s first year of operation. The Receiver shall
7 also establish a budget for the Office of Receiver for each subsequent year of operation, with
8 each such budget due 90 days in advance of each budget year.

9
10 IV. COSTS

11 All costs incurred in the implementation of the policies, plans, and decisions of the
12 Receiver relating to the fulfillment of his duties under this Order shall be borne by
13 Defendants. Defendants shall also bear all costs of establishing and maintaining the Office
14 of Receiver, including the compensation of the Receiver and his staff.

15
16 V. LENGTH OF RECEIVERSHIP

17 The Receivership shall remain in place no longer than the conditions which justify it
18 make necessary, and shall cease as soon as the Court is satisfied, and so finds in consultation
19 with the Receiver, that Defendants have the will, capacity, and leadership to maintain a
20 system of providing constitutionally adequate medical health care services to class members.
21 The Court expects that as the Receivership progresses, the Receiver will attempt to engage
22 Defendants in assuming responsibility over portions of the system that are within
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27 ²When engaged in travel, the Receiver and his staff shall use their best efforts to
28 contain direct expenses in a cost-effective fashion. For example, when engaged in necessary
travel, the Receiver and his staff shall, when possible, utilize advanced-purchase economy
airfares and reasonably priced accommodations.

1 Defendants' demonstrated ability to perform, so that the ultimate transfer of power back to
2 the State will be transitional.

3 Prior to the cessation of the Receivership, the Receiver shall develop a Plan for Post-
4 Receivership Governance of the system, which shall include consideration of its structure,
5 funding, and governmental responsibility for its long-term operation. The Receiver shall
6 present this plan to the Court for approval and adoption as an order.

7
8 VI. COOPERATION

9 A. All Defendants, and all agents, or persons within the employ, of any Defendant in
10 this action (including contract employees), and all persons in concert and participation with
11 them, and all counsel in this action, shall *fully* cooperate with the Receiver in the discharge of
12 his duties under this Order, and shall promptly respond to all inquiries and requests related to
13 compliance with the Court's orders in this case. Any such person who interferes with the
14 Receiver's access, as set forth in section II.E., or otherwise thwarts or delays the Receiver's
15 performance of his duties under this Order, shall be subject to contempt proceedings before
16 this Court.

17 B. Counsel for Defendants shall ensure that the following state agencies are given
18 prompt notice of the substance of this paragraph: the Department of Personnel
19 Administration, the Department of Finance, the Department of General Services, the State
20 Personnel Board, and any other state agencies that Defendants deem should be notified.
21 Defendants shall notify the Court in writing of their compliance with this paragraph within
22 30 days of the date of this Order.

23 C. The Secretary of the CDCR shall ensure that all of the CDCR's employees and
24 agents (including contract employees) are given prompt notice of the substance of this
25 paragraph. Defendants shall notify the Court in writing of their compliance with this
26 paragraph within 30 days of the date of this Order.

1 VII. ADVISORY BOARD


2 The Court, in consultation with the Receiver, shall appoint an Advisory Board of no
3 more than five members to assist and advise the Court and the Receiver with respect to
4 achieving the goals of the Receivership.

6 VIII. MODIFICATION

7 Given that this Receivership is unprecedented in scope and dimension, this Court
8 finds that flexibility will be an important element in ensuring its effectiveness. Accordingly,
9 this Order may be modified as necessary from time to time to assure the success of this
10 Receivership and the eventual return of the operation of the CDCR's medical health care
11 delivery system to the State of California.

14 **IT IS SO ORDERED.**

16 Dated: February 14, 2006

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19 THELTON E. HENDERSON
20 UNITED STATES DISTRICT JUDGE

United States District Court
For the Northern District of California

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ROBERT SILLEN

EDUCATIONAL BACKGROUND

1965 University of Denver, Denver, Colorado: Bachelor of Arts Degree

1972 Graduate School, Yale University: Masters of Public Health Degree

CAREER EXPERIENCE

1993 - Present Executive Director
Santa Clara Valley Health & Hospital System
San Jose, CA

1979 - 1993 Executive Director, Hospital & Clinics
Santa Clara Valley Medical Center
San Jose, CA

1976 - 1979 Associate Director, Hospital & Clinics
University Hospital
University of California Medical Center
San Diego, CA

1972 - 1976 Assistant Director
University Hospital
University of California Medical Center
San Diego, CA

1968 - 1970 Assistant Administrator
City Hospital Center at Elmhurst
Elmhurst, NY

1967 - 1968 Director of Community and Professional Relations
United States Public Health Service
New York, NY

1965 - 1967 Director of Clinics
United States Public Health Service
New York, NY

DETAILS OF CAREER EXPERIENCE

Executive Director, Santa Clara Valley Health & Hospital System (SCVHHS)

In June, 1993, the Board of Supervisors created a full service, integrated County health care system consisting of the Santa Clara Valley Medical Center, Department of Public Health, Department of Mental Health, Department of Custody Health Services and the Department of Alcohol & Drug Services. The Santa Clara Valley Health & Hospital System is responsible for a full continuum of preventive intervention and treatment services throughout the County, both directly under County auspices and through contracts with the private sector. The system is comprised of over 6,200 employees and has an annual operating budget of nearly \$1.4 billion.

The Executive Director is responsible for all aspects of the system's operations, long range planning, private/public partnerships, community relations, capital development and information systems. The development of a cost effective, fully integrated system is essential for the successful conversion to a full-service managed care delivery system in a highly competitive environment. In addition, the Executive Director was responsible for designing and implementing a County-wide Medi-Cal Managed Care program (Local Initiative) in June, 1996 as well as the Children's Health Initiative and Healthy Kids program in January, 2000.

Executive Director, Santa Clara Valley Medical Center (SCVMC)

Directed, administered, and coordinated all activities of the hospital and its affiliated clinics; responsibilities included: planning and establishing major current and long range objectives, goals, and policies; maintaining good employee and medical staff relations; maintaining financial solvency of the institution; organizing the functions of the Medical Center and clinics through appropriate departmentalization and delegation of duties; exercising day-to-day responsibility for the internal operations of the hospital; and directly coordinating all external activities and relations affecting the hospital and clinics.

The Santa Clara Valley Medical Center is a 500-bed regional medical center with an operating budget of over \$800 million and 4,500 full-time equivalent employees. Services range from community based primary care satellite clinics to tertiary regional services such as: Regional Burn, Spinal Cord Injury, and Head Trauma; Neonatal Intensive Care; Poison Control Center; Trauma Center; Life Flight Helicopter; and Custody (Jail) Health Services.

Associate Director, University Hospital, University of California Medical Center, San Diego

Administrative and budgetary responsibility for the following professional services: Anesthesia, Medicine, Neurology, Surgery. Responsibility included approval and control of operating and capital budgets, program planning and implementation and identification and solution of operational problems. Relate directly to Chairpersons and Division Chief of above indicated departments.

Responsible for operation of hospital planning office, including overall administrative responsibility for short- and long-range planning. Responsibilities included formulation of planning methodology, acquisition of capital resources, and coordination of all hospital construction, renovation, and space allocation.

Responsible for the activities of the Assistant Director, Hospital and Clinics, for a variety of professional services and non-professional departments including: Cardiac Catheterization Laboratory, Gastroenterology, Material Handling, Medicine, Neurology, Pathology, Pharmacy, Physical and Occupational Therapy, Radiology, Respiratory Therapy, Surgery.

Assistant Administrator, City Hospital at Elmhurst

Assisted the Administrator of this 1,000-bed teaching hospital in the general administration of a variety of professional and non-professional services, including: Anesthesia, Hematology, Inhalation Therapy, Pathology, Radiology, Social Services, Medical Records, and Medical Library. Directly responsible for administration of internship and residency training programs, and administration of Medicare compliance program.

ACADEMIC APPOINTMENTS

Assistant Clinical Professor, Department of Community Medicine,
University of California, San Diego

Clinical Lecturer, Department of Community Medicine,
University of California, San Diego

PROFESSIONAL ASSOCIATIONS AND MEMBERSHIPS

Children & Families First Commission of Santa Clara County, Commissioner: 2000 – Present
California Association of Public Hospitals & Health Systems, Board of Directors, Current Member;
Current and Past Chairman: 2003, 1984, 1985, 1989
National Association of Public Hospitals & Health Systems, Current Member; Past Chairman: 1987
Emergency Housing Consortium, Board of Directors, Member: 1998-2001
American Cancer Society, Board of Directors, Member: 2000, 2001
California Association of Hospitals and Health Systems, Board of Trustees
California Association of Hospitals and Health Systems, Chairperson, CAHHS Committee on
Finance, 1990
California Association of Hospitals and Health Systems, Marketplace Task Force, 1989; Blue
Ribbon Committee, 1990
American Hospital Association
American Hospital Association, Governing Council, Section for Metropolitan Hospitals
Hospital Council of Northern California, Board of Directors
California Hospital Association County Hospital Committee
Hospital Conference of Santa Clara County: President, 1986
Hospital Council of Northern California, Planning Committee
Hospital Council of Northern California, Finance Committee
National Association of Counties, Health and Education Steering Committee; Subcommittee, Health
Care Cost Containment; Subcommittee, Long Term Care

ROBERT SILLEN

Major Accomplishments

Planned, financed and implemented major capital expansion of Medical Center:

- \$50 million patient care tower, including new and expanded Comprehensive Emergency Room; Adult Medical, Surgical and Coronary Care Intensive Care Units, Regional Burn Center, post-partum maternity; clinical lab expansion; 40 bed telemetered Transitional Care Unit; Newborn Nursery; roof-top heliport.
- \$12 million ambulatory care/physician office building (Valley Health Center). This practice facility provides a highly competitive practice site enabling our faculty to expand our base of privately insured patients. 42,000 square foot facility includes: decentralized registration/waiting, patient care modules including exam rooms, consult rooms and offices; pharmacy; laboratory; radiology services; medical records. This facility is the locus of our prepaid health plan (Valley Health Plan) for County and other public employees.
- \$5 million physician/administrative complex that houses our faculty practice plan, physician offices and administrative support offices.
- Psychiatric Facility Expansion - As part of the same bond issue that financed the West Wing patient tower we have built a new 54 bed acute psychiatric facility (\$8 million) and purchased a free-standing, distinct part psychiatric SNF (\$4 million).
- Creation of a Magnetic Resonance Imaging Center through a joint venture.
- A Campus Development Plan has been funded and initiated which will culminate in the completion of the following projects during the next three years: Additional Patient Care Tower; 1,500 car parking structure(s); Ambulatory Care Facility; Alzheimers Treatment and Day Care Center; Long Term Care facility; new power plant and laundry; Administrative support and physician office building. The Campus Development effort will cost over \$500 million.
- \$250 million Patient Care Tower (completed in 1999).
- \$250 million Specialty Inpatient Center (to be completed in 2008).
- Four Community Based Primary Care Centers (\$200 million).

Program Development:

- Designation as Level I Trauma Center
- Occupational and Industrial Medicine Program. Developed a program for and consummated contracts with union health and welfare funds and corporate entities in Silicon Valley as well as governmental agencies and school districts.
- Valley Health Plan (VHP). Designed and implemented a prepaid health plan for County employees. This plan, licensed by the State Department of Corporations, is intended to compete with private HMO's, PPO's, IPA's and indemnity plans offered to over 13,000 County employees thus increasing our private insurance base and reducing County subsidy to the Medical Center. Since its inception, VHP has grown from 0 to 2,600 enrollees.
- Developed a Marketing and Public Relations Division that successfully maintained and enhanced our patient referral base, created community support and understanding and enhanced our image throughout the County and State.
- Created a free-standing 501(c)(3) fundraising foundation (SCVMC Foundation). The Foundation, the sole purpose of which is to raise funds and create community support for SCVMC was created in 1988. During its first year it raised over \$1 million for the Medical Center. The Foundation Board is comprised of wealthy Silicon Valley corporate leaders and civic "movers and shakers." Major support has been garnered from wealthy individuals, other local foundations, corporations (IBM, Cypress Semiconductors, Applied Materials, Hewlett-Packard, Syntex to name a few). This is a unique effort for a county medical center and we are now providing consultative services to other public hospitals that want to emulate our success.
- Service Excellence. Successfully designed and implemented a Medical Center-wide program which has significantly enhanced intra-and-interdepartmental functioning and communications, increased employee morale, aided recruitment and retention, positively impacted operating efficiency, enhanced our patient and community relations and maintained and enhanced our patient base.
- Financial Performance. Despite the adverse sponsorship mix of SCVMC's patient population (60% Medi-Cal, 20% unsponsored, 5% private insurance, 15% Medicare) our financial performance has been exemplary. The County General Fund subsidy has never exceeded 10% of our total operating budget during my 16 year tenure at SCVMC. This is unique for a California county hospital, especially the third largest in the State. Our financial and clinical successes are closely related and have created an environment of full community and political support vital to our overall success.
- Operational Re-engineering. Implemented a full-scale work re-engineering project; the goal of which was to reduce operating expenses by \$60 million over three years. This program is unique within County government in California and has the full support of the Board of Supervisors and County unions.

Exhibit 15

(California)

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,
Plaintiffs,
v.
ARNOLD SCHWARZENEGGER,
et al.,
Defendants.

NO. C01-1351 TEH
ORDER APPOINTING NEW
RECEIVER

On October 3, 2005, this Court issued detailed findings of fact and conclusions of law explaining the Court’s June 30, 2005 oral ruling to establish a Receivership to take control of the delivery of medical services to all California state prisoners confined by the California Department of Corrections and Rehabilitation (“CDCR”). The Court concluded that “the California prison medical care system is broken beyond repair,” and that an “unconscionable degree of suffering and death is sure to continue if the system is not dramatically overhauled.” Oct. 3, 2005 Findings of Fact & Conclusions of Law at 1-2. The Court “impose[d] the drastic but necessary remedy of a Receivership in anticipation that a Receiver [could] reverse the entrenched paralysis and dysfunction and bring the delivery of health care in California prisons up to constitutional standards.” *Id.* at 2. The Court further explained that, “[o]nce the system is stabilized and a constitutionally adequate medical system is established, the Court will remove the Receiver and return control to the State.” *Id.*

On February 14, 2006, the Court appointed Robert Sillen “to serve as the Receiver in this case, at the pleasure of the Court, effective Monday, April 17, 2006.” Feb. 14, 2006

1 Order Appointing Receiver at 2. In that appointment order, the Court also set forth the
2 Receiver’s duties and powers and provided for the establishment of an advisory board to
3 assist and advise the Court and Receiver. *Id.* at 2-9.

4 Much progress has been made since the Receivership was established, and the
5 Receiver has successfully recruited and hired a team of correctional and clinical experts to
6 assist him with his remedial obligations. As detailed in the Receiver’s bimonthly and,
7 subsequently, quarterly reports to the Court, the Receiver and his staff, including the many
8 CDCR employees who report to the Receiver, have undertaken significant efforts to improve
9 the delivery of medical care to California inmates. For example, vacancy rates among
10 clinical staff in prisons have been dramatically reduced as a result of increased salaries and
11 improved hiring processes. Similarly, many clinically appropriate changes have been made,
12 including the replacement of medical technical assistants with licensed vocational nurses,
13 and several necessary clinical construction projects have been initiated. In its first two years,
14 the Receivership has also resolved the CDCR specialty care contracting crisis, which was
15 preventing inmates from receiving needed care from clinical specialists, and established a
16 successful prison improvement pilot project at San Quentin State Prison. Nonetheless, it is
17 beyond dispute that the system for delivering health care to California’s inmate population
18 remains below constitutional standards and continues to be in need of repair – not through
19 any fault of the Receiver or his staff, but, rather, primarily as a result of the extreme
20 dysfunction the Receiver inherited from the State, as well as the numerous problems and
21 obstacles encountered by the Receiver that were not anticipated at the time the Receivership
22 was established.

23 In addition to being charged with undertaking immediate and short-term measures
24 “designed to improve medical care and begin the process of restructuring and development of
25 a constitutionally adequate medical health care delivery system,” the Receiver was also
26 ordered to develop a detailed Plan of Action to complete the development and
27 implementation of such a system. *Id.* at 2-3. The Court originally ordered the Receiver to
28 file his Plan of Action within 180 to 210 days of his appointment, *id.* at 2, but later granted

1 the Receiver's request for an extension of time. On December 19, 2006, the Court granted
2 the Receiver until May 15, 2007, to file his initial Plan of Action with metrics "that are
3 realistic, fully informed, detailed, and effective," with a revised Plan of Action due by
4 November 15, 2007. Dec. 19, 2006 Order at 2, 5. In the same order, the Court granted the
5 Receiver's request to delay appointment of an advisory board until after the filing of the
6 initial Plan of Action. *Id.* at 3-4.

7 The Receiver timely filed his initial Plan of Action on May 10, 2007. Following the
8 Court's independent review of that plan and consideration of Plaintiffs' responses to the plan,
9 including arguments raised during an August 27, 2007 hearing, the Court found that the
10 initial Plan of Action failed to contain adequate metrics and time lines. The Court ordered
11 that the Receiver include such benchmarks in his revised Plan of Action to be filed in
12 November 2007. Sept. 6, 2007 Order Re (1) Receiver's May 2007 Preliminary Plan of
13 Action, & Mot. for Order Modifying Stip. Inj. & Orders Entered Herein, & (2) Pls.' Mot. for
14 Order Directing Receiver to Comply with April 4, 2003 Order etc. at 3-5. The Court also
15 observed at the August 27, 2007 hearing that it had not furnished the type of hands-on
16 leadership that, in retrospect, it wished it had, and the Court resolved to provide such
17 leadership as this case moved forward.

18 To that end, the Court appointed Starr Babcock as a Pro Bono Special Assistant to the
19 Court to assist with special projects, including the creation of "an advisory working group to
20 assist the Court with evaluating the Receiver's [revised] Plan of Action . . . and determining
21 how best to assemble the advisory board." Oct. 29, 2007 Order Appointing Pro Bono
22 Special Assistant to the Court at 1. Following the Receiver's timely filing of his revised Plan
23 of Action on November 15, 2007, the Court provided the advisory working group with a
24 copy of the revised plan and convened the group for a one-day meeting on December 8,
25 2007. The Pro Bono Special Assistant to the Court had numerous individual conversations
26 with advisory working group members both before and after the December 8 meeting.

27 The Receiver, as well as counsel for Plaintiffs and Defendants, made presentations to
28 and answered questions from the advisory working group at that meeting. The group

1 subsequently reached two main consensus opinions during closed-session discussions. First,
2 the advisory group recommended that a professional planner be hired to assist the Receiver
3 in revising the Plan of Action so that it both complied with the Court’s orders and directions
4 and could serve as a useful leadership document that would provide a common vision for all
5 stakeholders. In addition, the working group was unanimous in its recommendation that an
6 advisory board be formed to assist in the planning process and, more broadly, to advise the
7 Court on issues relating to the Receivership’s operation and progress towards implementing a
8 prison medical care system that meets constitutional standards. The Court agrees with and
9 adopts both of these recommendations, as ordered below.

10 The Receivership has reached a critical juncture at which it must now move from a
11 primarily investigative and evaluative phase, during which the Receivership analyzed the
12 current system to determine what reforms were necessary and worked to create the
13 infrastructure required to effectuate such reforms, into an implementation phase, during
14 which the Receivership must translate the conceptualized reforms into reality. Throughout
15 its existence, the Receivership has developed and put into practice critical short-term
16 measures, and such measures must continue to be adopted to address issues requiring urgent
17 attention. However, the Receivership’s focus can and must now shift towards long-term
18 reform that will achieve the implementation of a sustainable, constitutionally adequate
19 system of delivering medical care to Plaintiffs – and, not inconsequentially, a system that
20 must ultimately be transitioned back to the State of California’s control. Put another way, the
21 Receivership’s overarching goal should be working itself out of existence once delivery of
22 medical care to California’s inmates has been brought up to constitutional standards.

23 After careful reflection and deliberation, the Court has concluded that such work
24 would best be accomplished by appointing a new Receiver who brings a different set of
25 strengths appropriate to guiding the Receivership through its second phase. While the
26 current Receiver has successfully used his unique skills and bold, creative leadership style to
27 investigate, confront, and break down many of the barriers that existed at the inception of the
28 Receivership, the second phase of the Receivership demands a substantially different set of

1 administrative skills and style of collaborative leadership. The Receivership must continue
2 to maintain its independence as an arm of the federal courts established to take over state
3 operations, but it also must work more closely at this stage with all stakeholders, including
4 State officials, to ensure that the system developed and implemented by the Receivership can
5 be transferred back to the State in a reasonable time frame. Such collaboration appears to be
6 more important now than ever, given the current budget crisis faced by the State of
7 California.

8 Accordingly, with good cause appearing, IT IS HEREBY ORDERED that:

9 1. The Court's appointment of Robert Sillen as the Receiver in this case is hereby
10 terminated, and all prior authority vested by the Court in Mr. Sillen is hereby revoked,
11 effective immediately.

12 2. J. Clark Kelso is appointed to serve as the Receiver in this case, at the pleasure of
13 the Court, effective immediately. All powers, privileges, and responsibilities of the Receiver,
14 as set forth in the Court's February 14, 2006 Order Appointing Receiver, shall continue in
15 full effect, except as modified by subsequent orders of this Court. A short biography of
16 Mr. Kelso is attached to this order.

17 3. The Pro Bono Special Assistant to the Court shall assist the Receiver in reworking
18 the November 15, 2007 Plan of Action so that it is a more useful leadership document. The
19 Receiver and Pro Bono Special Assistant shall consider how best to choose and use the
20 services of a professional planner to assist in this process, the costs of which shall be borne
21 by Defendants as part of the Receivership's budget.

22 4. The Court will shortly be appointing an advisory board to assist and advise the
23 Court and the Receiver as this case moves forward. All costs associated with the
24 appointment and service of the advisory board shall be borne by Defendants as part of the
25 Receivership's budget. Although the Court is cognizant of not making the advisory board so
26 large as to be unhelpful and inefficient, the Court may expand the advisory board beyond the
27 five individuals provided for by the February 14, 2006 Order Appointing Receiver to ensure
28 that medical, correctional, and any other areas of necessary expertise are adequately

1 represented. The Pro Bono Special Assistant to the Court shall continue to assist the Court in
2 assembling and staffing the advisory board, in consultation with the Receiver. Details of the
3 advisory board will be announced by subsequent order of the Court.

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5 **IT IS SO ORDERED.**

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7 Dated: 01/23/08



8 THELTON E. HENDERSON, JUDGE
9 UNITED STATES DISTRICT COURT

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J. Clark Kelso

Biographical Information

J. Clark Kelso is a Professor of Law and, for the last twelve years, has been the Director of the Capital Center for Government Law and Policy at the University of the Pacific McGeorge School of Law in Sacramento, California. He comes to the California Prison Health Care Receivership with over fifteen years of experience in a wide variety of positions in all three branches of state government. Throughout this service, he has successfully improved state programs and operations while developing a well-known reputation for independence, integrity, and collaborative leadership.

In the 1990s, Kelso worked with the California Judicial Council and Administrative Office of the Courts on a number of task forces and commissions. This work, particularly his efforts in support of unification of the state's trial courts, led to his receipt of the 1998 Bernard E. Witkin Amicus Curiae Award, the highest honor given to an individual other than a member of the judiciary for outstanding contributions to California's courts.

In July 2000, Kelso was selected by then Attorney General Bill Lockyer and Governor Gray Davis as the interim replacement for outgoing Insurance Commissioner Chuck Quackenbush, who abruptly resigned amid allegations of corruption. Kelso's leadership quickly restored public trust to the Department of Insurance.

In June 2002, Governor Davis appointed Kelso to serve as the State's Chief Information Officer and charged him with restoring the state's crumbling information technology program. After Governor Davis's recall, Governor Arnold Schwarzenegger retained Kelso in the State CIO position. Focusing on the disciplines of strategic planning, collaborative execution, and workforce development, Kelso turned the state's information technology ("IT") program around, in two years moving the state from 47th to 12th in Brown University's annual e-government report. In his State CIO role, Kelso also supported the development of state policies encouraging health information technologies and data sharing to improve quality, transparency, and accountability in public and private health care delivery systems. In recognition of his accomplishments, he received a "Top 25 Award for 2004 Doers, Dreamers and Drivers" from Government Technology and was named by Computerworld to their list of "Premier 100 IT Leaders for 2007."

A 1983 graduate of the Columbia University School of Law, Professor Kelso clerked for Judge Anthony M. Kennedy on the United States Court of Appeals for the Ninth Circuit. Kelso joined the faculty at Pacific McGeorge in 1986 after practicing law briefly in the New York offices of Kaye, Scholer, Fierman, Hays & Handler. A registered Republican, Kelso is married to Kari Kelso, Ph.D., and they have two daughters.

Exhibit 16

(California)

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,
Plaintiffs,
v.
GAVIN NEWSOM, et al.,
Defendants.

Case No. 01-cv-01351-JST

**ORDER RE-APPOINTING ADVISORY
BOARD MEMBERS**

The following Advisory Board members currently serve terms that are set to expire on December 31, 2024: Noha Aboelata, Stefano Bertozzi, Barbara Crawford, Amy Lerman, and Brie Williams. ECF No. 3761. The Court re-appoints all five individuals to another three-year term, expiring on December 31, 2027.¹

IT IS SO ORDERED.

Dated: November 25, 2024



JON S. TIGAR
United States District Judge

¹ The limitation on Board members' length of service is eliminated. See ECF No. 3069 at 1.

United States District Court
Northern District of California

Exhibit 17

(Cook County, IL)

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**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

JIMMY DOE, WILLIE ROE,)	
JOHNNY WOE, DANNY ZOE,)	
CHARLIE ROE, and ANDREW LOE,)	
on behalf of themselves and all)	
others similarly situated,)	No. 99 C 3945
)	
Plaintiffs,)	Hon. John A. Nordberg
v.)	
)	Magistrate Judge Martin C. Ashman
COOK COUNTY and the)	
Superintendent of the Cook County)	
Juvenile Temporary Detention Center,)	
)	
Defendants.)	

AGREED ORDER APPOINTING A TRANSITIONAL ADMINISTRATOR

Currently pending before the Court is the plaintiffs' Motion to Appoint a Receiver filed on May 29, 2007 (Motion). The plaintiffs have agreed to withdraw this Motion without prejudice in consideration of the defendants' agreement to the terms and entry of this Agreed Order Appointing a Transitional Administrator (Order) and its approval and entry by this Court.

Introduction

1. The purpose of this Order is to appoint a Transitional Administrator (TA) with the authority and responsibility to bring the Cook County Juvenile Temporary Detention Center (JTDC) into substantial compliance with the Memorandum of Agreement (MOA), the Agreed Supplemental Order (ASO), and the Modified Implementation Plan (MIP) and, if consistent with Illinois law, to prepare the JTDC for the transition of administrative

authority over its operations to the Office of the Chief Judge of the Circuit Court of Cook County.

2. The TA shall be an agent of this Court and is specifically appointed with the authority and responsibility to put in place at the JTDC qualified management to implement the requirements of the MOA, the ASO, and the MIP.
3. The parties agree and the Court finds that this Order is in full compliance with the requirements for settlement of class actions and prospective injunctive relief pursuant to the Prison Litigation Reform Act, 18 U.S.C. § 3626.
4. The Court appoints Mr. Earl L. Dunlap as the TA.

Responsibilities of the TA

5. The TA shall have the following responsibilities:
 - a. To develop and implement systems at the JTDC to achieve substantial compliance with the MOA, the ASO, and the MIP.
 - b. To oversee, supervise, and direct all management, administrative, financial, contractual, personnel, security, housing, custodial, purchasing, maintenance, technology, health services, mental health services, food and laundry service, recreational, educational, and programmatic functions relating to the operation of the JTDC consistent with the authority vested in the position of Superintendent of the JTDC and to restructure the JTDC into an institution that substantially complies with the MOA, the ASO, and the MIP.

- c. To preserve, protect, manage, and administer all property and assets relating to the operation of the JTDC.
- d. To develop and implement effective information management systems, performance standards, and quality improvement measures relating to the operation of the JTDC.
- e. To establish effective working relationships with Cook County, the Cook County Board of Commissioners, the Cook County Board President, the Cook County Bureau of Health Services, Cermak Health Services and any other government or private agency whose functions relate to the operation of the JTDC.
- f. To exercise his authority as TA in a manner consistent with the laws, policies and regulations of Cook County and the laws of the State of Illinois. However, where those laws interfere with the TA's responsibilities and authority set out in this Order, the TA, or either party, may petition the Court to waive any requirements imposed thereby. Should the TA determine that it is necessary for him to bypass any policy or regulation of Cook County, he shall inform the parties who may petition this Court for the appropriate relief. If the parties elect not to petition this Court, the TA shall utilize his discretion to bypass a policy or regulation of Cook County when he believes it is necessary under the circumstances.
- g. The parties shall reasonably utilize the non-binding mediation services of the TA to resolve any issues in advance of seeking relief from this Court.

Authority Granted to the TA

6. The TA shall have all reasonable powers necessary to bring the JTDC into substantial compliance with the MOA, the ASO, and the MIP, including:
 - a. All powers relating to the operation of the JTDC, which in usual circumstances, are exercised by the Superintendent of the JTDC. Cook County shall ensure that all other Cook County Bureaus and Departments, including Cermak Health Services, cooperate with the TA and provide his requests for assistance with the highest priority and shall comply with the TA's requests. Should either party believe that any such request by the TA is unreasonable, that party may seek appropriate relief from this Court.
 - b. The power to establish the budget for all functions relating to the operation of the JTDC (JTDC budget) which shall be presented to the Board of Commissioners as part of the annual appropriations process. The JTDC budget shall be of an amount reasonably necessary to ensure compliance with the MOA, the ASO, and the MIP. The TA shall have the authority to undertake the reasonable reallocation of funding within an approved JTDC budget. Cook County shall not adjust approved funds or otherwise transfer existing funds within an approved JTDC budget without prior approval of the TA. The TA's authority shall be exercised as follows:
 - i. Upon appointment, the TA immediately shall assume responsibility for the administration of the JTDC budget for the

remainder of Fiscal Year¹ 2007 to effectuate the terms of this Agreed Order. Cook County agrees to accept any recommendations by the TA for additional funding of the 2007 JTDC budget as a priority item. Either party or the TA may petition this Court to resolve issues concerning the TA's additional requests for reasonable funding. This paragraph shall remain applicable until the 2008 JTDC budget is approved in accordance with paragraph 6(b)(ii) below.

- ii. On or about September 15, 2007, the TA shall present to the Office of the President the proposed Fiscal Year 2008 JTDC budget that shall be made part of the President's proposed annual appropriation to the Cook County Board of Commissioners unless the TA proposes a 2008 JTDC budget with an increase in excess of 10% (excluding the funding required under paragraph 7(f) below) above the approved 2007 JTDC budget. If the TA proposes a 2008 JTDC budget with an increase in excess of 10% of the approved 2007 JTDC budget, the TA shall present his proposed 2008 JTDC budget directly to the Cook County Board of Commissioners for their consideration and approval. In the event that the Board of Commissioners moves to reject the 2008 JTDC budget proposed by the TA, the TA or either party may petition this Court, within fourteen (14) days after the Board of

¹ The Cook County fiscal year begins December 1 and ends November 30 of the next calendar year.

Commissioners acts to reject the proposed budget, to resolve the matter. Failure to petition this Court for relief within 14 days shall foreclose that party from seeking such relief.

If the Board of Commissioners acts to reject the 2008 JTDC budget proposed as part of the final vote on Cook County's 2008 budget appropriation, the TA or the parties shall petition the Court in advance of the next regularly scheduled meeting of the Board of Commissioners following the vote rejecting the 2008 proposed JTDC budget. Failure to petition this Court for relief within this time shall foreclose that party from seeking such relief. However, nothing herein shall prevent a party or the TA from petitioning the Court should the next regularly scheduled meeting occur less than 10 days following the vote rejecting the 2008 proposed JTDC budget. If the need for additional funding arises during the fiscal year due to emergencies or unanticipated circumstances, the TA may request additional funds to address the emergencies or unanticipated circumstances. In the event Cook County denies that request, either party or the TA may petition this Court to resolve the matter.

- iii. By September 15th of any subsequent year during the TA's appointment, the TA will present the JTDC budget in the same way as described in paragraph 6(b)(ii) above.

- c. The power to establish personnel policies; to create, abolish, or transfer positions; and to hire, terminate, promote, transfer, and evaluate management and staff of the JTDC.
- d. The power to negotiate new contracts and to renegotiate existing contracts, relating to the operation of the JTDC consistent with the provisions of paragraph 5(f) above.
- e. The power to retain consultants to assist with bringing the JTDC into substantial compliance with the MOA, the ASO, and the MIP.
- f. The power to restructure and reorganize any management and administrative structures of the JTDC.
- g. The power to acquire, dispose of, modernize, repair, and lease equipment and property relating to the operation of the JTDC.
- h. The power to recommend, seek grant applications from other government or private bodies which may be available to bring the JTDC into substantial compliance with this Order, the MOA, the ASO, or the MIP.
- i. The power to petition the Court for any additional powers necessary to bring the JTDC into substantial compliance with this Order, the MOA, the ASO, and the MIP.
- j. The TA shall have the responsibility to monitor the Bureau of Health Services relative to its function to provide medical and mental health care to JTDC residents and report his findings and make any appropriate requests pursuant to paragraph 6(a) above or

recommendations in accordance with paragraph 9(c) below, if necessary. The TA shall possess the authority to retain consultants to assist him in monitoring the provision of medical and mental health services by the Bureau of Health.

7. Office of the Transitional Administrator

- a. Upon appointment, the TA shall promptly establish an Office of the Transitional Administrator (OTA). The OTA shall include reasonable staff to effectuate this Order.
- b. Cook County shall be responsible for the reasonable expenses incurred in operating the OTA. These expenses may include, without limitation, the TA's compensation and the compensation of staff to assist the TA in the day-to-day operations of the JTDC (OTA staff) and consultants.
- c. Within 45 days of the entry of this Order, Cook County shall set aside \$150,000 to fund the OTA until the approval of the 2008 JTDC budget in accordance with paragraph 6(b)(ii) above. If the TA or either party determines that the initial amount set aside to fund the OTA is insufficient to effectuate this Order, the TA or the party may petition the Court for additional funds. The OTA funds shall be maintained by the Cook County Comptroller in a separate account and disbursed for the sole purpose of satisfying the reasonable costs and expenses and reasonable compensation of the staff of the OTA.
- d. Every 30 days from the date of this Order, the TA shall submit a request for reimbursement to the State's Attorney's Office, Chief of

the Special Litigation Division for review and submission to the Cook County Comptroller. If both the SAO and the Cook County Comptroller or his designee concur that the subject request for reimbursement is reasonably related to the scope of duties of the OTA, the funds will be released to the TA.

- e. Should either party or the Cook County Comptroller determine that any request for reimbursement is not reasonable under this paragraph, this Court may be petitioned to resolve the issue.
- f. Upon final approval of the 2008 JTDC budget, any remaining funds allocated pursuant to paragraph 7(c) shall be returned to Cook County and future funding of the OTA shall occur as part of the creation of the JTDC budget. However, any funds that are requested by the TA for disbursement to reimburse reasonable and necessary costs and expenses of the OTA and compensation of OTA staff shall remain subject to the procedures referred to in paragraphs 7(d) and (e). The OTA portion of any JTDC budget created and approved under paragraph 6(b)(ii) shall not be considered in determining whether the TA's proposed JTDC budget is in excess of 10% above the approved JTDC budget of the previous year.
- g. The TA, OTA staff, and any contractors or consultants retained by the TA, shall be compensated at reasonable and customary rates by the defendants for their professional time, services, and expenses,

including clerical and administrative support, reasonably incurred to effectuate this Order.

- h. As this Court's representative, appointed to bring the JTDC into substantial compliance with this Order, the MOA, the ASO, and the MIP, the TA shall have absolute immunity from liability.

8. Access

The County shall cooperate with the TA in connection with his efforts to implement the provisions of the MOA, ASO, MIP and this Order, including providing reasonable and prompt access to all relevant information, including access to current Cook County employees at all levels. Such access shall include, but is not limited to, County and JTDC records and documents pertaining to the JTDC budget, personnel, purchasing, equipment, supplies, resident medical and mental health records, and staff discipline. Given the need of the TA to review confidential information maintained by Cook County, the TA, and any person working in conjunction with him, shall be bound by the protective orders entered in this case. Neither the TA nor any member of the OTA shall be permitted access to information privileged by the attorney - client privilege.

9. Documentation and Reporting

- a. The TA shall report to the Court on a regular basis concerning his activities. The TA also shall meet with the parties sixty (60) days after

his appointment, and at least every sixty (60) days thereafter, to report on (1) current conditions at the JTDC; (2) actions taken from the date of his appointment; (3) actions contemplated for bringing the JTDC into substantial compliance with this Order, the MOA, the ASO, and the MIP and (4) to provide his recommendations concerning modification or amendment of the MOA, ASO, MIP and this Order, if any, in recognition of existing circumstances.

b. At least 60 days prior to the termination of his appointment, the TA shall develop a plan for the post-TA operation of the JTDC, which shall include consideration of the structure, funding, and transition to the governmental entities responsible for the long-term operation of the JTDC.

10. Preexisting Remedial Devices Within sixty (60) days of the appointment of the TA, the appointments of the Court Monitors and Compliance Administrator shall conclude notwithstanding any contrary provision set out in the MOA, MIP and the ASO. At his discretion, the TA may retain the former Court-appointed Monitors or Compliance Administrator as consultants or OTA staff to assist in bringing the JTDC into substantial compliance with this Order, the MOA, the ASO, and the MIP.

11. Transition of Authority and Termination of the Appointment of the Transitional Administrator

a. The appointment of the TA shall be subject to dissolution by agreement of the parties or upon a showing of substantial compliance

to this Court with the terms of the MOA, ASO, MIP and this Agreed Order.

- b. In the event pending legislation (House Bill 236) is signed by the Governor of the State of Illinois and becomes law transferring administrative authority of the JTDC to the Office of the Chief Judge of the Circuit Court of Cook County (Chief Judge), the following duties and responsibilities of the TA shall be triggered:
 - i. Throughout the appointment of the TA, it shall be the responsibility of the TA to assess the capacity of the JTDC for the purpose of transitioning administrative and operational authority to the Chief Judge.
 - ii. After consultation with the Chief Judge and with the Chief Judge's prior approval, if the TA determines that any function of the JTDC can be transitioned to the Chief Judge and administered in accordance with the terms of the MOA, ASO and MIP, the TA shall transfer administrative and operational authority of the subject JTDC function to the Chief Judge. If a function transferred to the Chief Judge ceases to comply with the terms of the MOA, ASO or MIP, the TA, in his discretion, may resume administrative and operational authority over the transferred function.
 - iii. The TA shall regularly consult with the Chief Judge for the purpose of keeping the Chief Judge informed relative to

developments at the JTDC and provide information to the Chief Judge upon his request and obtain input from the Chief Judge to foster an efficient and orderly transition of administrative and operational authority to the Chief Judge.

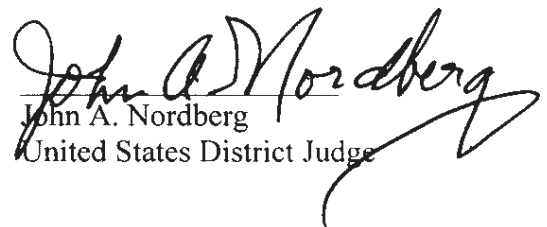
Conclusion

12. The Court retains jurisdiction of this matter for all purposes, including the entry of any additional orders necessary to enforce this Order, the MOA, the ASO, or the MIP. The defendants waive any statute of limitations defense to the MOA, ASO, MIP or this Order until such time as the MOA is terminated pursuant to paragraph 66 thereof.
13. This Order is supplemental to the MOA, ASO and MIP, which remain in full force and effect except to the extent expressly stated herein. Nothing herein shall be construed to prohibit the parties from seeking other or further relief including, without limitation, enforcement of this Order, the MOA, the ASO, or the MIP or from seeking their modification or amendment.
14. The plaintiffs shall continue to have the authority, duties and responsibilities as set forth in the MOA, ASO and MIP for monitoring and enforcing compliance with the MOA, ASO and MIP. Additionally, plaintiffs shall be responsible for monitoring and enforcing this Order.
15. If, for any reason, the TA, referred to in paragraph 4 above, resigns or becomes unavailable to continue, or the parties agree or the Court determines that he should be replaced, the parties will attempt to agree on

the identity of a successor TA. If the parties are unable to agree on a successor TA after twenty-one (21) days, each party shall submit to the Court its nomination of one person to assume the appointment of the TA, together with a statement of the reasons that person is qualified to be appointed the TA. The Court will select one of the party's nominees as the TA or, at its discretion, may solicit additional nominees from the parties.

16. The TA shall be available at the request of either party or the Court to testify at any evidentiary hearing for any relevant purpose, including to evaluate compliance with this Order, the MOA, the ASO, or the MIP.
17. This Order does not resolve the plaintiffs' claim pursuant to 42 U.S.C. §1988 and the Prison Litigation Reform Act, 42 U.S.C. § 1997(e) *et seq.* to attorney's fees, costs, and expenses incurred since the entry of the ASO. In the event the parties are unable to resolve those claims by agreement, the plaintiffs may file a petition for the award of fees, costs, and expenses pursuant to Local Rules of the Northern District of Illinois within 120 days of the entry of this Order. The defendants have reserved their right to object to the amount of fees, costs, and expenses requested by the plaintiffs.

It Is So Ordered.


John A. Nordberg
United States District Judge

Dated: August 14, 2007

Exhibit 18

(Cook County, IL)

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

JIMMY DOE, <i>et al.</i> ,)	
)	
Plaintiffs,)	
)	
v.)	
)	No. 99 C 3945
COOK COUNTY, <i>et al.</i> ,)	
)	
Defendants.)	
)	

CONCLUDING ORDER

JAMES F. HOLDERMAN, District Judge:

Administrative control of the Cook County Juvenile Temporary Detention Center (“JTDC”) shall be transferred from the Transitional Administrator (“TA”) to the Office of the Chief Judge of the Circuit Court of Cook County (“OCJ”) effective May 20, 2015, with a three-month observation period to follow. During the observation period, the following conditions apply:

1. Earl Dunlap’s appointment as TA shall terminate effective May 20, 2015. Thereafter, Earl Dunlap will act as a Court Appointed Expert to the JTDC, subject to the terms and conditions set forth in this order.
2. The process of transferring personal service contracts and the Career Builder contract from the Office of the Transitional Administrator (“OTA”) to OCJ/Cook County will continue.

OTA Account

3. The OTA Account will remain open and operational, subject to audit by Cook County, with Earl Dunlap as the authorized signatory. Mr. Dunlap shall prepare the OTA Account for final payments and close the account by September 30, 2015, unless the observation period is extended, in which case it shall be closed 30-days after the end of the observation period.
4. Personal service contractors and Career Builder will continue to work at the JTDC under the direction of Superintendent Dixon and to be paid from the OTA Account until such time as their contracts are fully transitioned to and payable by OCJ/Cook County.

5. The role of Deputy TA Brenda Welch shall end on May 20, 2015, and final invoices shall be submitted to Mr. Dunlap, reviewed by Mr. Dunlap and the attorneys for the County, and then paid from the OTA Account no later than July 1, 2015.

6. Mr. Dunlap will pay necessary and appropriate outstanding invoices from the OTA Account but shall not contract with or incur any new expenses other than expenses necessary for his role as Court Appointed Expert after May 20, 2015.

7. Mr. Dunlap shall bill Cook County on an hourly basis at an agreed rate of \$125/hour. After approval of his hours submitted by counsel for Cook County, Mr. Dunlap shall pay his bill from the OTA Account that remains open and under his control.

8. Mr. Dunlap shall return the unexpended funds remaining in the OTA Account at the time of its closing to Cook County through its counsel.

9. The court's Order of June 22, 2010 (Dkt. No. 587) regarding indemnification shall remain in effect for duties performed under this Order, and it shall also remain in effect after the termination of this case.

Scope of Duties

10. Mr. Dunlap will observe the transition in order to identify any potentially serious deviations from the Memorandum of Agreement ("MOA") approved by Judge Nordberg on December 30, 2002, (Dkt. No. 71), or the Modified Implementation Plan ("MIP") referenced in the court's August 14, 2007 Agreed Order, (Dkt. No. 330), that threaten the health and safety of the juvenile population and staff of the JTDC.

11. Mr. Dunlap's work as Court Appointed Expert to the JTDC shall consist of an on-site visit at the JTDC of no more than 5 days a month for three months along with the necessary follow-up communication. The OCJ and Superintendent Dixon will provide Mr. Dunlap and plaintiffs' counsel reasonable access to JTDC records, residents and the facility on request.

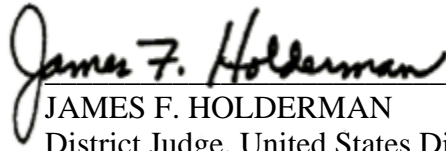
12. Mr. Dunlap will not direct JTDC operations in any way, but he will make himself available to the OCJ, Superintendent Dixon and the *Doe* parties during the observation period for information, consultation, and advice as needed.

13. Mr. Dunlap shall provide a written report to the OCJ and the *Doe* parties as to his observations, on a monthly basis. The first report shall be completed by July 1, 2015. The second report shall be completed by August 1, 2015. Mr. Dunlap shall be available to discuss his report with Superintendent Dixon, the OCJ, and the *Doe* parties as needed.

14. On or before August 17, 2015, Mr. Dunlap will report to the *Doe* parties, the OCJ, and the court on the status of the transition and compliance with the MOA and MIP. All prospective relief in this case, including the post-transition observation process and the court's reservation of jurisdiction to enforce the MOA, will terminate on September 16, 2015, unless plaintiffs file a motion with the court asserting that there is good cause for extending the

observation period or for other relief. Plaintiffs shall provide at least ten days' notice to the defendants and the OCJ prior to filing such a motion. If the parties and the OCJ are not in agreement on an appropriate resolution of the issues raised by the plaintiffs, any party may request appropriate relief from the court, pursuant to the MOA and the Prison Litigation Reform Act, 42 U.S.C. § 1997(e) *et seq.*

ENTER:



JAMES F. HOLDERMAN
District Judge, United States District Court

Date: May 15, 2015

Exhibit 19

(Orleans Parish, LA)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

_____)	
LASHAWN JONES, <i>et al.</i> ,)	
Plaintiffs, and)	
)	
UNITED STATES OF AMERICA,)	
Plaintiff in intervention)	
)	Civil Action No. 2:12-cv-00859
v.)	Section I, Division 5
)	Judge Lance M. Africk
MARLIN GUSMAN, <i>et al.</i> ,)	Magistrate Judge Michael B. North
Defendants.)	
_____)	
MARLIN GUSMAN,)	
Third-Party Plaintiff)	
)	
v.)	
)	
THE CITY OF NEW ORLEANS,)	
Third-Party Defendant.)	
_____)	

**STIPULATED ORDER FOR APPOINTMENT OF INDEPENDENT JAIL
COMPLIANCE DIRECTOR**

This litigation was filed by prisoners housed in the Orleans Parish Prison in April 2012. ECF No. 1. In December 2012, Defendant Sheriff Marlin Gusman (“the Sheriff”) and the Plaintiff Class and the Plaintiff in Intervention United States (collectively, “Plaintiffs”) agreed to a Consent Judgment, seeking to address deficiencies in safety and security, medical and mental health care, environmental conditions, fire safety, and limited English proficiency services at the Orleans Parish jail facilities (“the Jail”). ECF No. 101-3. In June 2013, this Court approved the Consent Judgment, which requires the Sheriff to implement systemic and durable reforms to address pervasive and longstanding problems at the Jail. ECF No. 466 (“Consent Judgment”).

This Court eventually approved the selection of the lead monitor and six sub-monitors (“Monitors”) to ensure swift and effective implementation of the Consent Judgment. ECF No. 565. On October 21, 2013, the Court entered a settlement agreement between the Sheriff and the City of New Orleans (“City”) related to funding for the Jail. ECF No. 583.

Since that time, the Monitors have conducted five official monitoring tours and numerous additional visits to the Jail, provided extensive technical assistance, and filed five reports documenting the Sheriff’s level of compliance with the Consent Judgment. Monitors’ Report No. 1, at 3, Feb. 13, 2014, ECF No. 609; Monitors’ Report No. 2, at 10, Aug. 26, 2014, ECF No. 744; Monitors’ Report No. 3, at 8, Feb. 25, 2015, ECF No. 790; and Monitors’ Report No. 4, at 6, Sept. 9, 2015, ECF No. 881; Monitors’ Report No. 5, at 21, Mar. 17, 2016, ECF No. 996.

On April 25, 2016, Plaintiffs filed a Motion for an Order to Show Cause Why Defendant Sheriff Marlin Gusman Should Not be Held in Contempt and for Appointment of a Receiver to Implement the Consent Judgment. ECF No. 1009. Sheriff Gusman has opposed and defended against this motion. ECF No. 1020. The parties presented evidence at a six-day evidentiary hearing, which had not been concluded. The parties enter into this agreement order to avoid continued litigation and appeals.

It is **AGREED by the parties and ORDERED by the Court** that the aforementioned additional remedial relief will consist of the following:

A. Appointment by the Sheriff of an Independent Jail Compliance Director to Implement the Consent Judgment

1. The Independent Jail Compliance Director (“Compliance Director”) will have final authority to operate the Orleans Parish Jail (“OJC”) and all jail facilities, including authority over the entire prisoner population in the custody of the Orleans Parish Sheriff’s Office (“OPSO”), housed inside or outside of Orleans Parish, and is charged with doing so in a manner

to achieve substantial compliance with each provision of the Consent Judgment on a timely basis, as further described in the remedial action plan to be drafted by the Compliance Director. The Compliance Director shall seek advice and/or approval from the Sheriff regarding all decisions that materially impact compliance with the Consent Judgment, unless doing so would cause unreasonable delay, and otherwise regularly inform the Sheriff regarding jail operations.

2. The Compliance Director's authority will continue until the Court determines that sustained and sustainable material progress with substantial compliance with the Consent Judgment is achieved, as described in more detail below. At a minimum, this shall mean that required policies have been developed and implemented per the Consent Judgment, staff have been adequately trained on those policies, and OPSO has developed a quality assurance/audit system that effectively evaluates whether staff are implementing the policies in practice and corrects their conduct when they do not. The Compliance Director will be answerable only to the Court.

3. Subject to final approval by the Court, the Sheriff shall appoint the Compliance Director from three candidates jointly nominated by the Plaintiff Class, the Plaintiff in Intervention, and the City of New Orleans, unless only two acceptable candidates can be agreed upon by the Plaintiff Class, the Plaintiff in Intervention, and the City of New Orleans, in which case two candidates will be provided. The Parties may enlist the assistance of the U.S. Magistrate Judge assigned to the case to assist in this process if necessary. The Plaintiffs, City, and the Sheriff may agree on a single candidate to propose to the Court. The Court retains the authority to reject any proposed appointment and to direct the parties to propose an additional candidate(s).

4. The Compliance Director will be a full-time position based in New Orleans until the Jail has achieved sustained and sustainable material progress with substantial compliance, as defined in Section A.2. and as determined by the Court.

5. The Compliance Director's salary will be established by the Court upon appointment, and the salary and benefits will be commensurate with comparable high-level local governmental officials. The Compliance Director will be an independent contractor. The costs of the Compliance Director and all costs related to the Compliance Director's work will be presented by the Compliance Director as part of the Jail's budget. The Compliance Director's office space will be established in the OJC and support services shall be part of the Jail's budget. The Compliance Director will be responsible for submitting the Jail budget to the New Orleans City Council for approval and appropriation subject to the provisions of Paragraph D.8. below.

6. The records of the Compliance Director, other than communications with the Court, are public records and subject to public inspection. The Compliance Director shall not be retained by any current or future litigant or claimant in a claim or lawsuit against the City, Sheriff, or their employees in a Jail conditions-related claim or any litigation by or against the Sheriff, but shall be required to testify in this matter if called by any Party or the Court.

7. Issues regarding the interpretation or implementation of this agreement shall be referred to the United States Magistrate Judge assigned to the case for resolution. Any Party or the Compliance Director may seek review of the Magistrate Judge's determination by the District Judge.

B. Public Information and Transparency

Within six months of appointment, the Compliance Director and the Sheriff will establish regular quarterly public meetings, to allow access to the Compliance Director and the Sheriff by

stakeholders and interested members of the New Orleans community. At the quarterly meetings the Compliance Director and the Sheriff will update the public on events, accomplishments and setbacks in the preceding quarter, as well as afford the public the opportunity to ask questions.

C. Role of the Monitors Upon Appointment of the Compliance Director

1. Unless otherwise ordered or indicated below, subject to the Consent Judgment, the Monitors' duties and responsibilities will remain unchanged, and will stay in effect until substantial compliance is achieved and maintained for two (2) years. It will remain the Monitors' obligation to evaluate progress toward compliance with the requirements of the Consent Judgment, independent of any Party including the Compliance Director. These duties include the continuation of the Monitors' semi-annual reports, drafts of which will be provided simultaneously to the Compliance Director and the Parties. With the appointment of the Compliance Director, less technical assistance will be expected and required of the Monitors.

2. The Compliance Director and the Monitor will be independent positions that report to the Court and are not answerable to each other, beyond the Compliance Director's directing the Jail's periodic compliance and status reporting pursuant to the Consent Judgment.

D. Duties and Authority of the Compliance Director

The Compliance Director shall have the following duties and authority:

1. Within 90 days of his or her appointment, the Compliance Director will file into the Court record an initial remedial action plan ("Plan"), to be approved by the Sheriff, that both addresses the deficiencies that led to noncompliance and explains how the Plan will facilitate sustainable compliance with the Consent Judgment within one year of the appointment of the Compliance Director. The Sheriff's approval of the initial Plan shall not be unreasonably withheld. The Court shall adjudicate any disputes regarding the Plan following the Compliance

Director's filing of the Plan, and the Plan will become final thereafter. Two weeks before the 90-day filing deadline, a draft will be provided to the Parties. If the Sheriff does not approve the Plan by the 90-day deadline, the Compliance Director shall file the Plan and the Sheriff may file a dispute with the Court.

2. The Plan will include concrete deadlines for steps toward substantial compliance with the Consent Judgment provisions. The presumption and expectation of the Compliance Director shall be that substantial compliance can be obtained for the majority of all provisions within one year of the Compliance Director's appointment.

3. If a Consent Judgment provision cannot be brought into substantial compliance with concrete steps in one year, the Plan will provide specific deadlines for compliance as soon as is practicable thereafter.

4. As noted above, in developing the Plan, the Compliance Director will consult directly with the Sheriff and relevant Jail staff. The Compliance Director will also seek the input of Plaintiffs, the City, the Monitors, and the Budgetary Working Group Chairperson.

5. The Compliance Director will work closely and communicate regularly with the Sheriff, OPSO Jail staff, Plaintiffs, City personnel and the Monitors to develop and implement the Plan. The Plan will include:

- a. Strategies to decrease the number of prisoner-on-prisoner and prisoner-on-staff assaults at the Jail.
- b. Strategies to accomplish sustainable hiring measures, including emergency measures if necessary.
- c. Strategies for maintaining a positive, professionalized culture among all Jail staff.

- d. Strategies to ensure adequate and effective staff presence and deployment throughout the Jail, including systems of oversight for overtime, leave, off-duty details and reserve deputies.
- e. Strategies to ensure timely completion of critical policies and procedures that remain outstanding.
- f. Strategies to ensure that staff members receive adequate training on policies.
- g. Strategies to ensure that direct supervision is consistently enforced throughout the Jail, making certain that there are staff physically present on every tier in the Jail.
- h. Strategies to prevent undue reliance on cell confinement/lockdown throughout the Jail for all populations.
- i. Strategies to timely return prisoners housed out of parish to Orleans Parish.
- j. Strategies to ensure that prisoners placed on suicide precautions are adequately monitored, evaluated, and treated.
- k. Strategies to reduce incidents of suicide and self-harm.
- l. Strategies to ensure that prisoner-filed grievances and incidents of harm to prisoners and staff are thoroughly and fairly investigated in a timely manner.
- m. Strategies to ensure that any staff use of force is appropriate and all uses of force are accurately recorded.
- n. A plan for ensuring the Early Intervention System is effective.
- o. Strategies for maintaining acceptable sanitation and environmental conditions throughout the Jail.
- p. Strategies for ensuring the disciplinary system is effective and affords prisoners due process.

- q. Strategies to ensure the implementation of budget control measures and competition in procurements, including but not limited to a process to ensure regular communication between the Chief Financial Officer for the Jail and the Financial Liaison for the City.
- r. A framework for comprehensive analysis of all individuals on OPSO's payroll and strategies to address the staffing deficiencies outlined by the Monitors' reports.
- s. Maintaining an organizational chart and job descriptions that reflect an organizational structure that adequately supports the Jail.

6. The above list of requirements is not exhaustive but is intended to prioritize critical areas. Tasks and reforms related to the following areas are key to ensuring the sustained, durable change required by the Consent Judgment: use of force, supervision, staffing, internal accountability systems, services for and protection of youthful prisoners, medical and mental health care, and the quality of investigations completed by the Investigative Services Bureau and Internal Affairs Division. Although the identified areas are of utmost importance, unless otherwise ordered, the Court nonetheless expects sustainable compliance with all Consent Judgment requirements.

7. Sixty days after the filing of the Plan and every 60 days thereafter, the Compliance Director will file with the Court a bi-monthly status report that will include any substantive changes to the Plan, including changes to persons responsible for specific tasks or action items, and the reasons for those changes. The bi-monthly status report will also discuss progress toward implementing the Plan. It also will include outcome data on the numbers of (1) incidents involving prisoner-on-prisoner and prisoner-on-staff violence; (2) opened PREA

investigations; (3) excessive and/or inappropriate force by staff; (4) incidents of suicide attempts and self-harm; (5) prisoners located in outside parish jail facilities; (6) improper custodial placement; and (7) staff hired, resigned or terminated in the preceding month. The report will also describe any barriers to progress, any corrective action taken by the Compliance Director to address inadequate progress, and any other matters deemed relevant by the Compliance Director. In addition to these written reports filed with the Court, the Compliance Director will report on his or her efforts, progress and challenges in open court at each Court status conference.

8. Within 120 days of his or her appointment, if the Compliance Director deems it necessary and after consultation with the City Financial Liaison, the Budgetary Working Group Chairperson and the Chief Financial Officer for the Jail, he or she will submit to the City Chief Administrative Officer a revised Jail Operations budget (“Jail Budget”) for the current fiscal year that includes funds to implement the Plan requirements for the remainder of the year and that considers cost savings measures and input from all parties. The Jail Budget for each fiscal year will be comprised of line items that clearly specify the purpose for each request. The Jail Budget for each fiscal year will be presented with sufficient supporting documentation to determine the amounts and purpose for the funding amounts requested and will be presented in the format requested by the City and City Council. The Jail Budget for each fiscal year will reflect functions and all staff positions set forth in the “Criminal Division” section of the 2016 proposed budget for OPSO, unless the Compliance Director determines such functions and/or positions are not necessary. All staff positions and functions of the “Criminal Division” for OPSO will be under the authority of the Compliance Director. In developing the Jail Budget and to maximize funding available for jail operations, the Compliance Director shall have exclusive control over all funding sources available to OPSO for jail operations, including, but not limited to, grant

funding and Law Enforcement District millage funding. The Compliance Director, the Sheriff, the City Financial Liaison and OPSO bond counsel shall meet each year prior to final allocation of Law Enforcement District millage funding to confirm appropriate allocation of millage funding to jail operations.

9. The Compliance Director will appear with the Sheriff at all City Council Budget Committee meetings requested by the City Council Budget Committee and/or the full City Council and respond to reasonable requests for information from the City Council about the Jail budget. The Jail budget must be considered and approved by the City Council.

10. The Compliance Director and the Chief Financial Officer for the Jail shall work directly with the City Financial Liaison to implement financial measures to ensure that money allocated for Jail expenditures is spent accordingly and to maximize cost savings, if any, that can be realized through collaboration with the City. In doing so, the Compliance Director and the Chief Financial Officer for the Jail shall work with the City to implement a plan for regular and detailed financial reporting, to review and, if necessary, revise and/or implement policies regarding vehicle use and to review and, if necessary, revise and/or implement policies regarding off-duty details for deputies. The Compliance Director, the Chief Financial Officer for the Jail, and the City Financial Liaison will meet no less frequently than quarterly.

11. Until the Compliance Director submits the Jail budget to the Court, the Compliance Director will administer payments from the current Jail budget. If at any point the Compliance Director needs funds for Consent Judgment compliance that are not budgeted for that fiscal year and cannot be covered through cost savings, the Compliance Director will immediately notify the City of the specific purpose and amount of funds needed and the cost savings considered and will meet with the City's Financial Liaison. If the issue is not timely

resolved, the Compliance Director or any Party may request an expedited hearing before the Court.

12. The Compliance Director also shall facilitate Plaintiff Class and the Plaintiff in Intervention's unrestricted access to prisoners, staff, and documents related to the Jail pursuant to the Consent Judgment. The Compliance Director is a representative of the Court and is not an employee of OPSO and thus is expected to communicate directly with any Party, including Plaintiffs and the City, as well as the Monitors. In addition, Plaintiffs shall:

- a. be provided with any requested Jail or case related documents within 14 days of a request, including specifically but not limited to all incident reports, investigation files, medical files, intake documents, staff rosters for all Jail employees, staff schedules, salary and payroll information, and overtime files. Plaintiffs will be provided with documents contained within open and closed investigation files. In the extraordinary circumstance where the production of a particularized document within an open investigation file would jeopardize the integrity of a criminal investigation, the Plaintiffs will be provided a log identifying the withheld document. The withheld document will be produced to the United States Magistrate Judge assigned to the case for in camera inspection. The court will determine whether the document should be produced, withheld, or produced subject to a protective order;
- b. have regular access to the AS400 at the public defenders level (or other system if AS400 is replaced);
- c. be provided with monthly summaries of incident reports provided to the Monitors;

d. have full access to any documents related to the Compliance Director's duties that are in his or her possession, other than communications with the Court; and

e. be afforded the opportunity to have OPSO post information about the Consent Judgment, including contact information for both Plaintiffs' counsel and the Monitors, in visible locations on tiers in the Jail.

13. The Compliance Director shall, at his or her discretion or at the request of the Court, the Monitors, or the Plaintiffs, develop a corrective action plan for any task for which the Monitors find the Jail to be out of compliance. As part of any such plan, the Compliance Director will determine the nature and frequency of future internal compliance testing for that task.

14. The Compliance Director will have the final authority to review, investigate, and take corrective action regarding OPSO policies, procedures, and practices that are related to the Consent Judgment.

15. The Compliance Director will have final authority to create, modify, abolish or transfer employee and contractor positions; to recruit, hire, discipline, terminate, promote, demote, transfer, and evaluate employees and contractors and will recommend increased compensation for staff to the extent necessary to obtain compliance with this Court's orders, the cost of such activity to be included in the Compliance Director's Jail budget.

16. Notwithstanding the authority described in Paragraph D.15 above, with regard to (1) individual employees who have attained the rank of Captain or higher, and (2) contractors, termination of employment will be for misconduct, failing to satisfy job expectations, financial prudence, operational efficiency, or inhibiting progress toward Consent Judgment compliance.

17. The Compliance Director shall have the final authority to competitively procure and contract for such supplies, equipment or services as are necessary to obtain compliance with this Court's orders. The costs of such procurement and contracts are to be included in the Compliance Director's Jail budget. The Compliance Director shall have the final authority to negotiate and/or renegotiate and finalize all resulting contracts and the Sheriff and the Compliance Director shall jointly execute contracts.

18. The Compliance Director shall have the final authority to hire consultants through competitive process and selection, or to obtain such technical assistance as he or she deems necessary to perform his or her functions, the cost of such contracts to be included and specifically identified in the Compliance Director's Jail budget.

19. The Compliance Director shall have the final authority to direct specific actions to attain or improve compliance levels, or remedy compliance errors, regarding all portions of the Consent Judgment, including but not limited to: (a) changes to Jail policies or standard operating procedures or practices; (b) personnel decisions, including but not limited to engagement of consultants (as set forth above), assignments, findings and disciplinary actions in misconduct cases and use-of-force reviews, and the discipline or demotion of staff; and (c) maintaining or eliminating OPSO programs or initiatives related to or affecting Consent Judgment tasks or objectives. The Compliance Director will have the final authority to direct OPSO staff on all outstanding tasks and issues related to Consent Judgment compliance and the overall Consent Judgment objectives.

20. Unless otherwise ordered, the Compliance Director's exercise of authority will be limited by the following:

a. If changes to a Jail policy are required to implement a change in Jail operations, the Compliance Director shall follow the Consent Judgment requirements for policy development and implementation, Section VII.A. If doing so would significantly delay progress with Consent Judgment compliance, the Compliance Director shall follow the process for resolving compliance impediments in Section [21.b.], *infra*.

b. If the Compliance Director is unable to resolve an impediment to compliance through operation of this Order, the Compliance Director will consult with the Parties to try to address the impediment. If, after such consultation, the impediment persists, the Compliance Director will propose a resolution to the Parties in writing. Within 7 calendar days of the Compliance Director's written notice, the Compliance Director or any Party may file a motion seeking Court intervention regarding the Compliance Director's proposed resolution. If the impediment involves a non-party to this case or a state or local law or regulation, the Court shall hold a hearing and order any appropriate action.

21. No Party shall interfere with or impair the Compliance Director's authority granted by this Order.

22. Within 60 days of appointment, the City, the Sheriff, and the Compliance Director shall develop and finalize a plan for (1) appropriate housing for prisoners with mental health issues and medical needs, (2) addressing the housing needs of youthful offenders and (3) addressing the current conditions of the "Docks" facility, consistent with the terms of the Consent Judgment. The City of New Orleans shall maintain final authority and approval over capital expenditures associated with that plan, including use of Templeman II FEMA funding exclusively for implementation of the plan. The City and the Compliance Director shall consult

with the Monitors and the Plaintiffs to ensure that the proposed resolutions meet the standards required by the Consent Judgment. The City, the Sheriff and the Compliance Director may enlist the assistance of the United States Magistrate Judge assigned to the case if necessary in developing and finalizing the plan.

23. As it is the intent of the Parties that this agreement will address the pending claims concerning Jail funding, OPSO and the City agree to dismiss without prejudice any and all pending state or federal claims and appeals related to Jail and FEMA funding, other than the third party claim initially brought by the Sheriff against the City in this case. Plaintiffs also agree to dismiss without prejudice the pending motion for contempt and for appointment of a receiver.

E. Termination of the Compliance Director's Authority

1. The Compliance Director's authority shall extend as defined in Paragraph A.2. above, or until otherwise ordered by the Court.

2. No sooner than nine months after the appointment of the Compliance Director, the Sheriff may file a motion to terminate the Compliance Directorship on the basis that the Compliance Director has enabled the Orleans Parish Jail to achieve material progress with substantial compliance with all provisions of the Consent Judgment, as defined in Paragraph A.2. Prior to filing such a motion, the moving Party shall request a status conference with the Court. The other Parties shall have an opportunity to respond to or oppose that motion. The Court will order an evidentiary hearing and permit all reasonable discovery associated with the Motion.

3. Once the Compliance Director's appointment is terminated by the Court and authority for Jail administration and operations reverts to the Sheriff, OPSO and the Sheriff will continue to be subject to the requirement that compliance be sustained for the two-year period

required by § XI.C. of the Consent Judgment. Any Party may Petition the Court for the Compliance Director's removal for good cause and the other Parties will have the opportunity to respond. "Good cause" for these purposes shall include, but not be limited to: neglect of duties; willful misconduct; inappropriate personal relationship with any Party or Monitor; conflict(s) of interest; or any criminal conduct during the pendency of the appointment.

G. Amendment of Agreement

This agreement may be amended by Court order or by consent of all parties, subject to Court approval.

H. Compliance with the Prison Litigation Reform Act (PLRA)

The Court further finds that:

1. OPSO is in non-compliance with Consent Judgment Sections IV.A.1-8, 10-11, IV.B.5, IV.D.1-4, and IV.G, which were entered as an Order of this Court on June 6, 2013;
2. As a result, more specific remedial relief is necessary, as set forth below; and
3. Based on a robust case record including over 80 status conferences and the evidence presented in these proceedings, the Court finds that the additional relief set forth above complies in all respects with the provisions of 18 U.S.C. § 3626(a). The relief is narrowly drawn, extends no further than necessary to correct violations of federal rights affected by the Consent Judgment, is the least intrusive means necessary to correct these violations, and will not have an adverse impact on public safety or the operation of the criminal justice system.

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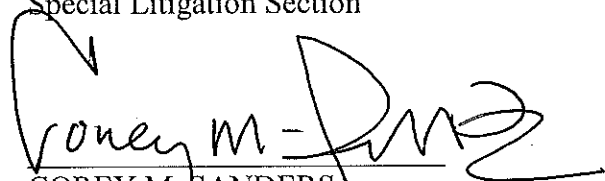
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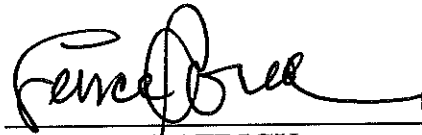
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SO ORDERED.

New Orleans, Louisiana, this the 21 day of JUNE, 2016.



LANCE M. AFRICK
UNITED STATES DISTRICT JUDGE

Exhibit 20

(Orleans Parish, LA)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

LASHAWN JONES, ET AL.

CIVIL ACTION

VERSUS

No. 12-859

MARLIN GUSMAN, ET AL.

SECTION I

ORDER

A status conference was held in the courtroom on this date with counsel participating on behalf of all parties. The monitors and budget working group chair Tommie Vassel were also present. The monitors reported their findings regarding compliance with the Consent Judgment based on their review of documents and tours of the prison they conducted earlier this week. Mr. Vassel spoke about budgetary matters. The Court issued the following orders during the conference:

IT IS ORDERED that the appointment of Gary D. Maynard as Independent Jail Compliance Director is **APPROVED**. Director Maynard, as he shall be referred to, will begin full-time employment on **October 1, 2016**.


IT IS FURTHER ORDERED that Director Maynard's salary and benefits are **APPROVED** by the Court.

IT IS FURTHER ORDERED that pursuant to its authority under Section G of the stipulated order,¹ the Court hereby **AMENDS** the stipulated order such that every date and deadline set forth in that order which is calculated from the date of appointment of the Compliance Director shall now be calculated from **October 1, 2016**, the date Director Maynard begins working full-time.

¹ R. Doc. No. 1082, at 16.

IT IS FURTHER ORDERED that the next status conference with the monitors and Mr. Vassel will take place on **March 23, 2017 at 7:30 A.M.**

New Orleans, Louisiana, September 15, 2016.



LANCE M. AFRICK
UNITED STATES DISTRICT JUDGE

Exhibit 21

(Orleans Parish, LA)

MINUTE ENTRY
AFRICK, J.
January 29, 2018
JS-10: 00:30

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

LASHAWN JONES, ET AL.	CIVIL ACTION NO. 12-859 C/W 12-138
VERSUS	SECTION "I" (1)
MARLIN GUSMAN, ET AL.	REF: 12-859

The Court today accepted the resignation of Gary Maynard as the Independent Jail Compliance Director for the Orleans Parish Sheriff's office, with gratitude for the service he has rendered since October 2016. While there has been some improvement in compliance over the course of Director Maynard's tenure, the Court is nonetheless dissatisfied with the pace of reform and lack of compliance relating to numerous mandates of the consent decree. The level of violence at the jail, number of suicides and attempted suicides, lack of timely and meaningful healthcare, delay in completion of required written policies, incidences of incomplete reporting, and lack of accessible mental healthcare, especially among female inmates with acute mental-health issues, is unacceptable.

The problems facing the Orleans Parish Justice Center are not incapable of being remedied. The Court is firmly convinced

that, with the assistance of the monitors, dedicated corrections staff, and the parties, the outstanding compliance issues will be resolved. The Court intends that assurances made but not yet realized will be realized sooner, as opposed to later.

Moving forward, IT IS ORDERED that Darnley R. Hodge, Sr., presently the Correctional Practice Monitor, be appointed Acting Compliance Director, effective Monday, February 19, 2018. Mr. Hodge's wealth of experience, professional background and no nonsense approach, his more than forty years of experience in law enforcement, jail operations, military and consulting services, and his dedication to achieving compliance with the consent decree will assist the parties and the Court in reaching the compliance goal.

The Court once again expresses its sincere gratitude to the brave and dedicated correctional officers and staff who serve this community. The Court joins them in their desire to maintain a correctional facility that meets the mandates of the U.S. Constitution.

New Orleans, Louisiana this 29th day of January, 2018.

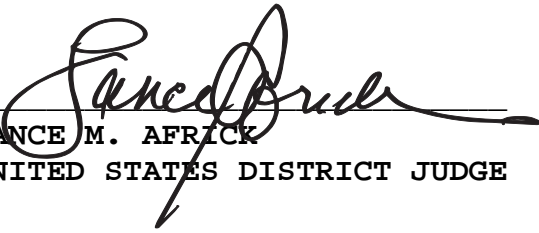

LANCE M. AFRICK
UNITED STATES DISTRICT JUDGE

Exhibit 22

(Orleans Parish, LA)

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA**

LASHAWN JONES, <i>et al.</i> , and)	
THE UNITED STATES OF AMERICA,)	
PLAINTIFFS)	Civil Action No. 2:12-cv-00859
v.)	Section I, Division 5
)	Judge Lance M. Africk
MARLIN GUSMAN, Sheriff,)	Magistrate Judge Michael B. North
)	
DEFENDANT.)	
)	

**Report No. 11 of the Independent Monitors
January 19, 2020**

Margo L. Frasier, J.D., C.P.O., Lead Monitor
 Robert B. Greifinger, M.D. Medical Monitor
 Patricia L. Hardyman, Ph.D., Classification Monitor
 Raymond F. Patterson, M.D., D.F.A.P.A., Mental Health Monitor
 Shane J. Poole, M.S., C.JM., Environmental Fire Life Safety Monitor
 Diane Skipworth, M.C.J., R.D.N., L.D., R.S., C.C.H.P., C.L.L.M., Food Safety Monitor

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Compliance Report #11
LASHAWN JONES, et al., and the United States of America v.
Marlin Gusman, Sheriff

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Compliance Report # 11 - Introduction

This is Compliance Report #11 submitted by the Independent Monitors providing assessment of the Orleans Parish Sheriff’s Office’s (OPSO) compliance with the Consent Judgment of June 6, 2013. Report #11 reflects the status of OPSO’s compliance as of September 19, 2019. This Report is based on incidents and compliance-related activities between January 2019 and June 2019. It is also based on the observations of the Monitors during the site visit.

The OPSO’s jail is under the leadership of Darnley R. Hodge, Sr., who was appointed by the Court on January 29, 2018, as the Independent Compliance Director (ICD) on an interim basis and was appointed to the position permanently on October 12, 2018. In February 2019, Byron LeCounte joined the OPSO administrative staff as the Chief of Corrections. Chief LeCounte and Director Hodge both have substantial knowledge of jail operations and have worked diligently to achieve compliance with the Consent Judgment.

In summary, the Monitors find that safety, medical and mental health care, and

environment conditions of inmates held in both the Orleans Justice Center (OJC) and the Temporary Detention Center (TDC) has made meaningful and noteworthy improvement since Compliance Report #10 provided to the Court in March 2019. While there is still significant work to be done to properly staff the facility, finalize training on policies, curb violence, and improve medical and mental health care, the positive trends continue. The specific initiatives are addressed in this report.

A. Summary of Compliance

The requirements of the Consent Judgment represent accepted correctional practice, while providing flexibility for OPSO to address its mandates. Achievement of compliance with Consent Judgment, Stipulated Agreements, and Stipulated Order will bring the Orleans Parish Sheriff’s Office (OPSO) and its correctional facilities -- Orleans Justice Center (OJC) and the Temporary Detention Center (TDC) closer to operating and sustaining a Constitutional jail system.

The Consent Judgment contains 174 provisions which are separately rated. Based on the current assessment, OPSO has achieved substantial or partial compliance with 97% of the provisions. Substantial compliance has been achieved for 59% of the provisions. Thirty-eight percent (38%) of the provisions are in partial compliance. Five (3%) of the 174 provisions remain in non-compliance. All of the ratings of non-compliance are in the medical/mental health care areas. The improvement since the last assessment is noteworthy when only 37% of the provisions were in substantial compliance while 6% of the provisions were in non-compliance.

To progress from partial compliance to substantial compliance (and to sustain substantial compliance), OPSO must continue to build its work done to date. The ability to maintain sustained compliance in all provisions is essential as the Consent Judgment requires maintenance of substantial compliance in each and every provision for a 24-month period. OPSO must consistently implement policies and procedures, develop and provide the training necessary for staff to adhere to the policies and procedures, develop supervisors and mid-managers to lead both staff and operations, analyze data in a meaningful and useful manner to inform activities, and engage in root cause reviews and self-critical assessments.

Documentation of on-going compliance requires organized, complete, and accurate report of the OPSO’s organizational and management strategies to the Monitors. Such initiatives will allow the Monitors to measure compliance and allow the OPSO leadership to make the improvements necessary to operate the OPSO correctional facilities in a Constitutional manner and to sustain compliance with the Consent Judgment and Stipulated Agreements. OPSO has made significant strides in its reporting to the Monitors and has improved in root cause reviews and self-critical assessments. However, the reviews and assessments have room for significant improvement both in terms of quantity and quality so as to inform decisions.

The Monitors are pleased to report that OPSO, under the leadership of Director Hodge and Chief LeCounte, continues to examine its strategies to obtain and sustain compliance and make the structural and organizational changes necessary to achieve compliance.

Table 1 – Summary of Compliance – All Compliance Reports¹

Compliance Report/Date	Substantial Compliance	Partial Compliance	Non-Compliant	NA/Other	Total
#1 – December 2013	0	10	85	76	171
#2 – July 2014	2	22	149	1	174
#3 – January 2015	2	60	110	2	174
#4 – August 2015	12	114	43	4	173
#5 – February 2016	10	96	63	4	173
#6 – September 2016	20	98	53	2	173
#7 – March 2017	17	99	55	2	173
#8 – November 2017	23	104	44	2	173
#9 – June 2018	26	99	46	2	173
#10 – January 2019	65	98	8	2	173
#11-September 2019	103	66	5	0	174

The status of compliance with the two stipulated agreements (February 11, 2015 and April 22, 2015) is as follows:

¹ See Appendix A for historical detail of compliance, by paragraph.

Table 2 – Status of Compliance with 2015 Stipulated Agreements

	Substantial Compliance	Partial Compliance	Non-Compliance	NA	Total
August 2015	21	12	1	0	34
February 2016	21	12	1	1	34
September 2016	26	7	1	0	34
March 2017	28	4	1	1	34
November 2017	21	11	1	1	34
June 2018	23	8	2	1	34
January 2019	28	5	0	1	34
September 2019	28	5	0	1	34

B. Opportunities for Continued Progress

The Monitors summarize below the areas identified in preparation of this report regarding OPSO’s compliance with the Consent Judgment.

1. Foundational Work - The essential, core work required to achieve compliance includes:

- a. Policies and Procedures – OPSO has completed all drafts of the essential policies and procedures and a large percentage have been finalized. While there is still some work to be done to finalize the policies, staff have expended a tremendous amount of effort staff to refine these drafts to ensure the policies and procedures prescribe how the facility operates and to assure inmate and staff safety, in accordance with the Consent Judgment and accepted correctional practice. Essential is the development, approval, and implementation of lessons plans that correspond with each of the policies. OPSO’s policy governing its written directive system has significantly improved the policy/procedure process. This process allows for organizational components to develop specific operational practices for reviewed by OPSO administration. Adherence to the policies, procedures, and training is essential. OPSO has yet to develop a reliable process to consistently audit adherence.
- b. Inadequate staffing – Despite improved staffing levels due to increased

hiring, and even more importantly, decreased turnover, inadequate staff in the facilities (OJC and TDC) and support functions (transportation, courthouse security, investigations) continues to hamper OPSO's ability to comply with the Consent Judgment. OPSO continues to use employee overtime to address the staff shortages. Even with substantial overtime, frequently, there are housing units and control rooms with no assigned staffing. Further, almost daily, assigned staff leave housing units and control pods unattended for meal breaks and other duties. Recent promotions have helped to address the staffing deficiencies at the supervisory level. As previously reported, in February 2019, Byron LeCounte joined OPSO as Chief of Corrections. Chief LeCounte has the appropriate background and expertise to oversee daily operation of OPSO facilities and assist in compliance efforts. Vacancies at the upper management level (rank of Major) need to be addressed. Another challenge is to implement a pay scale which provides for adequate compensation to increase retention of staff and assist recruitment efforts.

- c. Training – Employee training, both pre-service and in-service, has become more in line with OPSO policies and procedures. Foundational work, such as preparation of lesson plans to provide for a consistent instruction content, instruction by qualified individuals, and demonstration and documentation of students' knowledge gained, needs to continue. Providing a policy without training is not effective implementation. Once effective training has been provided, there needs to be auditing of staff adherence to policies.
- d. Supervision – Safe operation of OPSO's facilities requires an adequate number of sufficiently trained first line and mid-management supervisors. Director Hodge implemented the unit management approach and continues to provide training and mentoring for the managers. Recently, a systematic promotional process for sergeants and lieutenants was developed and implemented. This process has

resulted in a significant reduction in vacancies at supervisory positions. OPSO is encouraged to finalize its organizational chart. Currently, there are vacancies at the upper management level (rank of Major). It is highly likely that at least one of those positions needs to be filled as the functions are currently being performed by the Chief of Corrections and Chief of Security in addition to their other duties. Another challenge is to provide the essential training and mentoring for the new supervisors.

2. **Medical and Mental Health Care** – Despite improvement in the areas of medical and mental health care, the Medical and Mental Health Monitors report challenges remain in the provision of basic care, staffing, and recordkeeping, as well as the need for improved collaboration with custody/security staffing. Resources from Tulane University continue to be particularly helpful in providing mental health care. The long-term solution is the design and construction of Phase III, a specialized building which contain an infirmary and housing for inmates with acute mental health issues.
3. **Inmate Safety and Protection from Harm** - Providing a safe and secure jail continues to be a challenge.
 - a. Unit Management—The Unit Management approach is being used in the supervision of the OPSO housing units. Each floor of the OJC, IPC, and TDC have been designated as a “unit”. The purpose of this strategy is to enhance accountability for both staff and the inmates by allowed the staff to get to know the inmates, coordinating management of housing unit operations, and ensuring among staff. While the Unit Management approach has shown to be helpful, there are inconsistencies and lack of uniformity in the areas of staff discipline and application of facility rules to inmates. Efforts to refine and successfully implement the strategy require additional training, mentoring, and accountability.
 - b. Violence – There are still significant incidents of violence occurring

within the facilities – including inmate on inmate assaults and assaults on staff. Disorder and non-compliance to the institutional rules result in staff having to use force to gain control and compliance. There has been a decrease in substance abuse overdoses. There was not a death of an inmate during the calendar year of 2019.

- c. Inmate Classification – The inmate classification processes require continued attention to ensure housing decisions and placements are consistent with OPSO policies and objective classification principles. Auditing, which is credible, needs to focus on identifying issues and correcting placements. Consistent and adequate training was identified as an issue in compliance and a plan to address the issue has been agreed upon between OPSO and the Monitors.
- d. Inmate grievances – Inmates’ questions and concerns using the grievance process, require attention as to the timeliness and adequacy of responses. The system is intended to provide fixes to systems as well as to individual inmate’s needs. In order to intensely focus on the areas of the grievance process which are lacking, each of the subdivisions will be rated separately.
- e. Incident Reporting - Collaboration efforts to improve reporting of incidents continues among the Monitors, OPSO, and the attorneys for the Plaintiff class/DOJ. As discussed in this Report, progress toward promptly reporting incidents has improved, but continues to require attention. There remain serious incidents for which no report or no timely report is prepared by OPSO staff; including incidents in which staff had to be physically restrained to keep the staff member from assaulting an inmate. There are reports which are incomplete and do not provide the necessary information for the reader to determine what occurred and why it occurred. Analysis of incident reports and development of corrective action plans occurs to a limited degree, but would benefit from staff dedicated to the effort.
- f. Jail Management System – An integral part of the jail’s operational

improvements is tied to an effective jail management system. Such capacity provides on-demand, routine, and periodic data to inform critical leadership and management decisions. Such an information system has not been implemented. OPSO cancelled the contract with the provider who was to supply a new JMS when it became apparent that the system would not interface with the Orleans Parish court system. The current plan is for the City of New Orleans to purchase a JMS which will interface the Orleans Parish court system and the OPSO information systems, but there does not appear to be a definite timeline for that process. In the meantime, OPSO has modified its current system to provide more of the required JMS functions.

4. **Sanitation and Environment Conditions** – Challenges remain regarding the public health and inmate/staff safety risks. The staff working on these issues are extremely dedicated and have made significant gains, but the inability to fill support positions identified in OPSO’s staffing analysis negatively impacts the ability of OPSO to develop and sustain the requirements of the Consent Judgment and align with accepted correctional practice.
5. **Youthful Inmates** – The Monitors acknowledge and commend the educational program established in OJC. Provision of age appropriate mental health services has improved with the addition of the Tulane University resources. Due to lack of adequate housing options, a female youthful inmate(s) must be housed alone in TDC; often by herself. This creates a double quandary; the young woman faces isolation and the OPSO staffing challenges are intensified. The design of the Phase III facility must address this issue as there are no feasible options within OJC and TDC will cease to be occupied once Phase III is opened.
6. **Inmate Sexual Safety** – OPSO underwent its required audit of compliance with the Prison Rape Elimination Act of 2003 (PREA). OPSO received word that it had passed its audit. OPSO must consistently follow the policies and procedures which were exhibited during the audit. If the policies and procedures are not adhered to in the absence of the PREA Auditors,

substantial compliance will not be maintained. Continued internal collaboration among OPSO security, classification, and the medical/mental health provider is needed for the assessments of inmates' potential for sexual victimization and aggression.

7. **Compliance, Quality Reporting, and Quality Improvement** – An essential element of inmate safety is OPSO's timely review of all serious incidents. This ensures assessment of root cause(s) and then the development, implementation, and tracking of action plans to address the issue(s). This activity focuses on repairing systems. OPSO has made efforts to undertake this function but would benefit from a more robust effort. Systemic issues, which remain unaddressed, will continue to create risks to institutional safety and security. While progress is being made, the Monitors encourage OPSO to dedicate more time and knowledgeable resources to quality improvement. Impediments include the lack of staff with the skills and/or time to devote to the task. Utilizing one of the vacant Major positions to fulfill this role is suggested.
8. **Stipulated Agreements 2015** – OPSO should review its on-going compliance with the two Stipulated Agreements from 2015.
9. **Construction Projects** –
 - a. The Docks – Construction of the renovations on the Docks, providing court-holding, has continued. The Docks will be ready for occupancy by January 2020. OPSO has begun identifying staff for operation of the Docks. OPSO has been encouraged to have a robust training plan for the operation of the Docks and to not take possession until all system are in proper working order.
 - b. Phase III – Progress on the project continues and is now in the design development stage. The Monitors continue to urge the City to seek the input of the various stakeholders and the Monitors are decisions are being made about the design and construction of the facility. The process would be greatly enhanced if the City would adhere to the agreement to hold quarterly executive committee meetings with the

stakeholders. The construction and occupation of Phase III is critical to the provision of mental and medical health services in accordance with the Consent Judgment. The Temporary Detention Center (TDC) is being renovated to house and provide programming for both female and male inmates who suffer from acute mental illness in the interim. Renovation of TDC is slated for completion in April 2020. Extensive training for staff will be necessary to facilitate the successful transition of inmates from Hunt to TDC.

C. **Review Process of Monitors' Compliance Report #11**

A draft of this report was provided to OPSO, Counsel for the Plaintiff Class, and the Department of Justice (DOJ) on November 25, 2019. Comments were provided by OPSO, Counsel for the Plaintiff Class, Wellpath (OPSO's medical contractor) and DOJ on December 13, 2019.

D. **Communication with Stakeholders**

The Monitors are committed to providing as much information as possible regarding the status of OPSO's efforts to comply with all orders of the Court. The www.nolajailmonitors.org website came on-line in September 2014. Joining all other reports, the finalized version of Compliance Report #11 will be posted on that site.

E. **Recommendations**

Only "new" recommendations are included within the body of this report.

F. **Conclusions and Path Forward**

OPSO has been operating under the provisions of the Consent Judgment since June 2013; monitoring began in Fall 2013. During the past year and a half, under the leadership of Director Hodge, significant improvements are acknowledged by the Monitors. The hiring of Byron LeCounte as Chief of Corrections in February 2019 has been beneficial to the vital work which remains to comply with the provisions of the Consent Judgment. His additional expertise and experience have allowed Director Hodge to focus on the Consent Judgment.

Serious incidents and harm to inmates continue to occur. OPSO efforts to identify and address sources of contraband have facilitated its ability to decrease

the amount of narcotic contraband from being smuggled into the facility. However, the amount of other contraband discovered continues to be an issue. There has been some improvement in OPSO's data collection routines which should allow for better problem solving with a goal of a sustainable reduction in inmate-on-inmate assaults, inmate-on-staff assaults, uses of force, contraband and property damage. However, OPSO requires additional subject matter expertise as the skills for the analysis of the data and root cause reviews are lacking.

For meaningful training to occur, OPSO policies, procedures, and post-orders must be finalized, and appropriate lesson plans prepared.

Medical and mental health care initiatives continue to progress toward the requirements of the Consent Judgment. Wellpath has improved in the development and implementation of a clear path forward with measurable benchmarks.

The Monitors remain committed to the Court, and the parties to collaborate on solutions that will result in significant improvement towards compliance with the provisions of the Consent Judgment and achievement of constitutional conditions.

The Monitors again thank and acknowledge the leadership, guidance and support of The Honorable Lance M. Africk and The Honorable Michael B. North.

II. A. Protection from Harm

Introduction

This section of the Consent Judgment addresses core correctional functions including the use of force (policies, training, and reporting), identification of staff involved in uses of force through an early intervention system, safety and supervision of inmates, staffing, incidents and referrals, investigations, pre-trial placement of inmates in the facility, classification, the inmate grievance process, sexual safety of inmates, and inmates' access to information.

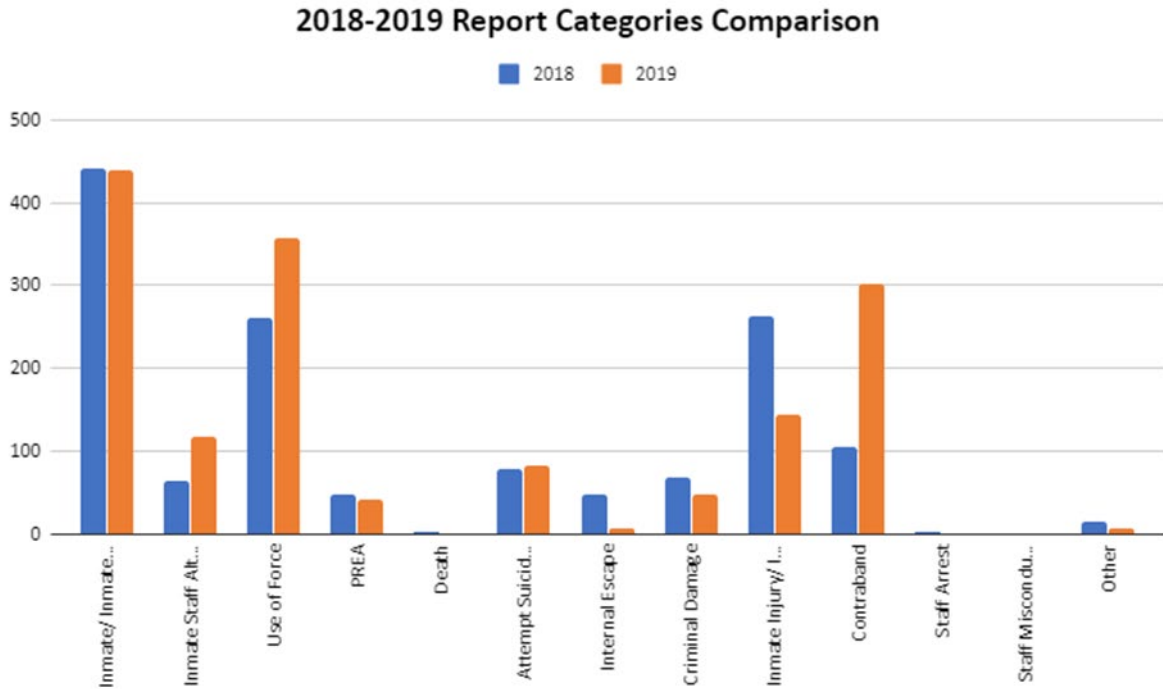
The Consent Judgment requires that OPSO operate the facility to assure inmates are "reasonably safe and secure." Based on objective review of data, the facility has shown improvement in inmate and staff safety, but significant incidents that result in serious injury to inmates and staff continue to occur.

Reaching and sustaining compliance with provisions of the Consent Judgment, particularly this section, relies on the collection, analysis, and corrective action planning using accurate and reliable data. The Monitors encourage OPSO to continue efforts to build its capacity to collect and analyze relevant accurate data, draw supportable conclusions to inform decisions throughout the organization, and develop corrective action plans, as indicated. As OPSO's capacity to collect, analyze, and plan is enhanced, the ability to achieve and maintain compliance will be strengthened.

The Monitors reported in Compliance Report #9 about OPSO's efforts to be much more transparent in the reporting of incidents. The transparency continues. A sergeant assigned to the administrative section reviews the daily medical logs for inmates taken to the clinic for treatment subsequent to an altercation or a use of force as well as the transport logs of inmates routed to the hospital with trauma related injuries and cross checks them against reported incidents. The sergeant also compares the Watch Commander's Log (which lists significant events and incidents occurring during the shift) and the incident reports to detect missing reports. What still appears to be lacking are meaningful consequences for supervisors who fail to comply with the reporting policies resulting in late, incomplete, or missing incident reports.

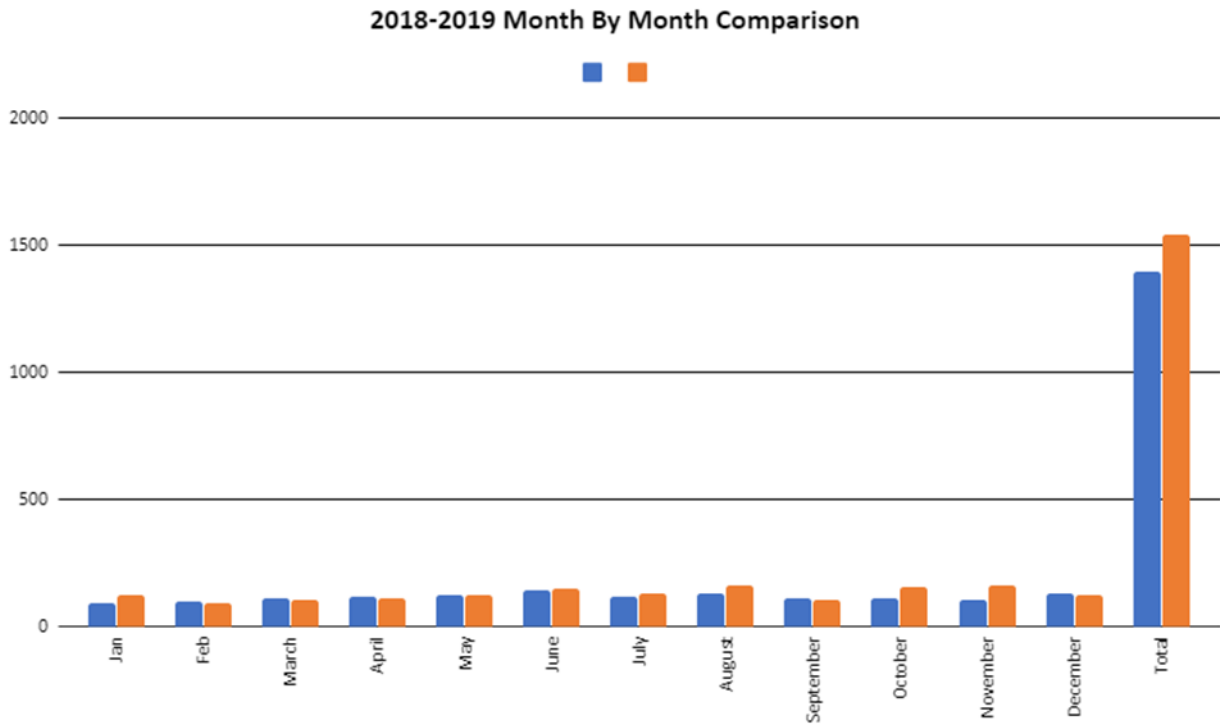
A review of reported incidents for 2019 was conducted by the Monitors. The following charts compare the totals for the CY years of 2018 and 2019.

Table 3 - All OJC Reported Incidents for CY 2018 and CY 2019



	Inmate/ Inmate Assault	Inmate Staff Altercation	Use of Force	PREA	Death	Attempt Suicide/ Ideation	Internal Escape	Criminal Damage	Inmate Injury/ Inmate Medical (AKA slip/falls/ overdoses)	Contraband	Staff Arrest	Staff Misconduct/ Suspension	Other
2018	442	64	260	47	2	78	48	69	262	106	3	0	15
2019	440	117	358	42	0	82	6	47	145	302	0	0	6

Table 4 –All OJC Reported Incidents by Type by Month CY 2018 and CY 2019



Month-by-Month	Jan	Feb	March	April	May	June	July	August	September	October	November	December	Total
2018	92	96	112	121	124	144	116	132	112	113	105	129	1396
2019	123	93	105	112	127	148	131	163	107	153	160	123	1545

Assessment Methodology

- Dates of tours:
 - February 18-20, 2019
 - March 18-20, 2019
 - April 15-17, 2019
 - May 6-7, 2019
 - June 18-19, 2019
 - July 15-17, 2019
 - August 19-21, 2019
 - September 16-19, 2019
 - October 14-16, 2019
 - December 9-11, 2019

- Materials reviewed:
 - Materials reviewed include the Consent Judgment, OPSO policies and procedures, use of force reports, incident reports, investigations conducted by Investigative Services Bureau-Internal Affairs Division (ISB-IAD), investigations conducted by ISB-Criminal Division (ISB-Criminal), investigations conducted by ISB-Inmate Division, training materials, shakedown logs, and post logs.
- Interviews:
 - Interviews included command staff, jail supervisors, commander of ISB, commander of IAD-Administrative, chief of investigations, director of training, various supervisors of units within ISB, and inmates.

IV. A. 1. Use of Force Policies and Procedures

A. 1.a. OPSO shall develop, implement, and maintain comprehensive policies and procedures (in accordance with generally accepted correctional standards) relating to the use of force with particular emphasis regarding permissible and impermissible uses of force.

A. 1.b. OPSO shall develop and implement a single, uniform reporting system under a Use of Force Reporting policy. OPSO reportable force shall be divided into two levels, as further specified in policy: Level 1 uses of force will include all serious uses of force (i.e., the use of force leads to injuries that are extensive, serious or visible in nature, including black eyes, lacerations, injuries to the mouth or head, multiple bruises, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct, and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious. Level 2 uses of force will include all escort or control holds used to overcome resistance that are not covered by the definition of Level 1 uses of force.

A. 1.c. OPSO shall assess, annually, all data collected regarding uses of force and make any necessary changes to use of force policies or procedures to ensure that unnecessary or excessive use of force is not used in OPP. The review and recommendations will be documented and provided to the Monitor, DOJ, and SPLC.

Findings:

- A. 1. a. Substantial Compliance
- A. 1. b. Substantial Compliance
- A. 1. c. Substantial Compliance

Observations:

The current OPSO use of force policy was effective as of May 2016. OPSO has conducted the 2018 annual review of the policy. Given the increase in the use of force, OPSO needs to conduct a more robust assessment for CY 2019 to maintain substantial compliance. Concerns regarding timeliness of training and submission of use of force report and reviews are addressed in those sections.

IV. A. 2. Use of Force Training

A. 2. a. OPSO shall ensure that all correctional officers are knowledgeable of and have the knowledge, skills, and abilities to comply with use of force policies and procedures. At a minimum, OPSO shall provide correctional officers with pre-service and annual in-service training in use of force, defensive tactics, and use of force policies and procedures. The training will include the following:

- (1) instruction on what constitutes excessive force;
- (2) de-escalation tactics; and
- (3) management of prisoners with mental illness to limit the need for using force.

A. 2. b. OPSO shall ensure that officers are aware of any change to policies and practices throughout their employment with OPP. At a minimum, OPSO shall provide pre-service and annual in-service use of force training that prohibits:

- (1) use of force as a response to verbal insults or prisoner threats where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors;
- (2) use of force as a response to prisoners' failure to follow instructions where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors;
- (3) use of force against a prisoner after the prisoner has ceased to offer resistance and is under control;
- (4) use of force as punishment or retaliation; and
- (5) use of force involving kicking, striking, hitting, or punching a non-combative prisoner.

A. 2. c. OPSO shall randomly test five percent of the correctional officer staff on an annual basis to determine their knowledge of the use of force policies and procedures. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor.

Findings:

- A. 2. a. Substantial Compliance
- A. 2. b. Substantial Compliance
- A. 2. c. Substantial Compliance

Observations:

The Monitor reviewed the training materials and documentation submitted by training staff for the rating period. The Monitor also randomly reviewed several staff training files maintained by the training staff. Interviews were conducted with senior security staff, Academy leadership, and administrative staff.

The proof of training records indicated that the 8-hour use of force in-service training class was offered to all four squads during the month of April 2019. Overall, records indicate that 96% of all requisite OJC staff attended the April training, a 29% increase over CY2018 (67%)—a substantial improvement. Seven (7) employees failed to attend. Ninety-one percent (91%) of TDC staff attended the April training; two (2) failed to attend. The documentation lists, by name, all delinquent staff that failed to attend the April training event as scheduled. A make-up training date was offered in May 2019 and six (6)

of the nine (9) staff noted as delinquent completed the training. Training staff advised that an additional make-up class would be provided for the remaining staff by the end of CY2019 at the request of the Chief of Corrections.

The Monitor observed the Academy training staff maintained detailed, comprehensive, and very well-maintained files.

The Monitor’s review of the use of force training materials noted that the lesson plan, PowerPoint presentation and testing materials substantively covers the requisite information in A. 2. c. 1-5. The proof of training documentation indicates that the OPSO staff received the required training on policies and practices by the training staff.

The Monitor reviewed training documentation provided by training staff specific to the 5% annual testing requirement for this section. The testing was conducted from February 28, 2019 to March 6, 2019. Training staff reported that 100% of the OPSO staff tested passed with an overall average of 85%. This is a significant improvement over the 68% passing rate for the testing conducted in CY2018, particularly considering that the annual in-service use of force training was not scheduled until April 2019.

Training staff indicated that their recommendation to the Chief of Corrections was to test more than 5% of the required staff, however, this effort meets the requirements of the Consent Judgment.

Documentation of the results reviewed by command staff included an analysis of the questions missed and recommended changes in training in response to the deficiencies in knowledge noted.

IV. A. 3. Use of Force Reporting

A.3 a. Failure to report a use of force incident by any staff member engaging in the use of force or witnessing the use of force shall be grounds for discipline, up to and including termination.

A.3 b. OPSO shall ensure that sufficient information is collected on uses of force to assess whether staff members complied with policy; whether corrective action is necessary including training or discipline; the effectiveness of training and policies; and whether the conditions in OPP comply with this Agreement. At a minimum, OPSO will ensure that officers using or observing a Level 1 use of force shall complete a use of force report that will:

- (1) include the names of all staff, prisoner(s), or other visual or oral witness(es);
- (2) contain an accurate and specific account of the events leading to the use of force;
- (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident;
- (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use;

- (5) be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity that prompted the use of force incident;
- (6) describe the nature and extent of injuries sustained by anyone involved in the incident;
- (7) contain the date and time when medical attention, if any, was requested and actually provided;
- (8) describe any attempts the staff took to de-escalate prior to the use of force;
- (9) include an individual written account of the use of force from every staff member who witnessed the use of force;
- (10) include photographs taken promptly, but no later than two hours after a use of force incident, of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in the use of force incident;
- (11) document whether the use of force was digitally or otherwise recorded. If the use of force is not digitally or otherwise recorded, the reporting officer and/or watch commander will provide an explanation as to why it was not recorded; and
- (12) include a statement about the incident from the prisoner(s) against whom force was used.

A.3 c. All officers using a Level 2 use of force shall complete a use of force report that will:

- (1) include the names of staff, prisoner(s), or other visual or oral witness(es);
- (2) contain an accurate and specific account of the events leading to the use of force;
- (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident;
- (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use;
- (5) be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity that prompted the use of force incident;
- (6) describe the nature and extent of injuries sustained by anyone involved in the incident;
- (7) contain the date and time when medical attention, if any, was requested and actually provided; and
- (8) describe any attempts the staff took to de-escalate prior to the use of force.

A.3 d. OPSO shall require correctional officers to notify the watch commander as soon as practical of any use of force incident or allegation of use of force. When notified, the watch commander will respond to the scene of all Level 1 uses of force. When arriving on the scene, the watch commander shall:

- (1) ensure the safety of everyone involved in or proximate to the incident;
- (2) determine if any prisoner or correctional officer is injured and ensure that necessary medical care is provided;
- (3) ensure that personnel and witnesses are identified, separated, and advised that communications with other witnesses or correctional officers regarding the incident are prohibited;
- (4) ensure that witness and subject statements are taken from both staff and prisoner(s) outside of the presence of other prisoners and staff;
- (5) ensure that the supervisor's use of force report is forwarded to IAD for investigation if, upon the supervisor's review, a violation of law or policy is suspected. The determination of what type of investigation is needed will be based on the degree of the force used consistent with the terms of this Agreement;
- (6) If the watch commander is not involved in the use of force incident, the watch commander shall review all submitted use of force reports within 36 hours of the end of the incident, and shall specify his findings as to completeness and procedural errors. If the watch commander believes that the use of force may have been unnecessary or excessive, he shall immediately contact IAD for investigation consideration and shall notify the warden or assistant warden; and
- (7) All Level 1 use of force reports, whether or not the force is believed by any party to be unnecessary or excessive, shall be sent to IAD for review. IAD shall develop and submit to the Monitor within 90 days of the Effective Date clear criteria to identify use of force incidents that warrant a full investigation, including injuries that are extensive or serious, visible in nature (including black eyes, injuries to the mouth, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct (including inappropriate relationships

with prisoners), and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious.

A.3 e. Ensure that a first-line supervisor is present during all pre-planned uses of force, such as cell extractions.

A.3 f. Within 36 hours, exclusive of weekends and holidays, of receiving the report and review from the shift commander, in order to determine the appropriateness of the force used and whether policy was followed, the Warden or Assistant Warden shall review all use of force reports and supervisory reviews including:

- (1) the incident report associated with the use of force;
- (2) any medical documentation of injuries and any further medical care;
- (3) the prisoner disciplinary report associated with the use of force; and
- (4) the Warden or Assistant Warden shall complete a written report or written statement of specific findings and determinations of the appropriateness of force.

A.3 g. Provide the Monitor a periodic report detailing use of force by staff. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information:

- (1) a brief summary of all uses of force, by type;
- (2) date that force was used;
- (3) identity of staff members involved in using force;
- (4) identity of prisoners against whom force was used;
- (5) a brief summary of all uses of force resulting in injuries;
- (6) number of planned and unplanned uses of force;
- (7) a summary of all in-custody deaths related to use of force, including the identity of the decedent and the circumstances of the death; and
- (8) a listing of serious injuries requiring hospitalization.

A.3 h. OPSO shall conduct, annually, a review of the use of force reporting system to ensure that it has been effective in reducing unnecessary or excessive uses of force. OPSO will document its review and conclusions and provide them to the Monitor, SPLC, and DOJ.

Findings:

- A. 3. a. Substantial Compliance
- A. 3. b. Partial Compliance
- A. 3. c. Partial Compliance
- A. 3. d. Partial Compliance
- A. 3. e. Substantial Compliance
- A. 3. f. Partial Compliance
- A. 3. g. Substantial Compliance
- A. 3. h. Substantial Compliance

Observations:

As to provision A. 3. a., the use of force policy requires all uses of force to be reported timely and completely and sets out the potential discipline if the policy is not followed. While there continue to be late reports, OPSO provided documentation that supervisors were verbally counseled for failure to follow policy and failure to report use of force. There is an ongoing investigation, however, of the failure of a supervisor to report a deputy’s attempt to assault an inmate that required the deputy had to be restrained to protect the inmate. Continued substantial compliance

will require a reduction of late reports and appropriate discipline, including progressive discipline.

Provisions A. 3. b. and c. remain in partial compliance due to the significant number of incomplete/inadequate use of force reports. The use of force policy includes required provisions required of the Consent Judgment, but adherence is inconsistent. The Monitor provided a checklist of the report requirements to assist supervisors in making sure reports included all necessary items. A review of those checklists and accompanying reports indicates that the required information was frequently missing from the use of force reports. As with the failure to timely report all uses of force, deputies and supervisors are not consistently held accountable for failure to include required information. In addition, the Louisiana Department of Corrections often does not comply with the requires of these provisions in relation to uses of force involving inmates housed at Hunt due to acute mental illness.

The unit managers and watch commanders are not consistently compliant with the requirements of the Consent Judgment (IV. A. 3. d. and 3. f.) as to their specific duties and the time requirement for performance of these duties under the policies. As a result, the use of force packets lack the required information for meaningful reviews by FIT (Force Investigation Team). This requires FIT screen each packet for completeness and return many of them with requests for the missing items. This renders any previous reviews to be suspect. FIT issues a quarterly report which contains all the information required by IV. A. 3. g. Thus, this section is in substantial compliance. The annual review of use of force incidents as required by IV. A. 3. h. was provided to the Monitors and all parties. Although a rating of substantial compliance has been noted for Report #11, to remain in substantial compliance, the CY 2019 annual review will require improvement. The provision requires OPSO to “ensure that it has been effective in reducing unnecessary or excessive uses of force.” OPSO reported a 37% increase in the use of force during CY 2019. More analysis of the incidents of use of force found to be excessive and unnecessary is required. Also, collection of data and analysis of the data and trends of the trends in use of force along with development of corrective

action plans would likely reduce the need for force and the accompanying risk to staff and inmates.

IV. A. 4. Early Intervention System (“EIS”)

A.4.a. OPSO shall develop, within 120 days of the Effective Date, a computerized relational database (“EIS”) that will document and track staff members who are involved in use of force incidents and any complaints related to the inappropriate or excessive use of force, in order to alert OPSO management to any potential problematic policies or supervision lapses or need for retraining or discipline. The Chief of Operations Deputy, supervisors, and investigative staff shall have access to this information and shall review on a regular basis, but not less than quarterly, system reports to evaluate individual staff, supervisor, and housing area activity. OPSO will use the EIS as a tool for correcting inappropriate staff behavior before it escalates to more serious misconduct.

A.4.b. Within 120 days of the Effective Date, OPSO senior management shall use EIS information to improve quality management practices, identify patterns and trends, and take necessary corrective action both on an individual and systemic level. IAD will manage and administer EIS systems. The Special Operations Division (“SOD”) will have access to the EIS. IAD will conduct quarterly audits of the EIS to ensure that analysis and intervention is taken according to the process described below. Command staff shall review the data collected by the EIS on at least a quarterly basis to identify potential patterns or trends resulting in harm to prisoners. The Use of Force Review Board will periodically review information collected regarding uses of force in order to identify the need for corrective action, including changes to training protocols and policy or retraining or disciplining individual staff or staff members. Through comparison of the operation of this system to changes in the conditions in OPP, OPSO will assess whether the mechanism is effective at addressing the requirements of this Agreement.

A.4.c. OPSO shall provide, within 180 days of the implementation date of its EIS, to SPLC, DOJ, and the Monitor, a list of all staff members identified through the EIS and corrective action taken.

A.4.d. The EIS protocol shall include the following components: data storage, data retrieval, reporting, data analysis, pattern identification, supervisory assessment, supervisory intervention, documentation, and audit.

A.4.e. On an annual basis, OPSO shall review the EIS to ensure that it has been effective in identifying concerns regarding policy, training, or the need for discipline. This assessment will be based in part on the number and severity of harm and injury identified through data collected pursuant to this Agreement. OPSO will document its review and conclusions and provide them to the Monitor, who shall forward this document to DOJ and SPLC.

Findings:

- A. 4. a. Substantial Compliance
- A. 4. b. Substantial Compliance
- A. 4. c. Substantial Compliance
- A. 4. d. Substantial Compliance
- A. 4. e. Substantial Compliance

Observations:

Since the inception of the Consent Judgment, the electronic EIS has been unreliable. OPSO abandoned the original system and fashioned an alternative version within the AS400. A FIT staff member manually monitors the database to alert FIT staff as to the need to review any uses of force by a staff member.

OPSO has improved its documentation to the Monitors as to the names of the staff members who are flagged for uses of force, if a review is conducted, and any retraining received, if required.

The Use of Force Review Board has met regularly and evaluated the 2018 data as required for substantial compliance with IV. A.4. e.

While the EIS would ideally be part of the jail management system, as one does not yet exist, the efforts made by OPSO to craft an alternative EIS warrant a rating of substantial compliance on all provisions.

IV. A. 5. Safety and Supervision

A.5.a. Maintain security policies, procedures, and practices to provide a reasonably safe and secure environment for prisoners and staff in accordance with this Agreement.

A.5.b. Maintain policies, procedures, and practices to ensure the adequate supervision of prisoner work areas and trustees.

A.5.c. Maintain policies and procedures regarding care for and housing of protective custody prisoners and prisoners requesting protection from harm.

A.5.d. Continue to ensure that correctional officers conduct appropriate rounds at least once during every 30-minute period, at irregular times, inside each general population housing unit and at least once during every 15-minute period of special management prisoners, or more often if necessary. All security rounds shall be documented on forms or logs that do not contain pre-printed rounding times. In the alternative, OPSO may provide direct supervision of prisoners by posting a correctional officer inside the day room area of a housing unit to conduct surveillance.

A.5.e. Staff shall provide direct supervision in housing units that are designed for this type of supervision. Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers.

A.5.f. Increase the use of overhead video surveillance and recording cameras to provide adequate coverage throughout the common areas of the Jail, including the Intake Processing Center, all divisions' intake areas, mental health units, special management units, prisoner housing units, and in the divisions' common areas.

A.5.g. Continue to ensure that correctional officers, who are transferred from one division to another, are required to attend training on division-specific post orders before working on the unit.

A.5.h. Continue to ensure that correctional officers assigned to special management units, which include youth tiers, mental health tiers, disciplinary segregation, and protective custody, receive eight hours of specialized training regarding such units on prisoner safety and security on at least an annual basis.

A.5.i. Continue to ensure that supervisors conduct daily rounds on each shift in the prisoner housing units and document the results of their rounds.

A.5.j. Continue to ensure that staff conduct daily inspections of cells and common areas of the housing units to protect prisoners from unreasonable harm or unreasonable risk of harm.

A.5.k. Continue to ensure that staff conduct random monthly shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband.

A.5.l. Provide the Monitor a periodic report of safety and supervision at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will provide the following information:

- (1) a listing of special management prisoners, their housing assignments, the basis for them being placed in the specialized housing unit, and the date placed in the unit; and
- (2) a listing of all contraband, including weapons seized, the type of contraband, date of seizure, location, and shift of seizure.

Findings:

- A. 5. a. Partial Compliance
- A. 5. b. Substantial Compliance
- A. 5. c. Substantial Compliance
- A. 5. d. Partial Compliance
- A. 5. e. Partial Compliance
- A. 5. f. Partial Compliance
- A. 5. g. Substantial Compliance
- A. 5. h. Partial Compliance
- A. 5. i. Partial Compliance
- A. 5. j. Partial Compliance
- A. 5. k. Substantial Compliance
- A. 5. l. Substantial Compliance

Observations:

OPSO has worked very hard to finalize policies, procedures, and post orders. The implementation of those policies, procedures, and practices and the adequate supervision of inmate working areas results in substantial compliance as to A. 5. b. and c. The level of violence, an average of 36 inmate on inmate assaults/altercations per month and almost 10 assaults on staff per month, are indicative that OPSO has not substantially complied with the requirement that the facility be reasonably safe for staff and inmates. The challenges of developing credible training lesson plans, recruiting staff, training staff, remediating staff who do not have the required level of proficiency, and supervising employees to hold them accountable for not following policy remains.

OPSO has made significant progress under the leadership of the Independent Compliance Director and his initiation of unit management to assist in the daily supervision of housing units and increase accountability. However, review of the CY 2019 significant incidents indicates that the failure of staff to follow policy consistently is a serious impediment to effective supervision of the inmates. There are inmates who repeatedly do not follow the rules of OJC including assaulting other inmates, assaulting staff, destroying property, and/or threatening self-harm. Individual inmate plans need to be developed for those and consistently followed by all staff.

Table 5 CY 2018 and CY 2019 OJC Reported Incidents

2018	January	February	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Attempt Suicide/ideation	6	14	4	4	0	6	9	13	7	3	5	7	78
Contraband	9	15	5	5	10	9	13	6	6	7	7	14	106
Criminal Damage	3	10	11	12	8	3	3	6	4	2	3	4	69
Death	0	0	0	0	1	0	0	0	0	0	0	1	2
Internal Escape	2	2	3	3	5	7	3	2	5	0	8	8	48
Inmate Injury/Inmate Medical (AKA slip/falls)	9	5	18	22	19	32	30	30	35	26	18	18	262
Inmate/Inmate Assault	38	28	37	39	52	46	30	39	33	32	31	37	442
Staff Suspension	0	2	0	0	0	1	0	0	0	0	0	0	3
Staff Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0
Inmate Staff Altercation	7	6	7	9		7	4	3	6	9	6	0	64
PREA	2	4	5	4	5	5	4	3	2	5	5	3	47
Use of Force	13	10	21	22	24	26	20	27	14	28	21	34	260
Other	3	0	1	1	0	2	0	3	0	1	1	3	15
Total	92	96	112	121	124	144	116	132	112	113	105	129	1396

2019	January	February	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Attempt Suicide/ideation	15	13	6	3	13	13	6	7	2	1	0	3	82
Contraband	14	11	21	27	25	23	13	35	24	33	42	34	302
Criminal Damage	7	0	2	3	2	2	3	8	1	7	6	6	47
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Internal Escape	3	1	1	0	0	0	0	1	0	0	0	0	6
Inmate Injury/Inmate Medical (AKA slip/falls)	14	4	16	15	11	16	8	20	10	18	5	8	145
Inmate/Inmate Assault	40	26	25	28	36	55	50	32	32	38	55	23	440
Staff Suspension	0	0	0	0	0	0	0	0	0	0	0	0	0
Staff Arrest	0	0	0	0	0	0	0	0	0	0	0	0	0
Inmate Staff Altercation	1	7	4	7	11	9	15	17	4	15	12	15	117
PREA	2	2	1	1	6	4	5	6	3	4	7	1	42
Use of Force	27	29	26	26	22	26	31	37	31	37	33	33	358
Other	0	0	3	2	1	0	0	0	0	0	0	0	6
Total	123	93	105	112	127	148	131	163	107	153	160	123	1545

OPSO has significantly improved in the conducting and documenting of security rounds (30 minutes or 15 minutes depending on the unit). However, review of records, observations, and investigations clearly indicates that rounds and direct supervision surveillance are still not consistently conducted as per OPSO policy. Direct supervision requires surveillance of all of the inmates and cannot be properly performed by sitting behind a desk or in the control module. It requires walking around the unit, looking into the individual cells, and actively engaging with the inmates. Use of designated mandatory assignments has improved the consistency of staffing within those units, but for other units staffing was routinely inadequate or inconsistent throughout the shift. During the tour, units were noted to be unstaffed, including mandatory posts. If staff are not present, it impossible to make the

required rounds. The improvement has resulted in OPSO being found in partial compliance with IV. A. 5. d.

Due to unreliability of the TourWatch system, OPSO reverted to paper logs. While the current OPSO policy requires supervisors, up to the level of Watch Commander to review the paper logs to ensure rounds are being conducted, OPSO has not audited compliance with this policy. Review of the paper logs during the tour revealed that rounds are not being timely performed.

All twenty-four (24) of the housing units are designed for direct supervision. OPSO's Compliance Matrix identified twelve (12) mandatory posts. Six of these mandatory posts are the control pods and six are housing units. Thus, only 25% of the housing units are staffed as direct supervision. In addition, at times the deputies were not in those housing units. Thus, IV. A. 5. e. remains in partial compliance.

Regarding overhead video surveillance and recording cameras for OJC (A.5.f.), there are on-going issues with quite a few of the 900 cameras not recording. Frequently, a nonfunctional camera is discovered only when an investigator tries to retrieve the videos. OPSO now audits the system by having a supervisor test the various cameras on a monthly basis and preparing a report for the Chief of Security. The system is in the process of being replaced. Until the replacement is complete and OPSO demonstrates that the system is functioning on a consistent and regular basis, IV. A. 5. f. remains in partial compliance.

Documentation was provided that staff transferred from other divisions to work in the OJC received the required training; thus, IV. A. 5. g. is in substantial compliance. Proof of training for the specialized units was not provided, but interviews of deputies revealed some training; IV. A. 5. h. remains in partial compliance.

Documentation is lacking that supervisors consistently conduct daily rounds during this compliance period; thus, IV. A. 5. i. continues to be in partial compliance.

The daily inspections of housing units as required by VI. A. 5. j. has improved, but are still only in partial compliance. With the introduction of unit management, unit managers and deputies were required to conduct daily inspections. However, simple observation of the conditions of the living units provides evidence that, while

daily inspections may be conducted, consistent inspection standards need to be communicated to the line staff and inmates. Further, corrective actions to address the inspection findings are essential.

Monthly shakedowns are conducted in substantial compliance with VI. A. 5. k. The number of contraband reports has increased significantly in 2019. It is unclear whether this is a result of more contraband in the facility or if it is a result of more frequent and effective contraband shakedowns. The review of contraband reports clearly indicate that the same issues reoccur which is indicative of a need to analyze the data and develop a corrective action plan to reduce, if not stop, the flow of contraband into the facility.

OPSO continues to review the monthly shakedown reports as to the locations of the contraband, linkages to previous shakedowns, specific items found, and the inmates involved. OPSO provided a list of special management units in compliance with the provision. Thus, IV A. 5. l. is now in substantial compliance.

IV. A. 6. Security Staffing

A.6.a. OPSO shall ensure that correctional staffing and supervision is sufficient to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Facility, consistent with constitutional standards.

- (1) OPSO shall achieve adequate correctional officer staffing in the following manner:
 Within 90 days of the Effective Date, develop a staffing plan that will identify all posts and positions, the adequate number and qualification of staff to cover each post and position, adequate shift relief, and coverage for vacations. The staffing plan will ensure that there is adequate coverage inside each housing and specialized housing areas and to accompany prisoners for court, visits and legal visits, and other operations of OPP and to comply with all provisions of this Agreement. OPSO will provide its plan to the Monitor, SPLC, and DOJ for approval. The Monitor, SPLC, or DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan.
- (2) Within 120 days before the opening of any new facility, submit a staffing plan consistent with subsection (1) above.
- (3) Within 90 days after completion of the staffing study, OPSO shall recruit and hire a full-time professional corrections administrator to analyze and review OPP operations. The professional corrections administrator shall report directly to the Sheriff and shall have responsibilities to be determined by the Sheriff. The professional corrections administrator shall have at least the following qualifications: (a) a bachelor's degree in criminal justice or other closely related field; (b) five years of experience in supervising a large correctional facility; and (c) knowledge of and experience in applying modern correctional standards, maintained through regular participation in corrections-related conferences or other continuing education.
- (4) Provide the Monitor a periodic report on staffing levels at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information:

- i. a listing of each post and position needed;
- ii. the number of hours needed for each post and position;
- iii. a listing of staff hired and positions filled;
- iv. a listing of staff working overtime and the amount of overtime worked by each staff member;
- v. a listing of supervisors working overtime; and
- vi. a listing of and types of critical incidents reported.

A.6.b. Review the periodic report to determine whether staffing is adequate to meet the requirements of this Agreement. OPSO shall make recommendations regarding staffing based on this review. The review and recommendations will be documented and provided to the Monitor

Findings:

- A. 6. a. Substantial Compliance
- A. 6. b. Substantial Compliance

An overall rating of A. 6. was provided in the previous reports. This was inconsistent with the other introductory paragraphs and has now been discontinued.

Observations:

Insufficient staffing of posts in OJC continues. This is evidenced by the extensive use of overtime and numerous incident reports and investigations that reveal posts were not constantly staffed. While provision IV. A. 6. a. (2) continues to be in substantial compliance due to the submission of the staffing plan, failure to consistently adhere to the staff plan results in IV. A. 6. a. (1) being in partial compliance. The Monitors look forward to reviewing the staffing plan for the occupation of TDC and Phase III.

Provision IV. 6. a. (3) is in substantial compliance with the hiring of Byron LeCounte as the Chief of Corrections as of February 19, 2019.

Paragraph IV. 6. a. (4) is in substantial compliance, as monthly reports are produced to document hiring and termination of employees. The Stipulated Agreement also provides for bi-monthly reports regarding hiring. Paragraph 7.a. of the Stipulated Agreement of February 11, 2015 requires monthly reporting. Overall, A. 6. a. is in substantial compliance.

OPSO is in substantial compliance with A. 6. b. as OPSO periodically reviews the staffing plan and has designated which posts are mandatory. The problem is that staff have not been hired/retained to consistently fill those mandatory posts.

IV. A. 7. Incidents and Referrals

A.7.a. OPSO shall develop and implement policies that ensure that Facility watch commanders have knowledge of reportable incidents in OPP to take action in a timely manner to prevent harm to prisoners or take other corrective action. At a minimum, OPSO shall do the following:

A.7.b. Continue to ensure that Facility watch commanders document all reportable incidents by the end of their shift, but no later than 24 hours after the incident, including prisoner fights, rule violations, prisoner injuries, suicide attempts, cell extractions, medical emergencies, found contraband, vandalism, escapes and escape attempts, and fires.

A.7.c. Continue to ensure that Facility watch commanders report all suicides and deaths no later than one hour after the incident, to a supervisor, IAD, the Special Operations Division, and medical and mental health staff.

A.7.d. Provide formal pre-service and annual in-service training on proper incident reporting policies and procedures.

A.7.e. Implement a policy providing that it is a disciplinary infraction for staff to fail to report any reportable incident that occurred on his or her shift. Failure to formally report any observed prisoner injury may result in staff discipline, up to and including termination.

A.7.f. Maintain a system to track all reportable incidents that, at a minimum, includes the following information:

- (1) tracking number;
- (2) the prisoner(s) name;
- (3) housing classification and location;
- (4) date and time;
- (5) type of incident;
- (6) injuries to staff or prisoner;
- (7) medical care;
- (8) primary and secondary staff involved;
- (9) reviewing supervisor;
- (10) external reviews and results;
- (11) corrective action taken; and
- (12) administrative sign-off.

A.7.g. Ensure that incident reports and prisoner grievances are screened for allegations of staff misconduct, and, if the incident or allegation meets established criteria in accordance with this Agreement, it is referred for investigation.

A.7.h. Provide the Monitor a periodic data report of incidents at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.

A.7.i. The report will include the following information:

- (1) a brief summary of all reportable incidents, by type and date;
- (2) a description of all suicides and in-custody deaths, including the date, name of prisoner, and housing unit;
- (3) number of prisoner grievances screened for allegations of misconduct; and
- (4) number of grievances referred to IAD or SOD for investigation.

A.7.j. Conduct internal reviews of the periodic reports to determine whether the incident reporting system is ensuring that the constitutional rights of prisoners are respected. Review the quarterly report to determine whether the incident reporting system is meeting the requirements of this Agreement. OPSO shall make recommendations regarding the reporting system or other necessary changes in policy or staffing based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

A. 7. a. Substantial Compliance

A. 7. b. Partial Compliance

A. 7. c. Substantial Compliance

- A. 7. d. Substantial Compliance
- A. 7. e. Substantial Compliance
- A. 7. f. Partial Compliance
- A. 7. g. Substantial Compliance
- A. 7. h. Substantial Compliance
- A. 7. i. Substantial Compliance
- A. 7. j. Substantial Compliance

Observations:

OPSO has long had a policy on incidents and referrals that sets out the process for documenting and referring incidents. What has been lacking is a sufficient process to ensure all reportable incidents are being documented and that all incident reports are complete, prompt and accurate. OPSO has improved in its reporting of incidents, but all incidents are still not timely reported to OPSO and/or the Monitors. Thus, A. 7. b. remains in partial compliance.

One of the methods for determining whether incidents are reported is to review “routes” of inmates with serious medical or trauma injuries to the hospital emergency and the OPSO clinic walk-in logs. This function used to be performed by the Monitors. OPSO has implemented a process where a sergeant performs this function and follow up on missing reports. This is an example of OPSO incorporating processes which allow OPSO to audit its compliance. What had been lacking was holding the supervisors accountable for the late reports. Documentation of accountability in the form of counseling was presented. Accountability has improved, but progressive discipline should be used for those who continue to not meet the requirement for provisions IV. A. 7. a. and e. to remain in substantial compliance and A. 7. b. to achieve substantial compliance.

During the reporting period, there were no deaths, but serious attempts at suicide were reported within an hour to the proper persons; thus IV. A. 7. c. is in substantial compliance. Annual training was provided on incident reporting, and documentation indicates that staff were required to attend; IV. A. 7. d. is in substantial compliance. OPSO has transitioned to the AS 400 system to track the information required in IV. A. 7. f., but all of the required information is frequently not gathered and reflected in the reports such as medical care, external reviews and

results, and corrective action. To obtain substantial compliance, OPSO should prepare supplemental reports which contain the information. In substantial compliance with A. 7. g., incidents and grievances are reviewed for misconduct and referred for investigation where appropriate. The Monitors were provided a semi-annual report of incidents, that now, with the supplementation by the daily/weekly reports, which contains all of the required information and, thus, A. 7. h. and i. are in substantial compliance. OPSO performed an assessment of whether the reporting system is meeting the requirements of the Consent Judgment and is given substantial compliance for A. 7. j. as OPSO is now addressing the lack of timeliness. However, to maintain substantial compliance, future assessments of the reporting system will need to be more robust and refined.

IV. A. 8. Investigations

A.8.a. Maintain implementation of comprehensive policies, procedures, and practices for the timely and thorough investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement. Investigations shall:

- (1) be conducted by persons who do not have conflicts of interest that bear on the partiality of the investigation;
- (2) include timely, thorough, and documented interviews of all relevant staff and prisoners who were involved in or who witnessed the incident in question, to the extent practicable; and
- (3) include all supporting evidence, including logs, witness and participant statements, references to policies and procedures relevant to the incident, physical evidence, and video or audio recordings.

A.8.b. Continue to provide SOD and IAD staff with pre-service and annual in-service training on appropriate investigation policies and procedures, the investigation tracking process, investigatory interviewing techniques, and confidentiality requirements.

A.8.c. Ensure that any investigative report indicating possible criminal behavior will be referred to IAD/SOD and then referred to the Orleans Parish District Attorney’s Office, if appropriate.

A.8.d. Provide the Monitor a periodic report of investigations conducted at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.

A.8.e. The report will include the following information:

- (1) a brief summary of all completed investigations, by type and date;
- (2) a listing of investigations referred for administrative investigation;
- (3) a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
- (4) a listing of all staff suspended, terminated, arrested, or reassigned because of misconduct or violations of policy and procedures. This list must also contain the specific misconduct and/or violation.

A.8.f. OPSO shall review the periodic report to determine whether the investigation system is meeting the requirements of this Agreement and make recommendations regarding the investigation system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

A. 8. a. Substantial Compliance

- A. 8. b. Substantial Compliance
- A. 8. c. Substantial Compliance
- A. 8. d. Substantial Compliance
- A. 8. e. Substantial Compliance
- A. 8. f. Substantial Compliance

Observations:

The Investigative Services Division (ISB) is responsible for: the Criminal Investigation Division (investigates possible criminal activity by inmates), Internal Affairs Division-Criminal (investigates possible criminal activity by staff), the FIT (investigates use of force by staff), the Internal Affairs Division-Administrative (investigates possible violation of policies by staff), and the Intelligence Unit (provides information and intelligence regarding activities that have taken place or may take place in the jail or support activities).

Significant evidence of substantial compliance was provided for IV. A. 8. a. The Monitor continues to be concerned about the time investigations are taking, but the length of time for investigations decreased to the additional ISB staff and an improvement in quality of the reports on which the investigations are based. As the volume of incidents requiring the attention of ISB decreases, the timeliness of investigations should improve. Improvements in all other areas from hiring, training, supervision, and adequate staffing will enhance the safety of staff and inmates and, ultimately, decrease the workload of ISB.

The Monitor acknowledges that investigating incidents of inmate on inmate assaults, sexual assaults, staff on inmate assaults, etc. with a goal of seeking indictments is appropriate; but the overall goal is to create a safe jail. In a jail setting, investigations play a critical role in protecting inmates from inappropriate or illegal staff actions, protecting inmates from each other, and correcting policy, practice, supervision and training. Continued emphasis is needed on the goal of investigations to prevent future incidents through analysis of the policy, procedures, training, supervision, and physical plant contributors to the incident. This function cannot and should not be performed by ISB alone. This level of assessment requires input from individuals who have a high level of experience in jail/corrections work. In short, it requires collaboration between ISB and OJC which continues to be

wanting. The OJC staff should take the lead in the root cause analysis with ISB providing information gathered during the investigation.

The quality of sexual assault investigations has improved since those investigations were moved under the supervision of the Lieutenant responsible for IAD-Criminal investigations.

ISB continues to receive significant additional training in substantial compliance with A. 8. b. ISB contracted with an expert on sexual assault and PREA investigations to provide training to guide implementation of the new skills.

Investigations which reveal potential criminal activity are referred to the Orleans Parish District Attorney’s Office in substantial compliance with A. 8. c. ISB provides reports in substantial compliance with IV. A. 8. d. and e. ISB reviews the investigation system to determine whether the investigation system is complies with the requirements of the Consent Judgment and forwards any recommendations to the Monitors. ISB’s substantial compliance is evidenced not only by their analysis, but adjustments such as the movement of PREA investigations under IAD-Criminal, additional sexual assault investigation training, and the formalization of a call out policy for the collection of forensic evidence in serious incidents.

IV. A. 9. Pretrial Placement in Alternative Settings

A.9.a. OPSO shall maintain its role of providing space and security to facilitate interviews conducted pursuant to the City’s pretrial release program, which is intended to ensure placement in the least restrictive appropriate placement consistent with public safety.
A.9.b. OPSO shall create a system to ensure that it does not unlawfully confine prisoners whose sole detainer is by Immigration and Customs Enforcement (“ICE”), where the detainer has expired.

Findings:

- A. 9. a. Substantial Compliance
- A. 9. b. Substantial Compliance

Observations:

OPSO provided a memorandum noting that the pretrial program is no longer managed by VERA, but rather by the Criminal District Court, and that the same space is provided. OPSO also provided a memorandum that ICE detainees are only accepted for a specified list of offenses; and that OPSO has not detained any individuals under an ICE detained during 2019.

IV. A. 10. Custodial Placement within OPP

Introduction

OPSO has designed, validated, and implemented an objective classification system to assess and house each OSPO inmate according to his/her risks posed to institutional safety and security. The automated classification system was rolled out in the Jail Management System (JMS) on January 15, 2015.² The OPSO staffing plan set the classification staff FTEs at 18. As of September 19, 2019, the Classification Unit staffing was 14 -- 13 civilian classification specialists and a classification manager. In addition, designated for the Classification Unit were two civilians currently enrolled in the Academy. Thus, it appeared the Classification Unit staffing was adequate.

Hired were four (4) classification specialists during this compliance period. Staff provided a memorandum outlining the classification-specific training schedule. While the schedule listed instruction for the custody and PREA assessment instruments, the OPSO housing matrix, and housing assignments, it did not appear that the schedule was followed or reflected actual training provided to the new staff members. Two in-service training topics during this compliance period addressed housing assignments. The training materials, pre- and post-tests, and attendance logs were not available to document staff's competencies. Overall, the training provided to the classification staff was inadequate; comprehensive classification training was recommended for all and arrangement made for the necessary training.

An automated housing assignment process (HUAP) identifies housing options for inmates according to their custody level, gender, special population status, PREA designations, enemies, and associates. The classification specialist selects from the potential housing locations to match the inmates by age, crime/criminal history, custody level, and PREA designations. Special population tags identify inmates for suicide observation versus suicide watch, medical housing/isolation, academic education, or special diets. The OJC and TDC dormitory-style units have been cataloged in the automated HUAP to enable the classification specialists to assign inmates to specific beds. Although

² Hardyman, Patricia L. (2015). "Design and Validation of an Objective Classification System for the Orleans Parish Sheriff's Office: Final Report." Hagerstown, MD: Criminal Justice Institute, Inc.

Classification Unit and JMS staff worked together to develop an Inmate Separation Instrument (ISI) to maintain out-of-cell separations, current OPSO operational procedures only require use of the ISI is not systematically used in either the general population or special management units.

During this compliance period, classification specialist and corrections security staff conducted housing audits to verify the inmates were in their assigned beds. However, most of the audit sheets were incomplete and inconsistent. Further, the auditors did not verify the inmates were sleeping in their assigned beds. Thus, the integrity of the housing audit process was highly questionable.

OPSO modified its document submittal process to exclude standardized monthly classification statistical reports. These reports were retrieved while onsite for the full review of the System. It appears the classification specialists complete the initial and reclassification assessments within 24 hours of intake or status change for most inmates.

Assessment Methodology

The compliance review included observation of the custody assessment, housing assignment, and audit processes as well as meetings with OPSO staff. A follow-up visit to observe the classification training for new classification specialists occurred in October. Following the site visit, analyzed were the monthly statistical reports, housing audit data, and monitor logs. Further, reviewed were miscellaneous documents provided before or during the compliance visit. Thus, compliance was assessed using multiple data sources and methods. The data for this compliance report focused primarily on the period between December 2018 and June 2019. For some analyses, thirteen (13) months was used to allow for tracking trends and to account for seasonal variations.

Summary

In sum, the OPSO is in partial compliance overall with the paragraphs of the Consent Judgment related to Custodial Placement within OPP (IV. A.10). During this six-month period, the OPSO moved from Partial Compliance to Substantial-Compliance on Sections a. (*OPP shall implement an objective and validated classification system*) and h. (*OPSO shall review the periodic data report and make recommendations*). There were no changes on Sections b., c., and g. Sections d. and f. regressed from Substantial to Partial Compliance. Section d. (*Continue to update the classification system to include information on each*

prisoner's history) regressed as the inmate's non-Orleans criminal histories were not scored for the custody and PREA assessments. Section f. (*Conduct internal and external review and validation of the classification and prisoner tracking system on at least an annual basis.*) regressed due to the poor quality of the housing audits, in particular the failure to verify the inmates' bed assignments. Further, the internal audits failed to identify and address the missing criminal history attachments. OPSO is in substantial compliance with five of the eight elements of the Consent Judgment regarding Custodial Placement.

Findings:

- A. 10. a. Substantial Compliance
- A. 10. b. Substantial Compliance
- A. 10. c. Substantial Compliance
- A. 10. d. Partial Compliance
- A. 10. e. Partial Compliance
- A. 10. f. Partial Compliance
- A. 10. g. Substantial Compliance
- A. 10. h. Substantial Compliance

IV.A.10. a. OPP shall implement an objective and validated classification system that assigns prisoners to housing units by security levels, among other valid factors, in order to protect prisoners from unreasonable risk of harm. The System shall include consideration of a prisoner's security needs, the severity of the current charge, types of prior commitments, suicide risk, history of escape attempts, history of violence, gang affiliations, and special needs, including mental illness, gender identity, age, and education requirements. OPSO shall anticipate periods of unusual intake volume and schedule sufficient classification staff to classify prisoners within 24 hours of booking and perform prisoner reclassifications, assist eligible DOC prisoners with re-entry assistance (release preparation), among other duties related to case management.

Finding: Substantial Compliance

Observations:

As of January 14, the Classification Unit roster lists 14 individuals -- a classification manager and 13 civilian classification specialists. As per the OPSO 2018 staffing analysis plan 18 "civilianized" positions are assigned to the Classification Unit.³ The Classification Unit Manager reports to the Captain of the Intake Processing Center (IPC). An assertive voice for the Classification Unit is important to ensure its' control of all housing transfers and assignments and participation in OPSO housing-related decisions.

³ Hodge, Darnley (October 1, 2018). "Updated Coverage Plans for the OPSO (Civil Division excluded)." Orleans Parish Sheriff's Office, Independent Compliance Director. pp. 12.

The 1st shift lead classification specialist is responsible for completing housing audits, responding to grievances, and conducting interviews regarding protective custody and housing re-assignments in addition to supervising the classification specialists, processing housing transfers, and conducting custody re-assessments. The classification shift leaders and specialists work overtime to complete the initial classification, reclassification, vulnerability assessments, and housing assignments. They averaged 42 hours of overtime per month; the range was 32.95 to 61.64 hours.

During this compliance tour the current classification and PREA handbooks were readily available in the classification work area as reference tools for checking offense severity, codes for disciplinary infractions, and the like. Available was a memo outlining the training schedule for new classification specialists; however, the specific content and format of the various sessions were unclear. The new specialists reported participating in "hands-on" training for the custody and PREA assessment instruments and housing processes matrix.⁴ During this compliance reporting period, the classification manager/team leaders provided ad hoc remedial instruction, as needed.

IV.A.10.b. Prohibit classifications based solely on race, color, national origin, or ethnicity

Finding: Substantial Compliance

Observations:

The custody assessments consider objective risk factors validated for the OPSO males and female inmates. The inmate's race is not one of the objective risk factors. The classification specialists consider the inmate's custody level, vulnerability designation, age, and charges when selecting from the beds identified by the JMS.

To track this element of the Consent Judgment, OPSO created a monthly statistical report to track classifications by race and housing location. Analyses of these reports by the Monitor suggested that the OJC housing assignments were not by race. The housing distribution across the OJC housing units were generally consistent with the overall distributions of inmates by race within the OPSO inmate population. However, the

⁴ The "hands-on" training was simply "on-the-job" training shadowed by the shift supervisor.

percentage of white inmates assigned to TDC exceeded their proportions within the overall inmate population. In June 2019, 87.0 percent of the OPSO inmates was Black; however, only 77.2 percent of the inmates housed in TDC were Black. (See Figure 1.) There was about a 10 percent discrepancy between the percentage of Blacks housed in TDC versus the overall percentage of OPSO inmates for each of the months -- December 2018 through June 2019. During this compliance period, TDC housed the kitchen/maintenance and off-site workers. These data raise questions about the worker selection/assignment process.

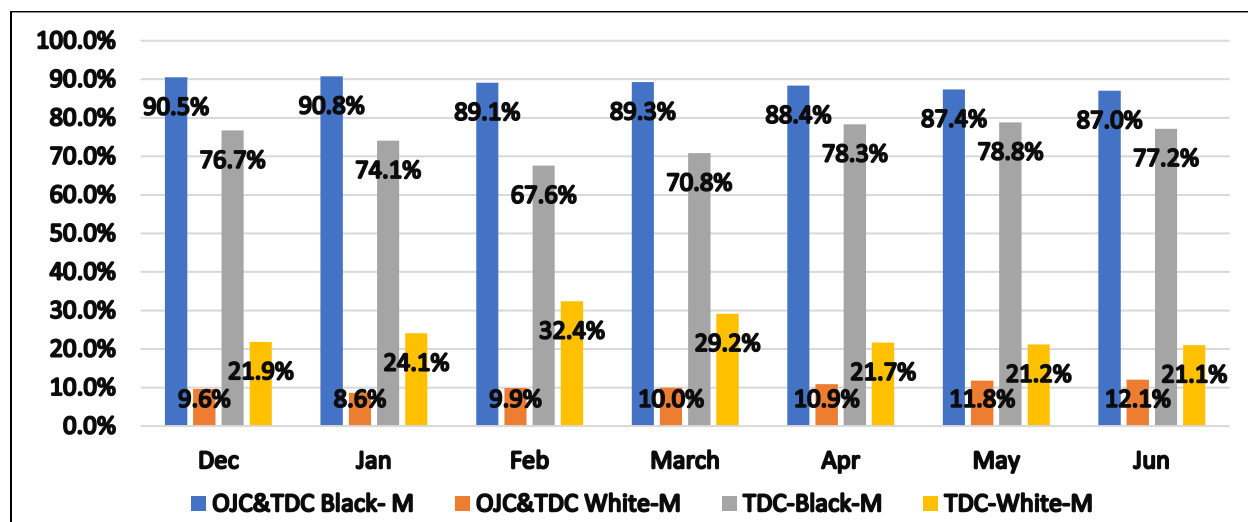


Figure 1: Distribution of Inmates by Race by OPSO Facility

IV.A.10.c Ensure that the classification staff has sufficient access to current information regarding cell availability in each division.

Finding: Substantial Compliance

Observations:

OPSO automated housing assignment process (HUAP) considers the inmate's custody level, gender, special population status, PREA designations, enemies, and associates as well as bed availability to recommend an appropriate bed for the inmate. Housing tags, for example, identify inmates on suicide observation versus suicide watch, alcohol/drug detoxification protocol, gang affiliation, school participation, and special diets. The HUAP provides the classification specialists a list of potential beds for each inmate.

The JMS daily population report lists the units, cells, and beds offline for maintenance or staffing as recorded in the AS400. These were not a full or accurate listing of the cells

closed for maintenance and the like. Tacked on the walls of classification specialists' work areas were post-it notes and lists of cells with maintenance problems. The lists/notes did not indicate when the various cells went offline. Further, the posted offline cells did not match those listed on the JMS daily population report. The classification specialists must manually compare the posted lists of cells/beds offline with the bed assignments generated by the HUAP. This manual process creates inefficiencies among the automated HUAP, housing assignment/transfer, and the facility maintenance processes. The reason(s) for the disparity between the manual lists/notes and the JMS records of cells/beds offline was unclear. The classification unit manager has the option to update the status of beds within the JMS as well as to input requests within the facility maintenance log.

Classification specialists also maintain a list of daily bed assignments to avoid duplications due to delays between the housing assignments and physical transfer of the inmate to the designated housing unit. Thus, as required by the Consent Judgment, the classification specialists appear to have access to current information regarding bed availability throughout the OJC. However, the current process entails maintaining multiple manual lists creating the risk of housing errors and backlogs for moving inmates from the booking area to the appropriate housing pod. Further, the manual lists and notes are inefficient and impede the housing assignment process. To maintain substantial compliance for this paragraph, OPSO will need to progress from its' current manual process to a fully automated process within the JMS.

IV. A. 10. d. Continue to update the classification system to include information on each prisoner's history at OPSO.

Finding: Partial Compliance

Observations:

As shown in Figure 2, the monthly custodial reports provided by OPSO indicated a significant increase in the lag-time between booking and the initial classification. However, the percentage of inmates for whom initial custody and housing assessments were completed remained stable. In particular:

- Percent Initial Custody Assessments: During this compliance period, initial custody assessments were completed for 81.9 percent of the inmates booked

into OJC.⁵ Between December 2018 and June 2019, the rate dropped slightly from 83.0 to 80.0 percent.

- Percent Within 8 Hours: As of June 2019, initial custody assessments were completed within the first eight hours of booking for only 51.6 percent of the OPSO inmates. Between December 2018 and June 2019, the percentage initial classifications completed within the first eight hours of booking rate dropped. The most precipitous decrease was between April and June 2019, i.e., from 88.8 to 51.6 percent.
- Percent Greater Than 24 Hours: As of June 2019, the lag time between booking and the initial custody assessment was more than 24 hours for only 1.4 percent of the inmates. This was an uptick from .5 percent in December of 2018. This shift should be closely monitored over the next six months.

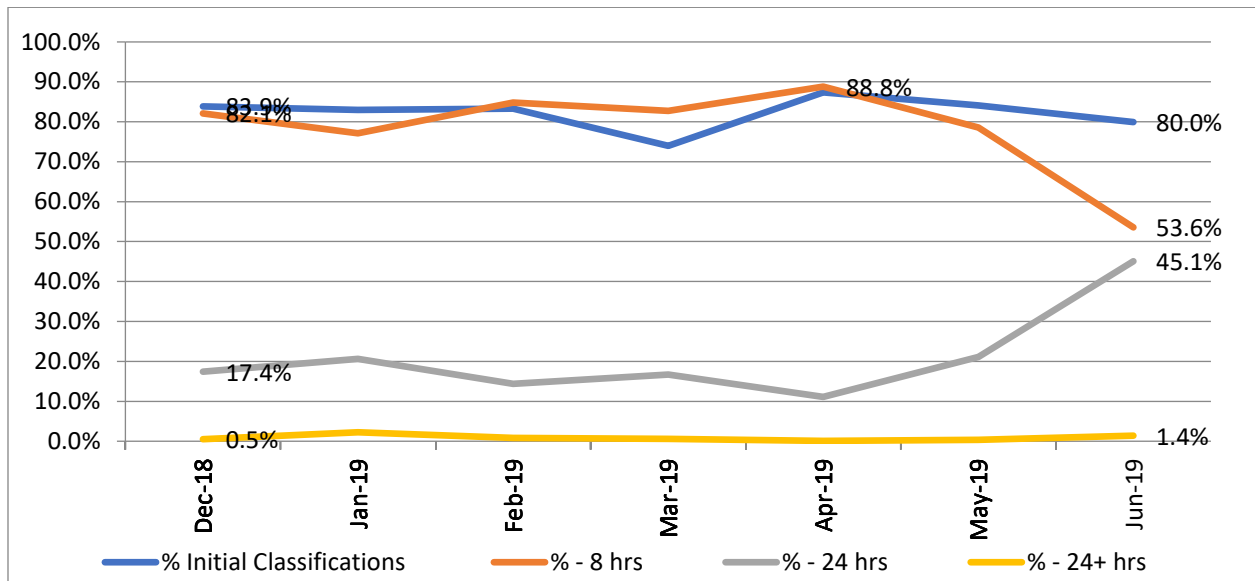


Figure 2: Rates and Completion Time for the Initial Custody Assessments – Dec 2018 – June 2019

These data suggested that the percentage of inmates for whom an initial classification was completed has remained stable. Yet, the lag time between booking and classification/housing increased sharply during the latter half of this compliance period. The slowdown in the initial classification and housing process appears, at least in part, to be linked back to the intake housing process/unit implemented by OPSO in October 2018.

⁵ Custody and PREA assessments were completed for all inmates prior to their transfers from the booking area to OPSO housing units.

All male inmates are housed on 1-F for the first 72 hours on incarceration; staff reported that bed assignments for some inmates are delayed for lack of appropriate beds on the unit. Housing challenges centered on maintaining adequate separations by custody level and PREA designations as well as the availability of lower bunks for inmates with medical, mental, or detoxication requirements. In addition to slowing the initial classification/housing process, the Intake Unit creates concerns about the additional risks from the assignment of Low, Medium, and High custody inmates with different PREA designations to the same housing unit. The only out-of-pod separations maintained by the security staff were for medical and mental health needs, not custody or PREA requirements.

During the previous compliance period, as needed the inmates' initial custody level were overridden for housing purposes. However, this practice was modified as housing is NOT a legitimate reason for a discretionary override. Yet, concerns remain that the classification specialists use discretionary overrides of the scored custody levels when assigning inmates to a bed to expand the housing options.⁶ The posted memo was confusing as to whether discretionary overrides were forbidden or merely required supervisor approval.

The JMS override data indicated that 57.1 percent of the overrides during 2019 were for housing purposes. Many of these overrides were initiated to transfer low custody inmates from the "Booking" area to the Intake Unit, 1-F. The monthly classification indicated that the rate of discretionary overrides at initial classification for the men peaked in January 2019 at 19.2 percent. By May, the discretionary override rate had dropped to 2.9 percent. The classification specialists were careful to "match" inmates by age, current offense, and final custody level for the housing assignments, particularly for the "low" custody inmates.

The Classification Monitor List (List) is an ad hoc report that identifies inmates for whom a custody review is due. Custody re-assessment reasons include a regular 60/90-day re-assessment or because of some change or event within their jail records, i.e., change in

⁶A memo dated May 7, 2019, instructed staff that "bumps" from low to medium custody for initial housing required approval from the team leader or classification manager. However, at reclassification, previous overrides from low to medium custody were to be continued.

their charge(s), bail amount, disciplinary record, detainer lodged/lifted, or sentence. The number of inmates on the list fluctuates as inmates return from court, move through the booking process, and the like. At least one classification specialist per shift is assigned the task of completing the custody reviews. The average number of pending custody assessments between January 1, 2019, and June 30, 2019, was 29.4. The lists were evenly split between those awaiting an initial classification (13.47) versus those awaiting a custody re-assessment (15.95). As the average number of pending custody assessments during the previous compliance period was 18.04⁷, there appeared to be a slowdown of both the initial and reclassification processes during this compliance period.

Following Compliance Report #8, OSPo took immediate steps to work with CCS (now Wellpath) to rebuild the linkages between the medical/mental health records and JMS. These data are essential for seven of the PREA victimization and predation risk factors. Also, medical and mental health information is critical for the inmates' housing assignments. The linkage between the electronic medical records (ERMA) and the JMS for the intake data is complete, but the programming to update the records throughout the inmate's incarceration is still problematic.

Observation of the custody assessment process suggested that the classification specialists were not inputting prior criminal history data into the JMS for inmates with non-Orleans Parish felony convictions. Staff generated and reviewed the rap sheets for the initial custody assessments. However, they did not automatically generate the required attachments to ensure the JMS scored the individuals' criminal histories for the custody and PREA assessments. When asked about the attachment process, the team lead guided the classification specialists through the process as they were not familiar with the task. Further, observation of the reclassification process revealed that the criminal rap sheets were not reviewed for the custody re-assessments.

These observations prompted concern as to whether staff routinely used the attachment option within the JMS to input non-Orleans Parish convictions and warrants. As staff may be nervous or confused by the observation process, data were retrieved from the

⁷For the compliance period of July 2018 and December 2018, the average number of pending initial classifications was 11.08; 6.96 inmates were awaiting a custody review.

JMS to track the use of the attachment option by date, reason, and staff identification. As shown in Figure 3, the number of attachments input by the classification staff has dwindled from a high of 1,140 in June 2018 to only 3 in June 2019.⁸ Further, as shown in Figure 4, in January 2018, 93.9 percent of the attachments updated the inmate’s criminal history. Only 14.3 percent of the August 2019 attachments pertained to the inmates’ criminal histories.⁹ In June and July of 2019, zero (0) criminal history attachments were inputted. These data indicated that staff did not link the tasks of reviewing the rap sheets, inputting Non-OPSO convictions, and generating the custody and PREA assessments.

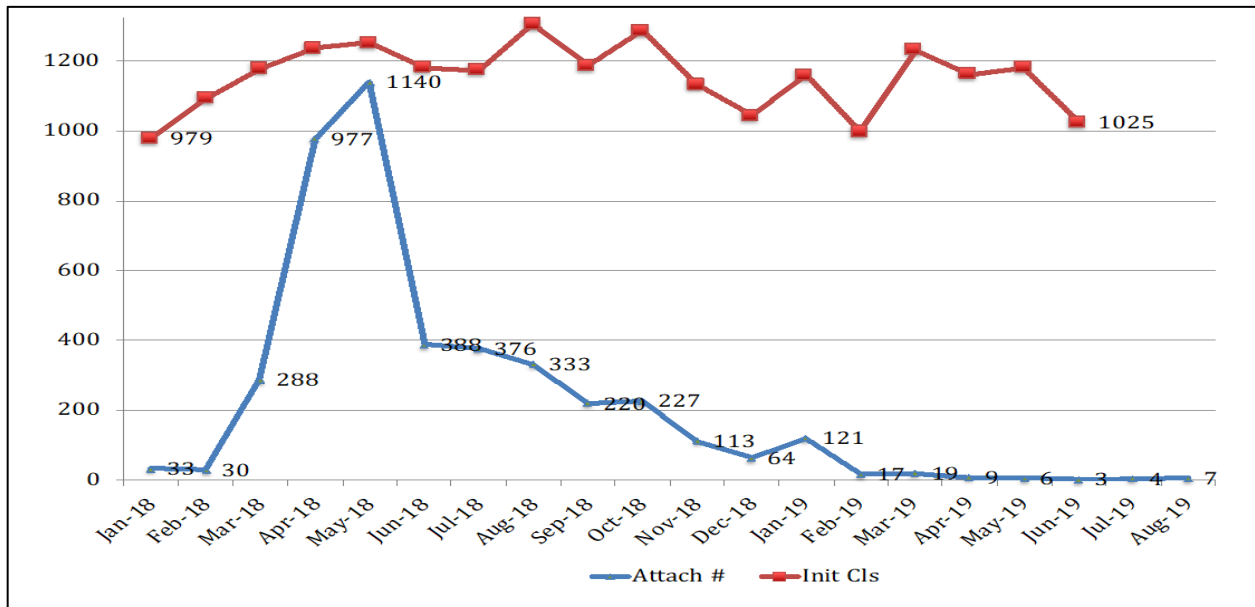


Figure 3: Number of Attachments Input by Classification Staff -- January 2018 - August 2019

⁸ The decline in OPSO's average daily OPSO population (from 1,451 in January 2018 to 1167 as of June 2019) does not account for this precipitate drop in the use of the attachment option by the classification staff. A 20% drop in the ADP would suggest a 20% decrease in the number of attachments input. Further, the number of initial custody assessments completed has remained constant during this period – 979 in January and 1025 in June. Thus, the dramatic drop in the number of attachments input per month is not explained by the OPSO ADP or the number of initial classifications completed.

⁹ "Other" attachments record, for example, the assignment of inmate workers.

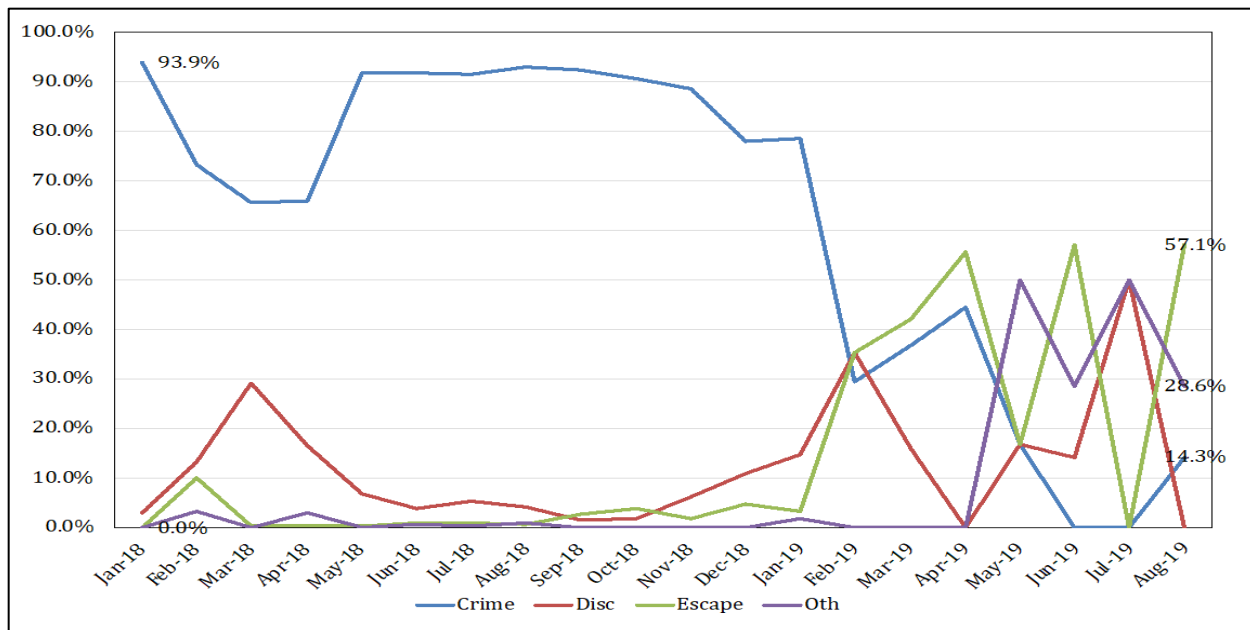


Figure 4: Attachment Reason by Month -- January 2018 – August 2019

The failure to generate criminal history attachments within the JMS for the custody and PREA assessments raised questions as to the integrity of the classification training, audits, and supervision as well as the accuracy of the custody assessments. The absence of relevant attachments, for example, should have been detected by classification supervisors during the random audits of the custody assessments or by the team leaders when completing the custody re-assessments.

IV.A.10.e. Continue competency-based training and access to all supervisors on the full capabilities of the OPSO classification and prisoner tracking system.

Finding: Partial Compliance

Observations:

During this compliance period, four new classification specialists were hired. Staff reported training on the custody and PREA assessment instruments and the OPSO housing matrix. However, documentation of this training was not available. The classification manager reported providing ad hoc remedial instruction as needed. Given the attachment data detailed in Figures 3 and 4 and the fact that staff may be nervous or confused by the observation process, a second onsite visit was conducted to observe the training for new

classification specialists. The staff had easy access to the classification handbook.¹⁰ However, the quality of instruction provided by the shift supervisors/classification manager was questionable. As previously noted, the classification specialists were not routinely inputting attachments and struggled when prompted to generate an attachment.¹¹ Further, not all staff was familiar with OPSO offense and disciplinary severity indexes. While the System is highly automated within the JMS, the automation should not be expected to replace the staff's understanding of the underlying scoring of the risk factors.

IV.A.10.f. Conduct internal and external review and validation of the classification and prisoner tracking system on at least an annual basis.

Finding: Partial Compliance

Observations:

OPSO population reports as to the number of inmates by location were received daily by the Monitor. Custodial statistical reports for December 2018 through June 2019 as to the number of custody assessments by type, gender, and population were also available. These reports track the timeliness of the initial custodial assessments; the custody distributions; housing monitor lists (i.e., the log of cases due for a custody assessment); the prevalence of special populations; as well as the rates and types of disciplinary infractions. OPSO has both housing and internal audit protocols; both processes were reviewed for this compliance report.

Housing Audits - Checking the Veracity of the Inmate Housing Assignments

A total of 212 housing audit score sheets were generated for December 2018 – June 2019. Each audit sheet (and roster, when provided) was reviewed. Commendations to OPSO security supervisors for their work. These data suggested that OPSO has addressed previous problems of security supervisors moving inmates without going through the Classification Unit for housing unit transfers. However, the audit sheets raised several

¹⁰ The handbook distributed to staff was outdated as Appendix C. OPSO Disciplinary Codes – Severity Scale for Classification had not been updated to reflect OPSO disciplinary code as of October 2016.

¹¹ Inputting criminal history attachments is a fundamental task for the custody assessments.

concerns. As required by OPSO's housing audit protocol, not all pods were audited monthly and pods with cell or pod separation errors were not re-audited. Most of the audit sheets were incomplete; missing were information as to the integrity of the cell and bed assignments, pod level separations, and auditor. For most of the audits, recorded were the pod, date, and start time. The staff did not document that each inmate was in his/her assigned bunk.¹² Their comments indicated the inmates were standing by/in their assigned cells or sleeping on the floor. A second red flag was the time staff spent auditing the respective pods. The start times for many of the audits were 5 to 10 minutes apart. Thus, the auditor identified each inmate's assigned location, checked the security and operational items, and walked to the next OJC pod within 5 to 10 minutes? During the audit observed for this compliance visit, 23 of the 57 inmates were not in their assigned beds. The audit time was from 10:05 to 11:03 AM. Many of the audit sheets appeared to have been completed by security staff. This is fine. However, in violation of the audit protocol, it appeared that the Unit's supervisor conducted the audits.

Therefore, it was inconclusive whether the units maintain the housing assignments as generated by the classification unit. OPSO did not provide a summary or analysis of the audits. The supervisors expressed surprise as to the incomplete and inconclusive housing audits suggesting that the audit sheets were not routinely reviewed.

Internal Audits - Checking the Accuracy of the Custody and PREA Assessments

As part of the ongoing classification and housing processes, the classification shift supervisor reviews the JMS reports to identify placement errors and ISI separation conflicts. Supervisors/team leaders indicated that errors were corrected immediately. Thus, the housing separation errors detected by the JMS were resolved quickly to prevent conflicts and to enhance staff and inmate safety. Reliance on automated housing violation reports to detect housing and custody assessment errors is insufficient to ensure

¹² The audit instructions define cell assignment errors as "An instance in which an Inmate or Inmates are found to be residing in a cell to which He or She is not assigned to by the Classification Division." (See slide 5 of training PowerPoint entitled. "The Classifications Housing Unit Audit System.") Thus, it appeared that the Classification Unit did not instruct the security staff to verify bed assignments. The classification unit auditor was aware of the requirement to verify the bed assignments, but it was apparent that these were not checked for every audit. This auditor had not seen the audit training PowerPoint but instead was instructed by the previous auditor.

institutional safety and security.

Reviewed were the January – June 2019 internal audit logs. Audited were a total of 79 custody assessments; this represented about .60% of the 13,103 custody assessments completed during this six-month period. This low rate of audits is troubling. No “errors discovered” was reported for each of the custody assessments audited. However, for the internal audits observed, errors were detected, i.e., the staff member did not input the required criminal history attachment. A random sample of the audited custody assessments was re-audited; errors, in particular missing criminal history attachments were noted for multiple assessments. The integrity of the audits, or at least the audit protocol, is insufficient. Further, when observing the reclassification process, the staff member identified housing errors that required adjustment of the housing matrix. These observations suggested that the internal audit process was insufficient to identify assessment errors and that the audit logs were not complete.

Revalidation of the Classification System – Assessing the Validity of the System

OPSO contracted with Dr. Edward Latessa and Dr. Brian Lovins (University of Cincinnati) for revalidation of the classification system as required by the Consent Judgment. Lovins and Latessa submitted their final report to the OPSO on April 30, 2018.¹³ This validation study serves as documentation of compliance with the Consent Judgment requirement for “external review and validation of the classification and prisoner tracking system on at least an annual basis.” Although statistical validation of an objective classification system is generally recommended every three to five years,¹⁴ continuous monitoring and process evaluation are essential for ensuring the integrity of the System for the OPSO current inmate population. OPSO should review and address Lovins and Latessa’s recommendations and plan to revalidate the System by 2021 as recommended.

IV.A.10.g. Provide the Monitor a periodic report on classification at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date and every six months, thereafter, until termination of this Agreement. Each report will include the following information:

- (1) number of prisoner-on-prisoner assaults;
- (2) number of assaults against prisoners with mental illness;

¹³ Lovins, Brian K. and Edward Latessa (April 30, 2018). “Revalidation of the Orleans Parish Classification System.” Cincinnati, Ohio: University of Cincinnati Corrections Institute.

¹⁴ Austin, James and Hardyman, Patricia L. (2004) “Objective Prison Classification: A Guide for Correctional Agencies.” Washington, D.C.: National Institute of Corrections. pp. iv.

- (3) number of prisoners who report having gang affiliations;
- (4) most serious offense leading to incarceration;
- (5) number of prisoners classified in each security level;
- (6) number of prisoners placed in protective custody; and
- (7) number of misconduct complaints.

Finding: Substantial compliance

Observations:

Reviewed were the monthly custodial, discipline, and inmate statistical reports for December 2018 – June 2019. OPSO has developed reports to track the statistics as required under section IV.A.10.g. The only exception is the rates of victimization of inmates on the mental health caseload. As noted earlier, these data are dependent upon timely caseload information from the mental health provider. As noted in reports, OPSO and the medical/mental health provider worked together to line the JMS and electronic medical data to generate timely and accurate counts of victimization. However, these efforts appear to have stalled. As victimization of inmates on the mental health caseload is specifically required by the Consent Judgment, OPSO and the mental health provider will need to complete this process to maintain substantial compliance with this item.

Updated data as to the inmates with gang affiliations were inputted to the JMS throughout the compliance period. OPSO, New Orleans Police Department, and the Orleans District Attorney have created an ongoing process for notifying the OPSO of offenders identified as members of a “gang.” Thus, these data are available to track the prevalence of inmates per “gang” among OPSO populations as well as by their location (i.e., tier, side, and bed).

Figure 5 provides the OPSO monthly disciplinary data as recorded in the JMS. The number of disciplinary reports has fluctuated over the last 13 months – June 2018 - June 2019. These fluctuations appear to mirror the fluctuations in the OPSO average daily population (ADP). Overall, the trend-line for the number of formal disciplinary reports written per month indicates a decline in the number of disciplinary reports between June 2018 – March 2019. In April, however, the number of disciplinary reports jumped from 128 to 293. The number of reports continued to rise in May and June (May, 318; and June, 322). The rate of infractions with a finding of guilt held steady at about 82 percent through March 2019, but then dropped to ~65 percent for the remainder of the period.

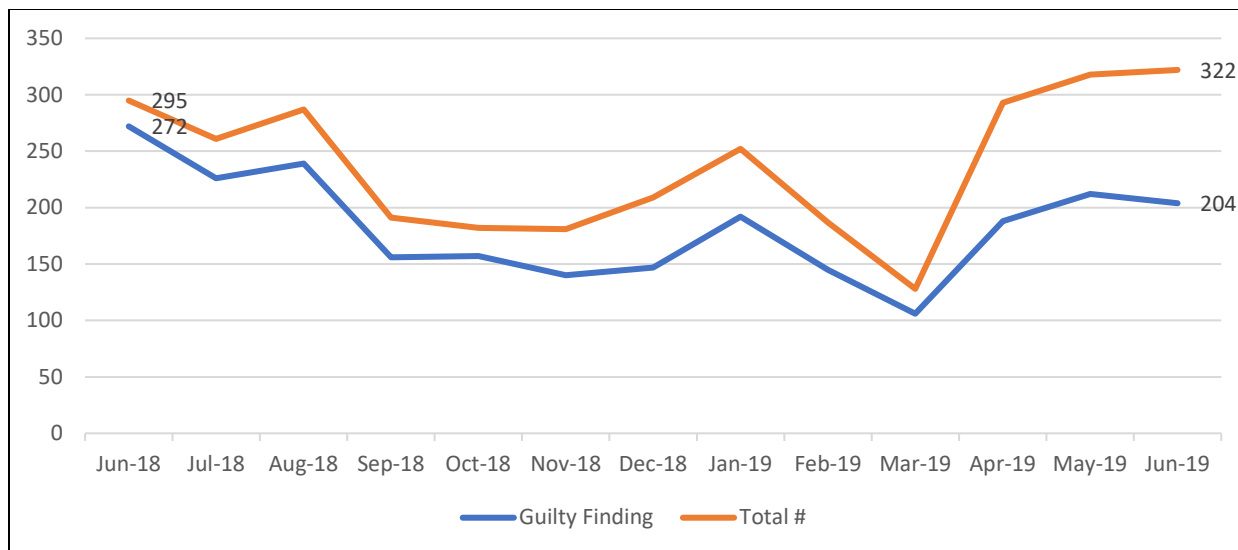


Figure 5: Numbers of Total and Guilty Disciplinary Infractions: June 2018 – June 2019

Figure 6 illustrates the rate of disciplinary infractions among the OSPO inmate population for June 2018 – June 2019.¹⁵ The rates of predatory (e.g., assaults or battery) and aggressive behaviors (e.g., fights or threats) based on the OSPO ADP were steady over the 13 months. In June 2018, for example, 2.0 percent of the inmates were found guilty of a predatory infraction; 2.6 percent were found guilty of an aggressive infraction. In June 2019, 3.7 percent were found guilty of a predatory infraction and 2.8 percent of an aggressive infraction. The percentage of the inmates written up for a disciplinary infraction per month increased from 22.8 to 27.6 percent. On the other hand, the rate of guilty findings dropped from 21.1 to 17.5 percent.

For this compliance period (December 2018 – June 2019), there was a slight increase in the percentage of inmates with a predatory infraction, i.e., from 2.2 to 2.7 percent. The rate of aggressive infractions also edged up slightly – December, 2.5 percent to 2.8 percent in June 2019. Thus, despite the decrease in the ADP at OJC, the rates of predatory and aggressive infractions increased slightly.

¹⁵ Thirteen (13) months of disciplinary data are provided to account for short-term variations and seasonal trends.

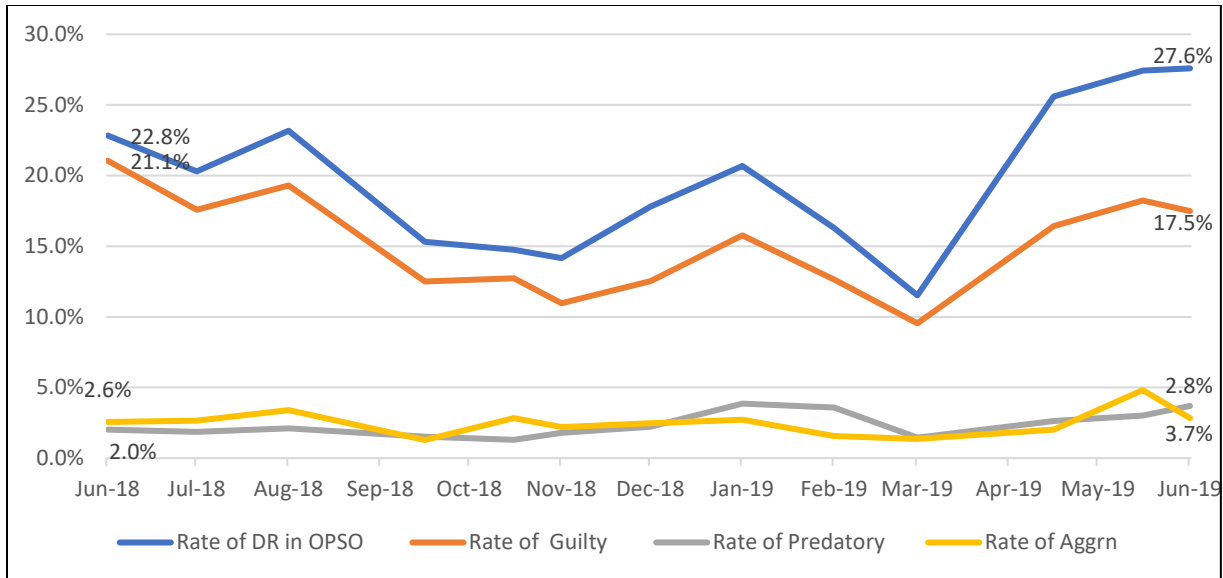


Figure 6: Rate of Disciplinary Infractions Among OPSO Average Daily Population – June 2018 – June 2019.

Figure 7 provides a breakdown of the most severe type of infraction of which the inmate was found guilty between June 2018 and June 2019. During the first six months of 2019, the numbers of predatory (assaults or battery) increased while the numbers of disruptive and management problems decreased. Specifically, the average number of predatory infractions for June – December 2018 was 22.9/month. For January – June 2019, the average number of predatory infractions per month was 35.3. The number of management problem infractions recorded dropped from an average of 94.6 during the latter half of 2018 to 86.2/month during the first half of 2019. Further during the first half of 2019, the number of disruptive infractions dropped to average of 22.2/month. The number of aggressive infractions was stable at ~ 30/month during the last 13 months.

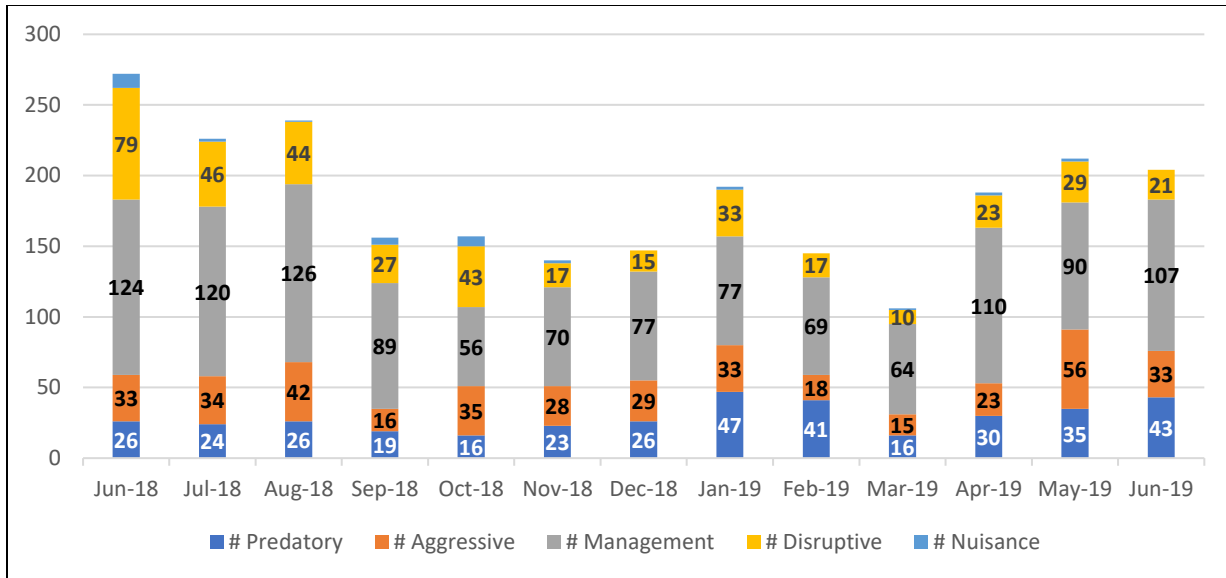


Figure 7: Types of Disciplinary Infractions of which OPSO Inmates were Found Guilty – June 2018 – June 2019

IV.A.10.h. OPSO shall review the periodic data report and make recommendations regarding proper placement consistent with this Agreement or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.

Finding: Substantial Compliance

Observations:

The Monitor receives the daily "Active Inmates by Location" report. During this compliance period, there was little dialogue between the Monitor and the Classification Unit. The Monitor no longer receives the monthly statistical reports, and as previously indicated, this creates challenges for monitoring the System. These reports were, however, available onsite. There appeared to be little independent analyses of the data as the memos submitted along with the compliance documents were cursory. However, Chief LeCounte has re-opened communications and information sharing.

IV. A. 11. Prisoner Grievance Process

A. 11.a. OPSO shall ensure that prisoners have a mechanism to express their grievances, resolve disputes, and ensure that concerns regarding their constitutional rights are addressed. OPSO shall, at a minimum, do the following:

- (1) Continue to maintain policies and procedures to ensure that prisoners have access to an adequate grievance process and to ensure that grievances may be reported and filed confidentially, without requiring the intervention of a correctional officer. The policies and procedures should be applicable and standardized across all the Facility divisions.
- (2) Ensure that each grievance receives appropriate follow-up, including providing a timely written response and tracking implementation of resolutions.
- (3) Ensure that grievance forms are available on all units and are available in Spanish and Vietnamese and that there is adequate opportunity for illiterate prisoners and prisoners who have physical or cognitive disabilities or language barriers to access the grievance system.
- (4) Separate the process of “requests to staff” from the grievance process and prioritize grievances that raise issues regarding prisoner safety or health.
- (5) Ensure that prisoner grievances are screened for allegations of staff misconduct and, if an incident or allegation warrants per this Agreement, that it is referred for investigation.
- (6) A member of the management staff shall review the grievance tracking system quarterly to identify areas of concerns. These reviews and any recommendations will be documented and provided to the Monitor.

Findings:

- A. 11. a. (1) Substantial Compliance
- A. 11. a. (2) Partial Compliance
- A. 11. a. (3) Substantial Compliance
- A. 11. a. (4) Substantial Compliance
- A. 11. a. (5) Substantial Compliance
- A. 11. a. (6) Partial Compliance

In the previous ten reports, one rating was given for the entire section for the Prisoner Grievance Process. In order to highlight which provisions are in substantial compliance versus those which fall short, the decision was made to rate each provision separately.

As reported by the OPSO Grievance staff, for the first six months of 2019, a total of 1166 grievances were received; the average was 194 forms per month. For CY2018, a total of 5005 grievances were received for an average of 417 grievances per month. This is an approximately 53% decrease in the monthly average from CY2018 to the current rating period (January through June 2019). This trend continues that noted in the previous report of a substantial decline in grievances from CY2017 to CY2018.

Inmates have access to the grievance process via electronic kiosks located in the housing units throughout OJC and TDC. In the eight units in which the kiosks are inoperable, and beyond repair, (1A, 1C, 1D, 3C, 3D, 3E, 3F, and 4C), staff are required to

visit the units twice daily to retrieve written grievance forms. While inspecting every housing unit, the Monitor observed a locked and labeled “grievance box” next to the medical form boxes in each housing unit with inoperable kiosks. While this manual work-around has the potential to compromise the confidentiality of the process (as opposed to the electronic process), it has been the Monitor’s experience and observations in other facilities that such a manual system meets the letter of the Consent Judgment requirement for this paragraph. OPSO continues to negotiate a new contract to provide upgraded kiosks in all housing units. As the use of paper grievances and medical request is far less efficient than the electronic system and poses issues related to confidentiality, OPSO is encouraged to complete the negotiations and have the new kiosks installed and operational as soon as possible.

During the inspection, the Monitor reviewed weekly and monthly audit documentation (statistics and actual grievance documentation) compiled by the Grievance staff as well as the second quarterly management review of the system. The Monitor also interviewed inmates, Grievance staff, and the senior staff member responsible for addressing inmate grievance appeals and ensuring staff respond to grievances in a timely and substantive manner.

The Monitor specifically reviewed the trend reports provided by the Grievance staff for CY2018 and the current rating period. The information indicated that the Grievance staff audit approximately 10 to 12 percent of the grievances received in a given month. The number of grievances not replied to within the allotted time frame increased from approximately 11% of the grievances audited in CY2018 to approximately 29% for January through June 2019. However, for grievances not receiving a substantive response or closed with no response, the percentage not replied to within the allotted time frame decreased from 24% in CY2018 to approximately 5% for January through June 2019. Several inmates interviewed confirmed that timely and substantive responses continue to be an issue.

It should be noted that, given the overall volume of grievances and requests received, the Grievance staff does an excellent job tracking grievances and requests and reporting as to the timeliness of responses and quality of the responses to address the inmates’ issues.

The Monitor observed Grievance forms freely available on all units with non-

functioning kiosks and confirmed the manual process through interviews with inmates and interviews with staff. The Grievance staff maintains a by-name/housing listing of all OPSO inmates identified as needing Grievance staff assistance to access the grievance system due to either a language barrier or illiteracy. The Monitor reviewed the first and second quarter reports and noted up-to-date housing changes for disadvantaged inmates; thus, the list appears to be actively managed.

Grievance staff provided detailed documentation provided of their separate handling of the January-June 2019 inmate requests, grievances, and complaints related to inmate safety or health. Grievance staff were also interviewed as to their daily procedure.

Review of the documentation demonstrated that all inmate submissions are reviewed by Grievance staff, categorized into requests and grievances, and forwarded to the appropriate staff for response. Both requests and grievances are further sorted by type. Specific grievances related to inmate safety, medical issues, PREA, etc., are documented to reflect the date received, inmate information, type of grievance, time of notification made to the appropriate staff member, and the staff member making the notification. Grievance staff processed a total of 88 grievances related to inmate safety, medical issues, PREA, etc. during the rating period.

The Monitor reviewed detailed documentation provided by Grievance staff for the rating period regarding the screening of grievances for staff misconduct. Grievance staff were interviewed as to the daily procedure and notification process. The documentation demonstrated that all inmate submissions are reviewed by Grievance staff and those regarding staff misconduct are separately documented for appropriate referral to the administrative level for appropriate follow-up. Grievance staff processed a total of 134 such staff misconduct related grievances during the rating period.

Grievance staff also separately document grievances that require specific referral to IAD, ISB, PREA and FIT staff for review and investigation. Detailed information along with the date assigned and disposition is maintained as well as email transmission receipts. Grievance staff referred a total of 110 grievances for investigation during the rating period.

The Monitor reviewed the first and second quarterly of grievance reports. Specific discussion by management staff regarding the grievance documentation and reports was noted. However, there were no specific changes to the grievance process recommended

despite the obvious need to address the timeliness and thoroughness of responses. Perhaps the grading of each provision separately will further highlight what issues need to be addressed to bring this section into substantial compliance.

Recommendations:

- Grievance staff should produce detailed reports (by name) of all staff receiving and responding to grievances in a given month. These reports should flag staff members who either fail to respond in the allotted time or fail to provide a substantive response to the inmate. In addition to these reports, Grievance staff should notify staff members along with their supervisors when deficiencies are found. It is recommended that senior management staff utilize these reports to verify that the deficiencies are resolved through documented training, corrective action, etc., as the situation warrants.
- While the grievance process, to include appeals, is documented in the inmate handbook, it is recommended that final responses to inmates include a brief notation as to the right to appeal as well as the procedure and time requirements.
- It is recommended that the management team review the weekly and monthly audit findings (IV.A.11(2)) provided by grievance staff to determine any specific measures that can be taken to reduce the number of late/no response or non-substantive responses from individual staff members.

IV. A. 12. Sexual Abuse

A.12. OPSO will develop and implement policies, protocols, trainings, and audits, consistent with the requirements of the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, including but not limited to, preventing, detecting, reporting, investigating, and collecting sexual abuse data, including prisoner-on-prisoner and staff-on-prisoner sexual abuse, sexual harassment, and sexual touching.

Finding:

A. 12. Substantial Compliance

Observations:

OPSO reports that it successfully completed its PREA audit. Continuing to implement the requirements of PREA will be necessary to maintain substantial compliance.

IV. A. 13. Access to Information

A.13. OPSO will ensure that all newly admitted prisoners receive information, through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding Facility disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse or assault; accessing medical and mental health care; emergency procedures; and sending and receiving mail; understanding the visitation process; and accessing the grievance process.

Finding:

A. 13. Substantial Compliance

Observations:

Materials were provided indicating the requirements of this paragraph have been met.

IV. B. Mental Health Care and C. Medical Care

Introduction

As with past reports, the Monitors rate the compliance levels based on the documents requested and reviewed, observations and discussions during on-site visits, review of medical records, and any additional information provided by the parties.

The Monitors are pleased to report step-by-step improvement in performance in many areas of the Consent Judgment. The addition of the Tulane Department of Psychiatry staff and leadership is an invaluable asset in providing required and consistent psychiatric services for prisoners at OJC. There is positive progress with Tulane’s interface with Wellpath, though Wellpath might integrate with Tulane, with mortality and morbidity reviews, as an example.

Wellpath continues to have difficulty with counting, for example, calculating the mental health caseload and counting the number of patients with acute and chronic disease who receive counseling and discharge medications. Practitioner productivity, especially for somatic practitioners, is remarkably low, a situation that exacerbates backlogs to access to care and subsequent lags to and lapses in medication. Visit refusal rates are high for unidentified or poorly identified reasons.

Several paragraphs remain where necessary improvements are required by the Consent Judgment to provide the full range and quality of medical care and mental health/counseling services for inmates incarcerated in OJC and Hunt. These concerns are

deeply impacted by the lack of progress in developing the required services and programs recommended in 2014, including permanent acute care and step-down programming and services for mental health and acute medical services.

General recommendations are to: Continue leadership, initiatives, and direction by OPSO and Wellpath; Increase correctional security staffing to provide adequate and ongoing dedicated support for mental health and medical services consistently; Continue to develop full services and continuity of services for male and female prisoners including all levels of care, staffing and space; and Continue to evaluate and pursue full services for mentally ill prisoners, including medication management, and acute, residential, and outpatient care;

Specific findings and recommendations regarding medical and mental health services are provided below. For those paragraphs that have previously demonstrated Substantial Compliance the monitors recommend, encourage and support the diligent and consistent efforts by OPSO and the medical and mental health providers to continue to demonstrate Substantial Compliance.

B. Mental Health Care

B. OPSO shall ensure constitutionally adequate intake, assessment, treatment, and monitoring of prisoners' mental health needs, including but not limited to, protecting the safety of and giving priority access to prisoners at risk for self-injurious behavior or suicide. OPSO shall assess, on an annual or more frequent basis, whether the mental health services at OPP comply with the Constitution. In order to provide mental health services to prisoners, OPSO, at a minimum, shall:

Findings:

- B. 1. a. Substantial Compliance
- B. 1. b. Substantial Compliance
- B. 1. c. Substantial Compliance
- B. 1. d. Substantial Compliance
- B. 1. e. Substantial Compliance
- B. 1. f. Partial Compliance
- B. 1. g. Partial Compliance
- B. 1. h. Substantial Compliance
- B. 1. i. Partial Compliance
- B. 1. j. Partial Compliance
- B. 1. k. Partial Compliance
- B. 1. l. Substantial Compliance

B.1.a. Develop and maintain comprehensive policies and procedures for appropriate screening and assessment of prisoners with mental illness. These policies should include definitions of emergent, urgent,

and routine mental health needs, as well as timeframes for the provision of services for each category of mental health needs.

Finding: Substantial Compliance

Recommendation: Wellpath has different timeframes for timeliness of responses; suggest review and revise for consistency.

B.1.b. Develop and implement an appropriate screening instrument that identifies mental health needs, and ensures timely access to a mental health professional when presenting symptoms require such care. The screening instrument should include the factors described in Appendix B. The screening instrument will be validated by a qualified professional approved by the Monitor within 180 days of the Effective Date and every 12 months thereafter, if necessary.

Finding: Substantial Compliance

B.1.c. Ensure that all prisoners are screened by Qualified Medical Staff upon arrival to OPP, but no later than within eight hours, to identify a prisoner's risk for suicide or self-injurious behavior. No prisoner shall be held in isolation prior to an evaluation by medical staff.

Finding: Substantial Compliance

B.1.d. Implement a triage policy that utilizes the screening and assessment procedures to ensure that prisoners with emergent and urgent mental health needs are prioritized for services.

Finding: Substantial Compliance

B.1.e. Develop and implement protocols, commensurate with the level of risk of suicide or self-harm, to ensure that prisoners are protected from identified risks for suicide or self-injurious behavior. The protocols shall also require that a Qualified Mental Health Professional perform a mental health assessment, based on the prisoner's risk.

Finding: Substantial Compliance

Recommendation: Continue to provide documentation and analysis of completion and consistent use of the Columbia Suicide Risk Assessment.

B.1.f. For prisoners with emergent or urgent mental health needs, search the prisoner and monitor with constant supervision until the prisoner is transferred to a Qualified Mental Health Professional for assessment.

Finding: Partial Compliance

Recommendation: Provide documentation of searches and constant supervision by security until mental health staff arrives and conducts assessment.

B.1.g. Ensure that a Qualified Mental Health Professional conducts appropriate mental health assessments within the following periods from the initial screen or other identification of need:

- (1) 14 days, or sooner, if medically necessary, for prisoners with routine mental health needs;

- (2) 48 hours, or sooner, if medically necessary, for prisoners with urgent mental health needs; and
- (3) immediately, but no later than two hours, for prisoners with emergent mental health needs.

Finding: Partial Compliance

Recommendation: Provide documentation that inmates in population (after IPC) consistently receive appropriate and complete assessments within the required timeframes.

B.1.h. Ensure that a Qualified Mental Health Professional performs a mental health assessment no later than the next working day following any adverse triggering event (i.e., any suicide attempt, any suicide ideation, or any aggression to self, resulting in serious injury).

Finding: Substantial Compliance

B.1.i. Ensure that a Qualified Mental Health Professional, as part of the prisoner’s interdisciplinary treatment team, maintains a risk profile for each prisoner on the mental health case load based on the Assessment Factors identified in Appendix B, and develops and implements a treatment plan to minimize the risk of harm to each of these prisoners.

Finding: Partial Compliance

Recommendation: Provide documentation of timeliness of treatment plans for all inmates on the mental health caseload at all levels of care including risk profiles.

B.1.j. Ensure adequate and timely treatment for prisoners, whose assessments reveal mental illness and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate.

Finding: Partial Compliance

Recommendation: Provide documentation of scheduled and completed adequate and timely treatment for all caseload inmates including individual and group treatments, and referrals for specialty services for male and female inmates. This should include prisoners at Hunt, extended suicide watches at OJC when beds are available at Hunt, acute care services for female inmates, step down units, and outpatients in population.

B.1.k. Ensure crisis services are available to manage psychiatric emergencies. Such services include licensed in-patient psychiatric care, when clinically appropriate.

Finding: Partial Compliance

Recommendation: OPSO does not have access to any licensed inpatient services for female inmates and continues to have access to non-licensed acute care services for male inmates at Hunt. Provide documentation that all psychiatric emergencies are sent to an emergency department and any crisis is adequately resolved. Provide documentation that all inmates have access to licensed inpatient psychiatric care, when clinically appropriate.

B.1.i. On an annual basis, assess the process for screening prisoners for mental health needs to determine whether prisoners are being appropriately identified for care. Based on this assessment, OPSO shall recommend changes to the screening system. The assessment and recommendations will be documented and provided to the Monitor.

Finding: Substantial Compliance

Recommendation: The report of annual assessment and recommendations of the process for screening prisoners for mental health needs to determine whether prisoners are being appropriately identified for care has been provided.

Findings:

- B. 2. a. Partial Compliance
- B. 2. b. Partial Compliance
- B. 2. c. Partial Compliance
- B. 2. d. Non-Compliance
- B. 2. e. Substantial Compliance
- B. 2. f. Substantial Compliance
- B. 2. g. Substantial Compliance
- B. 2. h. Substantial Compliance

B.2.a. Review, revise, and supplement its existing policies in order to implement a policy for the delivery of mental health services that includes a continuum of services, provides for necessary and appropriate mental health staff, includes a treatment plan for prisoners with serious mental illness, and collects data and contains mechanisms sufficient to measure whether care is being provided in a manner consistent with the Constitution.

Finding: Partial Compliance

Recommendation: Wellpath and OPSO have completed the majority of necessary policies including the use of restraints policies. Suggested are the revision and completion of incomplete policies/procedures regarding continuum of services for female prisoners and counseling services for specific groups identified in this Consent Judgment.

B.2.b. Ensure that treatment plans adequately address prisoners' serious mental health needs and that the treatment plans contain interventions specifically tailored to the prisoner's diagnoses and problems.

Finding: Partial Compliance

Recommendation: Continue the very good progress on documentation in treatment plans at OJC. Provide documentation of additional training and quality management review of treatment plans at Hunt, including appropriate timeframes for treatment planning at Hunt consistent for acute care services and outpatients at OJC.

B.2.c. Provide group or individual therapy services by an appropriately licensed provider where necessary for prisoners with mental health needs.

Finding: Partial Compliance

Recommendation: Provide documentation of data and analysis of numbers and percentages of inmates at all levels of care in need of individual and/or group therapies and counseling as well as the numbers and percentages of individual and group services offered and received/completed for prisoners in need. Continue and expand impressive data on Disruption of Services forms and provide analysis of that data and corrective action plans, including staffing and space needs as necessary.

B.2.d. Ensure that mental health evaluations that are done as part of the disciplinary process include recommendations based on the prisoner's mental health status.

Finding: Non-compliance

Recommendation: Provide documentation that ensures mental health evaluations are done as part of the disciplinary process and include recommendations based on the prisoner's mental health status. Wellpath has begun to identify a process and needs to provide policy approved by OPSO regarding mental health participation in the disciplinary process, as well as necessary training for OPSO and Wellpath staff.

B.2.e. Ensure that prisoners receive psychotropic medications in a timely manner and that prisoners have proper diagnoses and/or indications for each psychotropic medication they receive.

Finding: Substantial Compliance

Recommendation: Continue very good improvement demonstrated with the addition of Tulane psychiatric providers. Continue to provide documentation and analysis of data that inmates receive psychotropic medications in a timely manner

and that inmates have proper diagnosis and/or indications for each psychotropic medication they receive, including particular emphasis on juveniles.

B.2.f. Ensure that psychotropic medications are administered in a clinically appropriate manner as to prevent misuse, overdose, theft, or violence related to the medication.

Finding: Substantial Compliance

B.2.g. Ensure that prescriptions for psychotropic medications are reviewed by a Qualified Mental Health Professional on a regular, timely basis and prisoners are properly monitored.

Finding: Substantial Compliance

Recommendation: Continue to provide documentation of data collection and analysis of psychotropic medication prescriptions.

B.2.h. Ensure that standards are established for the frequency of review and associated charting of psychotropic medication monitoring, including monitoring for metabolic effects of second generation psychotropic medications.

Finding: Substantial Compliance

Recommendation: Continue to provide documentation of data collection and analysis of psychotropic medication monitoring for metabolic effects of second-generation psychotropic medications. Timeliness of laboratory services and associated inmate refusals have improved.

B. 3. Findings:

B. 3. a. Partial Compliance

B. 3. b. Partial Compliance

B.3.a. OPSO shall develop and implement policies and procedures for prisoner counseling in the areas of general mental health/therapy, sexual-abuse counseling, and alcohol and drug counseling. This should, at a minimum, include some provision for individual services.

Finding: Partial Compliance

Recommendation: Provide policies and procedures specifically for inmate counseling in the areas of general mental health/therapy, sexual abuse counseling, and alcohol and drug counseling, including some provisions for individual services.

B.3.b. Within 180 days of the Effective Date, and quarterly thereafter, report all prisoner counseling services to the Monitor, which should include:

- (1) the number of prisoners who report having participated in general mental health/therapy counseling at OPP;
- (2) the number of prisoners who report having participated in alcohol and drug counseling services at OPP;
- (3) the number of prisoners who report having participated in sexual-abuse counseling at OPP; and
- (4) the number of cases with an appropriately licensed practitioner and related one-to-one counseling at OPP.

Finding: Partial Compliance

Recommendation: Provide data and analysis for the numbers and percentages for inmates with needs for these specific services and numbers and percentages of inmates who receive these services. Compliance has been compromised by staffing deficiencies and lack of adequate space.

B. 4. Findings:

- B. 4. a. Partial Compliance
- B. 4. b. Substantial Compliance
- B. 4. c. Partial Compliance
- B. 4. d. Partial Compliance
- B. 4. e. Partial Compliance
- B. 4. f. Substantial Compliance
- B. 4. g. Non-Compliance

B.4.a. OPSO shall ensure that all staff who supervise prisoners have the adequate knowledge, skill, and ability to address the needs of prisoners at risk for suicide. Within 180 days of the Effective Date, OPSO shall review and revise its current suicide prevention training curriculum to include the following topics:

- (1) suicide prevention policies and procedures (as revised consistent with this Agreement);
- (2) analysis of facility environments and why they may contribute to suicidal behavior;
- (3) potential predisposing factors to suicide;
- (4) high-risk suicide periods;
- (5) warning signs and symptoms of suicidal behavior;
- (6) case studies of recent suicides and serious suicide attempts;
- (7) mock demonstrations regarding the proper response to a suicide attempt;
- (8) differentiating suicidal and self-injurious behavior; and
- (9) the proper use of emergency equipment.

Finding: Partial Compliance

Recommendation: Provide documentation that all staff who supervise inmates have the adequate knowledge, skill, and ability to address the needs of inmates at risk for suicide. Improvement is noted, however prisoners on suicide precautions or watch continue to obtain contraband that can be used to harm themselves. Provide documentation the suicide prevention training curriculum includes all of the

elements listed, and specifically to include (in addition to previously submitted documentation) elements (7) mock demonstrations regarding the proper response to a suicide attempt, (8) differentiating suicidal and self-injurious behavior, and (9) the proper use of emergency equipment.

B.4.b. Ensure that all correctional, medical, and mental health staff are trained on the suicide screening instrument and the medical intake tool.

Finding: Substantial Compliance

Recommendation: Documentation provided indicates that 89% of correctional, and all medical and mental health staff are trained on the suicide screening instrument and the medical intake tool.

B.4.c. Ensure that multi-disciplinary in-service training is completed annually by all correctional, medical, and mental health staff, to include training on updated policies, procedures, and techniques. The training will be reviewed and approved by the Monitor.

Finding: Partial Compliance

Recommendation: Continue to provide documentation that multidisciplinary in-service training has been completed annually for all current correctional, medical, and mental health staff, to include training on updated policies, procedures, and techniques. OPSO/Wellpath need to provide documentation regarding training for staff on the use of therapeutic restraints.

B.4.d. Ensure that staff are trained in observing prisoners on suicide watch and step-down unit status.

Finding: Partial Compliance

Recommendation: Provide documentation that current staff are trained, specifically, in observing prisoners on suicide watch and step-down status. Prisoners on suicide watch continue to obtain contraband that can be used to harm themselves.

B.4.e. Ensure that all staff that have contact with prisoners are certified in cardiopulmonary resuscitation ("CPR").

Finding: Partial Compliance

Recommendation: Provide documentation that all current staff, (including OPSO and Wellpath) are certified in CPR.

B.4.f. Ensure that an emergency response bag, which includes a first aid kit and emergency rescue tool, is in close proximity to all housing units. All staff that has contact with prisoners shall know the location of this emergency response bag and be trained to use its contents.

Finding: Substantial Compliance

B.4.g. Randomly test five percent of relevant staff on an annual basis to determine their knowledge of suicide prevention policies. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor.

Finding: Non-Compliance

Recommendation: Provide documentation of testing of 5% of current relevant staff to determine their knowledge of suicide prevention policies, and evaluation of the results, review, and conclusions of the assessments to determine the need for changes in training practices. The last testing reported was in May 2018.

Findings:

- B. 5. a. Partial Compliance
- B. 5. b. Partial Compliance
- B. 5. c. Partial Compliance
- B. 5. d. Substantial Compliance
- B. 5. e. Partial Compliance
- B. 5. f. Substantial Compliance
- B. 5. g. Partial Compliance
- B. 5. h. Partial Compliance
- B. 5. i. Substantial Compliance
- B. 5. j. Partial Compliance
- B. 5. k. Partial Compliance

B.5.a. OPSO shall implement a policy to ensure that prisoners at risk of self-harm are identified, protected, and treated in a manner consistent with the Constitution.

Finding: Partial Compliance

Recommendation: Provide documentation of implementation of policy for utilization of suicide resistant cells and nonresistant cells (with direct observation), and treatment services provided to inmates at risk for self-harm. Inmates on suicide watch continue to be placed in non-suicide resistant cells without direct

observation, even when beds are available at Hunt. Treatment services are very limited and inadequate for inmates on suicide watch because of staffing and space needs.

B.5.b. Ensure that suicide prevention procedures include provisions for constant direct supervision of current suicidal prisoners and close supervision of special needs prisoners with lower levels of risk (at a minimum, 15 minute checks). Correctional officers shall document their checks in a format that does not have pre-printed times.

Finding: Partial Compliance

Recommendation: Provide constant direct supervision for any prisoner placed in a non-resistant cell on suicide watch, and documentation. See B.5.a.

B.5.c. Ensure that prisoners on suicide watch are immediately searched and monitored with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.

Finding: Partial Compliance

Recommendation: Provide documentation that demonstrates that inmates are immediately searched and monitored with constant direct supervision until a QMHP conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision. This paragraph requires collaboration and documentation by OPSO deputies and Wellpath QMHP's.

B.5.d. Ensure that all prisoners discharged from suicide precautions receive a follow-up assessment within three to eight working days after discharge, as clinically appropriate, in accordance with a treatment plan developed by a Qualified Mental Health Care Professional. Upon discharge, the Qualified Mental Health Care Professional shall conduct a documented in-person assessment regarding the clinically appropriate follow-up intervals.

Finding: Substantial Compliance

Recommendation: Wellpath staff report they have been denied access to inmates for follow-up during lockdowns. This should not occur; immediate corrective action is recommended. Provide documentation of follow-up appointments as required by policy.

B.5.e. Implement a step-down program providing clinically appropriate transition for prisoners discharged from suicide precautions.

Finding: Partial Compliance

Recommendation: The placements for male inmates in a true step-down/residential unit and program have continued, with the necessary exclusivity of an identified mentally ill population, and the programming is not yet sufficient, although improved, because of inadequate staffing and space. Similar services and housing do not currently exist for female inmates. Recommend continued vigilance in developing these programs.

B.5.f. Develop and implement policies and procedures for suicide precautions that set forth the conditions of the watch, incorporating a requirement of an individualized clinical determination of allowable clothing, property, and utensils. These conditions shall be altered only on the written instruction of a Qualified Mental Health Professional, except under emergency circumstances or when security considerations require.

Finding: Partial Compliance

Recommendation: Policy is in place. Provide documentation of implementation of policy regarding individualized determinations of the conditions of watch at OJC (especially for suicide watches/direct observation in non-resistant cells), and at Hunt.

B.5.g. Ensure that cells designated by OPSO for housing suicidal prisoners are retrofitted to render them suicide-resistant (e.g., eliminating bed frames/holes, sprinkler heads, water faucet lips, and unshielded lighting or electrical sockets).

Finding: Partial Compliance

Recommendation: OPSO reports 13 suicide resistant cells for OJC and 3 suicide resistant cells at Hunt. Facility staff utilize non-suicide resistant cells at both facilities for overflow. When overflow cells are utilized, it is strongly recommended the inmates in those cells be placed on direct constant observation to best provide for their safety.

B.5.h. Ensure that every suicide or serious suicide attempt is investigated by appropriate mental health and correctional staff, and that the results of the investigation are provided to the Sheriff and the Monitor.

Finding: Partial Compliance

Recommendation: Continue to expand Morbidity and Mortality reviews, these reviews should be structured to conduct clinical investigation, including aggregation of data, self-critical analysis and corrective action plans regarding individual inmate deaths or intended death but also systemic concerns.

B.5.i. Direct observation orders for inmates placed on suicide watch shall be individualized by the ordering clinician based upon the clinical needs of each inmate, and shall not be more restrictive than is deemed necessary by the ordering clinician to ensure the safety and well being of the inmate.

Finding: Substantial Compliance

B.5.j. Provide the Monitor a periodic report on suicide and self-harm at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include the following:

- (1) all suicides;
- (2) all serious suicide or self-harm attempts; and
- (3) all uses of restraints to respond to or prevent a suicide attempt.

Finding: Partial Compliance

Recommendation: OPSO and Wellpath provide reports on suicides, suicide attempts and self-harm, however the numbers differ significantly. Provide documentation for each category, with resolution of inconsistencies based on review and discussion in the bi-annual reports. Use of the restraint chair was not provided in mental health committee or quality management documents and did not follow policy (single episode). The single episode involved an inmate being placed in the restraint chair and observed because of reporting his intent to kill himself, however, policies regarding notification of mental health staff, and required documentation of the therapeutic use and monitoring was not reported. Any and all uses of clinical or therapeutic restraints must be appropriately implemented, monitored and documented.

B.5.k. Assess the periodic report to determine whether prisoners are being appropriately identified for risk of self-harm, protected, and treated. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.

Finding: Partial Compliance

Recommendation: Provide an assessment of the periodic reports required in B.5.j., above. Numbers were provided for #1 and #2 above, not #3. The assessment should

include not only the reported numbers but also any recommended changes to policies and procedures to address identification, protection, and treatment.

Findings:

- B. 6. a. Partial Compliance
- B. 6. b. Substantial Compliance
- B. 6. c. Non-Compliance
- B. 6. d. Substantial Compliance
- B. 6. e. Non-Compliance
- B. 6. f. Substantial Compliance
- B. 6. g. Non-Compliance

B.6.a. OPSO shall prevent the unnecessary or excessive use of physical or chemical restraints on prisoners with mental illness.

Finding: Partial Compliance

Recommendation: Wellpath has begun to provide documentation/information regarding use of de-escalation techniques at OJC and Hunt. OPSO and Hunt need to report all uses of physical and chemical restraint. Discussion onsite and during conference calls indicated significant problems with de-escalation practices at Hunt including unavailability of mental health staff at night, and deviations from policy.

B.6.b. Maintain comprehensive policies and procedures for the use of restraints for prisoners with mental illness consistent with the Constitution.

Finding: Substantial Compliance

Recommendation: A comprehensive policy by OPSO compatible with Wellpath policy for use of restraints has been completed.

B.6.c. Ensure that approval by a Qualified Medical or Mental Health Professional is received and documented prior to the use of restraints on prisoners living with mental illness or requiring suicide precautions.

Finding: Non-compliance

Recommendation: Define and document process of indications and/or notifications from OPSO regarding possible need or use of restraints. The single incidence of restraint chair use for inmate reporting intent to harm self was not approved by Qualified Medical or Mental Health Professional.

B.6.d. Ensure that restrained prisoners with mental illnesses are monitored at least every 15 minutes by Custody Staff to assess their physical condition.

Finding: Substantial Compliance

Recommendation: Provide documentation of monitoring as necessary; very strongly suggest constant monitoring rather than 15 minutes. Single use of restraint chair was properly monitored as per policy.

B.6.e. Ensure that Qualified Medical or Mental Health Staff document the use of restraints, including the basis for and duration of the use of restraints and the performance and results of welfare checks on restrained prisoners.

Finding: Non-compliance

Recommendation: Provide documentation of use of restraints as necessary. See B. 5. j., B. 6. c., and B. 6. d.

B.6.f. Provide the Monitor a periodic report of restraint use at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report shall include:

- (1) A list of prisoners whom were restrained;
- (2) A list of any self-injurious behavior observed or discovered while restrained; and
- (3) A list of any prisoners whom were placed in restraints on three or more occasions in a thirty (30) day period or whom were kept in restraints for a period exceeding twenty-four (24) hours.

Finding: Substantial Compliance

Recommendation: OPSO reports one use of clinical or therapeutic restraints. The OPSO semi-annual report did report the use of the restraint chair in a single episode. However, policies regarding medical and mental health assessments and orders, as well as supporting documentation was not provided.

B.6.g. Assess the periodic report to determine whether restraints are being used appropriately on prisoners with mental illness. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.

Finding: Non-compliance

Recommendation: Provide required report and assessment with supporting documentation that clinical or therapeutic restraints have been used appropriately

on inmates with mental illness, including, and specifically, the use of the restraint chair referenced in this report.

Findings:

- B. 7. a. Partial Compliance
- B. 7. b. Substantial Compliance
- B. 7. c. Partial Compliance
- B. 7. d. Partial Compliance

7.a. OPSO shall ensure that all staff who supervise prisoners have the knowledge, skills, and abilities to identify and respond to detoxifying prisoners. Within 180 days of the Effective Date, OPSO shall institute an annual in-service detoxification training program for Qualified Medical and Mental Health Staff and for correctional staff. The detoxification training program shall include:

- (1) annual staff training on alcohol and drug abuse withdrawal;
- (2) training of Qualified Medical and Mental Health Staff on treatment of alcohol and drug abuse conducted by the Chief Medical Officer or his or her delegate;
- (3) oversight of the training of correctional staff, including booking and housing unit officers, on the policies and procedures of the detoxification unit, by the Chief Medical Officer or his or her delegate;
- (4) training on drug and alcohol withdrawal by Qualified Medical and Mental Health Staff;
- (5) training of Qualified Medical and Mental Health Staff in providing prisoners with timely access to a Qualified Mental Health Professional, including psychiatrists, as clinically appropriate; and
- (6) training of Qualified Medical and Mental Health Staff on the use and treatment of withdrawals, where medically appropriate.

Finding: Partial compliance

Qualified Medical and Mental Health Staff are trained regarding care for patients who have orders for monitoring and treatment of withdrawal. Some of custody staff are trained. During the tour, neither OPSO nor Wellpath was able to provide any data on custody staff training.

Recommendation: Increase training of deputies to close to 100%. Develop program oversight and evaluation.

7.b. Provide medical screenings to determine the degree of risk for potentially life-threatening withdrawal from alcohol, benzodiazepines, and other substances, in accordance with Appendix B.

Finding: Substantial Compliance

Incoming inmates are screened for withdrawal, in accordance with Appendix B, Wellpath quarterly performance measurement demonstrates sustained compliance. Monitors find Wellpath measurement reliable.

7.c. Ensure that the nursing staff complete assessments of prisoners in detoxification on an individualized schedule, ordered by a Qualified Medical or Mental Health Professional, as clinically appropriate, to include observations and vital signs, including blood pressure.

Finding: Partial Compliance

Wellpath quarterly performance measurement and Monitor’s reliability audits demonstrate that nursing care for patients on the detox protocol has improved, however, there are lags to first dose of vital medication.

Recommendation: Enforce timely assessments and medication for patients who are on the detox protocol.

7.d. Annually, conduct a review of whether the detoxification training program has been effective in identifying concerns regarding policy, training, or the proper identification of and response to detoxifying prisoners. OPSO will document this review and provide its conclusions to the Monitor.

Finding: Partial Compliance

An annual review has not been conducted during June 2018-June 2019, according to Wellpath.

Recommendation: Conduct annual review of the detoxification training and implementation and report on effectiveness to the monitors.

Findings:

B. 8. a. Partial Compliance

B. 8. b. Substantial Compliance

8.a. OPSO shall ensure that medical and mental health staffing is sufficient to provide adequate care for prisoners’ serious medical and mental health needs, fulfill constitutional mandates and the terms of this Agreement, and allow for the adequate operation of the Facility, consistent with constitutional standards.

Finding: Partial Compliance

Medical and mental health staffing is sufficient for most care functions. However, there is insufficient funding and MH staffing for groups and special programs. A proposal has been submitted for these staff.

Recommendation: Fund and authorize MH staff for special programs, as per Wellpath proposal. Cross-train staff for grievance review, response, and analysis.

OPSO to ensure sufficient custody staffing for efficient and timely health care operations.

8.b. Within 90 days of the Effective Date, OPSO shall conduct a comprehensive staffing plan and/or analysis to determine the medical and mental health staffing levels necessary to provide adequate care for prisoners' mental health needs and to carry out the requirements of this Agreement. Upon completion of the staffing plan and/or analysis, OPSO shall provide its findings to the Monitor, SPLC, and DOJ for review. The Monitor, SPLC, and DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan.

Finding: Substantial Compliance

Findings:

- B. 9. a. Partial Compliance
- B. 9. b. Partial Compliance
- B. 9. c. Partial Compliance
- B. 9. d. Partial Compliance
- B. 9. e. Partial Compliance
- B. 9. f. Partial Compliance

B.9.a. OPSO shall develop, implement, and maintain a system to ensure that trends and incidents involving avoidable suicides and self-injurious behavior are identified and corrected in a timely manner. Within 90 days of the Effective Date, OPSO shall develop and implement a risk management system that identifies levels of risk for suicide and self-injurious behavior and requires intervention at the individual and system levels to prevent or minimize harm to prisoners, based on the triggers and thresholds set forth in Appendix B.

Finding: Partial Compliance

Recommendation: Data collection has improved; analysis of trends and incidents involving avoidable suicides and self-injurious behaviors to determine required interventions at the individual and system levels to prevent or minimize harm to inmates requires further development.

B.9.b. The risk management system shall include the following processes to supplement the mental health screening and assessment processes: incident reporting, data collection, and data aggregation to capture sufficient information to formulate a reliable risk assessment at the individual and system levels; identification of at-risk prisoners in need of clinical treatment or assessment by the Interdisciplinary Team or the Mental Health Committee; and development and implementation of interventions that minimize and prevent harm in response to identified patterns and trends.

Finding: Partial Compliance

Recommendation: Provide documentation of analysis of risk management system processes including the listed criteria, with more attention to data aggregation and analysis, and development and implementation of interventions that minimize and prevent harm in response to identified patterns and trends. The risk assessments at

the individual level by the Interdisciplinary Treatment Team and at the systems level by the Mental Health Committee should include analysis of current practices such as the use of non-suicide resistant cells and appropriateness of transfers to Hunt.

B.9.c. OPSO shall develop and implement an Interdisciplinary Team, which utilizes intake screening, health assessment, and triggering event information for formulating treatment plans. The Interdisciplinary Team shall:

- (1) include the Medical and Nursing directors, one or more members of the psychiatry staff, counseling staff, social services staff, and security staff, and other members as clinical circumstances dictate;
- (2) conduct interdisciplinary treatment rounds, on a weekly basis, during which targeted patients are reviewed based upon screening and assessment factors, as well as triggering events; and
- (3) provide individualized treatment plans based, in part, on screening and assessment factors, to all mental health patients seen by various providers.

Finding: Partial Compliance

Recommendation: Provide documentation of completion of mental health Interdisciplinary Treatment Team meetings and rounds, and provision of adequate and timely individualized treatment plans to all mental health patients seen by various providers at OJC and Hunt.

B.9.d. OPSO shall develop and implement a Mental Health Review Committee that will, on a monthly basis, review mental health statistics including, but not limited to, risk management triggers and trends at both the individual and system levels. The Mental Health Review Committee shall:

- (1) include the Medical and Nursing Director, one or more members of the psychiatry staff and social services staff, the Health Services Administrator, the Warden of the facility housing the Acute Psychiatric Unit, and the Risk Manager.
- (2) identify at-risk patients in need of mental health case management who may require intervention from and referral to the Interdisciplinary Team, the OPSO administration, or other providers.
- (3) conduct department-wide analyses and validation of both the mental health and self-harm screening and assessment processes and tools, review the quality of screenings and assessments and the timeliness and appropriateness of care provided, and make recommendations on changes and corrective actions;
- (4) analyze individual and aggregate mental health data and identify trends and triggers that indicate risk of harm;
- (5) review data on mental health appointments, including the number of appointments and wait times before care is received; and
- (6) review policies, training, and staffing and recommend changes, supplemental training, or corrective actions.

Finding: Partial Compliance

Recommendation: Provide documentation of Mental Health Review Committee meetings addressing all of the listed elements, including analysis of the data collected.

B.9.e. OPSO shall develop and implement a Quality Improvement and Morbidity and Mortality Review Committee that will review, on at least a quarterly basis, risk management triggers and trends and quality improvement reports in order to improve care on a Jail-wide basis.

(1) The Quality Improvement Committee shall include the Medical Director, the Director of Psychiatry, the Chief Deputy, the Risk Manager, and the Director of Training. The Quality Improvement Committee shall review and analyze activities and conclusions of the Mental Health Review Committee and pursue Jail-wide corrective actions.

(2) The Quality Improvement Committee shall:

- i. monitor all risk management activities of the facilities through the review of risk data, identification of individual and systemic trends, and recommendation and monitored implementation of investigation or corrective action; and
- ii. generate reports of risk data analyzed and corrective actions taken.

Finding: Partial Compliance

The medical and psychiatric staff report a large number of obstacles to access patients due to a lack of custody staff. There are insufficient data to support these anecdotes. Answers to medical and mental health grievances are unresponsive, for the most part. The management team does not appear to fully utilize data that derives from clinical performance measurement.

Recommendation: Incorporate performance data, analysis, and trending into QI Committee minutes. Improve analysis and corrective action plans generally, with specificity for root cause analysis, process design, and effective improvement strategies. Continue to improve reliability of clinical performance measurement. Ensure that the Chief Deputy (or equivalent) and Director of Training participate in meetings, with documentation. Collect and report reliable data on visit disruptions due to the unavailability of custody staff for escort and/or transportation. Improve responsiveness of answers to grievances. Utilize clinical performance data for management purposes.

B.9.f. OPSO shall review mortality and morbidity reports quarterly to determine whether the risk management system is ensuring compliance with the terms of this Agreement. OPSO shall make recommendations regarding the risk management system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.

Finding: Partial compliance

The mortality and morbidity reviews are perfunctory and lack self-critical analysis. Clinical analyses are incomplete. Psychiatrists are remarkably uninvolved in morbidity reviews for patients with suicide attempts. Corrective action plans are not well-documented and there is no annual review of findings.

Recommendation: Enhance analysis and problem identification in morbidity and mortality reviews. Improve corrective action plans generally, with specificity for root cause analysis, process design, and effective improvement strategies. Include psychiatric physicians in all mortality and morbidity reviews.

C. Medical Care

OPSO shall ensure constitutionally adequate treatment of prisoners’ medical needs. OPSO shall prevent unnecessary risks to prisoners and ensure proper medication administration practices. OPSO shall assess on an annual or more frequent basis whether the medical services at OPP comply with the Constitution. At a minimum, OPSO shall:

1. Quality Managing of Medication Administration:

- a. Within 120 days of the Effective Date, ensure that medical and mental health staff are trained on proper medication administration practices, including appropriately labeling containers and contemporaneously recording medication administration;
- b. Ensure that physicians provide a systematic review of the use of medication to ensure that each prisoner’s prescribed regimen continues to be appropriate and effective for his or her condition;
- c. Maintain medication administration protocols that provide adequate direction on how to take medications, describe the names of the medications, how frequently to take medications, and identify how prisoners taking such medications are monitored; an
- d. Maintain medication administration protocols that prevent misuse, overdose, theft, or violence related to medication.

Findings:

- C. 1. a. Substantial compliance
- C. 1. b. Partial compliance
- C. 1. c. Substantial compliance
- C. 1. d. Substantial compliance

Substantial lags to laboratory testing, chronic care visits and medication continue. The lags to laboratory testing and to chronic care visits lead to lags to medication.

Recommendation: Continue to improve performance on conformance to chronic disease protocols for medical and psychiatric conditions. Reduce lags to and lapses in medication.

2.a. Provide the Monitor a periodic report on health care at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include:

- (1) number of prisoners transferred to the emergency room for medical treatment related to medication errors;
- (2) number of prisoners taken to the infirmary for non-emergency treatment related to medication errors;
- (3) number of prisoners prescribed psychotropic medications;
- (4) number of prisoners prescribed “keep on person” medications; and
- (5) occurrences of medication variances.

2.b. Review the periodic health care delivery reports to determine whether the medication administration protocols and requirements of this Agreement are followed. OPSO shall make recommendations regarding the medication administration process, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

C. 2. a. Partial Compliance

C. 2. b. Partial Compliance

Periodic reports have been sporadic. There is no indication that Wellpath has used data to improve timely access to care.

C. 2. a. Recommendation: Provide reports every six months.

C. 2. b. Recommendation: Review reports, once written, and make recommendations. Recommendations should be reviewed at committee meetings to assure multidisciplinary input.

3.a. OPSO shall notify Qualified Medical or Mental Health staff regarding the release of prisoners with serious medical and/or mental health needs from OPSO custody, as soon as such information is available.

3.b. When Qualified Medical or Mental Health staff are notified of the release of prisoners with serious medical and/or mental health needs from OPSO custody, OPSO shall provide these prisoners with at least a seven-day supply of appropriate prescription medication, unless a different amount is necessary and medically appropriate to serve as a bridge until prisoners can reasonably arrange for continuity of care in the community.

3.c. For all other prisoners with serious medical and/or mental health needs who are released from OPSO custody without advance notice, OPSO shall provide the prisoner a prescription for his or her medications, printed instructions regarding prescription medications, and resources indicating where prescriptions may be filled in the community.

3.d. For prisoners who are being transferred to another facility, OPSO shall prepare and send with a transferring prisoner, a transition summary detailing major health problems and listing current medications and dosages, as well as medication history while at the Facility. OPSO shall also supply sufficient medication for the period of transit for prisoners who are being transferred to another correctional facility or other institution, in the amount required by the receiving agency.

Findings:

- C. 3. a. Partial Compliance
- C. 3. b. Partial Compliance
- C. 3. c. Partial Compliance
- C. 3. d. Substantial compliance

The proportion of patients with serious needs reached is increasing, yet the total numbers of patients remains very low. Once identified, the patients are receiving either a supply or a prescription that can be filled at no cost; although medication pickup rates are low. Wellpath is collecting data, but these data are unreliable. Transfer of information and medication appears to be working well.

C. 3. a. Recommendation: Improve notifications.

C. 3. b. Recommendations: Build on recent progress to increase numbers. Continue to counsel patients face-to-face.

C. 3. c. Comment: If there is no notice, it is not possible to provide prescriptions. Partial is achieved through pre-release notification to patients.

IV. D. Sanitation and Environmental Conditions

Introduction

This report summarizes the compliance findings for the Sanitation, Environmental Conditions and Fire and Life Safety provisions of the Consent Judgment. The findings are based both on the Monitor’s tour conducted September 16-19, 2019 and review of materials provided prior to the on-site work.

The Monitor toured all of the inmate housing units in the Orleans Justice Center (OJC) and the Temporary Detention Center (TDC), and the Kitchen/Warehouse/Central Plant. The Monitor spoke with inmates, deputies, and supervisors.

Since the previous tour in January 2019, additional progress in the area of sanitation and environmental conditions was noted, including:

- Consistent documentation indicating a regular cleaning schedule was followed.
- Establishing and implementing a process to provide timely notification to the Sanitarian of incidents involving biohazard spills and use of biohazard cleanup kits; and

- Improving sanitation by reducing clutter in cells and dayrooms in most of the housing units observed and removing obstructions from the HVAC supply/return grills in the inmate housing areas.

V. D. 1. Sanitation and Environmental Conditions

Findings:

- D. 1. a. Partial Compliance
- D. 1. b. Substantial Compliance
- D. 1. c. Substantial Compliance
- D. 1. d. Substantial Compliance
- D. 1. e. Substantial Compliance
- D. 1. f. Substantial Compliance
- D. 1. g. Substantial Compliance
- D. 1. h. Partial Compliance

IV. D. 1. a. OPSO shall provide oversight and supervision of routine cleaning of housing units, showers, and medical areas. Such oversight and supervision will include meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units to be documented at least once a week but to occur more frequently.

Finding: Partial Compliance

Observations:

OPSO provided a cleaning schedule/supervisor inspection check list that identifies the frequency of housekeeping, by area, for both OJC and TDC. Additionally, OPSO provided documentation of area specific cleaning schedules (housing unit showers) implemented since the last inspection tour.

OPSO provided substantial and improved documentation of monthly housing unit inspections by the Environmental Officer in addition to daily/weekly inspections by security staff. While the Monitor observed improvement in the overall unit and cell cleanliness since the last inspection, the monthly inspection reports continue to note cleanliness issues primarily in unit showers and individual cells. Typical inspection notations included dirty floors/walls, lavatories, trash/excess clutter, and obstructed cell vents. The Monitor noted similar issues during the inspection, primarily in the two high security units (lockdown)—this was also noted during the previous inspection and continues to be a challenge with primarily lockdown inmate populations.

The documentation and observed conditions throughout the housing units at the time of the inspection indicate the ability of the Sanitarian and Environmental Officer to maintain regular cleaning schedules has continued to improve since the last inspection. The Sanitarian reported that the staffing issue for the section has improved. The June Staffing Differential report indicated that, while the Sanitation section was still short two deputies, two additional civilian workers and a CMT were assigned to the section.

Grievances (4) and inmate reports of inadequate or missing cleaning supplies has dropped substantially since the last inspection. The Monitor observed supplies and equipment in the housing units to be in sufficient quantities and in serviceable condition on the day of the inspection. The Monitor found no chemicals in inmate housing areas or storage locations that were not on the authorized chemical list nor without a corresponding Material Safety Data Sheet. Again, much improved since the previous inspection. No cleaning supply closets in the housing units were found unsecured during the inspection indicating an improvement in staff supervision of these areas.

As previously noted, regular provision of clean inmate clothing and bedding and appropriate inventory of these supplies are integral to sanitation, infection control and disease prevention. The Monitor observed the inmate clothing storage areas to be inadequately stocked at the time of the inspection. The Monitor was advised by the Sanitarian that OPSO was maintaining an adequate supply of inmate clothing but that the laundry vendor was behind in the processing and return of the inmate clothing and bedding. This issue was noted during the two previous inspections and needs to be remedied. The OPSO laundry exchange plan calls for inmate uniforms to be exchanged twice weekly. The Monitor observed markedly fewer instances of inmates having what appeared to be excess uniform items indicating staff have improved in this area of supervision and control since the last inspection.

Inmates continue to laundry their person items (e.g. underwear, shorts) in the washing machines and dryers located in each housing unit. The Monitor observed the majority of the clothes dryers located in OJC's inmate housing units were generally serviceable although several had effectively non-functional exhaust lines; the lines were crushed against the wall, torn, or, as noted for two units, missing altogether. The Monitor was advised by a deputy in unit 4B that the dryer had been out of service approximately

five weeks, but a work order was pending. The dryer in unit 4A had been completely removed; according to the inmates present, the dryer had been gone “about four months.” No other provision had been made for the inmates to dry their personal items in this particular housing unit. The Monitor inquired with the Maintenance Supervisor regarding this issue and was advised that “security staff” along with Maintenance had decided to remove the dryer completely due to repeated vandalism. After further inquiry with management staff, the Monitor was advised that the dryer removal was a result of a miscommunication and the dryer was returned prior to the end of the inspection tour.

As noted in previous Compliance Reports, several dryers remain in dangerous condition:

- At least two dryers had the flexible vent tubing entirely missing.
- Several dryers were pushed against the wall rendering the exhaust tubing ineffective and a potential fire hazard due to lint accumulation.
- The dryer in one dorm unit was being used by inmates to “heat” water for mixing with commissary coffee, soup packets, etc. The exhaust line was completely missing, and the dryer pulled away from the wall. This was immediately visible with only cursory observation by the Monitor.

The physical condition and maintenance of the dryers was observed to have improved since the last inspection but continues to pose safety and security issues for inmates and deputies including potential fire hazards from the lint. The Monitor observed an accumulation of lint behind dryers, on the walls and shelving of the pod laundry rooms, and on the dayroom return air vents of the affected housing units indicating that significant amounts of dryer lint becomes airborne and circulates in these areas. The accumulation of such organic material can promote the growth of mold and mildew on surfaces if not regularly inspected and cleaned.

During the inspection, the Monitor noted that the accumulation of inmates’ personal items (paperwork, commissary purchases, and other approved items) had significantly declined with notable exceptions in two high-security units where personal papers and items were placed on window ledges, affixed to the walls, etc. Inmates blocked numerous air vents in the same two housing units to reduce air flow and change the cell’s

temperature. This problem was observed by the Monitor to have been substantially curtailed by security staff throughout the rest of the OPJ housing units. At least two broken glass panels in shower windows were observed but the requisite work orders were pending. Observance of graffiti on dormitory and cell walls declined substantially since the last inspection.

IV. D. 1. b. Continue the preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that showers, toilets, and sink units are adequately installed and maintained. Work orders will be submitted within 48 hours of identified deficiencies, or within 24 hours in the case of emergency maintenance needs.

Finding: Substantial Compliance

Observations:

The Monitor reviewed the Sanitation and Environmental Conditions report from August 2019, the OPSO Preventive Maintenance Plan, the Preventive Maintenance Schedule Summary report as well as inmate grievances related to maintenance issues. During the Monitor's inspection, staff and inmates were also interviewed regarding maintenance issues. The documentation reflected an on-going preventive maintenance program for major building systems and components consistent with OPSO policy and the Consent Judgment.

For routine mechanical, electrical and plumbing work orders, OPSO Policy 601.02, Reporting and Addressing/Repairing Maintenance Needs, specifically requires that any staff member observing a maintenance issue "shall call the CMMS work order facilitator" to report the issue, "or leave a message." As noted in the previous report, OPSO implemented a revised inspection and reporting procedure for line security staff just prior to the current reporting period. The "new" procedure has been in effect over six months and appears to be achieving the desired results. Inmates interviewed generally reported no issues with basic plumbing, mechanical or electrical services in their cells or dayrooms, or if an issue was reported, the problem was typically remedied within 48 to 72 hours indicating that work orders are being submitted in a timely manner as required by the Consent Judgment ("Work orders will be submitted within 48 hours of identified deficiencies, or within 24 hours in the case of emergency maintenance needs").

IV. D. 1. c. Maintain adequate ventilation throughout OPSO facilities to ensure that prisoners receive adequate air flow and reasonable levels of heating and cooling. Maintenance staff shall review and assess compliance with this requirement, as necessary, but no less than twice annually.

Finding: Substantial Compliance

Observations:

Adequate air flow is maintained in the facilities but continues to be impeded in some housing units by inmates' blocking air vents. Airflow in at least three individual cells brought to the attention of the Monitor by inmates was observed to be markedly decreased as compared to others not in the same area in the pod. Two HVAC control panels in pod control rooms were observed to be out of service. (Security staff are able to make minor adjustments within the parameters set by the Maintenance Director.) The Monitor observed the majority of housing dayrooms and cells to be at a relatively reasonable levels of heating and cooling.

As noted in the January 2019 inspection report, test and balance reports for the Kitchen/Warehouse (2014), OJC (2017) and TDC (2012) were the latest available to the Monitor. Lacking is documentation that a comprehensive review and assessment of compliance has taken place "twice annually" as spelled out in the Consent Judgment.

Recognizing that such comprehensive "test and balance" assessments are very expensive and typically performed only during the commissioning of new or replacement HVAC systems, the Monitor met with the Maintenance Director specifically to discuss the status and capabilities of the OPJ Building Automation System that controls the heating and cooling throughout all occupied areas in OPJ. The Maintenance Director was able to demonstrate the system's real-time monitoring of temperature sensors, variable air volume boxes (metered air flow), exhaust fans, chilled water systems, etc. through the systems graphical user interface. He also demonstrated the system's warning and alarm capabilities to alert staff if the system malfunctions or falls out of specified parameters, and how designated staff are able to address such issues through either adjustment or emergency/planned replacement of the component. Further, the Maintenance Director was able to produce reports on demand to document any such failures over time.

It is the Monitor's opinion that the OPJ Building Automation System, as currently operated, meets the intent of the Consent Judgment with regard to this section.

IV. D. 1. d. Ensure adequate lighting in all prisoner housing units and prompt replacement and repair of malfunctioning lighting fixtures in living areas within five days, unless the item must be specially ordered.

Finding: Substantial Compliance

Observations:

The Monitor observed sufficient lighting being provided in housing units of both OJC and TDC. Maintenance staff continue to maintain a supply of replacement bulbs, transformers, or ballasts to repair malfunctioning lighting. During this inspection, the Monitor observed no outstanding electrical work orders beyond routine bulb replacement.

IV. D. 1. e. Ensure adequate pest control throughout the housing units, including routine pest control spraying on at least a quarterly basis and additional spraying as needed.

Finding: Substantial Compliance

Observations:

A review of the documentation submitted found sufficient evidence of a pest control program that meets the intent of the Consent Judgment. OPSO continues to maintain a pest control contract with a State licensed company for monthly service of all housing areas and bi-weekly service for the Kitchen/Warehouse. Inmate grievances related to pest control were reviewed and found to have been addressed in a timely manner. Some evidence was found that "drain flies" were recently in and around the toilet and drain in the IPC "roll out" changing rooms and on restroom and shower walls in three housing pods. This is a marked improvement compared to the last inspection and demonstrates an active control and cleaning program is in place. In contrast to previous inspections, no spider webs or infestations were observed in the recreation yards.

Environmental, Sanitation and Life-Safety staff performing inspections and responding to pest control grievances continue to initiate work orders for pest control and to document how, when and where infestations are identified and remedied. The staff reported a small increase in the number of grievances submitted related to pest control in the semi-annual report. The cause was attributed to the hot weather during the latter part of the rating period and commissary debris/trash present in cells. Given the size of the

inmate population and the facility, the Monitor did not consider the total number to be unreasonable.

IV. D. 1.f. Ensure that any prisoner or staff assigned to clean a biohazardous area is properly trained in universal precautions, outfitted with protective materials, and properly supervised.

Finding: Substantial Compliance

Observations:

As noted in the previous inspection, Policy 1101.07, “Bio-hazardous Spill Cleaning Procedures” [Revised 1/18/2018] Section VIII. A. 1 has been revised to allow properly trained and equipped inmates and deputies to clean-up bio-hazardous spills. Training materials were devised by the Sanitarian and training was provided to designated inmates in May 2019, and documentation provided. The Monitor also reviewed training curricula and documentation indicating that during 2019, all staff received eight hours of training in bio-hazardous cleanup procedures as part of their initial training or in-service training. As of 6/30/19, documentation indicated that 91% of the required staff had completed the bio-hazardous clean-up training for 2019. Additionally, the Sanitarian developed and implemented bio-hazardous cleanup Roll Call training and submitted documentation of participation by all four squads during the rating period.

As of November 2018, the Sanitation and/or Environmental Officer is required to be notified of such incidents each business day to enable them to replace any bio-hazardous clean up protective materials used and inspect the area to ensure it was properly cleaned and sanitized. The Sanitarian reported that no such incidents reports were received during the rating period covered by this inspection.

IV. D. 1. g. Ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

Findings: Substantial Compliance

Observations:

The Monitor observed that the chemicals on-hand and available to staff were sufficient to destroy the pathogens and organisms in biohazardous spills common in a jail environment.

The chemical inventory documentation submitted demonstrated availability of a consistent supply of the required chemicals being maintained by the designated staff.

IV. D. 1. h. Maintain an infection control plan that addresses contact, blood borne, and airborne hazards and infections. The plan shall include provisions for the identification, treatment, and control of Methicillin-Resistant Staphylococcus Aureus (“MRSA”) at the Facility.

Findings: Partial compliance

Observations:

The Monitor reviewed the OPSO infection control policy 1201.11 as well as the WellPath Infection Control Program document (rev. 8/30/18) submitted by OPSO. The medical contractor’s policy on infection control is included in 1201.11 by reference. Neither the OPSO policy nor the WellPath document specifically include “provisions for the identification, treatment and control of” MRSA as required by the Consent Judgment. The document provided only references HIV, HBV, and HCV exposures. Additionally, the WellPath document notes in Section 3 that “Site Specific Policy Required”. Specific information required, but not provided, include:

1. Insert site-specific infection control plan.
2. Identify the person responsible for infection control at the site.
3. Describe how infection control activity is recorded.
4. List location(s) where infection control policies are kept.
5. Describe how biomedical wastes are managed.
6. Identify who prepares and completes reports.

OPSO has previously provided for annual review of the policy and standard operating procedures for the handling of inmate mattresses to include staff and/or inmate sanitation training program that includes mattress cleaning, and chemical use and control. This procedure is specifically required by the Infection Control Plan. The Monitor observed that mattresses were properly stored at both the OJC and TDC facilities.

IV. D. 2. Environmental Control

Findings:

- D. 2. a. Substantial Compliance
- D. 2. b. Substantial Compliance

IV. D. 2. a. OPSO shall ensure that broken or missing electrical panels are repaired within 30 days of identified deficiencies, unless the item needs to be specially ordered.

Findings: Substantial Compliance

Observations:

OPSO Policies 601.02 “Reporting and Addressing Maintenance Needs” and Policy 601.03 “Preventive Maintenance” [August 15, 2016] and are implemented. Major electrical panels at OJC and TDC are located in secure maintenance spaces inaccessible to inmates.

IV. D. 2. b. Develop and implement a system for maintenance and timely repair of electrical panels, devices, and exposed electrical wires.

Findings: Substantial Compliance

Observations:

Repairs to exposed/damaged wiring/cabling noted by the Monitor during previous inspections were observed to be in good condition throughout the facility.

IV. D. 3. Food Service

This report summarizes the findings for the Food Service provisions of the Consent Judgment based on the Monitor’s document reviews and tour conducted September 17-18, 2019. The Monitor inspected the Orleans Justice Center (OJC) Kitchen/Warehouse; observed meal service activities; and spoke with OPSO supervisors and deputies, Summit employees, and inmates. Summit purchased the former contracted food service provider CBM and has fully transitioned to running the food service operations at OPSO. The former owner of CBM is now the President of Summit and the company retained the same District Manager and OPSO Food Service Director. Due to the change of contracted food service provider, OPSO had prudently requested and was awaiting a copy of Summit’s policies and procedures for review, to ensure they align with OPSO draft policies 1001.01, Meal

Preparation, Transport and 1001.04, Food Service Inspections and Reviews, and 1001.06 Control of Kitchen Sharps and Cleaning Tools before finalization of the policies.

Since the last tour on January 14-16, 2019, there has been significant progress toward compliance with the Food Service provisions and a substantial improvement in the cleanliness and sanitation of the OJC Main Kitchen resulted in section IV.D.3.b. of the Consent Judgment moving from non-compliance to partial compliance.

As discussed in Compliance Report #5 – March 17, 2016, the issue of tool control in the kitchen is not specifically addressed in the Consent Judgment. However, the same problem of no supervisor’s signature indicating that the daily kitchen tool inventory had been reviewed (as required on the inventory form) was found for September 1, 2019 through September 17, 2019, just as was previously found for January and February 2016. The consequences of failing to control culinary utensils includes unacceptable health and safety hazards, including the introduction of contraband into the jail.

Findings:

- D. 3. a. Substantial Compliance
- D. 3. b. Partial Compliance
- D. 3. c. Partial Compliance

IV. D. 3. a. OPSO shall ensure that food service staff, including prisoner staff, continues to receive in-service annual training in the areas of food safety, safe food handling procedures, and proper hygiene, to reduce the risk of food contamination and food-borne illnesses.

Findings: Substantial Compliance

Observations:

OPSO and Summit provided documentation of ongoing annual in-service food safety training for staff, including inmate workers. However, for food service training to reduce the risk of food contamination and food-borne illness, it requires more than providing a curriculum and roster of names. The most successful training programs are tailored to the needs of the department focus on fostering a culture that promotes good sanitation practices in all aspect of the food service operation. The Monitor observed violations that posed a risk of food contamination and food-borne illness and significant finding are summarized sections IV. D. 3. b. Cleanliness

and IV. D. 3. c. Recordkeeping/Temperatures of this report; these findings are indicators of areas where additional or more effective training is needed.

IV. D. 3. b. Ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized on a daily basis.

Findings: Partial Compliance

Observations:

Significant improvement in the overall cleanliness of the OJC Main Kitchen resulting at least in part from improved communication between OPSO kitchen and Summit staff and their willingness to work together to resolve problems resulted in the change from non-compliance to partial compliance. Completion and implementation of all draft policies along with compliance with all previous implemented policies and the Louisiana Food Regulations is required to achieve substantial compliance. Some issues and violations identified during the inspection include, but are not limited to:

- On September 17, 2019, the Monitor observed dirty carts being utilized to transport meal trays to the inmate housing units. The meal trays are delivered by the main kitchen to the jail in cabinet style carts and then transferred by deputies onto dolly style carts for transport to each individual housing unit and the trays are then distributed to the inmates from the cart. Upon inspection of the dolly carts, a buildup of grime and old dried out food debris was observed. The dolly carts are kept in the jail and are not transported back to the main kitchen for cleaning and sanitizing. However, based on the unsanitary condition of the carts, it was evident that they had not been cleaned after the previous meal and most of them had not been properly cleaned for an extended period of time. When asked about the sanitation of the carts, a deputy stated that they were cleaned in the 2nd floor OJC kitchen; however, inspection of the kitchen did not support this claim as the area was not stocked with the necessary supplies nor did it appear that it had been used for any type of cleaning activities and supervisory staff confirmed the observations.

- Despite being advised that the 2nd floor OJC kitchen was not in use, on September 17, 2019, the cooler door was found ajar and the following items were found: baskets containing numerous sack lunches that were not labeled or dated (therefore, it was unknown how long they had been stored in the cooler), an undated Styrofoam meal tray labeled for an inmate in housing unit 3C, and milk crates containing several dozen 8-ounce cartons of milk, including outdated milk with best-by dating of September 15, 2019, were found stored on dirty carts. The food and milk posed a foodborne illness risk and it was apparent that someone had been drinking the milk. Use of the cooler for the storage of food and milk necessitates checking and recording of the cooler temperatures as required per section IV.D.3.c. of the Consent Judgment.

IV. D. 3. c. Check and record on a daily basis the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with a temperature monitor, to ensure proper maintenance of food service equipment.

Findings: Partial Compliance

Observations:

The Consent Judgment requires that OPSO “Check and record on a daily basis the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with a temperature monitor, to ensure proper maintenance of food service equipment.” Temperatures are used as a means of confirming the working condition of kitchen equipment by measuring with a properly calibrated thermometer or temperature measuring device and documenting the operating temperature to ensure that it complies with the temperatures specified in the Louisiana Food Code. Therefore, the Monitor reviewed temperature documentation, checked random food and water temperatures, and used the temperatures as a benchmark for determining OPSO’s compliance with the Louisiana Food Code.

A problem was found with the refrigeration temperature logs. Although the state food code does not specify a temperature at which refrigeration must be set, it requires that it must be adequate to maintain all potentially hazardous foods (foods

that require temperature control for safety) at 41°F or colder. The Monitor found numerous refrigeration log entries of 44°F or higher for one of the walk-in coolers, specifically 245 Prep Cooler A1B¹⁶. Summit staff record the temperatures of the various coolers and freezers twice daily on a paper form, titled Cooler Temperature Log. “Cooler Temperatures: 35 to 40 Degrees Fahrenheit is acceptable”, “Corrective Actions Noted for temperatures out of range: Cooler #, Time, Temp, Work Order”, and a supervisor signature line is printed on the bottom of every Cooler Temperature Log form. However, despite the fact that the form clearly states the acceptable cooler temperature range and indicates that corrective action is to be documented, corrective action was not documented on a single form provided for the period of December 2018 through June 2019.

It is important to note that refrigeration temperatures do not necessarily represent food temperatures and should not be interpreted at face value to suggest unsafe food. The OPSO main kitchen is a large facility and the temperatures of 15 different coolers and freezers were documented on the logs. The Monitor inspected Prep Cooler 245 and measured the ambient temperature at 38°F on September 18, 2019 and discussed these findings with OPSO and Summit staff. The Summit Food Service Director stated that food was not stored in Prep Cooler 245 and no food was observed stored therein, however it was readily accessible for use and signage indicated that it was a “Prepared Ingredients Cooler.” After discussion with the OPSO Facility Engineer, he reported that the external temperature thermometer gauge was not working properly and that a new one would be procured. The Summit Food Service Director also stated that she would order a refrigerator

¹⁶ Cooler Temperature Log data summary for 245 Prep Cooler A1B. December 2018: 56% of temperatures were warmer than 41°F (46°F = 15 entries and 44°F = 11 entries); January 2019: 30% of temperatures were warmer than 41°F (46°F = 4 entries and 44°F = 12 entries); February 2019: 8% of temperatures were warmer than 41°F; March 2019: 66% of temperatures were warmer than 41°F (44°F = 39 entries); April 2019: 48% of temperatures were warmer than 41°F (48°F = 1 entry, 46°F = 4 entries, 45°F = 2 entries, and 44°F = 17 entries); May 2019: 33% of temperatures were warmer than 41°F (48°F = 3 entries, 46°F = 1 entry, 45°F = 4 entries, and 44°F = 10 entries); and June 2019: 24% of temperatures were warmer than 41°F (44°F = 14 entries). Some log entries were missing.

thermometer to place inside the cooler to serve as a backup to the external thermometer gauge.

Nevertheless, it is a serious problem that refrigeration temperatures well above those considered to be able to maintain the safe food temperatures established by the Louisiana Food Code as well as those printed on the cooler temperature log form itself were documented month after month without corrective action. Temperatures were being checked and recorded however, the documentation clearly indicated that there was a potential problem with Prep Cooler 245 that required investigation to ensure proper maintenance and operation of the refrigeration.

To achieve substantial compliance, OPSO must ensure that temperatures are not recorded simply for the sake of documentation. Not subsequently taking and documenting corrective actions when temperature problems are found is not only a poor practice, it is unsafe and can lead to foodborne illness outbreaks.

IV. D. 4. Sanitation and Environmental Conditions Reporting

Findings:

- D. 4. a. Substantial Compliance
- D. 4. b. Substantial Compliance

IV. D. 4. a. Provide the Monitor a periodic report on sanitation and environmental conditions in the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include

- (1) number and type of violations reported by health and sanitation inspectors;
- (2) number and type of violations of state standards;
- (3) number of prisoner grievances filed regarding the environmental conditions at the Facility;
- (4) number of inoperative plumbing fixtures, light fixtures, HVAC systems, fire protection systems, and security systems that have not been repaired within 30 days of discovery;
- (5) number of prisoner-occupied areas with significant vandalism, broken furnishings, or excessive clutter;
- (6) occurrences of insects and rodents in the housing units and dining halls; and
- (7) occurrences of poor air circulation in housing units.

Findings: Substantial Compliance

Observations:

The January – June 2019 Sanitation and Environmental report was

made available to the Monitor prior to the September 2019 inspection tour. The report contained the requisite information spelled out by the Consent Judgement as well as supporting documentation.

IV. D. 4. b. Review the periodic sanitation and environmental conditions reports to determine whether the prisoner grievances and violations reported by health, sanitation, or state inspectors are addressed, ensuring that the requirements of this Agreement are met. OPSO shall make recommendations regarding the sanitation and environmental conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings: Substantial Compliance

Observations:

The Consent Judgment requires a review of the periodic sanitation and environmental conditions reports to ensure issues are addressed along with making recommendations regarding sanitation and environmental conditions and policy changes based upon the review. Such reviews are to be documented and provided to the Monitor.

The Monitor reviewed the supporting documentation provided by OPSO and determined that it was sufficient to satisfy the requirements of the Consent Judgment. OPSO provided documentation of the required review and basic analysis of prisoner grievances and inspection violations noted regarding sanitation and environmental conditions during the rating period.

The revised procedure implemented prior to the rating period whereby routine requests for clothing items were no longer classified as grievances was observed to have had the desired effect. The documentation reviewed reflected a more accurate accounting of grievances and their disposition which should assist management staff in their analysis.

IV. E. 1. Fire and Life Safety

Findings:

- E. 1. a. Partial Compliance
- E. 1. b. Substantial Compliance
- E. 1. c. Substantial Compliance
- E. 1. d. Substantial Compliance
- E. 1. e. Substantial Compliance

IV. E. 1. a. Ensure that necessary fire and life safety equipment is properly maintained and

inspected at least quarterly. These inspections must be documented.

Finding: Partial compliance

Observations:

The Monitor toured the entire facility with the Facility Life Safety Officer. The Monitor observed that the fire and life safety equipment issues noted during the previous inspection had been corrected resulting in a “Green Tag” being issued for the system in August 2019. The original issue was related to the operation of the recreation yard doors in each housing unit. The doors are an integral part of the facility’s smoke removal system. The Monitor observed the doors to be operational at the time of the inspection.

The Monitor observed three minor “trouble” warnings on the panel display at the time of the inspection. All three were minor issues routinely corrected by the Life-Safety Officer and Maintenance/contractor staff.

Life Safety staff continue to use the “Facility Dude” work order system to maintain the schedule of required inspections. The system notifies the Fire Safety Officer when an inspection is due. OPSO continues to maintain contracts with licensed vendors to complete annual inspections of all fire and life safety equipment. Prior to this tour, OPSO provided evidence of the most recent equipment inspections, in accordance with the Consent Judgment and policy. OPSO provided copies of quarterly inspections conducted by the Fire Safety Officer for Kitchen/Warehouse, OJC, and TDC for the first and second quarters of 2019. This documentation, supported by observations during the compliance tour, indicates that OPSO ensures that necessary fire and life safety equipment is properly maintained and inspected at required intervals. These inspections are conducted by a qualified fire safety officer or a qualified contractor, as required by the Consent Judgment. The Monitor noted all fire extinguishers observed were within their inspection window and up to date. One exit sign light was observed to be out of order, but an associated work order was noted to have already been submitted. The next annual inspection of the detection, alarm and sprinkler systems is due in November 2019.

IV. E. 1. b. Ensure that a qualified fire safety officer conducts a monthly inspection of the facilities for compliance with fire and life safety standards (e.g., fire escapes, sprinkler heads, smoke detectors, etc.).

Finding: Substantial Compliance

Observations:

The Monitor was provided with the monthly inspection documents for the Kitchen & Warehouse, OJC, and TDC facilities performed during the current inspection period. The reports are thorough and complete with all noted discrepancies listed with the associated work order number.

Examples of these issues noted in the reports and observed by the Monitor during this inspection include, but were not limited to:

- Accumulation of lint behind dryers resulting from missing or broken dryer vents in numerous OJC housing units constitute a significant fire safety hazard.
- In inmate cells, inmates' personal items (paperwork, commissary purchases, and other approved items) are not stored as required in OJC's Inmate Handbook in the personal property bags provided by OJC and in some instances, appeared excessive presenting a fire safety hazard. The Monitor noted, however, that this condition has improved substantially since the last inspection.
- Broken glass panels in cell doors and windows shower windows (two locations).
- The Monitor noted that a previously removed glass panel in a dorm shower door had been replaced.

IV. E. 1. c. Ensure that comprehensive fire drills are conducted every six months. OPSO shall document these drills, including start and stop times and the number and location of prisoners who were moved as part of the drills.

Finding: Substantial Compliance

Observations:

The Consent Judgment requires comprehensive fire drills every six months. OPSO provided documentation for fire drills for all facilities and shifts conducted during the current rating period. Documentation reviewed by the Monitor noted approximately 95% of all required staff had participated in at least one drill during the rating period. In addition to the detailed drill reports, the documentation lists, by name, any delinquent staff with the listing provided to senior management for the coordination of make-up training.

IV. E. 1. d. Provide competency-based training to staff on proper fire and emergency practices and procedures at least annually.

Finding: Substantial Compliance

Observation:

OPSO has developed the requisite policy, training course syllabus/outline and written directives. The Monitor was provided with documentation reflecting the requisite training was provided during in-service classes held in February 2019. The completion rate for the training was approximately 95% of OJC staff. However, it appeared that none of the TDC staff participated in the February 2019 training. Additionally, the documentation lists, by name, any delinquent staff with the listing provided to senior management for the coordination of make-up training. The Life Safety Officer notes all requisite staff are expected to complete the requisite annual training prior to the end of 2019.

IV. E. 1. e. Within 120 days of the Effective Date, ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.

Finding: Substantial compliance

Observations:

The Monitor found the physical security and accountability for emergency keys to be in substantial compliance with the Consent Judgment and Policy 801.35 “Key and Key Card Control”. Inspection reports note the routine verification of the keys and the Fire Safety Officer documents the periodic testing of the keys to verify they are operational. The Fire Safety Officer trains staff on the use of the location and use of the keys during the fire and life safety training curriculum provided to all staff at the training academy.

IV. E. 2. Fire and Life Safety Reporting

Findings:

E. 2. a. Substantial Compliance

E. 2. b. Substantial Compliance

IV. E. 2. a. (1) – (3) Provide the Monitor a periodic report on fire and life safety conditions at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date and every six months thereafter until termination of this Agreement. Each report shall include:

- (1) number and type of violations reported by fire and life safety inspectors;
- (2) fire code violations during annual fire compliance tours; and

(3) occurrences of hazardous clutter in housing units that could lead to a fire.

Finding: Substantial Compliance

Observations:

The January – June 2019 Fire and Life Safety Conditions report was made available to the Monitor prior to the September 2019 inspection. The report contained the requisite information spelled out by the Consent Judgment as well as supporting documentation.

IV. E. 2. b. Review the periodic fire and life safety reports to determine whether the violations reported by fire and life safety inspectors are addressed, ensuring the requirements of this Agreement are being met. OPSO shall make recommendations regarding the fire and life safety conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.

Finding: Substantial Compliance

Observations:

The Consent Judgment requires a review of the periodic fire and life safety reports to ensure issues are addressed along with making recommendations regarding the fire and life safety conditions and policy changes based upon the review. Such reviews are to be documented and provided to the Monitor.

The Monitor reviewed the supporting documentation provided by OPSO and determined that it was sufficient to satisfy the requirements of the Consent Judgment. OPSO provided documentation of the required review and basic analysis of fire and life safety conditions as well as any necessary changes in policy or procedure.

Meeting minutes from the review indicated the OPSO Life Safety Officer communicated the information in IV. E. 2. a. (1) – (3) and reiterated the changes in the following implemented prior to the current reporting period:

- procedures for the conduct of fire drills to enhance staff participation
- procedures for documenting staff participation in drills
- documentation of life safety issues/corrective action in the facility maintenance management system
- new procedures for coordinating with the Unit Managers specifically in regard to the control of clutter and contraband in the units.

IV. F. Language Assistance

F.1.a. OPP shall ensure effective communication with, and provide timely and meaningful access to services at OPP to all prisoners at OPP, regardless of their national origin or limited ability to speak, read, write, or understand English. To achieve this outcome, OPP shall:

- (1) Develop and implement a comprehensive language assistance plan and policy that complies, at a minimum, with Title VI of the Civil Rights Act of 1964, as amended, (42 U.S.C. § 2000d et seq.) and other applicable law;
- (2) Ensure that all OPP personnel take reasonable steps to provide timely, meaningful language assistance services to Limited English Proficient (“LEP”) prisoners;
- (3) At intake and classification, identify and assess demographic data, specifically including the number of LEP individuals at OPP on a monthly basis, and the language(s) they speak;
- (4) Use collected demographic information to develop and implement hiring goals for bilingual staff that meet the needs of the current monthly average population of LEP prisoners;
- (5) Regularly assess the proficiency and qualifications of bilingual staff to become an OPP Authorized Interpreter (“OPPAI”);
- (6) Create and maintain an OPPAI list and provide that list to the classification and intake staff; and
- (7) Ensure that while at OPP, LEP prisoners are not asked to sign or initial documents in English without the benefit of a written translation from an OPPAI.

F.2.a. OPP shall develop and implement written policies, procedures and protocols for documenting, processing, and tracking of individuals held for up to 48 hours for the U.S. Department of Homeland Security (“DHS”);

F.2.b. Policies, procedures, and protocols for processing 48-hour holds for DHS will:

- (1) Clearly delineate when a 48-hour hold is deemed to begin and end;
- (2) Ensure that, if necessary, an OPPAI communicates verbally with the OPP prisoner about when the 48-hour period begins and is expected to end;
- (3) Provide a mechanism for the prisoner’s family member and attorney to be informed of the 48-hour hold time period, using, as needed, an OPPAI or telephonic interpretation service;
- (4) Create an automated tracking method, not reliant on human memory or paper documentation, to trigger notification to DHS and to ensure that the 48-hour time period is not exceeded.
- (5) Ensure that telephone services have recorded instructions in English and Spanish;
- (6) Ensure that signs providing instructions to OPP prisoners or their families are translated into Spanish and posted;
- (7) Provide Spanish translations of vital documents that are subject to dissemination to OPP prisoners or their family members. Such vital documents include, but are not limited to:
 - i. grievance forms;
 - ii. sick call forms;
 - iii. OPP inmate handbooks;
 - iv. Prisoner Notifications (e.g., rule violations, transfers, and grievance responses) and
 - v. “Request for Services” forms.
- (8) Ensure that Spanish-speaking LEP prisoners obtain the Spanish language translations of forms provided by DHS; and
- (9) Provide its language assistance plan and related policies to all staff within 180 days of the Effective Date of this Agreement.

F.3.a. Within 180 days of the Effective Date, OPP shall provide at least eight hours of LEP training to all corrections and medical and mental health staff who may regularly interact with LEP prisoners.

- (1) LEP training to OPP staff shall include:
 - i. OPP’s LEP plan and policies, and the requirements of Title VI and this Agreement;
 - ii. how to access OPP-authorized, telephonic and in-person OPPAIs; and
 - iii. basic commands and statements in Spanish for OPP staff.

- (2) OPP shall translate the language assistance plan and policy into Spanish, and other languages as appropriate, and post the English and translated versions in a public area of the OPP facilities, as well as online.
 - (3) OPP shall make its language assistance plan available to the public.
- F.4.
- (1) OPP shall ensure that adequate bilingual staff are posted in housing units where DHS detainees and other LEP prisoners may be housed.
 - (2) OPP shall ensure that an appropriate number of bilingual staff are available to translate or interpret for prisoners and other OPP staff. The appropriate number of bilingual staff will be determined based on a staffing assessment by OPP.

Findings:

- F. 1. a. Partial Compliance
- F. 2. a. Substantial Compliance
- F. 2. b. Substantial Compliance
- F. 3. a. Partial Compliance
- F. 4. Substantial Compliance

Observations:

The Language Assistance Plan required by this paragraph has not been prepared or reviewed by the parties.

While OPSO asserts that DHS and ICE inmates are not detained, OPSO has developed a policy which was submitted to the Monitors which brings provisions F. 2. a. and b. into substantial compliance.

Provision IV. F. 3. a. is determined in partial compliance as the Language Assistance plan has not been completed.

OPSO provided documentation regarding the use of the language line. OPSO has provided documentation regarding the number of bilingual staff and the manner in which the needs of language assistance are provided bringing provisions of F. 4. Into substantial compliance.

IV. G. Youthful Prisoners

Consistent with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, a youthful prisoner shall not be placed in a housing unit in which the youthful prisoner will have sight, sound, or physical contact with any adult prisoner through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, OPSO shall either: maintain sight and sound separation between youthful prisoners and adult prisoners, or provide direct staff supervision when youthful prisoners and adult prisoners have sight, sound, or physical contact. OPP shall ensure that youthful prisoners in protective custody status shall have no contact with, or access to or from, non-protective custody prisoners. OPP will develop policies for the provision of developmentally appropriate mental health and programming services.

IV. G. Finding: Partial compliance

Observations:

OPSO has provided documentation that its separation of youthful inmates from adult inmates was found in compliance during its recent PREA audit. Youthful female inmates are now housed in TDC. Documentation has not been presented regard the developmentally appropriate mental health and programming services.

VI. A – D. The New Jail Facility and Related Issues

A. New Jail

The Parties anticipate that Defendant will build a new jail facility or facilities that will replace or supplement the current facility located at 2800 Gravier Street, New Orleans, Louisiana. This Agreement shall apply to any new jail facility.

VI. A. Finding: Substantial Compliance.

B. Design and Design Document

Defendant shall obtain the services of a qualified professional to evaluate, design, plan, oversee, and implement the construction of any new facility. At each major stage of the facility construction, Defendant shall provide the Monitor with copies of design documents.

VI B. Finding: Substantial Compliance

This provision provides that, *“The Defendant shall obtain the services of a qualified professional to evaluate, design, plan, oversee, and implement the construction of **any new facility** [emphasis added]. At each major stage of the facility construction, Defendant shall provide the Monitor with copies of design documents.”*

C. Staffing

Defendant shall consult with a qualified corrections expert as to the required services and staffing levels needed for any replacement facility. OPSO shall complete a staffing study to ensure that any new facility is adequately staffed to provide prisoners with reasonable safety.

VI. C. Finding: Substantial Compliance

The Consent Judgment requires that the Defendant **shall** consult with a qualified corrections expert as to the required services and staffing levels needed for any replacement facility. The Monitors will await planning for Phase III to ascertain future compliance. For now, the paragraph is in substantial compliance.

D. Compliance with Codes and Standards

Defendant will ensure that the new jail facility will be built in accordance with: (1) the American Correctional Association’s standards in effect at the time of construction; (2) the American with Disabilities Act of 1990 (“ADA”), 42 U.S.C. §§ 12101-12213, including changes made by the ADA Amendments of 2008 (P.L. 110-325) and 47 U.S.C. §§ 225-661, and the regulations there under; and (3) all applicable fire codes and regulations.

Finding – Monitors not qualified to evaluate.

The Monitors do not have the knowledge or expertise to evaluate compliance with this paragraph. OPSO asserts that it is in compliance with this provision, without offering documentation.

VII. Compliance and Quality Improvement

VII. A. Policies, Procedures, Protocols, Training Curriculum and Practices

Within 120 days of the Effective Date, OPSO shall revise and/or develop its policies, procedures, protocols, training curricula, and practices to ensure that they are consistent with, incorporate, address, and implement all provisions of this Agreement. OPSO shall revise and/or develop, as necessary, other written documents, such as screening tools, logs, handbooks, manuals, and forms, to effectuate the provisions of this Agreement. OPSO shall send pertinent newly-drafted and revised policies and procedures to the Monitor as they are promulgated. The Monitor will provide comments on the policies to OPSO, SPLC, and DOJ within 30 days. OPSO, SPLC, and DOJ may provide comments on the Monitor’s comments within 15 days. At that point, the Monitor will consider the Parties’ comments, mediate any disputes, and approve the policies with any changes within 30 days. If either party disagrees with the Monitor, they may bring the dispute to the Court. OPSO shall provide initial and in-service training to all Facility staff with respect to newly implemented or revised policies and procedures. OPSO shall document employee review and training in new or revised policies and procedures.

VII. A. Finding: Substantial Compliance

Observations:

OPSO has now completed the development of the requires policies. There are still procedures and lesson plans which must be completed to remain in substantial compliance.

VII. (H). B. Written Quality Improvement Policies and Procedures

Within 180 days of the Effective Date, Defendant shall develop and implement written quality improvement policies and procedures adequate to identify serious deficiencies in protection from harm, prisoner suicide prevention, detoxification, mental health care, environmental health, and fire and life safety in order to assess and ensure compliance with the terms of this Agreement on an ongoing basis. Within 90 days after identifying serious deficiencies, OPSO shall develop and implement policies and procedures to address problems that are uncovered during the course of quality improvement activities. These policies and procedures shall include the development and implementation of corrective action plans, as necessary, within 30 days of each biannual review.

VII. B. Finding: Partial compliance

Observations:

OPSO has provided documentation that it is now developing plans to identify serious deficiencies, and to address problems that are uncovered during the course of quality improvement activities to warrant a finding of partial compliance. These plans could benefit from being more thorough such as the development of corrective action to be taken and the auditing of adherence to the action plan.

VII. (I). C. Full-Time Compliance Coordinator

The Parties agree that OPSO will hire and retain, or reassign a current OPSO employee for the duration of this Agreement, to serve as a full-time OPSO Compliance Coordinator. The Compliance Coordinator will serve as a liaison between the Parties and the Monitor and will assist with OPSO’s compliance with this Agreement. At a minimum, the Compliance Coordinator will: coordinate OPSO’s compliance and implementation activities; facilitate the provision of data, documents, materials, and access to OPSO’s personnel to the Monitor, SPLC, DOJ, and the public, as needed; ensure that all documents and records are maintained as provided in this Agreement; and assist in assigning compliance tasks to OPSO personnel, as directed by the Sheriff or his or her designee. The Compliance Coordinator will take primary responsibility for collecting information the Monitor requires to carry out the duties assigned to the Monitor.

VII. C. Finding: Substantial Compliance.

VII. (J.) D. Self-Assessment

On a bi-annual basis, OPSO will provide the public with a self-assessment in which areas of significant improvement or areas still undergoing improvement are presented either through use of the OPSO website or through issuance of a public statement or report.

VII. D. Finding: Substantial Compliance

Observations:

OPSO is now in substantial compliance as, in addition to holding town hall meetings quarterly and providing PowerPoint presentations at those meetings, OPSO posts those PowerPoint presentations on its website.

VIII. Reporting Requirements and Right of Access

VIII. A. Periodic Compliance Reporting

OPSO shall submit periodic compliance reports to the Monitor. These periodic reports shall be provided to the Monitor within four months from the date of a definitive judgment on funding; and every six months thereafter until termination of this Agreement. Each compliance report shall describe the actions Defendant

has taken during the reporting period to implement this Agreement and shall make specific reference to the Agreement provisions being implemented. The report shall also summarize audits and continuous improvement and quality assurance activities, and contain findings and recommendations that would be used to track and trend data compiled at the Facility. The report shall also capture data that is tracked and monitored under the reporting provisions of the following provisions: Use of Force; Suicide Prevention; Health Care Delivered; Sanitation and Environmental Conditions; and Fire and Life Safety.

VIII. A. Finding: Substantial Compliance

Observations:

The reports provided by OPSO are now sufficient to address the requirements of this provision,

VIII. B. (Notification of) Death of Any Prisoner

OPSO shall, within 24 hours, notify the Monitor upon the death of any prisoner. The Monitor shall forward any such notifications to SPLC and DOJ upon receipt. OPSO shall forward to the Monitor incident reports and medical and/or mental health reports related to deaths, autopsies, and/or death summaries of prisoners, as well as all final SOD and IAD reports that involve prisoners. The Monitor shall forward any such reports to SPLC and DOJ upon receipt.

Finding: Substantial Compliance

VIII. C. Records

Defendant shall maintain sufficient records to document that the requirements of this Agreement are being properly implemented and shall make such records available to the Monitor within seven days of request for inspection and copying. In addition, Defendant shall maintain and provide, upon request, all records or other documents to verify that they have taken the actions described in their compliance reports (e.g., census summaries, policies, procedures, protocols, training materials, investigations, incident reports, tier logs, or use of force reports).

VIII. C. Finding: Substantial Compliance

Observations:

OPSO now generally provides responses with seven days of a request by the Monitors. Some of the requests made regarding Classification are now timely. The monthly reports provided to the Monitors greatly decreases the need for document requests.

III. Stipulated Agreements

OPSO and the Plaintiffs/DOJ negotiated two agreements after Compliance Report #3. The language of the Agreed Orders linked directly to the Consent Judgment and represented priority areas for inmate safety.

The three provisions of the April 22, 2015 are in compliance. The provisions in the Agreed Order of February 11, 2015 require additional attention. See the section of the Consent Judgment as noted.

6.b. OPSO shall ensure by May 15, 2015 that all staff assigned to the housing for inmates with acute and chronic mental health (in Templeman V, TDC, or other housing in which this population is held) attend training regarding working this population. The lesson plans/curricula for this training shall be reviewed and approved by the Monitors. The draft of the training curriculum and training plan is due to the Monitors by April 15, 2015, and should include participation by subject matter experts employed by the medical contractor. See also Consent Judgment IV. B. 4. a. and 7. a.

13. Medical Care – The health care provider has not provided their action plan for achieving compliance with the provisions of the Consent Judgment, as required by this paragraph.

14.b. By April 1, 2015, OPSO, in collaboration with CCS, will produce a management plan for inmates on the mental health caseload (Levels 1 – 4), whether these inmates are housed in the step-down unit, or in general population. See Consent Judgment IV. B. 2.

Appendix A - Summary Compliance Findings by Section Compliance Reports 1 – 11

	Report # 1 2/13/14	Report # 2 8/26/14	Report # 3 2/25/15	Report # 4 9/9/15	Report # 5 3/17/16	Report # 6 10/25/16	Report # 7 5/1/17	Report # 8 1/12/18	Report # 9 8/25/18	Report # 10 3/18/19	Report # 11 9/19/19
IV.A. 1. Use of Force Policies and Procedures/Margo Frasier											
IV. A. 1.a.	ND	NC	NC	PC	NC	PC	PC	PC	PC	SC	SC
IV. A. 1.b.	ND	NC	NC	PC	NC	PC	PC	PC	SC	SC	SC
IV. A. 1.c.	ND	NC	NC	PC	NC	NC	PC	PC	PC	SC	SC
IV.A.2. Use of Force Training/Margo Frasier and Shane Poole											
IV. A. 2. a.	ND	NC	NC	NC	NC	PC	PC	PC	PC	PC	SC
IV. A. 2. b.	ND	NC	NC	NC	NC	PC	PC	PC	PC	PC	SC
IV. A. 2. c.	ND	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC
IV.A.3. Use of Force Reporting/Margo Frasier											
IV. A.3 a.	ND	NC	NC	PC	NC	PC	PC	PC	PC	PC	SC
IV. A.3 b.	ND	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC
IV. A.3 c.	ND	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC
IV. A.3 d.	ND	NC	NC	PC	NC	NC	PC	PC	PC	PC	PC
IV. A.3 e.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC
IV. A.3 f.	ND	NC	NC	PC	NC	PC	PC	PC	PC	PC	PC
IV. A.3 g.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC
IV. A.3 h.	ND	NC	NC	NC	NC	NC	NC	NC	PC	SC	SC
IV.A.4. Early Intervention System ("EIS") /Margo Frasier and Shane Poole											
IV.A.4.a.	ND	NC	NC	PC	PC	PC	NC	NC	PC	PC	SC
IV.A.4.b.	ND	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC
IV.A.4.c.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC
IV.A.4.d.	ND	NC	NC	NC	NC	PC	PC	NC	NC	PC	SC
IV.A.4.e.	ND	ND	ND	ND	NC	NC	NC	NC	NC	SC	SC
IV.A.5. Safety and Supervision/Margo Frasier											
IV.A.5.a.	ND	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.A.5.b.	ND	NC	NC	NC	NC	NC	NC	NC	NC	PC	SC
IV.A.5.c.	ND	NC	NC	NC	NC	NC	NC	PC	PC	PC	SC
IV.A.5.d.	NC	NC	PC	PC	NC	NC	NC	NC	PC	PC	PC
IV.A.5.e.	ND	NC	NC	PC	PC	NC	NC	NC	NC	PC	PC
IV.A.5.f.	ND	NC	NC	PC	PC	SC	SC	PC	PC	PC	PC
IV.A.5.g.	ND	NC	ND	PC	NC	NC	NC	NC	NC	PC	SC
IV.A.5.h.	ND	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.A.5.i.	ND	NC	NC	PC	PC	PC	PC	PC	SC	PC	PC
IV.A.5.j.	ND	NC	PC	PC	NC	NC	NC	NC	PC	PC	PC
IV.A.5.k.	ND	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.A.5.l.	ND	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC
IV.A.6. Security Staffing/Margo Frasier											
IV.A.6.a.	ND	PC	PC	PC	SC	SC	PC	PC	PC	SC	SC

IV.A.6.b.	ND	NC	PC	PC	NC	PC	PC	PC	PC	SC	SC
IV.A.7 Incidents and Referrals/Margo Frasier											
IV.A.7.a.	ND	NC	NC	NC	NC	PC	PC	PC	PC	PC	SC
IV.A.7.b.	ND	NC	NC	PC	NC	PC	PC	PC	PC	PC	PC
IV.A.7.c.	ND	NC	PC	PC	PC	PC	SC	SC	SC	SC	SC
IV.A.7.d.	ND	NC	NC	NC	NC	NC	NC	PC	PC	PC	SC
IV.A.7.e.	ND	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.A.7.f.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC
IV.A.7.g.	ND	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC
IV.A.7.h.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC
IV.A.7.i.	ND	NC	NC	PC	NC	NC	NC	NC	NC	PC	SC
IV.A.7.j.	ND	NC	NC	NC	NC	NC	NC	NC	NC	SC	SC
IV.A.8. Investigations/Margo Frasier											
IV.A.8.a.	ND	NC	PC	PC	PC	SC	SC	SC	SC	SC	SC
IV.A.8.b.	ND	NC	PC	PC	PC	SC	SC	SC	SC	SC	SC
IV.A.8.c.	ND	NC	PC	PC	PC	SC	SC	SC	SC	SC	SC
IV.A.8.d.	ND	NC	NC	PC	PC	SC	SC	SC	SC	SC	SC
IV.A.8.e.	ND	NC	NC	PC	PC	PC	PC	SC	SC	SC	SC
IV.A.8.f.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC
IV.A.9. Pretrial Placement in Alternative Settings/Margo Frasier											
IV.A.9.a.	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.9.b.	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.10. Custodial Placement within OPP/Patricia Hardyman											
IV.A.10.a.	NC	PC	SC	SC	SC	SC	PC	PC	PC	PC	SC
IV.A.10.b.	NC	NC	NC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.10.c.	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.A.10.d.	NC	NC	PC	PC	PC	PC	PC	NC	PC	SC	PC
IV.A.10.e.	NC	NC	PC	SC	PC	PC	SC	PC	PC	PC	PC
IV.A.10.f.	NC	NC	NC	NC	NC	PC	PC	PC	NC	SC	PC
IV.A.10.g.	NC	NC	NC	NC	NC	PC	PC	PC	PC	SC	SC
IV.A.10.h.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC
IV.A.11. Prisoner Grievance Process/Margo Frasier and Shane Poole											
IV.A.11.a	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.A.11.a.(1)											SC
IV.A.11.a.(2)											PC
IV.A.11.a.(3)											SC
IV.A.11.a.(4)											SC
IV.A.11.a.(5)											SC
IV.A.11.a.(6)											PC
IV.A.12. Sexual Abuse/Margo Frasier											
IV.A.12.	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.A.13. Access to Information/Margo Frasier											
IV.A.13.	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV. B. Mental Health Care											
IV.B.1. Screening and Assessment/Raymond Patterson											
IV.B.1.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.1.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.1.c.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC

IV.B.1.d.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.1.e.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.B.1.f.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.1.g.	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC
IV.B.1.h.	NC	NC	NC	NC	NC	NC	NC	NC	PC	SC	SC
IV.B.1.i.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.1.j.	NC	NC	NC	PC	NC	NC	NC	NC	NC	PC	PC
IV.B.1.k.	NC	NC	NC	PC	NC	NC	NC	NC	NC	NC	PC
IV.B.1.l.	NC	NC	NC	NC	NC	NC	NC	NC	NC	SC	SC
B. 2. Treatment/Raymond Patterson											
IV.B.2.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.2.b.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.2.c.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.2.d.	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
IV.B.2.e.	NC	NC	NC	PC	PC	PC	PC	NC	NC	PC	SC
IV.B.2.f.	NC	NC	NC	PC	PC	PC	NC	PC	PC	PC	SC
IV.B.2.g.	NC	NC	NC	PC	PC	PC	NC	PC	PC	SC	SC
IV.B.2.h.	NC	NC	NC	PC	PC	PC	PC	PC	NC	PC	SC
IV.B.3. Counseling/Raymond Patterson											
IV.B.3.a.	NC	NC	NC	NC	PC	NC	NC	PC	PC	PC	PC
IV.B.3.b.	NC	NC	NC	NC	PC	NC	NC	PC	PC	PC	PC
IV.B.4. Suicide Prevention Training Program/Raymond Patterson											
IV.B.4.a.	NC	NC	NC	PC	PC	PC	PC	PC	NC	PC	PC
IV.B.4.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC
IV.B.4.c.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.4.d.	NC	NC	NC	PC	NC	NC	NC	NC	NC	PC	PC
IV.B.4.e.	NC	NC	NC	PC	NA	PC	PC	PC	PC	PC	PC
IV.B.4.f.	NC	NC	NC	NC	PC	PC	NC	NC	SC	SC	SC
IV.B.4.g.	NC	NC	NC	SC	PC	NC	NC	NC	NC	PC	NC
IV.B.5. Suicide Precautions/Raymond Patterson											
IV.B.5.a.	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.5.b.	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC	PC
IV.B.5.c.	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.5.d.	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC
IV.B.5.e.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.5.f.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	SC
IV.B.5.g.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.5.h.	NC	NC	NC	NC	NC	NC	NC	PC	NC	PC	PC
IV.B.5.i.	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC	SC
IV.B.5.j.	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.5.k.	NC	NC	NC	NC	NC	NC	NC	PC	NC	PC	PC
IV.B.6. Use of Restraints/Raymond Patterson											
IV.B.6.a.	PC	NC	PC	PC	PC	PC	PC	PC	NC	PC	PC
IV.B.6.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.B.6.c.	ND	NC	PC	PC	PC	PC	PC	PC	NC	PC	NC
IV.B.6.d.	ND	NC	PC	PC	PC	PC	PC	PC	NC	PC	SC
IV.B.6.e.	NC	NC	PC	PC	PC	PC	PC	PC	NC	PC	NC
IV.B.6.f.	NC	NC	PC	PC	PC	PC	PC	PC	NC	PC	SC

IV.B.6.g.	NC	NC	PC	PC	PC	PC	PC	PC	PC	NC	PC	NC
IV.B.7. Detoxification and Training/Robert Greifinger												
IV.B.7.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.7.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.7.c.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.7.d.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	NC	PC
IV.B.8. Medical and Mental Health Staffing/Robert Greifinger												
IV.B.8.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.8.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.9. Risk Management/Robert Greifinger												
IV.B.9.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.9.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.9.c.	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.9.d.	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.9.e.	NC	NC	NC	NC	PC	PC	PC	PC	PC	NC	PC	PC
IV.B.9.f.	NC	NC	NC	NC	PC	PC	PC	PC	PC	NC	NC	PC
IV.C. Medical Care See SA 2/11/15 13.												
IV. C. Quality Management of Medication Administration												
IV.C.1.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.C.1.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.C.1.c.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.C.1.d.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.C.2. Health Care Delivered/Robert Greifinger												
IV.C.2.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	NC	PC
IV.C.2.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	NC	PC
IV.C.3. Release and Transfer/Robert Greifinger												
IV.C.3.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.C.3.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.C.3.c.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.C.3.d.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.D. Sanitation and Environmental Conditions/Shane Poole												
IV.D. 1.a.	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV. D. 1.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV. D. 1.c.	NC	NC	PC	PC	NC	NC	PC	SC	PC	PC	PC	SC
IV. D. 1.d.	NC	NC	NC	NC	SC	SC	SC	SC	SC	SC	SC	SC
IV. D. 1.e.	NC	PC	PC	PC	PC	PC	PC	SC	PC	SC	SC	SC
IV. D. 1.f.	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC
IV. D. 1.g.	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC
IV. D. 1.h.	NC	NC	NC	PC	NC	PC	NC	NC	NC	NC	PC	PC
IV. D. 2. Environmental Control/Shane Poole												
IV. D. 2.a.	NC	NC	PC	PC	PC	SC	SC	SC	PC	SC	SC	SC
IV. D. 2.b.	NC	NC	NC	NC	NC	SC	PC	SC	SC	SC	SC	SC
IV. D. 3. Food Service/Diane Skipworth												
IV. D. 3.a.	NC	NC	NC	PC	PC	PC	NC	PC	PC	PC	PC	SC
IV. D. 3.b.	NC	NC	NC	PC	PC	PC	NC	NC	NC	NC	NC	PC
IV. D. 3.c.	NC	NC	NC	PC	NC	NC	PC	PC	PC	PC	PC	PC

IV. D. 4. Sanitation and Environmental Conditions Reporting/Shane Poole											
IV. D. 4.a. 1-7	NC	NC	PC	PC	PC	PC	PC	PC	NC	SC	SC
IV. D. 4.b.	NC	NC	NC	NC	PC	NC	NC	PC	PC	SC	SC
IV.E. Fire and Life Safety/Shane Poole											
IV. E. 1. Fire and Life Safety											
IV. E. 1.a.	NC	PC	PC	PC	PC	PC	PC	SC	PC	PC	PC
IV. E. 1.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC
IV. E. 1.c.	PC	PC	PC	PC	NC	PC	PC	SC	PC	SC	SC
IV. E. 1.d.	NC	NC	NC	NC	NC	NC	PC	SC	PC	SC	SC
IV. E. 1.e.	ND	NC	PC	PC	PC	PC	PC	PC	SC	SC	SC
IV. E. 2. Fire and Life Safety Reporting											
IV. E. 2.a.1-3	ND	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV. E. 2.b.	ND	NC	NC	PC	NC	NC	NC	PC	PC	SC	SC
IV.F. Language Assistance											
IV.F.1. Timely and Meaningful Access to Services/Margo Frasier											
IV.F.1.a.	ND	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.F.2. Language Assistance Policies and Procedures/Margo Frasier											
IV.F.2.a.	ND	PC	PC	PC	Not App	Not App	Not App	Not App	Not App	Not App	SC
IV.F.2.b.	ND	PC	PC	PC	Not App	Not App	Not App	Not App	Not App	Not App	SC
IV.F.3. Language Assistance Training/Margo Frasier											
IV.F.3.a.	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.F.4. Bilingual Staff/Margo Frasier											
IV.F.4.	NC	PC	PC	PC	PC	NC	NC	NC	NC	PC	SC
IV.G. Youthful Prisoners/Margo Frasier											
IV.G.	NC	NC	NC	PC	PC	PC	NC	NC	PC	PC	PC
VI. The New Jail Facility/Margo Frasier											
VI. A.	ND	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC
VI. B.	NC	PC	SC	SC	SC	SC	SC	SC	SC	SC	SC
VI. C.	ND	PC	SC	SC	PC	PC	PC	PC	SC	SC	SC
VI. D.	Monitors Not Qualified to Evaluate										
VII. Compliance and Quality Improvement/Margo Frasier											
VII. A.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC
VI. B. (H.)	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC
VI. C. (I.)	NC	NC	SC	SC	NC	SC	SC	NC	PC	SC	SC
VI. D. (J.)	ND	NC	NC	PC	PC	PC	PC	NC	NC	NC	SC
VIII. Reporting Requirements and Right of Access/Margo Frasier											
VIII.A.	ND	PC	NC	PC	PC	PC	PC	NC	NC	PC	SC
VIII.B.	PC	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC
VIII.C.	PC	PC	PC	SC	SC	SC	NC	NC	PC	PC	SC
Legend: ND - Not scheduled for review NC - Non-compliance PC - Partial Compliance SC - Substantial Compliance NA - Not Applicable											

Exhibit 23

(Orleans Parish, LA)

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA**

LASHAWN JONES, *et al.*, and
THE UNITED STATES OF AMERICA,

PLAINTIFFS

MARLIN GUSMAN, Sheriff,

DEFENDANT.

§
§
§ Civil Action No. 2:12-cv-00859
§ Section I, Division 5
§ Judge Lance M. Africk
§ Magistrate Judge Michael B. North
§
§
§
§
§

Report No. 13 of the Independent Monitors

February 8, 2021

Margo L. Frasier, J.D., C.P.O., Lead Monitor
Robert B. Greifinger, M.D. Medical Monitor
Patricia L. Hardyman, Ph.D., Classification Monitor
Raymond F. Patterson, M.D., D.F.A.P.A., Mental Health Monitor
Shane J. Poole, M.S., C.J.M., Environmental Fire Life Safety Monitor
Diane Skipworth, M.C.J., R.D.N., L.D., R.S., C.C.H.P., C.L.L.M., Food Safety Monitor



Compliance Report #13
LASHAWN JONES, et al., and the United States of America v.
Marlin Gusman, Sheriff

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Compliance Report # 13

Introduction:

This is Compliance Report #13 submitted by the Independent Monitors providing assessment of the Orleans Parish Sheriff's Office's (OPSO) compliance with the Consent Judgment of June 6, 2013. Report #13 reflects the status of OPSO's compliance as of September 30, 2020. This Report is based on incidents, documents, and compliance-related activities between April 1, 2020 and September 30, 2020. Due to health safety concerns because of COVID, three of the Monitors conducted the monitoring visit onsite while the medical, mental health, and classification portions were conducted virtually. Having some of the Monitors onsite allowed for observations to be shared with the Monitors conducting their visit virtually. This report is based on the observations and review of OPSO documents by the Monitors during the onsite and virtual site visits.

Throughout the time the Monitors have been involved in enforcement of the Consent Judgment, the site visits have played an integral role. During the site visits and the site visits by the Lead Monitor in between, the Monitors have endeavored to provide guidance to OPSO as to how to remedy the unsafe and unconstitutional conditions which existed when we began monitoring in late 2013. During this monitoring period, health concerns related to COVID limited the ability of the Monitors to be onsite. The May 2020 site visit was conducted virtually. Due to COVID only one visit onsite before the tour was possible; the Lead Monitor visited in August 2020.

The Monitors have consistently urged OPSO to put in place the necessary processes and procedures to not only obtain compliance, but to sustain compliance. Such processes and procedures would allow OPSO to provide adequate proof of compliance and assess compliance with the Consent Judgment and its own policies and procedures and address shortcomings without intervention of the Monitors. The Monitors have provided guidance as to how to go about the various review functions and establish an inspection unit that would operate independently of those whose performance would be assessed, but only minimal progress has been made. For instance, OPSO does not have an electronic way of recording security checks in the housing unit. In an effort to simplify the process, OPSO developed a paper form on which to record security checks. While this provides an easier way for a supervisor to see during a unit inspection if the deputy has recorded that the security checks are being performed timely, it is insufficient proof that the security checks actually occurred

and requires watching hours of video to verify. With the departure of the Independent Compliance Director (ICD), a comprehensive audit and inspection unit is even more important to finishing up the work to be done on compliance and sustaining compliance. Equally important is adopting a culture where accountability is embraced as opposed to a culture where there is a reluctance to address the deficiencies and, in some instances, undermine the efforts of those whose job it is to provide information.

During the monitoring period, the OPSO's jail system was under the leadership of Darnley R. Hodge, Sr., who was appointed by the Court on January 29, 2018, as the ICD on an interim basis and was appointed to the position permanently on October 12, 2018. On August 5, 2020, the Court terminated the appointment of the ICD at a date to be mutually agreed upon by the Sheriff and ICD later. November 27, 2020 was the date agreed upon by Sheriff Gusman and Director Hodge. Given that it was clear that the role of the ICD was coming to an end, Director Hodge, and Sheriff Gusman collaborated more in the operation of the jail. Sheriff Gusman resumed complete control of the operation of the jail on November 27, 2020. Byron LeCounte joined the OPSO administrative staff as the Chief of Corrections in February 2019 and continues in that role.

In summary, the Monitors find that safety, medical and mental health care, and environment conditions of inmates held in both the Orleans Justice Center (OJC) and the Temporary Detention Center (TDC) has made little improvement since Compliance Report #12 provided to the Court on July 26, 2020. In some areas, compliance has backslid. Ratings improved on eleven (11) provisions but regressed on nineteen (19) provisions. While some of the regression is due to the strain put on the system by COVID, much is due to a failure to follow the policies and procedures that have been put in place. The specific initiatives are addressed in this report.

A. Summary of Compliance

The requirements of the Consent Judgment represent correctional practice recognized as required for the operation of a Constitutional jail system. While there is some flexibility for how OPSO addresses the mandates, achieving substantial compliance with the Consent Judgment, and Stipulated Agreements are necessary to bring OPSO and its correctional facilities into adherence with Constitutional requirements. The Consent Judgment contains 174 separately rated provisions. While they are separately rated, they are often intertwined. For example, effective implementation of a policy requires not only the

drafting of a suitable policy, but appropriate training on the policy and enforcement of the policy. Enforcement of the policy is contingent on assessing whether the policy is being followed which requires supervision, analysis of incidents and data, and objective confirmation of compliance. A meaningful annual review of the adequacy of the policy does not just mean to determine whether the wording of the policy should be changed, but also includes determining adherence to the policy and whether the objectives of the policy are being met, which again requires objective data collection and analysis and development of corrective action plans.

Based on the current assessment, OPSO has regressed from Report #12 and now has four provisions which are in non-compliance. Substantial compliance has been achieved for 64% of the provisions. Thirty-four percent (34%) of the provisions are in partial compliance. Two percent of the provision are in non-compliance.

Overtime, OPSO has made material progress as indicated by the movement of non-compliance to partial compliance to substantial compliance for some provisions. At different times during the duration of the Consent Judgment, there has been regression in the progress towards compliance. One of those periods was shortly after OPSO transitioned into the new jail. That was due to the failure to implement a transition plan which allowed for hiring and extensive training of staff on the direct supervision model and a phasing in of the movement into the OJC. As will be addressed in individual areas, OPSO has shown regression from the progress reflected in Compliance Reports #10-12 in some provisions due to failure to consistently follow and enforce policies and procedures.

During the virtual site visit for Compliance Report #12, Chief LeCounte relayed recent efforts to rely on in-depth analyses of data, including grievance data and use of force data to determine policy adherence and develop action plans to address shortcomings and make decisions. While there appears to be improvement in this area, lacking is a systematic approach to making decisions and implementing and enforcing them. The same deficiencies continued to be noted time and time again.

Under the leadership of Director Hodge and Chief LeCounte, OPSO has spent the last year and a half examining its strategies to obtain and sustain compliance and determining the structural and organizational changes necessary to achieve compliance. It is past time for implementation of those strategies. The first step to addressing these deficiencies is for the

organization, as a whole, to embrace the need for improvement.

Table 1 – Summary of Compliance – All Compliance Reports¹

Compliance Report/Date	Substantial Compliance	Partial Compliance	Non-Compliance	NA/Other	Total
#1 – December 2013	0	10	85	76	171
#2 – July 2014	2	22	149	1	174
#3 – January 2015	2	60	110	2	174
#4 – August 2015	12	114	43	4	173
#5 – February 2016	10	96	63	4	173
#6 – September 2016	20	98	53	2	173
#7 – March 2017	17	99	55	2	173
#8 – November 2017	23	104	44	2	173
#9 – June 2018	26	99	46	2	173
#10 – January 2019	65	98	8	2	173
#11 – September 2019	103	66	5	0	174
#12 – May 2020	118	56	0	0	174
#13-- November 2020	111	59	4	0	174

The status of compliance (February 11, 2015 and April 22, 2015) is as follows:

Table 2 – Status of Compliance with 2015 Stipulated Agreements

Compliance Report/Date	Substantial Compliance	Partial Compliance	Non-Compliance	NA	Total
August 2015	21	12	1	0	34
February 2016	21	12	1	1	34
September 2016	26	7	1	0	34
March 2017	28	4	1	1	34
November 2017	21	11	1	1	34
June 2018	23	8	2	1	34
January 2019	28	5	0	1	34
September 2019	28	5	0	1	34
May 2020	28	5	0	1	34
November 2020	32	2	0	0	34

B. Opportunities for Continued Progress

The Monitors summarize below the areas identified in preparation of this report regarding OPSO's current level of compliance with the Consent Judgment.

- 1. Foundational Work** - The essential, core work required to achieve compliance includes:

- Policies and Procedures – OPSO has completed the essential policies and procedures. The Policy Manager has continued to review policies and perform updates. It was noted during the virtual site visit in advance of Report #12 that some of the policies do not match current practice. One in particular is the Use of Force Reporting policy. OPSO advised that it was scheduled for review and would be updated. The failure of policies to match current practice was again noted during site visit in advance of Report #13. Essential is the continued development, approval, and implementation of lessons plans that correspond with each of the policies. OPSO's policy governing its written directive system has significantly improved the policy/ procedure process. This process allows for organizational components to develop specific operational practices for review by OPSO administration. Adherence to the policies, procedures, and training is essential. OPSO has yet to develop a reliable process for objective consistent auditing of adherence and consistent enforcement of policies.
- Inadequate staffing – OPSO has continued to hire staff but has not been able to gain ground on vacancies due to the number of terminations and resignations. During calendar year, CY 2020, OPSO lost significant ground. Inadequate staff in the housing areas of the facilities (OJC and TDC) and the timely completion of use of force investigations continues to hamper OPSO's ability to consistently comply with the Consent Judgment. OPSO continues to use employee overtime to address the staff shortages. Even with substantial overtime, frequently, there are housing units and control rooms with no assigned staffing. Further, almost daily, assigned staff leave housing units and control pods unattended for meal breaks and other duties. Recent promotions have helped to address the staffing deficiencies at the supervisory level. While a pay scale which provides for improvement in compensation with the goal of increased retention of staff and assistance in the recruitment efforts has been developed, a plan to secure the necessary funding and implement the pay scale has not been advanced. OPSO is strongly encouraged to review its deployment of staff. It is apparent that staff is not being deployed to the areas where the need is most critical, staffing the housing units.

- Training – Employee training for security staff, both pre-service and in-service, has become more in line with OPSO policies and procedures. Foundational work, such as preparation of lesson plans to provide for a consistent instruction content, instruction by qualified individuals, and demonstration and documentation of students’ knowledge gained, needs to continue. Providing a policy without training is not effective implementation. Once effective training has been provided, auditing of staff adherence to policies is essential. When non-adherence to policy is discovered on a consistent basis, training should be reviewed to determine whether revised and improved training would be beneficial. Given the lack of enforcement of policy by supervisors, additional training of supervisors in this area would be beneficial.
- Supervision – Safe operation of OPSO’s facilities requires an adequate number of sufficiently trained first line and mid-management supervisors. A promotional process for sergeants and lieutenants was developed and implemented. The unit managers were reclassified as captains instead of lieutenants. This process has resulted in a significant reduction in vacancies at supervisory positions. OPSO is encouraged to finalize its organizational chart. Also lacking is a uniform and consistent process for evaluations of staff, particularly supervisory staff. Director Hodge implemented the unit management approach and provided training and mentoring for the managers. While there are benefits to a unit management system, the unit management system has blurred the lines of responsibility and accountability. Many times, during the site visit when asked about an apparent problem or lapse in security, the response from the supervisor was that they were not responsible for that area. It also appears that unit supervisors fail to properly train and supervise staff and enforce policies and are seldom held accountable for their failure.

2. **Medical and Mental Health Care** – Several provisions in the areas of mental health have regressed. The Medical and Mental Health Monitors report challenges remain in the provision of basic care, staffing, and recordkeeping, as well as the need for improved collaboration with custody/security staffing. Security staff were found to be responsible for “suicide watch” during the site visit, but the deputies routinely

stated that they did not understand what their duties were to perform suicide watches. Resources from Tulane University continue to be particularly helpful in providing mental health care, but Tulane University is not responsible for many aspects of mental health care required by the Consent Judgment. An important part of the long-term solution to the lack of compliance with the Consent Judgment in the areas of medical and mental health is the design and construction of Phase III, a specialized building which will contain an infirmary and housing for inmates with acute mental health issues. However, the City did extensively renovate portions of TDC as a stop gap measure. OPSO has yet to fully occupy TDC and should do so immediately.

3. Inmate Safety and Protection from Harm - Providing a safe and secure jail continues to be a challenge.

- Unit Management—The Unit Management approach is being used in the supervision of the OPSO housing units. Each floor of the OJC, IPC, and TDC have been designated as a “unit”. The purpose of this strategy is to enhance accountability for both staff and the inmates by allowing the staff to get to know the inmates. The effectiveness of the Unit Management approach has been greatly hampered by the lack of development of inmate management plans for problematic inmates. It also has blurred the lines of responsibility and accountability as indicated above.
- Violence – There were still significant incidents of violence occurring within the facilities during the monitoring period– including inmate on inmate assaults and assaults on staff. Especially concerning is that inmates continue to fashion weapons from items found in the jail. The items (such as the light supports in the utility closets) would be unavailable to them if the staff were following policies regarding supervision and limiting access. Disorder and non-compliance to the institutional rules cause staff to use force to gain control and compliance. There is inadequate use of de-escalation techniques before resorting to force. Seldom are mental health staff involved when de-escalation is attempted even though a large percentage of the inmates involved in a use of force are on the mental health caseload. There has been a decrease in substance abuse overdoses, but a large amount of prescription

medication and illicit drugs continues to be found during shakedowns. Three inmates died while in custody during the monitoring period: one by suicide and one involving the use of illicit drugs.

- Inmate Classification – The inmate classification processes require continued attention to ensure housing decisions and placements are consistent with OPSO policies and objective classification principles. Credible auditing needs to focus on identifying issues and correcting placements. Of concern this monitoring period is the signing of waivers of inmates known to be enemies of each other and resulting decision to house them together.
- Inmate grievances – As of Report #11, the ratings of the subdivisions in the grievance provision were individually given. The separate ratings allowed the areas in which deficiency existed to be highlighted. While timeliness and adequacy of responses is still not in substantial compliance, improvement continues. The trend data from the grievance system is now being used to identify problems to be addressed.
- Incident Reporting – The accurate timely reporting of incidents has been a constant area of concern. There remain serious incidents for which no report or no timely report is prepared by OPSO staff, including incidents involving the serious injury of inmates. There continue to be reports which are incomplete and do not provide the necessary information for the reader to determine what occurred and why it occurred. It is particularly concerning that incomplete and sometime inarticulate reports have been reviewed by and approved by a supervisor. While the development of a corrective action plan to address was discussed which includes training and remedial action including discipline during the last monitoring tour, it has not been implemented.
- Jail Management System – An integral part of the jail’s operational improvement is tied to an effective jail management system. Such capacity provides on-demand, routine, and periodic data to inform critical leadership and management decisions. Such an information system has not been implemented. After OPSO cancelled the contract with the provider who was to

supply a new JMS due to the inability to interface with the Orleans Parish court system, the City of New Orleans was to purchase a JMS which will interface with the Orleans Parish court system and the OPSO information systems. Despite passage of significant time, there is no definite timeline for that process. In the meantime, OPSO has modified its current system to provide more of the required JMS functions. One of the crucial areas lacking is a way to electronically verify that security checks are taking place in a timely fashion.

4. **Sanitation and Environment Conditions** – Challenges remain regarding the public health and inmate/staff safety risks. During the site visit, inmates and staff were often seen not wearing their masks or wearing the masks in an improper manner. The COVID-19 pandemic has presented additional challenges for the extremely dedicated sanitation staff. The inability to fill support positions identified in OPSO’s staffing analysis negatively impacts the ability of OPSO to sustain compliance with the requirements of the Consent Judgment and align with accepted correctional practice. Sanitation and cleanliness of the cells and housing areas are not solely the responsibility of the sanitation staff. The unit managers and pod deputies have the first responsibility for ensuring inmates keep their cells and dayroom areas clean and uncluttered. During the monitoring tour, when sanitation concerns were called to the attention of pod deputies and supervisors, they often tried to explain them away by stating they have told the inmate to correct the issue. If true, follow through is clearly lacking.
5. **Youthful Inmates** – The Monitors acknowledge and commend the educational program established in OJC. Provision of age-appropriate mental health services has improved with the addition of the Tulane University resources. Due to lack of adequate housing options, a female youthful inmate(s) must be housed alone in TDC; often by herself. This creates a double quandary; the young woman faces isolation and the OPSO staffing challenges are intensified. Recent efforts have been made to relocate all youthful inmates from the OJC to the Youth Study Center. While this is a welcome change, currently, one youthful offender is enough to tie up an entire housing unit. It is strongly suggested that the design of the Phase III facility address this issue.
6. **Inmate Sexual Safety** – OPSO underwent its required audit of compliance with the

Prison Rape Elimination Act of 2003 (PREA) and passed in September 2019. Since that time, the sergeant who was assigned as the PREA Coordinator was moved from that assigned and reassigned to a housing area. The position has not been filled. Continued internal collaboration among OPSO security, classification, and the medical/mental health provider is needed for the assessments of inmates’ potential for sexual victimization and aggression. The necessity of separation of inmates testing positive for COVID-19 has resulted in the need for additional attention to inmates’ PREA designation. Change in leadership of the supervisor over PREA investigations continues to be a concern.

7. **Compliance, Quality Reporting, and Quality Improvement** – An essential element of inmate safety is OPSO’s timely review of all serious incidents as well as of non-violent incidents to determine if there are trends and/or patterns. This ensures assessment of root causes and then the development, implementation, and tracking of action plans to address the issues. This activity focuses on resolving problems. OPSO has made efforts to undertake this function but would benefit from a more robust effort. Especially concerning are systemic issues, which if remain unaddressed, will continue to create risks to institutional safety and security. While progress is noted, the Monitors encourage OPSO to dedicate more time and knowledgeable resources to quality improvement. Impediments include the lack of staff with the skills and/or time to devote to the task. Establishment of an Inspection/Accreditation Unit is suggested.
8. **Stipulated Agreements 2015** – OPSO should review its on-going compliance with the two Stipulated Agreements from 2015.
9. **Construction Projects** –
 - The Docks – Construction of the renovations on the Docks has been completed. Due to COVID-19, almost all of the court dockets have either been discontinued or are conducted virtually. The Docks have not been used yet for court holding. OPSO is encouraged to review its operational plans in light of the likely need to separate COVID-19 positive inmates when court dockets resume. The Monitors continue to encourage OPSO to have a robust training plan for the operation of the Docks and to not take possession until all systems are in proper working order.

- TDC Mental Health – The renovation of two TDC housing areas (total of four units) has been completed. While the male inmates with acute mental illness were moved from Hunt into one of the housing units, during the monitoring period, the other inmates remained in OJC. OPSO has now made progress in relocating some the sub-acute male inmates and all sub-acute and acute female inmates to TDC. One unit remains unused except for COVID quarantine of female inmates. There is no requirement that this unit only be used for female inmates. OPSO is encouraged to staff the unit so that it can be used to house inmates who are currently on suicide watch in various housing areas of OJC. While TDC is not a suitable solution to meeting the requirements of the Consent Judgment as to medical and mental health services in the long run, it is a necessary interim step given no satisfactory housing for acute inmates in OJC. The operation of TDC Mental Health has revealed the necessity of single person cells for acute inmates which should be considered in the design of Phase III. It is important to note that TDC does nothing to address the lack of an infirmary and medical housing in OJC and lack of programming space.
- Phase III – This project has progressed to the phase of drawing construction documents. The Monitors continue to urge the City to seek input on decisions from the various stakeholders and the Monitors. In early June 2020, it came to light that the City of New Orleans unilaterally stopped work on the project. The Monitors and other stakeholders were unaware of the stoppage as the City had not adhered to the agreement for quarterly executive committee meetings with all stakeholders. The construction and occupation of Phase III are critical to the provision of mental and medical health services in accordance with the Consent Judgment.

C. Review Process of Monitors’ Compliance Report #13

A draft of this report was provided to OPSO, Counsel for the Plaintiff Class, and the Department of Justice (DOJ) on December 8, 2020. Comments were provided by OPSO, Counsel for the Plaintiff Class, Wellpath (OPSO’s medical contractor) and DOJ on December 22, 2020. The parties exchanged their comments and were afforded the opportunity to provide further comment and information to the Monitors on January 11, 2021. The Monitors considered the comments of the parties in finalizing Report #13.

D. Communication with Stakeholders

The Monitors are committed to providing as much information as possible regarding the status of OPSO’s efforts to comply with all orders of the Court. The www.nolajailmonitors.org website came on-line in September 2014. Joining all other reports, the finalized version of Compliance Report #13 will be posted on that site.

E. Recommendations

Over the years, the Monitors have provided multiple recommendations and suggestions to OPSO to achieve and maintain compliance with the Consent Judgment. The purpose of the recommendations continues to be to assist OPSO in achieving and maintaining compliance. While much progress has been accomplished, many of the recommendations made in the past have not been implemented. Only “new” recommendations and suggestions are included within the body of this report. While the Consent Judgment may not require, in all situations, that OPSO follow the recommendations and suggestions of the Monitors, refusal to change is unlikely to result in compliance.

F. Conclusions and Path Forward

OPSO has been operating under the provisions of the Consent Judgment since June 2013; monitoring began in Fall 2013. During the past two years, under the leadership of Director Hodge, significant improvements were acknowledged by the Monitors. The hiring of Byron LeCounte as Chief of Corrections in February 2019 has been beneficial to the vital work which remains to comply with the provisions of the Consent Judgment. His additional expertise and experience allowed Director Hodge to focus on the Consent Judgment. The ICD position has now been eliminated. It is now the sole responsibility of Sheriff Gusman to bring OPSO into compliance with the Consent Judgment.

Concerning is that the same issues continue to arise and are not being thoroughly resolved. Serious incidents and harm to inmates continue to occur. OPSO has made efforts to identify and address sources of contraband but the Monitors frequently encountered inmates smoking in the facility and weapons have been found which had been fashioned from materials within the jail such as the light supports in the utility closets. Illicit drugs and prescription drugs that were not prescribed to the deceased were noted to be found in the autopsy of an inmate who died in custody during the monitoring period. Dangerous medication is frequently found during cell shakedowns suggesting that the medication

distribution process is seriously flawed.

There has been some improvement in OPSO's data collection which should allow for better problem solving with a goal of a sustainable reduction in inmate-on-inmate assaults, inmate-on-staff assaults, uses of force, contraband, and property damage. However, corrective action plans seldom are developed through analysis of the data and root cause reviews. When they are developed, follow through on implementation is severely lacking, especially at the Unit Manager level.

The Monitors remain committed to the Court and the parties to collaborate on solutions that will result in significant improvement towards compliance with the provisions of the Consent Judgment and achievement of constitutional conditions.

**The Monitors again thank and acknowledge the leadership, guidance, and support of
The Honorable Lance M. Africk and The Honorable Michael B. North.**

II. A. Protection from Harm

Introduction

This section of the Consent Judgment addresses core correctional functions including the use of force (policies, training, and reporting), identification of staff involved in uses of force through an early intervention system, safety and supervision of inmates, staffing, incidents and referrals, investigations, pre-trial placement of inmates in the facility, classification, the inmate grievance process, sexual safety of inmates, and inmates' access to information.

The Consent Judgment requires that OPSO operate the facility to assure inmates are "reasonably safe and secure." Based on objective review of data, the facility has shown improvement in inmate and staff safety, but significant incidents that result in serious injury to inmates and staff continue to occur. Overly concerning is that inmates continue to fashion weapons out of items in the jail. This would not be occurring if the facility was properly staffed and the staff were properly supervising the inmates.

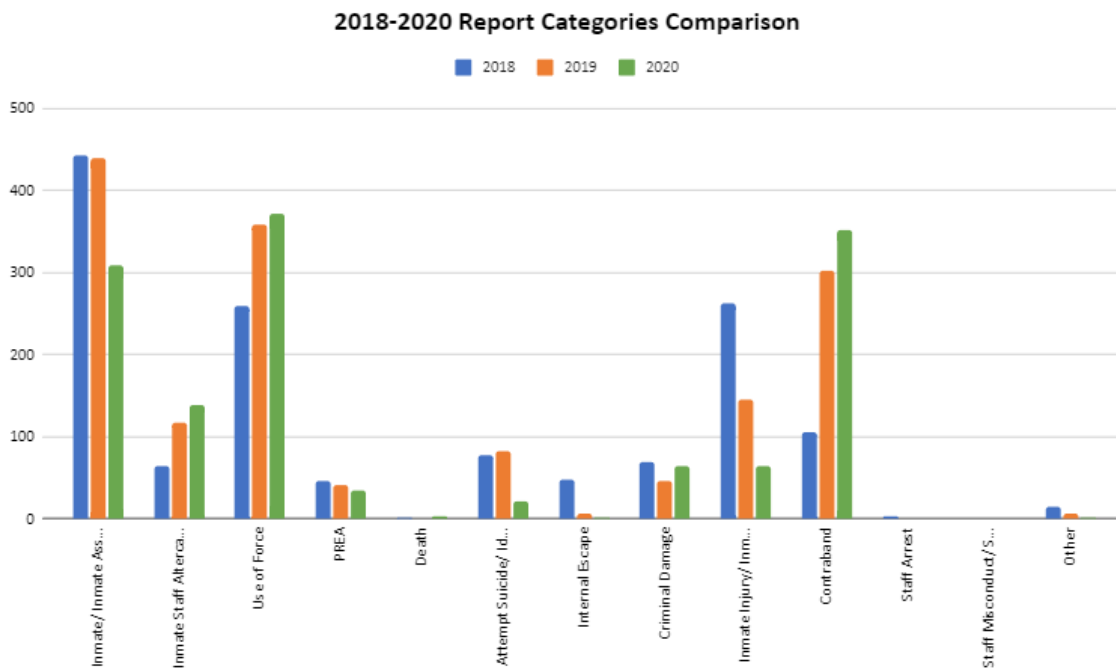
Reaching and sustaining compliance with provisions of the Consent Judgment, particularly this section, relies on the collection, analysis, and corrective action planning using accurate and reliable data. The Monitors encourage OPSO to continue efforts to build its capacity to collect and analyze relevant accurate data, draw supportable conclusions to inform decisions throughout the organization, develop corrective action plans, implement corrective action plans, and hold staff accountable for non-adherence to corrective action plans and policies. It is discouraging that OPSO often takes the position that it is not required to analyze the data it is required to collect under the Consent Judgment or to develop a corrective action plan based on the analysis. As OPSO's capacity to collect, analyze, plan, and implement is enhanced, the ability to achieve and maintain compliance will be strengthened. Without an enhancement in capacity and dedication to making and implementing informed decisions, OPSO is unlikely to achieve and maintain compliance and likely to regress.

The Monitors reported in Compliance Report #9 about OPSO's efforts to be much more transparent in the reporting of incidents. A lieutenant assigned to the administrative section reviews the daily medical logs for inmates taken to the clinic for treatment subsequent to an altercation or a use of force as well as the transport logs of inmates routed to the hospital with trauma-related injuries and cross checks them against reported incidents. The lieutenant also compares the Watch Commander's Log (which lists significant

events and incidents occurring during the shift) and the incident reports to detect missing reports. Comparison of the medical logs to the incidents calls into question whether all of the inmates who are being seen by medical are being logged. What is not verified is whether an inmate received medical attention as indicated in a particular report. Examination of the walk-in logs often reveals that inmates who allegedly received medical attention are not on the log. Whether this is due to an error in record keeping on the part of Wellpath or because the inmate did not actually receive medical treatment as claimed is unknown at this time. Another issue is the lack of reporting of inmates transported to the hospital for medical emergencies. A continuing issue is the lack of meaningful consequences for supervisors and deputies who fail to comply with the reporting policies resulting in late, incomplete, or missing incident reports.

The Monitors reviewed all reported incidents for CY 2020. The following charts compare the totals for the calendar years (CY) 2018-2020. It should be noted that there was a significant decrease in the number of incidents for May, September, and October 2020 which may be the result of reporting errors as opposed to an actual decline in reportable incidents.

Table 3 - All OJC Reported Incidents for CY 2018-CY 2020

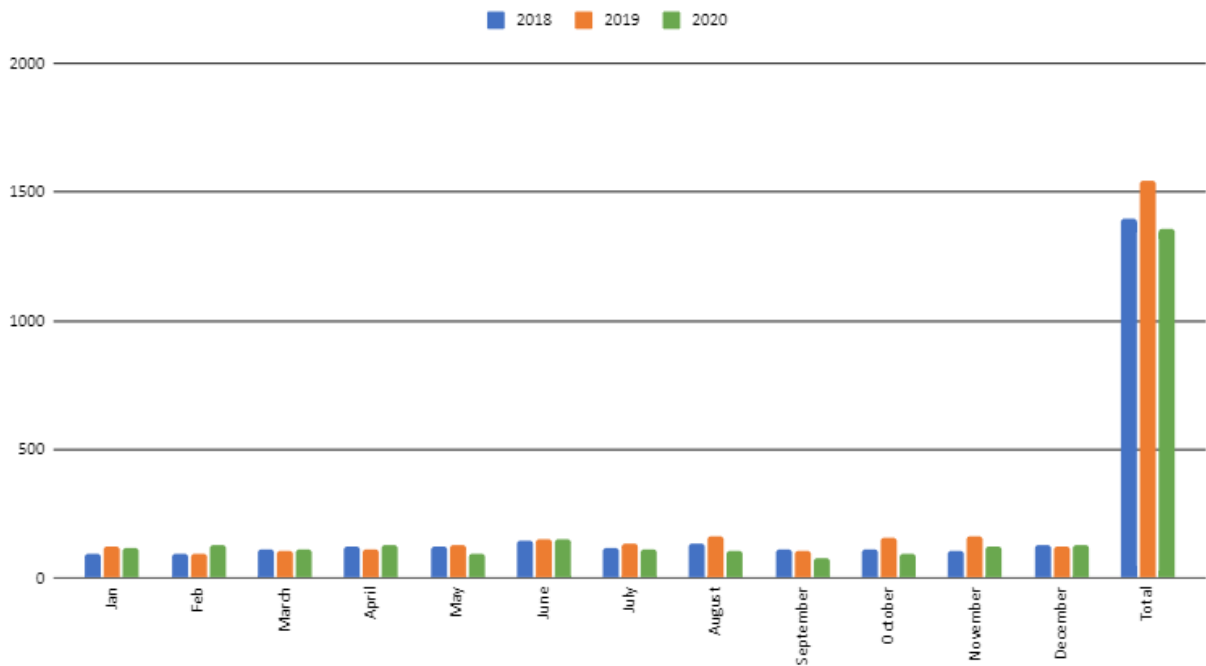


	Inmate/Inmate Assault	Inmate Staff Altercation	Use of Force	PREA	Death	Attempt Suicide/Ideation	Internal Escape	Criminal Damage	Inmate Injury/Inmate Medical (AKA slip/falls/overdoses)	Contraband	Staff Arrest	Staff Misconduct/Suspension	Other
2018	442	64	260	47	2	78	48	69	262	106	3	0	15
2019	440	117	358	42	0	82	6	47	145	302	0	0	6
2020	309	139	372	35	3	21	1	64	64	351	0	0	1

The number of inmate-staff altercations, use of force, and contraband in CY 2020 exceeded both CY 2018 and CY 2019. This is despite the inmate population having decreased significantly. The number of reported inmate on inmate assaults has declined, but it should be noted that there is an increase of the use of weapons in the assaults resulting in serious injuries. It should also be noted that not only has the inmate population has declined greatly during the monitoring period, but that the movement of inmates in the units was greatly curtailed due to COVID safety protocols.

Table 4 –All OJC Reported Incidents by Type by Month CY 2018-CY 2020

2018-2020 Month By Month Comparison



	Jan	Feb	March	April	May	June	July	August	September	October	November	December	Total
2018	92	96	112	121	124	144	116	132	112	113	105	129	1396
2019	123	93	105	112	127	148	131	163	107	153	160	123	1545
2020	118	129	110	125	95	150	111	105	77	92	123	125	1360

Assessment Methodology

Dates of visits:

- August 17-19, 2020
- November 9-12, 2020

Materials reviewed:

- Materials reviewed include the Consent Judgment, OPSO policies and procedures, use of force reports, incident reports, and investigations conducted by Investigative Services Bureau-Internal Affairs Division (ISB-IAD), investigations conducted by ISB-Criminal Division (ISB-Criminal), investigations conducted by ISB-Inmate Division, training materials, shakedown logs, and post logs.

Interviews:

- Interviews included command staff, jail supervisors, commander of ISB, commander of IAD-Administrative, chief of investigations, chief of corrections, director of training, and various supervisors of units within ISB. Inmates were interviewed by the three Monitors onsite for the visit.

IV.A.1. Use of Force Policies and Procedures

A. 1.a. OPSO shall develop, implement, and maintain comprehensive policies and procedures (in accordance with generally accepted correctional standards) relating to the use of force with particular emphasis regarding permissible and impermissible uses of force.

A. 1.b. OPSO shall develop and implement a single, uniform reporting system under a Use of Force Reporting policy. OPSO reportable force shall be divided into two levels, as further specified in policy: Level 1 uses of force will include all serious uses of force (i.e., the use of force leads to injuries that are extensive, serious or visible in nature, including black eyes, lacerations, injuries to the mouth or head, multiple bruises, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct, and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious. Level 2 uses of force will include all escort or control holds used to overcome resistance that are not covered by the definition of Level 1 uses of force.

A. 1.c. OPSO shall assess, annually, all data collected regarding uses of force and make any necessary changes to use of force policies or procedures to ensure that unnecessary or excessive use of force is not used in OPP. The review and recommendations will be documented and provided to the Monitor, DOJ, and SPLC.

Findings:

A. 1. a. Substantial Compliance

A. 1. b. Substantial Compliance

A. 1. c. Partial Compliance

Observations:

The current OPSO use of force policy was effective as of May 2016. It was last reviewed in May 2020. OPSO has conducted the 2019 annual review of available use of force

data and the policy. OPSO analysis of the data has improved, but it is concerning that the same issues such as poorly written reports, backlog in the number of use of force incidents to be reviewed (there are cases dating back to 2018), high level of use of force on specialty pods (particularly the discipline pod and the mental health pod), and the failure to faithfully report uses of force continue, but no recommendations were documented and provided to the Monitors and DOJ and counsel for the Plaintiffs. Identifying the problem is just the first step in addressing the reoccurring issues. Examination of the use of force reports by the Monitors revealed that often the use of force is precipitated by a failure to follow policy such as not restraining the inmate prior to movement or allowing an inmate out of his/her cell with another inmate(s) from whom he/she is to be kept separate. Incident reports most often demonstrate a lack of de-escalation efforts as required by the Consent Judgment. Seldom is mental health staff called upon to assist in de-escalation although a majority of the inmates upon whom force is used are on the mental health caseload. In order to warrant a rating of substantial compliance in A.1.c., OPSO needed to address the issues; not just identify them. Until that is done, the compliance rating will remain at Partial Compliance. Concerns regarding timeliness of submission of use of force report and reviews are addressed in those sections.

IV. A. 2. Use of Force Training

A. 2. a. OPSO shall ensure that all correctional officers are knowledgeable of and have the knowledge, skills, and abilities to comply with use of force policies and procedures. At a minimum, OPSO shall provide correctional officers with pre-service and annual in-service training in use of force, defensive tactics, and use of force policies and procedures. The training will include the following:

- (1) instruction on what constitutes excessive force;***
- (2) de-escalation tactics; and***
- (3) management of prisoners with mental illness to limit the need for using force.***

A. 2. b. OPSO shall ensure that officers are aware of any change to policies and practices throughout their employment with OPP. At a minimum, OPSO shall provide pre-service and annual in-service use of force training that prohibits:

- (1) use of force as a response to verbal insults or prisoner threats where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors;***
- (2) use of force as a response to prisoners' failure to follow instructions where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors;***
- (3) use of force against a prisoner after the prisoner has ceased to offer resistance and is under control;***
- (4) use of force as punishment or retaliation; and***
- (5) use of force involving kicking, striking, hitting, or punching a non-combative prisoner.***

A. 2. c. OPSO shall randomly test five percent of the correctional officer staff on an annual basis to determine their knowledge of the use of force policies and procedures. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor

Findings:

A. 2. a. Substantial Compliance

A. 2. b. Substantial Compliance

A. 2. c. Substantial Compliance

Observations:

The Monitor reviewed the training materials and documentation and the supplemental documentation submitted by training staff for the rating period. The Monitor was able to randomly review staff training files maintained by the training staff. The proof provided by the Academy staff regarding the annual training on use of force demonstrate that the 8-hour use of force in-service training class was offered to all staff who come into direct contact with inmates. Over 95% of the OJC and 100% of the TDC staff received the required annual training. This is a commendable accomplishment by the Academy staff and is a direct reflection of their willingness to adjust their schedules to facilitate training and of the leadership of Chief LeCounte as he has made training a priority. Concerning is that two of the individuals who were listed as remaining delinquent are unit managers who have been involved in numerous uses of force including questionable uses of force.

The Monitor has, in the past, observed the Academy staff maintained detailed, comprehensive, and very well-maintained files. In response to our request for documentation, the Academy staff provided succinct and thorough reports as to who had and who had not completed the required use of force training.

The Monitor's review of the use of force training materials noted that the lesson plan, PowerPoint presentation, and testing materials substantively cover the requisite information in A. 2. c. 1-5. The proof of training documentation indicates that the OPSO staff received the required training on policies and practices by the Academy staff. However, a thorough review of the CY 2020 use of force reports reveals the need for additional training which emphasize de-escalation and provide deputies with additional tools when dealing with inmates with mental health issues and inmates who routinely exhibited behavioral problems. Given some very problematic incidents in which staff observed inappropriate uses of force and did not stop or report the same, it is strongly suggested that the duty to intervene and report be emphasized.

The Monitor reviewed training documentation provided by training staff specific to the 5 percent annual testing requirement for this section. The testing for 2020 has not yet been conducted. Training staff intends to test 15 percent of the staff. The test for 2020 has

not yet been submitted for the annual approval of the testing instrument by the Monitor. The analysis focused on simplifying the test rather than determining whether training required revision to address any deficiencies in knowledge of policies. The Academy staff has demonstrated proficiency in analyzing data. When drafting the next annual test, it is recommended that the Academy staff coordinate with the Force Investigation Team (FIT) regarding adherence to the use of force policy to include those portions in the test instrument.

IV. A. 3. Use of Force Reporting

A.3 a. Failure to report a use of force incident by any staff member engaging in the use of force or witnessing the use of force shall be grounds for discipline, up to and including termination.

A.3.b. OPSO shall ensure that sufficient information is collected on uses of force to assess whether staff members complied with policy; whether corrective action is necessary including training or discipline; the effectiveness of training and policies; and whether the conditions in OPP comply with this Agreement. At a minimum, OPSO will ensure that officers using or observing a Level 1 use of force shall complete a use of force report that will:

- (1) include the names of all staff, prisoner(s), or other visual or oral witness(es);***
- (2) contain an accurate and specific account of the events leading to the use of force;***
- (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force; policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident;***
- (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity that prompted the use of force incident;***
- (5) describe the nature and extent of injuries sustained by anyone involved in the incident;***
- (6) contain the date and time when medical attention, if any, was requested and actually provided;***
- (7) describe any attempts the staff took to de-escalate prior to the use of force;***
- (8) include an individual written account of the use of force from every staff member who witnessed the use of force;***
- (9) include photographs taken promptly, but no later than two hours after a use of force incident, of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in the use of force incident;***
- (10) document whether the use of force was digitally or otherwise recorded. If the use of force is not digitally or otherwise recorded, the reporting officer and/or watch commander will provide an explanation as to why it was not recorded; and***
- (11) include a statement about the incident from the prisoner(s) against whom force was used.***

A.3.c. All officers using a Level 2 use of force shall complete a use of force report that will:

- (1) include the names of staff, prisoner(s), or other visual or oral witness(es);***
- (2) contain an accurate and specific account of the events leading to the use of force;***
- (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident;***
- (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use;***
- (5) be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity that prompted the use of force incident;***
- (6) describe the nature and extent of injuries sustained by anyone involved in the incident;***
- (7) contain the date and time when medical attention, if any, was requested and actually provided; and***
- (8) describe any attempts the staff took to de-escalate prior to the use of force.***

A.3.d. OPSO shall require correctional officers to notify the watch commander as soon as practical of any use of force incident or allegation of use of force. When notified, the watch commander will respond to the

scene of all Level 1 uses of force. When arriving on the scene, the watch commander shall:

- (1) ensure the safety of everyone involved in or proximate to the incident;*
- (2) determine if any prisoner or correctional officer is injured and ensure that necessary medical care is provided;*
- (3) ensure that personnel and witnesses are identified, separated, and advised that communications with other witnesses or correctional officers regarding the incident are prohibited;*
- (4) ensure that witness and subject statements are taken from both staff and prisoner(s) outside of the presence of other prisoners and staff;*
- (5) ensure that the supervisor's use of force report is forwarded to IAD for investigation if, upon the supervisor's review, a violation of law or policy is suspected. The determination of what type of investigation is needed will be based on the degree of the force used consistent with the terms of this Agreement;*
- (6) If the watch commander is not involved in the use of force incident, the watch commander shall review all submitted use of force reports within 36 hours of the end of the incident, and shall specify his findings as to completeness and procedural errors. If the watch commander believes that the use of force may have been unnecessary or excessive, he shall immediately contact IAD for investigation consideration and shall notify the warden or assistant warden; and*
- (7) All Level 1 use of force reports, whether or not the force is believed by any party to be unnecessary or excessive, shall be sent to IAD for review. IAD shall develop and submit to the Monitor within 90 days of the Effective Date clear criteria to identify use of force incidents that warrant a full investigation, including injuries that are extensive or serious, visible in nature (including black eyes, injuries to the mouth, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct (including inappropriate relationships with prisoners), and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious.*

A.3 e. Ensure that a first-line supervisor is present during all pre-planned uses of force, such as cell extractions.

A.3.f. Within 36 hours, exclusive of weekends and holidays, of receiving the report and review from the shift commander, in order to determine the appropriateness of the force used and whether policy was followed, the Warden or Assistant Warden shall review all use of force reports and supervisory reviews including:

- (1) the incident report associated with the use of force;*
- (2) any medical documentation of injuries and any further medical care;*
- (3) the prisoner disciplinary report associated with the use of force; and*
- (4) the Warden or Assistant Warden shall complete a written report or written statement of specific findings and determinations of the appropriateness of force.*

A.3.g. Provide the Monitor a periodic report detailing use of force by staff. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information:

- (1) a brief summary of all uses of force, by type;*
- (2) date that force was used;*
- (3) identity of staff members involved in using force;*
- (4) identity of prisoners against whom force was used;*
- (5) a brief summary of all uses of force resulting in injuries;*
- (6) number of planned and unplanned uses of force;*
- (7) a summary of all in-custody deaths related to use of force, including the identity of the decedent and the circumstances of the death; and*
- (8) a listing of serious injuries requiring hospitalization.*

A.3.h. OPSO shall conduct, annually, a review of the use of force reporting system to ensure that it has been effective in reducing unnecessary or excessive uses of force. OPSO will document its review and conclusions and provide them to the Monitor, SPLC, and DOJ.

Findings:

- A. 3. a. Partial Compliance
- A. 3. b. Partial Compliance
- A. 3. c. Substantial Compliance
- A. 3. d. Partial Compliance
- A. 3. e. Substantial Compliance
- A. 3. f. Partial Compliance
- A. 3.g. Substantial Compliance
- A. 3. h. Partial Compliance

Observations:

As to provision A. 3. a., the use of force policy requires all uses of force to be reported timely and completely and sets out the potential discipline if the policy is not followed. Review of documentation revealed that there continues to be cases in which supervisors failed to report force within a month of the incident and only did so as a result of being instructed to file a report. There were many other untimely reports, but the period was less than a month. While one month far exceeds the time period allowed by the Consent Judgment, it is used to distinguish between a situation of untimeliness as opposed to failure to report. No documentation of discipline was administered in any of these cases, not even as much as written reprimand or verbal counseling. The only documentation provided was the counseling of one deputy. It is important to note that the same supervisors who failed to file reports on the uses of force during the last monitoring period failed to do so again. Once again, one of the supervisors is the same supervisor mentioned in Compliance Report #11 who failed to report a deputy's attempt to assault an inmate that required the deputy to be restrained to protect the inmate. Having a policy which states that failure to report a use of force shall be grounds for discipline, but not enforcing it continues to result in Partial Compliance. A memorandum was provided that additional individuals are being considered for discipline. If and when enforcement of the policy is demonstrated, the rating will be reviewed. OPSO continues to argue that having a policy with the required learning is sufficient for substantial compliance. Refusal by OPSO to recognize that practice must mirror policy is an impediment to improvement and compliance.

Provisions A. 3. b. remains in partial compliance due to the significant number of incomplete/inadequate use of force reports. The use of force policy includes the provisions required by the Consent Judgment, but adherence is inconsistent. The Monitor provided a

checklist of the report requirements to assist supervisors in ensuring reports included all necessary items. A review of those checklists and accompanying reports indicates that the required information was frequently missing from the use of force reports such as what led up to the incident, details of actions taken during the use of force, and resolution of the incident. Seldom do reports include an articulation of any de-escalation tactics, description of injuries sustained, and when medical attention was provided. As with the failure to timely report all uses of force, deputies and supervisors are not consistently held accountable for failure to include required information. Provision A. 3. c. requires less information as it is a lesser level of force. Improvement warrants a Substantial Compliance rating.

The unit managers and watch commanders still are not consistently compliant with the requirements of the Consent Judgment (IV. A. 3. d.) as to their specific duties and the time requirement for performance of these duties under the policies. This has been noted in multiple reports. The Consent Judgment requires submission of the packet to the Assistant Warden within 36 hours not three (3) days. OPSO's insistence on this interpretation began about three reporting periods ago and is inconsistent with the plain language of the Consent Judgment and how the provision was applied for over five years. It is an example of seeking to change the rules as opposed to striving to comply. Timeliness of the submission of the packets continues to be severely lacks. Although improvement has been shown, adherence to the information required to be included is often missing from the original packet which requires it to be sent back to the supervisors for correction. Some improvement has been made in the quality of the packets sent to FIT, but errors occur every week. Communication between FIT and OJC leadership appears to have improved but the issues have not been sufficiently addressed.

A. 3. e. continues to be in substantial compliance due to the presence of a supervisor for planned uses of force. One of the reasons for this provision is to allow for de-escalation to be attempted before the force is carried out. OPSO supervisors are inconsistent in utilizing de-escalation techniques.

It appears that the Major assigned as the Unit Management Commander is fulfilling the role of the Assistant Warden or Warden which was vacant for over a year. Policy should be revised to reflect this change. The reviews, required under IV. A. 3. f., are being conducted by this major. However, analysis indicates that the reviews required by this provision were conducted timely less than 50% of the time, but this is an improvement. This provision

remains in partial compliance. FIT issues a quarterly report which contains all the information required by IV. A. 3. g. Thus, this section is in substantial compliance. The annual review of use of force incidents as required by IV. A. 3. h. was provided to the Monitors and all parties. It should be noted that the review is based on incomplete data due to the backlog of cases to be reviewed by FIT. While the review contained a much-improved analysis and confirmed the issues pointed out above, there was no corrective action plan to remedy the systemic issues which continue to exist. In order to warrant a rating of substantial compliance OPSO needed to address the issues; not just identify them. This is yet another example of OPSO simply checking boxes as opposed to addressing problems. Therefore, the compliance rating remains at partial compliance.

IV. A. 4. Early Intervention System (“EIS”)

A.4.a. OPSO shall develop, within 120 days of the Effective Date, a computerized relational database (“EIS”) that will document and track staff members who are involved in use of force incidents and any complaints related to the inappropriate or excessive use of force, in order to alert OPSO management to any potential problematic policies or supervision lapses or need for retraining or discipline. The Chief of Operations Deputy, supervisors, and investigative staff shall have access to this information and shall review on a regular basis, but not less than quarterly, system reports to evaluate individual staff, supervisor, and housing area activity. OPSO will use the EIS as a tool for correcting inappropriate staff behavior before it escalates to more serious misconduct.

A.4.b. Within 120 days of the Effective Date, OPSO senior management shall use EIS information to improve quality management practices, identify patterns and trends, and take necessary corrective action both on an individual and systemic level. IAD will manage and administer EIS systems. The Special Operations Division (“SOD”) will have access to the EIS. IAD will conduct quarterly audits of the EIS to ensure that analysis and intervention is taken according to the process described below. Command staff shall review the data collected by the EIS on at least a quarterly basis to identify potential patterns or trends resulting in harm to prisoners. The Use of Force Review Board will periodically review information collected regarding uses of force in order to identify the need for corrective action, including changes to training protocols and policy or retraining or disciplining individual staff or staff members. Through comparison of the operation of this system to changes in the conditions in OPP, OPSO will assess whether the mechanism is effective at addressing the requirements of this Agreement.

A.4.c. OPSO shall provide, within 180 days of the implementation date of its EIS, to SPLC, DOJ, and the Monitor, a list of all staff members identified through the EIS and corrective action taken.

A.4.d. The EIS protocol shall include the following components: data storage, data retrieval, reporting, data analysis, pattern identification, supervisory assessment, supervisory intervention, documentation, and audit.

A.4.e. On an annual basis, OPSO shall review the EIS to ensure that it has been effective in identifying concerns regarding policy, training, or the need for discipline. This assessment will be based in part on the number and severity of harm and injury identified through data collected pursuant to this Agreement. OPSO will document its review and conclusions and provide them to the Monitor, who shall forward this document to DOJ and SPLC.

Findings:

- A. 4. a. Substantial Compliance
- A. 4. b. Substantial Compliance
- A. 4. c. Substantial Compliance

A. 4. d. Substantial Compliance

A. 4. e. Substantial Compliance

Observations:

Due to unreliability of the electronic EIS has been unreliable, OPSO abandoned the original system and fashioned an alternative version within the AS400. A FIT staff member manually monitors the database to alert FIT staff as to the need to review any uses of force by a staff member.

OPSO has improved its documentation to the Monitors as to the names of the staff members who are flagged for uses of force, if a review is conducted, and any retraining received, if required. Continued questionable and inappropriate uses of force by the same staff members and with the same inmates calls into question whether the EIS is being utilized to improve management quality practices, identify patterns and trends, and take necessary corrective action as required by A. 4. b.

The Use of Force Review Board met regularly and evaluated the 2019 data as required for substantial compliance with IV. A .4. e. The inadequacies of the review are addressed in other sections. It should be noted that the review was based on inadequate data due to the backlog in FIT.

While the EIS would ideally be part of the jail management system, as one does not yet exist, the efforts made by OPSO to craft an alternative EIS warrant a rating of substantial compliance on all provisions.

IV. A. 5. Safety and Supervision

A.5.a. Maintain security policies, procedures, and practices to provide a reasonably safe and secure environment for prisoners and staff in accordance with this Agreement.

A.5.b. Maintain policies, procedures, and practices to ensure the adequate supervision of prisoner work areas and trustees.

A.5.c. Maintain policies and procedures regarding care for and housing of protective custody prisoners and prisoners requesting protection from harm.

A.5.d. Continue to ensure that correctional officers conduct appropriate rounds at least once during every 30- minute period, at irregular times, inside each general population housing unit and at least once during every 15-minute period of special management prisoners, or more often if necessary. All security rounds shall be documented on forms or logs that do not contain pre-printed rounding times. In the alternative, OPSO may provide direct supervision of prisoners by posting a correctional officer inside the day room area of a housing unit to conduct surveillance.

A.5.e. Staff shall provide direct supervision in housing units that are designed for this type of supervision. Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers.

A.5.f. Increase the use of overhead video surveillance and recording cameras to provide adequate coverage throughout the common areas of the Jail, including the Intake Processing Center, all divisions' intake areas, mental health units, special management units, prisoner housing units, and in the divisions' common areas.

A.5.g. Continue to ensure that correctional officers, who are transferred from one division to another, are

required to attend training on division-specific post orders before working on the unit.

A.5.h. Continue to ensure that correctional officers assigned to special management units, which include youth tiers, mental health tiers, disciplinary segregation, and protective custody, receive eight hours of specialized training regarding such units on prisoner safety and security on at least an annual basis.

A.5.i. Continue to ensure that supervisors conduct daily rounds on each shift in the prisoner housing units and document the results of their rounds.

A.5.j. Continue to ensure that staff conduct daily inspections of cells and common areas of the housing units to protect prisoners from unreasonable harm or unreasonable risk of harm.

A.5.k. Continue to ensure that staff conduct random monthly shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband.

A.5.l. Provide the Monitor a periodic report of safety and supervision at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will provide the following information:

- (1) a listing of special management prisoners, their housing assignments, the basis for them being placed in the specialized housing unit, and the date placed in the unit; and*
- (2) a listing of all contraband, including weapons seized, the type of contraband, date of seizure, location, and shift of seizure.*

Findings:

- A. 5. a. Partial Compliance
- A. 5. b. Substantial Compliance
- A. 5. c. Substantial Compliance
- A. 5. d. Partial Compliance
- A. 5. e. Partial Compliance
- A. 5. f. Substantial Compliance
- A. 5. g. Substantial Compliance
- A. 5. h. Substantial Compliance
- A. 5. i. Partial Compliance
- A. 5. j. Partial Compliance
- A. 5. k. Partial Compliance
- A. 5. l. Partial Compliance

Observations:

OPSO has worked hard to finalize policies, procedures, and post orders. The implementation of those policies, procedures, and practices and the adequate supervision of inmate working areas results in substantial compliance as to A. 5. b. and c. The level of violence, an average of 25 inmate on inmate assaults/altercations per month and 11 assaults on staff per month despite the reduction in inmate population, are indicative that OPSO has not substantially complied with the requirement that the facility be reasonably safe for staff and inmates. It is concerning that OPSO began, unbeknownst to the Monitors, the practice of allowing inmates to sign waivers regarding known enemies and housing them together.

After this practice and OPSO refusal to provide the necessary documentation to allow the Monitors to assess the results of this ill-advised practice was pointed out in the draft of this report, the Chief of Corrections ordered the practice ceased until it was properly vetted as required by the Consent Judgment. The challenges of developing credible training lesson plans, recruiting staff, training staff, remediating staff who do not have the required level of proficiency, and supervising employees to hold them accountable for not following policy remains.

OPSO made significant progress under the leadership of the ICD and his initiation of unit management to assist in the daily supervision of housing units and increase accountability. However, review of the CY 2020 significant incidents indicates that the failure of staff to follow policy consistently continues to be a serious impediment to effective supervision of the inmates. Staff continue to leave inmates unsupervised and allow them to have access to materials by which to fashion weapons. Many of the inmate-on-inmate assaults occur because staff allow inmates out of their cells who are to be kept separate from each other. There are inmates who repeatedly do not follow the rules of OJC including assaulting other inmates, assaulting staff, destroying property, and/or threatening self-harm. One way of dealing with those inmates is developing individual inmate management plans which Director Hodge indicated he instructed the Unit Managers to develop. Such plans, if done routinely and consistently followed by all staff, would likely reduce the level of violence in the facility. To date, there is no indication that it is being done on a consistent basis; if at all.

Table 5 CY 2018-CY 2020 OJC Reported Incidents

2018	Inmate/ Inmate Assault	Inmate Staff Altercation	Use of Force	PREA	Death	Attempt Suicide/ Ideation	Internal Escape	Criminal Damage	Inmate Injury/ Inmate Medical (AKA slip/falls/ overdoses)	Contraband	Staff Arrest	Staff Misconduct/ Suspension	Other	Total
January	38	7	13	2	0	6	2	3	9	9	0	0	3	92
February	28	6	10	4	0	14	2	10	5	15	2	0	0	96
March	37	7	21	5	0	4	3	11	18	5	0	0	1	112
April	39	9	22	4	0	4	3	12	22	5	0	0	1	121
May	52	0	24	5	1	0	5	8	19	10	0	0	0	124
June	46	7	26	5	0	6	7	3	32	9	1	0	2	144
July	30	4	20	4	0	9	3	3	30	13	0	0	0	116
Aug	39	3	27	3	0	13	2	6	30	6	0	0	3	132
Sept	33	6	14	2	0	7	5	4	35	6	0	0	0	112
Oct	32	9	28	5	0	3	0	2	26	7	0	0	1	113
Nov	31	6	21	5	0	5	8	3	18	7	0	0	1	105
Dec	37	0	34	3	1	7	8	4	18	14	0	0	3	129
Total	442	64	260	47	2	78	48	69	262	106	3	0	15	1396
2019	Inmate/ Inmate Assault	Inmate Staff Altercation	Use of Force	PREA	Death	Attempt Suicide/ Ideation	Internal Escape	Criminal Damage	Inmate Injury/ Inmate Medical (AKA slip/falls/ overdoses)	Contraband	Staff Arrest	Staff Misconduct/ Suspension	Other	Total
January	40	1	27	2	0	15	3	7	14	14	0	0	0	123
February	26	7	29	2	0	13	1	0	4	11	0	0	0	93
March	25	4	26	1	0	6	1	2	16	21	0	0	3	105
April	28	7	26	1	0	3	0	3	15	27	0	0	2	112
May	36	11	22	6	0	13	0	2	11	25	0	0	1	127
June	55	9	26	4	0	13	0	2	16	23	0	0	0	148
July	50	15	31	5	0	6	0	3	8	13	0	0	0	131
Aug	32	17	37	6	0	7	1	8	20	35	0	0	0	163
Sept	32	4	31	3	0	2	0	1	10	24	0	0	0	107
Oct	38	15	37	4	0	1	0	7	18	33	0	0	0	153
Nov	55	12	33	7	0	0	0	6	5	42	0	0	0	160
Dec	23	15	33	1	0	3	0	6	8	34	0	0	0	123
Total	440	117	358	42	0	82	6	47	145	302	0	0	6	1545
2020	Inmate/ Inmate Assault	Inmate Staff Altercation	Use of Force	PREA	Death	Attempt Suicide/ Ideation	Internal Escape	Criminal Damage	Inmate Injury/ Inmate Medical (AKA slip/falls/ overdoses)	Contraband	Staff Arrest	Staff Misconduct/ Suspension	Other	Total
January	31	8	29	4	0	3	0	1	7	35	0	0	0	118
February	35	12	33	2	0	0	1	3	13	29	0	0	1	129
March	24	9	31	1	0	1	0	3	6	35	0	0	0	110
April	25	19	45	7	0	0	0	4	1	24	0	0	0	125
May	24	11	37	1	0	1	0	6	3	12	0	0	0	95
June	28	13	22	4	2	1	0	5	12	63	0	0	0	150
July	22	9	21	1	0	2	0	4	5	47	0	0	0	111
Aug	22	8	22	2	1	4	0	11	4	31	0	0	0	105
Sept	16	12	24	2	0	2	0	8	4	9	0	0	0	77
Oct	24	10	35	2	0	1	0	3	3	14	0	0	0	92
Nov	14	9	24	2	0	1	0	5	3	17	0	0	0	75
Dec														0
Total	265	120	323	28	3	16	1	53	61	316	0	0	1	1187

OPSO still does not consistently conduct and document security rounds (30 minutes or 15 minutes depending on the unit) nor perform direct supervision surveillance consistent with the requirements of the Consent Judgment or OPSO policy.

Direct supervision requires surveillance of all of the inmates and cannot be properly performed by sitting behind a desk or in the control module. It requires walking around the unit, looking into the individual cells, and actively engaging with the inmates. Use of designated mandatory assignments has improved the consistency of staffing within those units, but for other units staffing was routinely inadequate or inconsistent throughout the shift. Review of incident reports revealed that units were often unstaffed, including mandatory posts. If staff are not present, it impossible to make the required rounds. The staff is now writing their rounds on paper forms in addition to entry into the log. No proof of compliance has been provided. OPSO remains in partial compliance with IV. A. 5. d.

Due to unreliability of the TourWatch system, OPSO reverted to paper logs and now

to a separate form on which rounds are to be recorded. While the current OPSO policy requires supervisors, up to the level of Watch Commander, to review the paper logs and forms to ensure rounds are being conducted, OPSO has not audited compliance with this policy. OPSO continues to take the position that it is not required to audit compliance. Such a position missed the point. OPSO has written policies but has not put in the place a system to measure whether the policies are being followed and to provide proof of compliance or address deficiencies. There was documentation of counseling of sergeants and lieutenants provided for not completing the review and/or approving the security round form despite it clearly showing the security rounds had not been completed. A review of the paper logs and forms during the monitoring tour revealed that timely rounds were often not performed. OPSO should consider a reliable system that would allow for rounds, by both deputies and supervisors, to be recorded electronically. Not only would it allow for supervisors to quickly determine whether rounds were being conducted timely, it would allow for OPSO to prove compliance and address non-adherence.

All twenty-four (24) of the housing units in OJC are designed for direct supervision. At the time of the drafting of the Consent Judgment the design of OJC was known. The Consent Judgment requires that staff shall provide direct supervision in housing units that are designed for this type of supervision. Thus, continual presence of a deputy in each housing unit at OJC and TDC is mandatory under the Consent Judgment. OPSO, during the last several reports, has taken the position that OPSO gets to determine which housing posts are mandatory and routinely does not assign mandatory staff to each housing unit between 50% to 75% of the time. In addition, deputies are frequently absent from even the housing units designated by OPSO as mandatory. Often, especially on 2nd squad, one deputy is assigned to two housing units. OPSO's recent interpretation of the Consent Judgment is inconsistent with the plain wording of the Consent Judgment and the manner in which it has been applied by the Monitors since its inception. It is impossible to conduct direct supervision if not present in the housing unit. Thus, IV. A. 5. e. remains in partial compliance.

Regarding overhead video surveillance and recording cameras for OJC (A.5.f.), significant repairs were made to the recording system. There are still times when a nonfunctional camera is discovered when a supervisor or an investigator tries to retrieve the videos. OPSO needs to continue to audit the system by having a supervisor test the various cameras on a monthly basis and preparing a report for the Chief of Security. IV. A. 5. f.

continues to be in substantial compliance. A problem with supervisors not pulling video as required by the Use of Force policy was noted.

Documentation was provided that staff transferred from other divisions to work in the OJC received the required training; thus, IV. A. 5. g. is in substantial compliance. Proof of training for the specialized units was provided; IV. A. 5. h. is now in substantial compliance. Given the high level of incidents in the specialized units, it is recommended that the training be reviewed, and deficiencies addressed.

Documentation is lacking that supervisors consistently conduct daily rounds during this compliance period; thus, IV. A. 5. i. continues to be in partial compliance. Supervisors are not required to sign off on the round sheet completed by the pod deputy, but this does not provide proof that the supervisor conducted daily rounds. The daily inspections of housing units as required by VI. A. 5. j. has improved but are still only in partial compliance. With the introduction of unit management, unit managers and deputies were required to conduct daily inspections. However, by OPSO's own admission, the inspections have not been conducted daily. The daily inspection required by the Consent Judgment is not the same as the observations made on rounds. Chief LeCounte has recently implemented a procedure which should correct this issue. It is concerning that neither the inspections by the deputies or the supervisors resulted in the discovery of the destruction of items that are part of the jail to fashion weapons. It is essential that the inspections be thorough and that corrective actions are taken to address the inspection findings.

Monthly shakedowns were not conducted in substantial compliance with VI. A. 5.k. The data provided indicates that shakedowns were not conducted in substantial compliance during five of the six months during the monitoring period. The number of incident report concerning contraband increased significantly in 2020. An analysis of the reports reflects that it is likely due to the increase in contraband in the facility as opposed to being a result of more frequent and effective contraband shakedowns. The review of contraband reports clearly indicates reoccurring issues. There continues to be a serious issue of inmates hoarding medication. Reports demonstrate that inmates are fashioning weapons out of items in the jail which are then used to assault other inmates. Reports and the site visit reveal that inmates are smuggling in marijuana and hallucinogens to smoke. Some of these items come through the mail, but there is a significant issue of staff smuggling in contraband. This indicates the need to analyze the data and develop a corrective action plan to reduce, if not

stop, the hoarding of medication, the fashioning of weapons, and the flow of contraband into the facility.

The proof tendered regarding shakedowns indicates that the performance of shakedowns has fallen below substantial compliance. Given the amount of contraband encountered during the site visit by the Monitors, this is particularly concerning. A. 5. k. is now in Partial Compliance. The documentation provided for A. 5. l. does not cover the entire monitoring period nor include all of the required information. Thus, A. 5. l. is in Partial Compliance.

IV. A. 6. Security Staffing

A.6.a. OPSO shall ensure that correctional staffing and supervision is sufficient to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Facility, consistent with constitutional standards.

- (1) OPSO shall achieve adequate correctional officer staffing in the following manner: Within 90 days of the Effective Date, develop a staffing plan that will identify all posts and positions, the adequate number and qualification of staff to cover each post and position, adequate shift relief, and coverage for vacations. The staffing plan will ensure that there is adequate coverage inside each housing and specialized housing areas and to accompany prisoners for court, visits and legal visits, and other operations of OPP and to comply with all provisions of this Agreement. OPSO will provide its plan to the Monitor, SPLC, and DOJ for approval. The Monitor, SPLC, or DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan.***
- (2) Within 120 days before the opening of any new facility, submit a staffing plan consistent with subsection (1) above.***
- (3) Within 90 days after completion of the staffing study, OPSO shall recruit and hire a full-time professional corrections administrator to analyze and review OPP operations. The professional corrections administrator shall report directly to the Sheriff and shall have responsibilities to be determined by the Sheriff. The professional corrections administrator shall have at least the following qualifications: (a) a bachelor's degree in criminal justice or other closely related field; (b) five years of experience in supervising a large correctional facility; and (c) knowledge of and experience in applying modern correctional standards, maintained through regular participation in corrections-related conferences or other continuing education.***
- (4) Provide the Monitor a periodic report on staffing levels at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information:***
 - i. a listing of each post and position needed;***
 - ii. the number of hours needed for each post and position; a listing of staff hired and positions filled;***
 - iii. a listing of staff working overtime and the amount of overtime worked by each staff member;***
 - iv. a listing of supervisors working overtime; and***
 - v. a listing of and types of critical incidents reported***

A.6.b. Review the periodic report to determine whether staffing is adequate to meet the requirements of this Agreement. OPSO shall make recommendations regarding staffing based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

A. 6. a. Partial Compliance

A. 6. b. Partial Compliance

An overall rating of A. 6. was provided in the previous reports. This was inconsistent with the other introductory paragraphs and has now been discontinued.

Observations:

The level of staffing is insufficient to adequately supervise inmates and allow for the safe operation of the facility. There has been insufficient security staff for over the past few monitoring periods, but it has now risen to the level where the extensive use of overtime is not enough to overcome the vacancies in security staff. OPSO's staffing reports document that mandatory posts are not filled on a consistent basis. Numerous incident reports and investigations that reveal posts were not constantly staffed which resulted in increased violence. Efforts have been attempted to reassign some staff from areas that had excess staff but have not addressed the problem. Lacking is a coordinated effort on the utilization of overtime and redeployment of staff to ensure the mandatory posts are covered on a consistent basis. During the monitoring tour, deputies indicated they were working overtime not because they had been assigned or authorized, but because they needed the money. The deployment of staff is sufficiently inconsistent and insufficient to result in A. 6. a. (1) and IV. A. 6. a. (2) being in partial compliance. Provision IV. 6. a. (3) is in substantial compliance with the hiring of Byron LeCounte as the Chief of Corrections as of February 19, 2019. Paragraph IV. 6. a. (4) is in substantial compliance, as monthly reports are produced to document hiring and termination of employees. The Stipulated Agreement also provides for bi-monthly reports regarding hiring. Paragraph 7.a. of the Stipulated Agreement of February 11, 2015 requires monthly reporting. Given the importance of the actual implementation of an approved staffing plan, A. 6. a. is in partial compliance.

OPSO is in partial compliance with A. 6. b. as OPSO has not provided a periodic review of the staffing plan. Discussion during the monitoring tour indicated that a plan exists, but it has not been finalized or submitted to the Monitors. A staffing plan which is based on staffing levels which do not exist is insufficient

IV. A. 7. Incidents and Referrals

A.7.a. OPSO shall develop and implement policies that ensure that Facility watch commanders have knowledge of reportable incidents in OPP to take action in a timely manner to prevent harm to prisoners or take other corrective action. At a minimum, OPSO shall do the following:

A.7.b. Continue to ensure that Facility watch commanders document all reportable incidents by the end of their shift, but no later than 24 hours after the incident, including prisoner fights, rule violations, prisoner injuries, suicide attempts, cell extractions, medical emergencies, found contraband, vandalism,

escapes and escape attempts, and fires.

A.7.c. Continue to ensure that Facility watch commanders report all suicides and deaths no later than one hour after the incident, to a supervisor, IAD, the Special Operations Division, and medical and mental health staff.

A.7.d. Provide formal pre-service and annual in-service training on proper incident reporting policies and procedures.

A.7.e. Implement a policy providing that it is a disciplinary infraction for staff to fail to report any reportable incident that occurred on his or her shift. Failure to formally report any observed prisoner injury may result in staff discipline, up to and including termination.

A.7.f. Maintain a system to track all reportable incidents that, at a minimum, includes the following information:

- (1) tracking number;*
- (2) the prisoner(s) name;*
- (3) housing classification and location;*
- (4) date and time;*
- (5) type of incident;*
- (6) injuries to staff or prisoner;*
- (7) medical care;*
- (8) primary and secondary staff involved;*
- (9) reviewing supervisor;*
- (10) external reviews and results;*
- (11) corrective action taken; and*
- (12) administrative sign-off.*

A.7.g. Ensure that incident reports and prisoner grievances are screened for allegations of staff misconduct, and, if the incident or allegation meets established criteria in accordance with this Agreement, it is referred for investigation.

A.7.h. Provide the Monitor a periodic data report of incidents at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.

A.7.i. The report will include the following information:

- (1) a brief summary of all reportable incidents, by type and date;*
- (2) a description of all suicides and in-custody deaths, including the date, name of prisoner, and housing unit;*
- (3) number of prisoner grievances screened for allegations of misconduct; and*
- (4) number of grievances referred to IAD or SOD for investigation.*

A.7.j. Conduct internal reviews of the periodic reports to determine whether the incident reporting system is ensuring that the constitutional rights of prisoners are respected. Review the quarterly report to determine whether the incident reporting system is meeting the requirements of this Agreement. OPSO shall make recommendations regarding the reporting system or other necessary changes in policy or staffing based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

- A. 7. a. Substantial Compliance
- A. 7. b. Partial Compliance
- A. 7. c. Substantial Compliance
- A. 7. d. Substantial Compliance
- A. 7. e. Partial Compliance
- A. 7. f. Substantial Compliance
- A. 7. g. Substantial Compliance
- A. 7. h. Substantial Compliance

A. 7. i. Substantial Compliance

A. 7. j. Substantial Compliance

Observations:

OPSO has long had a policy on incidents and referrals that sets out the process for documenting and referring incidents. What has been lacking is a sufficient process to ensure all reportable incidents are being documented and that all incident reports are complete, prompt, and accurate. OPSO has backslid in its timeliness of the reporting of incidents. OPSO was warned in Report #12 that a failure to continue improvement in the timely reporting of incident might result in a finding of partial compliance. As the opposite of improvement was shown, IV. A. 7. b. is now back in partial compliance. Review of the incident reports indicates that between 25-50% of the incidents are not timely reported.

One of the methods for determining whether incidents are reported is to review “routes” of inmates with serious medical or trauma injuries to the hospital emergency and the OPSO clinic walk-in logs. The lieutenant who was assigned these duties has been reassigned to another position but is continuing to perform this function. This function used to be performed by the Monitors. OPSO has implemented a process where a lieutenant performs this function and follow up on missing reports. This is an example of OPSO incorporating processes which allow OPSO to audit its compliance.

What continues to be lacking is holding the supervisors and security staff accountable for the late reports. No documentation was provided of accountability in the form of counseling or discipline was presented. Having a policy on paper, but not enforcing it in practice is insufficient for substantial compliance. Therefore, IV. A. 7. e. is in partial compliance.

During this reporting period, there were three deaths, and serious attempts at suicide and they were reported within an hour to the proper persons: thus IV. A. 7. c. is in substantial compliance. Annual training was provided on incident reporting, and documentation indicates that staff were required to attend; IV. A. 7. d. is in substantial compliance. OPSO has transitioned to the AS 400 system to track the information required in IV. A. 7. f. and is now in substantial compliance. While OPSO makes little use of the information, that failure is reflected elsewhere. In substantial compliance with A. 7. g., incidents, and grievances are reviewed for misconduct and referred for investigation where appropriate. The Monitors were provided a semi- annual report of incidents, that now, with

the supplementation by the daily/weekly reports, which contains all of the required information and, thus, IV. A. 7. h. and i. are in substantial compliance. OPSO performed an assessment of whether the reporting system is meeting the requirements of the Consent Judgment and is given substantial compliance for IV. A. 7. j. as OPSO is now addressing the lack of timeliness. However, to maintain substantial compliance, future assessments of the reporting system will need to be more robust and refined.

IV. A. 8. Investigations

A.8.a. Maintain implementation of comprehensive policies, procedures, and practices for the timely and thorough investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement. Investigations shall:

- (1) be conducted by persons who do not have conflicts of interest that bear on the partiality of the investigation;*
- (2) include timely, thorough, and documented interviews of all relevant staff and prisoners who were involved in or who witnessed the incident in question, to the extent practicable; and*
- (3) include all supporting evidence, including logs, witness and participant statements, references to policies and procedures relevant to the incident, physical evidence, and video or audio recordings.*

A.8.b. Continue to provide SOD and IAD staff with pre-service and annual in-service training on appropriate investigation policies and procedures, the investigation tracking process, investigatory interviewing techniques, and confidentiality requirements.

A.8.c. Ensure that any investigative report indicating possible criminal behavior will be referred to IAD/SOD and then referred to the Orleans Parish District Attorney's Office, if appropriate.

A.8.d. Provide the Monitor a periodic report of investigations conducted at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.

A.8.e. The report will include the following information:

- (4) a brief summary of all completed investigations, by type and date;*
- (5) a listing of investigations referred for administrative investigation;*
- (6) a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and*
- (7) a listing of all staff suspended, terminated, arrested, or reassigned because of misconduct or violations of policy and procedures. This list must also contain the specific misconduct and/or violation.*

A.8.f. OPSO shall review the periodic report to determine whether the investigation system is meeting the requirements of this Agreement and make recommendations regarding the investigation system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

- A. 8. a. Substantial Compliance
- A. 8. b. Substantial Compliance
- A. 8. c. Substantial Compliance
- A. 8. d. Substantial Compliance
- A. 8. e. Substantial Compliance
- A. 8. f. Substantial Compliance

Observations:

The Investigative Services Division (ISB) is responsible for: the Criminal Investigation Division (investigates possible criminal activity by inmates), Internal Affairs Division-Criminal (investigates possible criminal activity by staff), the FIT (investigates use of force by staff), the Internal Affairs Division-Administrative (investigates possible violation of policies by staff), and the Intelligence Unit (provides information and intelligence regarding activities that have taken place or may take place in the jail or support activities).

While there is evidence of substantial compliance provided for IV. A. 8. a., the timeliness of investigations involving in custody deaths and use of force threatens the rating. The three most experienced investigators resigned in 2020 and the lack of experience of those replacing them is evident in the quality of the death investigations. The FIT supervisor has recently been terminated and a supervisor who is not familiar with FIT has been assigned to replace him. It is strongly encouraged that these individuals receive extensive additional training. Improvements in all other areas from hiring, training, supervision, and adequate staffing will enhance the safety of staff and inmates and, ultimately, decrease the workload of ISB.

The Monitor acknowledges that investigating incidents of inmate-on-inmate assaults, sexual assaults, staff on inmate assaults, etc. with a goal of seeking indictments is appropriate; but the overall goal is to create a safe jail. In a jail setting, investigations play a critical role in protecting inmates from inappropriate or illegal staff actions, protecting inmates from each other, and correcting policy, practice, supervision, and training. Continued emphasis is needed on the goal of investigations to prevent future incidents through analysis of the policy, procedures, training, supervision, and physical plant contributors to the incident. This function cannot and should not be performed by ISB alone. This level of assessment requires input from individuals who have a high level of experience in jail/corrections work. In short, it requires collaboration between ISB and OJC which continues to be wanting. While collaboration has improved, there is still insufficient follow through by the OJC staff. For instance, ISB discovered that the source of dangerous contraband being used to shatter windows originated in the utility closets on the housing units. Inmates were literally taking the jail apart to fashion weapons. The failure of staff to keep the utility closets locked and to supervise inmates when allowed access to the utility closets is an issue which has been raised by the Monitors since the occupation of OJC. In fact,

during this monitoring tour, utility closets were discovered to be unsecured.

Supervision of sexual assault investigations was added to the duties of the FIT supervisor when the Lieutenant who was responsible for IAD-Criminal investigations resigned earlier this year. The quality of the investigations will continue to be monitored.

ISB has not demonstrated training related to the investigative skills has been provided during 2020. As the deadline for providing the information has not yet passed, IV. A. 8. b. will remain in substantial compliance. It is encouraged that appropriate skill specific training be provided.

Investigations which reveal potential criminal activity are referred to the Orleans Parish District Attorney’s Office in substantial compliance with A. 8. c. ISB provides reports in substantial compliance with IV. A. 8. d. and e. ISB reviewed the investigation system to determine whether the investigation system complies with the requirements of the Consent Judgment and forwarded any recommendations to the Monitors in substantial compliance with IV. A. 8. f.

IV. A. 9. Pretrial Placement in Alternative Settings

A.9.a. OPSO shall maintain its role of providing space and security to facilitate interviews conducted pursuant to the City’s pretrial release program, which is intended to ensure placement in the least restrictive appropriate placement consistent with public safety.

A.9.b. OPSO shall create a system to ensure that it does not unlawfully confine prisoners whose sole detainer is by Immigration and Customs Enforcement (“ICE”), where the detainer has expired.

Findings:

A. 9. a. Substantial Compliance

A. 9. b. Substantial Compliance

Observations:

OPSO provided a memorandum noting that the pretrial program is managed by the Criminal District Court, and that space is provided. OPSO also provided a memorandum that ICE detainees are only accepted for a specified list of offenses. OPSO has not detained any individuals under an ICE detainer during the monitoring period.

IV. A. 10. Custodial Placement within OPP

Introduction:

OPSO has designed, validated, and implemented an objective classification system to assess and house each OPSO inmate according to his/her risks posed to institutional safety and security. The automated classification system was rolled out in the Jail Management

System (JMS) on January 15, 2015.¹ The OPSO staffing plan set the classification unit staff FTEs at 18. As of November 12, 2020, the Classification Unit staffing was 13 -- 12 civilian classification specialists and a classification manager. However, two of the classification specialists were on medical leave. Thus, the active roster included only 11 classification specialists and the classification manager. During this compliance period, two (2) classification specialists resigned. An individual slated for the classification unit is currently enrolled in the OPSO Training Academy. However, given the relatively low average daily population (ADP) during this compliance period, low activity of the courts, and reduced admissions during this compliance period, staffing for the classification unit appears to be adequate. This reduced staffing level will be re-evaluated as these factors change. No formal training was provided to the OPSO classification staff during this compliance period.

An automated housing assignment process (HUAP) identifies housing options for inmates according to their custody level, gender, special population status, PREA designations, enemies, and associates. The classification specialist selects from the potential housing locations to match the inmates by age, crime/criminal history, custody level, and PREA designations. Special population tags identify inmates for suicide observation versus suicide watch, medical housing/isolation, academic education, or special diets.

Throughout this compliance period, the OPSO revised its housing matrix on multiple occasions. Updates reflected fluctuations in the demand for specialized intake housing units (IPC Non-Symptomatic Roll-Ins), isolation pods for individuals exposed to COVID-19, other special populations (medical, mental health, disciplinary, administrative segregation, and protective custody), and of course, the general population. OJC pods 1A – 1E were designated as COVID-19 non-symptomatic intake housing for men; 3-F served as the intake housing for non-symptomatic women. OJC 1-F and TDC B3-E served as quarantine housing for individuals positive for COVID-19. The OPSO Housing Matrix was expanded to include the new mental health units within TDC -- TMH B2 A & B.

Population fluctuations and isolation related to COVID-19 requirements created additional demands on the Classification Unit for housing transfers within a seemingly ever-changing housing matrix. An extra layer of complexity to the housing process was added to

¹ Hardyman, Patricia L. (2015). "Design and Validation of an Objective Classification System for the Orleans Parish Sheriff's Office: Final Report." Hagerstown, MD: Criminal Justice Institute, Inc.

separate individuals by admission date, custody level, and PREA designation within a cell. Individuals of all custody levels, PREA designations, and special population tags (medical, mental health, administrative segregation, disciplinary, and protective custody) are housed in the IPC Roll-In and isolation units. The ISI is not used for either the general population or special management units.² OPSO attempts to maintain separations within the mixed custody and COVID-19 populations units by the cell assignments.

In August 2020, OPSO resumed housing audits to verify individuals were in their assigned cells and beds.³ OPSO provided a brief description of the audit process that requires the classification supervisors to conduct random housing audits. Provided were the standardized monthly classification statistical reports documenting the classification processes and OPSO populations.

Assessment Methodology:

This compliance review focused primarily on documents provided by OPSO and a virtual meeting with OPSO staff. These documents included monthly statistical reports, housing audits packets, and monitoring logs. Throughout the compliance period, we examined ad hoc classification reports regarding custody reviews, arrests/releases, housing assignments, and inmate disciplinary/incidents. Thus, compliance was assessed using multiple data sources and methods; however, sorely missed were the on-site observations of the custody assessment, housing, and audit processes as a means of reviewing compliance. This compliance report focuses primarily on the April – September 2020 data. For some analyses, considered were the trends over a twelve-month (12) period to detect variations due to seasonal variations and COVID-19 related procedures.

Summary:

OPSO is in substantial compliance each paragraph of the Consent Judgment related to Custodial Placement within OPP (IV. A.10), except sections f and h. OPSO resumed the internal housing audits and these audits were indeed better over those previously conducted. However, the audits did not appear to comply with the housing audit process

² The ISI (Inmate Separation Instrument) is an automated JMS report that identifies appropriate out-of-cell separations within the mixed custody and special populations units. As a pod deputy may not be aware or have access to the multiple factors requiring separation of individuals within a pod, failure to use the ISI creates risks to the inmates' and staff safety and security.

³ As of January 2020, OPSO suspended the housing audits. Its' intent was to revamp the process and restart audits by March of 2020; however, the COVID-19 pandemic delayed moving forward on this initiative.

provided by OPSO nor were all the housing units audited monthly. Also missing were the required follow-up audits to verify corrective actions to address housing assignment violations. Section 10.h was regressed to Partial Compliance as multiple policy changes were implemented without review or notification. Attempts to learn about the new/revised processes were met with resistance and redacted documents. During the upcoming compliance period, to maintain its compliance rating for section 10.e. OPSO will need to address training requirements for any new classification specialist and provide in-service training to address consistencies among the housing audits and repeated errors noted in the audits of the custody assessments.

Findings:

- A. 10. a. Substantial Compliance
- A. 10. b. Substantial Compliance
- A. 10. c. Substantial Compliance
- A. 10. d. Substantial Compliance
- A. 10. e. Substantial Compliance
- A. 10. f. Partial Compliance
- A. 10. g. Substantial Compliance
- A. 10. h. Partial Compliance

IV.A.10. a. OPP shall implement an objective and validated classification system that assigns prisoners to housing units by security levels, among other valid factors, in order to protect prisoners from unreasonable risk of harm. The System shall include consideration of a prisoner's security needs, the severity of the current charge, types of prior commitments, suicide risk, history of escape attempts, history of violence, gang affiliations, and special needs, including mental illness, gender identity, age, and education requirements. OPSO shall anticipate periods of unusual intake volume and schedule sufficient classification staff to classify prisoners within 24 hours of booking and perform prisoner reclassifications, assist eligible DOC prisoners with re-entry assistance (release preparation), among other duties.

Finding:

Substantial Compliance

Observations:

As of November 12, 2020, the Classification Unit roster lists 13 individuals -- a classification manager and 12 civilian classification specialists.⁴ However, two classification specialists were on medical leave. Thus, the active roster included only 11 classification

⁴ As per the OPSO 2018 staffing analysis plan, the Classification Unit includes 18 “civilianized” positions. The Classification Unit Manager reports to the Captain of the Intake Processing Center (IPC) Hodge, Darnley (October 1, 2018). “Updated Coverage Plans for the OPSO (Civil Division excluded).” Orleans Parish Sheriff’s Office, Independent Compliance Director. pp. 12.

specialists and the classification manager. During this compliance period, two (2) classification specialists resigned. For two of the four platoons, the shift supervisors complete the custody reviews in addition to his/her responsibilities for supervising the classification specialists, processing housing transfers, and conducting housing audits.

The classification shift leaders and specialists work overtime to complete the initial classification, reclassification, vulnerability assessments, and housing assignments. During April - September 2020, the Classification Unit logged 2,912 hours of overtime.⁵ These compute to an average of 485.0 hours per month; the classification line staff worked an average of 43.6 hours of overtime/month. (In contrast, during this compliance period, non-Classification Unit staff logged an average of 20.86 hours.) At least in part, the extra hours served by the classification staff were due to the COVID-19 Pandemic. Their workload increased as inmates' housing assignments were modified to maintain appropriate separations.

During this compliance reporting period, there was no formal classification training. On resumption of the housing audits, the classification manager reviewed the housing audit process with the auditors. As needed, the classification manager offered remedial instruction to address errors noted on the custody assessment audits.

IV.A.10.b. Prohibit classifications based solely on race, color, national origin, or ethnicity.

Finding:

Substantial Compliance

Observations:

The custody assessments consider objective risk factors validated for the OPSO males and female inmates. The inmate's race is not one of the objective risk factors. Classification specialists consider the inmate's custody level, vulnerability designation, age, and charges when selecting from the beds identified by the JMS. To track this element of the Consent Judgment, OPSO created a monthly statistical report to track classifications by race and housing location. Analyses of these reports by the Monitor suggested that the OJC housing assignments were not by race. With a few exceptions, the number of black and white inmates within each OJC housing unit was generally consistent with the overall racial distributions among the OPSO inmate population. However, the percentage of white inmates assigned to

⁵ OPSO Excel spreadsheet entitled, "Overtime by Month – January – September 2020.

TDC exceeds their proportions within the total inmate population. As shown in Figure 1, in May 2020, 91.3 percent of the OPSO inmates were Black; however, only 66.7 percent of the TDC inmates were Black. (See Figure 1.) The percentages of Blacks housed in TDC increased in June – September. By September 2020, the TDC housing discrepancy had dropped to only 4 percent. However, this rate appeared to be due at least in part to those housed in the new TDC mental health units (TMH). Before opening the TMH units, there was a +10 percent discrepancy between the percentage of Blacks housed in TDC versus the overall OPSO population. Tracking these rates separately for the TDC worker versus TMH units will be essential. Questions remain about the worker selection/ assignment process. As these disparities have continued from the previous reporting periods, recommended is a review of the worker selection/ assignment process to identify and address any inherent bias.

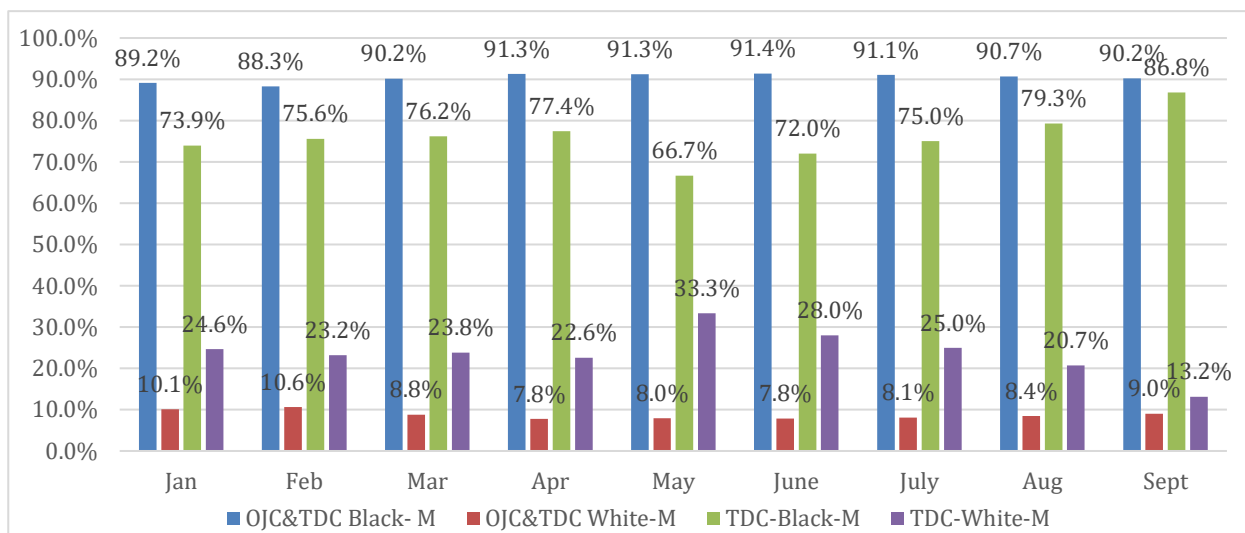


Figure 1: Distribution of Inmates by Race by OPSO Facilities – January – September 2020

IV.A.10.c Ensure that the classification staff has sufficient access to current information regarding cell availability in each division.

Finding:

Substantial Compliance

Observations:

OPSO automated housing assignment process (HUAP) considers the inmate's custody level, gender, special population status, PREA designations, enemies, and associates versus OJC beds available, to recommend an appropriate bed for the inmate. The new COVID-19 intake housing protocols also require matching cellmates by their dates of admission. Housing tags identify inmates on suicide observation versus suicide watch, alcohol/drug detoxification protocol, gang affiliation, school participation, and special diets. The HUAP

provides the classification specialists a list of potential beds for each inmate.

The JMS daily population report lists the units, cells, and beds offline for maintenance or staffing, as recorded in the AS400. The virtual tour protocol precluded a full review of the veracity of the closed cell counts within the data population reports. It was assumed that the classification specialists continue to manually compare the posted lists of cells/beds offline with the bed assignments generated by the HUAP.

Classification specialists have maintained a list of daily bed assignments to avoid duplications due to delays between the housing assignments and physical transfer of the inmate to the designated housing unit. Thus, as required by the Consent Judgment, the classification specialists appear to have access to current information regarding bed availability throughout the OJC. The virtual tour also precluded full exploration of the impacts of the COVID-19 isolation protocols on the housing assignment processes. The COVID-19 isolation protocol of 14 days quarantine within an IPC Intake housing unit requires the classification specialists to match cellmates by date of admission, custody level, PREA designation, special housing tags, enemies, and the like.

The JMS housing availability logic should be updated to consider the COVID-19 isolation protocols. Further, adding the new TMH beds to the electronic housing inventory will facilitate the proper placement of individuals with acute and sub-acute mental health needs as well as track their movements within and across admissions to OJC.

IV. A. 10. d. Continue to update the classification system to include information on each prisoner's history at OPSO.

Finding:

Substantial Compliance

Observations:

As shown in Figure 2, the monthly custodial reports provided by OPSO indicated a significant decrease in the lag-time between booking and the initial classification. Further, the percentage of inmates for whom initial custody and housing assessments were completed increased by nearly eight percent (7.5%). In particular:

- **Percent Initial Custody Assessments:** During this compliance period, the Classification Unit completed initial custody assessments for 89.1 percent of the inmates booked into OJC. This rate was a 10 percent improvement over the rate (79.3 percent) observed for the previous compliance period.

- **Percent Within 8 Hours:** As of September 2020, initial custody assessments were completed within the first eight hours of booking for 62.6 percent of the OPSO inmates. For this compliance period, the percentage of initial classifications completed within the first eight hours of booking fluctuated between 62.6 and 84.8 percent; the average rate across the six months was 77.7 percent. Likewise, the percentage of cases completed between 8.01 and 24 hours vacillated between 12.1 and 20.2 percent; the average was 11.4 percent. Thus, only one in ten inmates remained in the booking area for more than eight hours before assigned to a bed. This was a considerable improvement over the rate of three in ten inmates who remained in the booking area for more than eight hours observed for the previous compliance period.
- **Percent Greater Than 24 Hours:** As of September 2020, 1.7 percent of the inmates remained in the OJC intake book area for more than 24 hours. This rate continued the trend observed from January to March of 2020. The April data appear to represent an anomaly; otherwise hopefully, this trends observed for 2020 will continue.

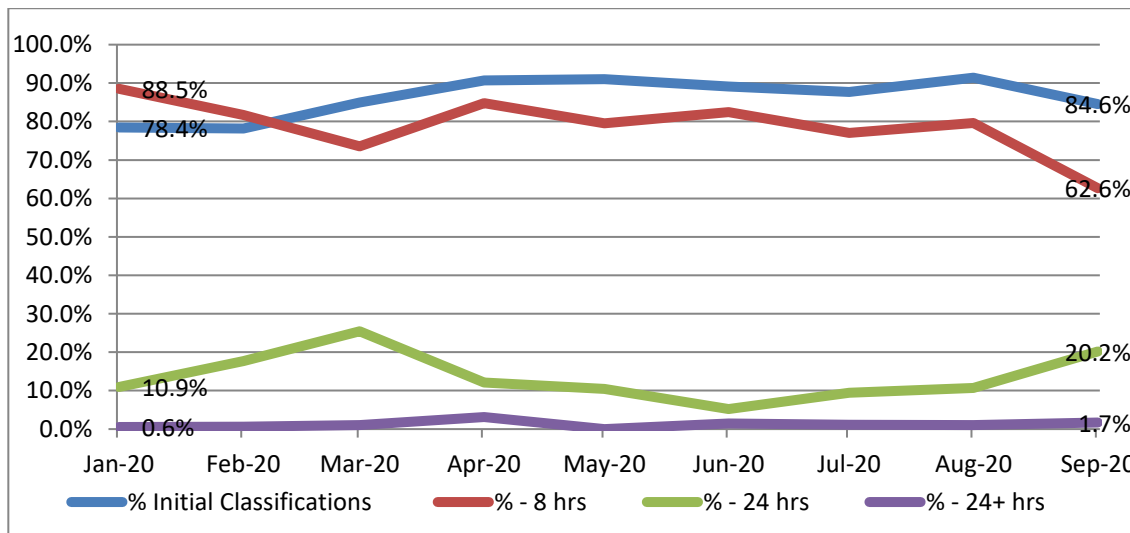


Figure 2: Rates and Completion Time of 2020 Initial Custody Assessments

These data suggested that the percentage of inmates for whom an initial classification was completed has remained stable. Yet, the lag time between booking and classification/housing continues to fluctuate. As the system adjusts to the COVID-19 pandemic pressures, the lag time between booking and housing will probably continue to vacillate. Minimizing the length of time spent in the IPC helps prevent the potential spread of COVID-19 among

staff and inmates within the IPC booking area.

Under the COVID-19 Pandemic, the OPSO Housing Matrix has been adjusted on multiple occasions to ensure appropriate separations for observation, quarantine, and the like. These special pods create concerns about the additional risks from the assignment of Low, Medium, and High custody inmates with different PREA designations to the same housing unit. OPSO command and classification staff initially reported using the automated ISI (Inmate Separation Instrument) to maintain out-of-cell separations within these multi-custody/special population units. However, the virtual tour -- observations and security staff reports -- indicated that inmate(s) are allowed out of the cell for 30 minutes at a time. An inmate is out alone unless he/she has a cellmate, in which case both are out of the cell simultaneously. The deputies do not consult the separations reports or the ISI to determine out-of-cell separations. This out-of-cell schedule does not give inmates adequate time to shower, wash personal clothing, make telephone calls, exercise, and the like. It is a violation of the OPSO policy of at least one (1) hour/day out-of-cell. Further, given the number of occupied cells and various other demands on the daily pod schedule, if more than 16 to 18 cells and various other demands on the daily pod schedule, if more than 16 to 18 cells within the pod are occupied, there is insufficient time for all inmates to receive their daily out-of-cell time.⁶

Regardless, the sub-standard practice of mixed custody/vulnerability using units prompted by the Pandemic should be reviewed and discontinued as soon as possible. In the interim, refresher ISI training for seasoned staff, and introductory training for new line staff, is critical for increasing the length and frequency of out-of-cell time while maintaining necessary COVID-19 restrictions. Note, the ISI can be easily tweaked to control for data of admission and COVID-19 isolation status.

We noted the dangers of overriding the inmate custody levels for housing purposes in previous compliance reports. As shown in Figure 3, during this compliance period – April - September 2020, 15 percent of the custody overrides were for housing purposes. This is undoubtedly an improvement over the rate of 84.9% observed for January 2019, but the practice continues.⁷

⁶ Within the general population pods, the current “social distancing” practice was reported as only ten inmates allow out of their cells at a time.

⁷ On the other hand, the reason or rationale was not documented to 43.4 percent of the overrides. Thus, the full extent of the practice of custody overrides were for housing purposes is unknown.

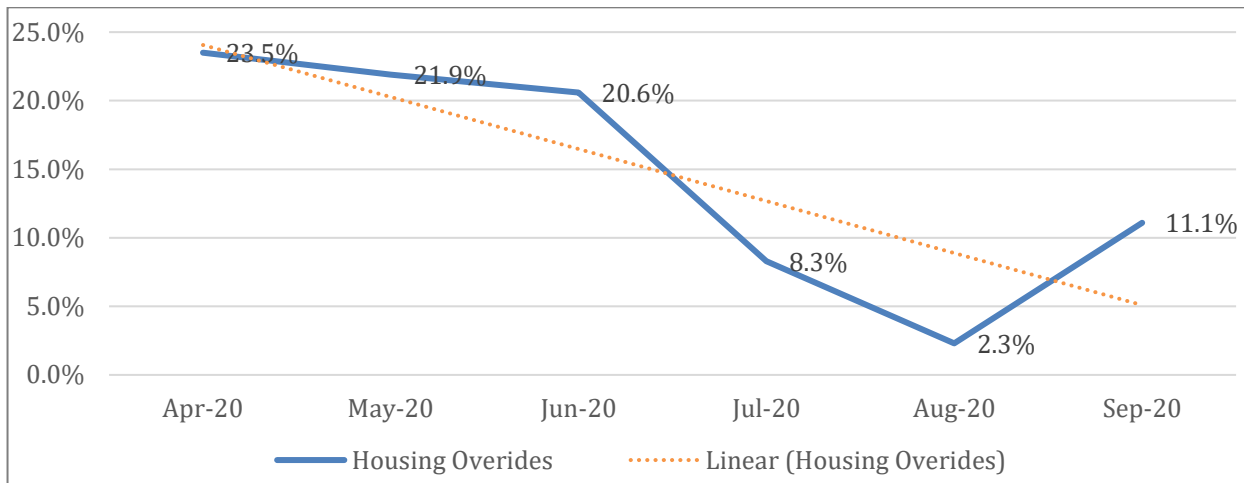


Figure 3: Percent Overrides for Housing Purposes – January 2019 - March 2020

As shown in Figure 4, the April – September 2020 classification reports indicated the initial custody assessments included a discretionary override for 1.6 percent of the men and .7% of the women. These are very low rates, well below the generally recommended rates of 5 to 15 percent.⁸ Before implementing COVID-19 housing protocols, classification specialists were careful to "match" inmates by age, current offense, and final custody level for the housing assignments, particularly for the "low" custody inmates. As the IPC-intake housing protocols only require matching inmates to the cell-level, staff have greater flexibility for housing. Further, during the early waves of the COVID-19 Pandemic, the OJC average daily population (ADP) dropped dramatically. (See Figure 8.) Thus, classification staff had more bed/cells available and greater flexibility for matching individuals within a cell. Monitoring the discretionary overrides for housing purposes remains essential as the Pandemic wanes, and the OJC ADP increases.

⁸ Austin, James and Patricia L. Hardyman. 2004. *Objective Prison Classification: A Guide For Correctional Agencies*. Washington, D.C.: National Institute of Corrections.

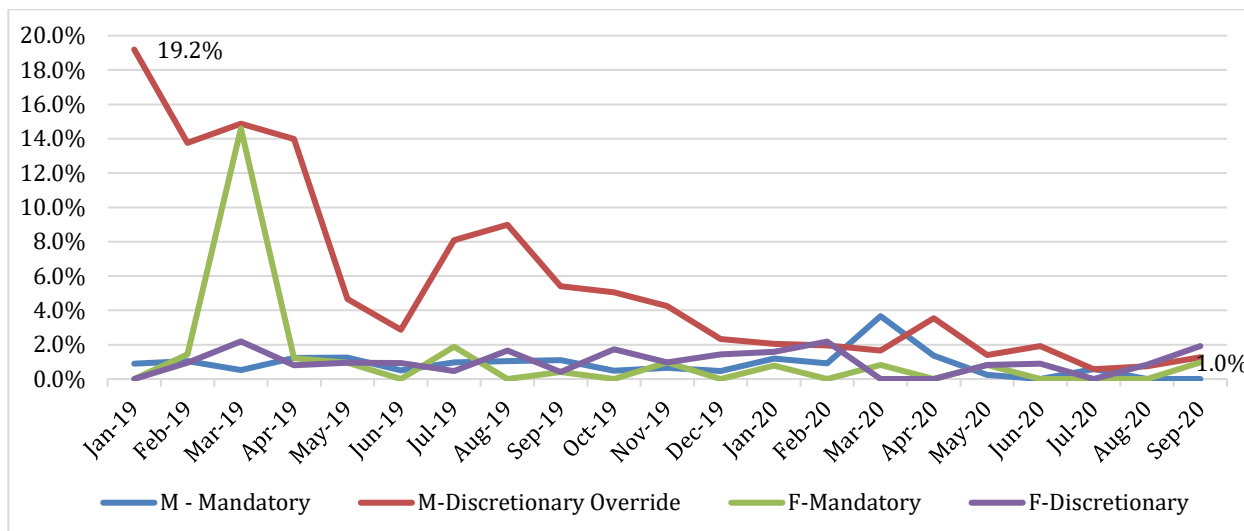


Figure 4: Initial Classification Override Rates by Gender in January 2019 – September 2020

A different type of housing override was discovered via the compliance visit virtual meeting. The Classification Unit initiated the use of an "Inmate Refusal of Enemies" form to "facilitate" the housing of general population inmates. At least in part, the intent was to address inmate requests to transfer from one pod to another. To eliminate pod or cell separations between inmates noted in the JMS as "enemies," the inmates must sign forms indicating the listed inmates "are not my enemies." Both inmates must sign forms in addition to the classification supervisor, disciplinary supervisor, and unit manager. When this process was implemented for the general population inmates was unclear, but it appears to have been late summer. Unavailable were formal OPSO policies or procedures for the use of this form, the tracking of "refused enemies," and the storage of the records. Written policies and formal training for the "Inmate Refusal of Enemies" form are essential to ensure inmate safety, protection of rights, and documentation of OPSO policy and procedures. Discontinuance of the practice is highly recommended until written policies are approved, adequate staff training provided, and means for systematic tracking and documentation are implemented to prevent circumvention of the objective classification and housing systems and harm to the inmates and staff.⁹

The Classification Monitor List (List) is an ad hoc report that identifies inmates for whom a custody review is due. Custody re-assessment reasons include a regular 60/90-day re-assessment or because of some change or event within their jail records, i.e., change in

⁹ OPSO indicated that use of "Inmate Refusal of Enemies" form was a trial strategy initiated in September. As of December 2020, after a 6-week trial period, OPSO elected to discontinue the use of the form.

their charge(s), bail amount, disciplinary history, detainer lodged/lifted, or sentence. The number of inmates on the list fluctuates as inmates return from court, move through the booking process, and the like. A classification specialist or supervisor is tasked with completing the custody reviews on each shift. The average number of pending custody assessments per the Classification Monitor list was 11.98. The cases were split between those awaiting an initial classification (4.92) and those awaiting a custody re-assessment (7.07). The average number of pending custody assessments during the previous compliance period was 18.4. Thus, wait-times for initial and reclassification processes continued to decrease during this compliance period.

Following Compliance Report #8, OPSO took steps to work with Wellpath to rebuild the linkages between the medical/mental health records and JMS. These data are essential for scoring seven of the PREA victimization and predation risk factors. Also, medical and mental health information is critical for the inmates' housing assignments. The linkage between the electronic medical records (ERMA) and the JMS for the intake data is complete. Wellpath/OPSO has not verified the accuracy of the data as uploaded to the JMS.

As shown in Figures 5 and 6, classification staff have continued to create attachments to record criminal history data into the JMS for inmates with non-Orleans Parish felony convictions. Figure 5 illustrates ~285 attachments were created per month between October 2019 and September 2020. The exceptions were April and May of 2020; during these months, the number of attachments dropped to only 99 in April and 216 in May. However, the number of attachments climbed to pre-COVID-19 levels for the remainder of this Compliance Period. For April – September 2020, the classification staff input on average 251.8 attachments/ month. If the April data are excluded from the calculations, an average of 282.4 attachments was input each month. As shown in Figure 5, on average, 97.1 percent of the attachments updated the inmate's criminal history.

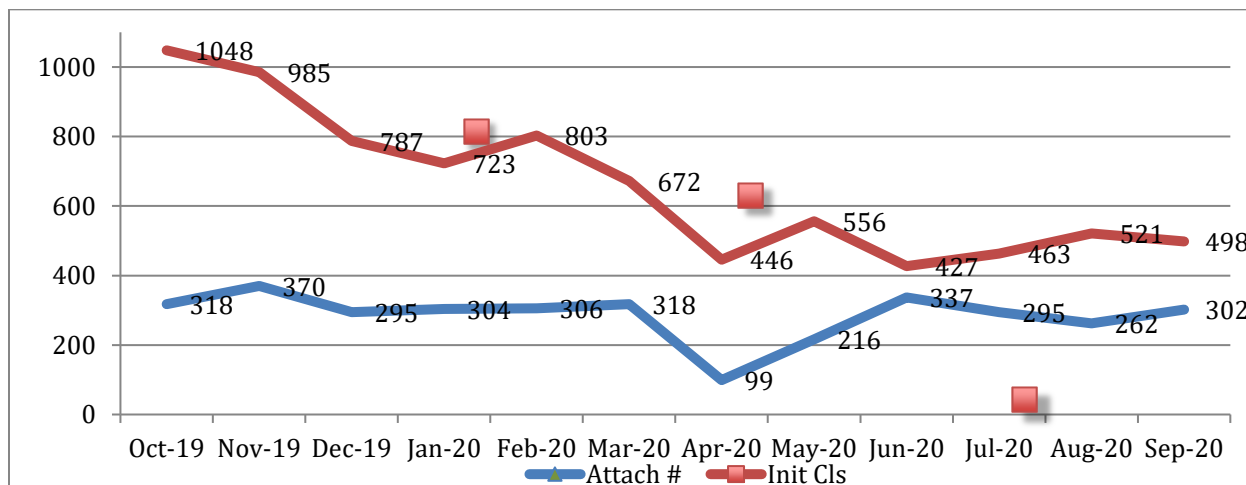


Figure 5: Number of Attachments Input by Classification Staff -- October 2019 - September 2020

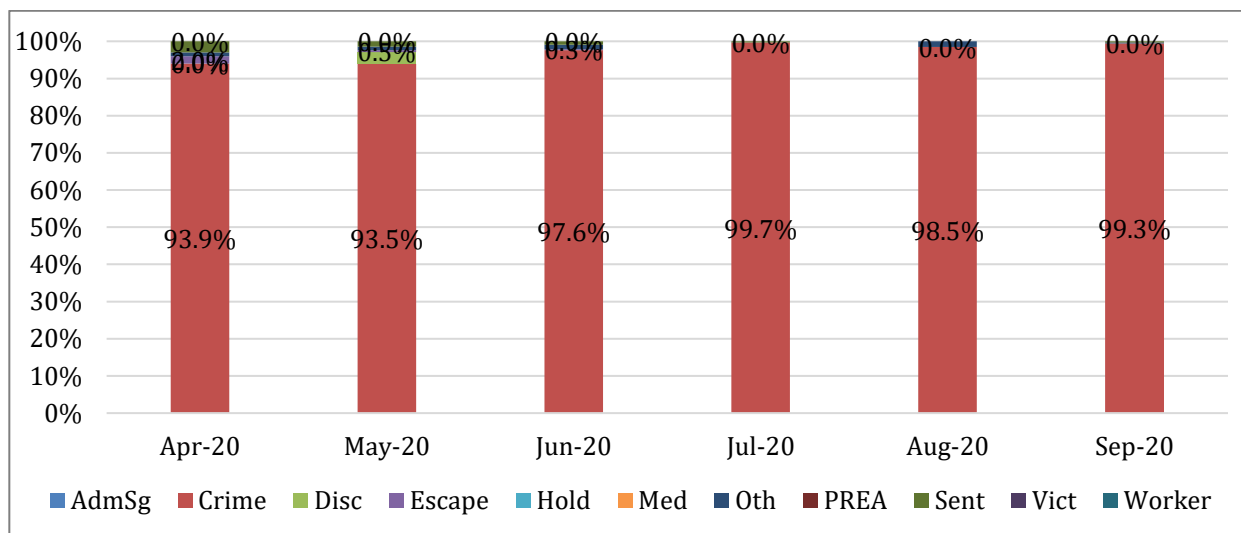


Figure 6: Attachment Reason by Month – April – September 2020

IV.A.10.e. Continue competency-based training and access to all supervisors on the full capabilities of the OPSO classification and prisoner tracking system.

Finding:

Substantial Compliance

Observations:

The most recent objective classification training was mid-December 2019. The training topics were the principles of objective classification and instruction on OPSO custody, predation, and vulnerability assessments, and the housing assignment process. As no classification specialists joined the Unit during this compliance period, the introductory training was not required.

There was no OPSO in-service training classification training for the specialists during this compliance period. In response to questions during the virtual tour, the classification

manager orally reported some instruction on the internal housing audit process and remedial instruction on special population housing tags. However, no documentation of even such specialized or corrective action instruction was provided. Quality consistent in-service and introductory training for new staff is vital to ensure reliable and accurate custody assessments, housing assignments, and audits. While the System is highly automated, the JMS automation should not replace the staff's understanding of the objective classification principles, scoring rules for the custody and PREA risk factors, or housing standards.

IV.A.10.f. Conduct internal and external review and validation of the classification and prisoner tracking system on at least an annual basis.

Finding:

Partial Compliance

Observations:

OPSO population reports with the number of inmates by location were received daily by the Monitor. Custodial statistical reports for April - September 2020 regarding the number of custody assessments by type, gender, and population were also available. These reports track the timeliness of the initial custody assessments, the custody distributions; the cases due for a custody assessment; the prevalence of special populations; as well as the rates and types of disciplinary infractions. OPSO conducts housing and internal audits.

Housing Audits – Checking the Veracity of the Inmate Housing Assignments:

As of July 28, 2020, OPSO resumed audits of the inmate housing assignments. For this compliance report, reviewed were a random sample of the audit score sheets, rosters, and corrective action reports. The audit score sheets had undoubtedly improved from previous audits. Further, corrective action forms were completed for each audit. Observation of a housing audit for this compliance report indicated the auditor verified the cell and bed assignments for each inmate as required by the OPSO audit procedures.

On the other hand, the written description of the restarted OPSO audit process was unclear. A review of a random sample of the housing audits suggested that staff did not always adhere to the written procedures. The primary concerns included 1) not all OJC and TDC housing units were audited monthly, and 2) pods with housing errors were not re-

audited.¹⁰ For example, audits of pods 4A, D, E, and F conducted on September 5, 2020, identified 16 to 33 inmates who were not in their assigned beds. These audits were not re-audited until November 23, 2020. Thus, the pods were not re-audited as per the OPSO audit process.

OPSO classification staff create a "Housing Audit Corrective Action" report for each audit to summarize the auditor's findings. While these summaries are helpful, most neither indicated the specific "corrective" actions required, tracked their resolution, nor documented the date and results of any follow-up audit. It is important to emphasize that housing audits are a means of ensuring the classification system's integrity. Merely filling out a custody assessment form and assigning an inmate to a bed does not fulfill a validated classification system's requirements. OPSO must ensure that all inmates are in the assigned cells and bunks according to their risks and needs. Otherwise, classification becomes just another form. The importance of housing audits cannot be over-stated. While most of the audit sheets indicated all inmates were in their assigned cells and beds, there were notable exceptions. As previously noted, audits of pods 4A, D, E, and F conducted September 5, 2020, identified 16 to 33 inmates who were not in their assigned beds. Among the 28 randomly selected audits, 7 (25%) noted inmates not in their assigned beds/cells. Note, these seven audits did not include the notations that inmates were sleeping on the floor rather than his/her assigned bunk. Security staff does not consistently enforce the housing assignments specified on the housing transfer sheets.

Internal Audits – Checking the Accuracy of the Custody and PREA Assessments

As part of the ongoing classification and housing processes, the classification shift supervisor reviews the JMS reports to identify placement errors and ISI separation conflicts. Supervisors/team leaders indicated that they immediately corrected all errors. Thus, the housing separation errors detected by the JMS were resolved quickly. Total reliance on automated housing violation reports to detect housing and custody assessment errors is insufficient to ensure institutional safety and security.

Reviewed were the April - September 2020 internal audit logs. The audit logs include two types of audits: Random (custody assessments selected by the JMS for review) and

¹⁰ As per the description of the CLASSIFICATION HOUSING AUDIT PROCESS" provided by Jackson-Price, Rhonda (OPSO Classification Manager) on 11/20/2020, "A follow-up housing audit will take place to make sure the security infractions or operational infractions have been corrected on another random day within the same month."

Discovered (custody assessments with errors observed by a classification specialist or supervisor). No errors were reported for the 39 randomly selected assessments. The low error rate among random audits¹¹ is surprising. There were 30 custody assessments with "discovered errors." These errors included missing special population tags, housing errors (Low and High Custody inmates housed together), missing medical tags, and missing criminal history attachments. No errors were reported for the 39 randomly selected assessments. The low error rate among random audits¹² is surprising as there was an almost equal number of "discovered errors." There were 30 custody assessments with "discovered errors" included missing special population tags, housing errors (Housing Low and High Custody inmates together), missed medical tags, and missing criminal history attachments. Some log entries noted multiple staff replicated the "error." The classification manager or supervisor reviews the errors with the staff member. As necessary, additional instruction was provided. These audits log suggest the need for in-service training on special population and isolation tags as well as housing assignments for low custody inmates and potential predators.

Revalidation of the Classification System – Assessing the Validity of the System:

Lovins and Latessa submitted their report on the validation of the OPSO classification system on April 30, 2018.¹³ This validation study served as documentation of compliance with the Consent Judgment requirement for "external review and validation of the classification and prisoner tracking system on at least an annual basis." Although statistical validation of an objective classification system is generally recommended every three to five years,¹⁴ continuous monitoring and process evaluation are essential for ensuring the system's integrity for the OPSO current inmate population. OPSO is currently soliciting proposals for revalidation of the classification system. This revalidation is anticipated to be completed in 2021.

IV.A.10.g. Provide the Monitor a periodic report on classification at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date and every six months, thereafter, until termination of this Agreement. Each report will include the following information:

- (1) number of prisoner-on-prisoner assaults;***
- (2) number of assaults against prisoners with mental illness;***

¹¹ A total of 10,424 custody assessments were completed between April 1 and September 30, 2020.

¹² A total of 10,424 custody assessments were completed between April 1 and September 30, 2020.

¹³ Lovins, Brian K. and Edward Latessa (April 30, 2018). "Revalidation of the Orleans Parish Classification System." Cincinnati, Ohio: University of Cincinnati Corrections Institute.

¹⁴ Austin, James and Hardyman, Patricia L. (2004) "Objective Prison Classification: A Guide for Correctional Agencies." Washington, D.C.: National Institute of Corrections. pp. iv.

- (3) number of prisoners who report having gang affiliations;*
- (4) most serious offense leading to incarceration;*
- (5) number of prisoners classified in each security level;*
- (6) number of prisoners placed in protective custody; and*
- (7) number of misconduct complaints.*

Finding:

Substantial compliance

Observations:

Reviewed were the monthly custodial, discipline, and inmate statistical reports for April - September 2020. OPSO has developed reports to track the statistics as required under section IV.A.10.g. The only exception is the rates of victimization of inmates on the mental health caseload. As noted earlier, these data are dependent upon timely caseload information from the mental health provider. Wellpath and OPSO are working together to align the JMS and electronic medical data to generate timely and accurate victimization counts. The Consent Judgment specifically requires victimization rates for inmates on the mental health caseload. It appears that the Wellpath electronic medical records are now linked to the AS400. However, pending is the data validation process to ensure timely and accurate updates of the inmate's medical and mental health caseload status. The monthly classification special population reports include counts for the medical and mental health caseloads but missing are the victimization counts among individuals on the mental health caseload. OPSO and Wellpath must complete this process to maintain substantial compliance with this section.

Updated data as to the inmates with gang affiliations were input to the JMS throughout the compliance period. OPSO and the Orleans District Attorney (DA) have created an ongoing process for notifying the OPSO of offenders identified as members of a "gang." Thus, these data are available to track the prevalence of inmates per "gang" among OPSO populations as well as by their location (i.e., tier, side, and bed). The NOPD has created a new task force to address violent crime within New Orleans. This task force's work may impact the characteristics of the OPSO population and provide new opportunities for building information-sharing bridges to consistently identify individuals with gang affiliations, not just those with a gang-related offense(s).

Figures 7 and 8 provide the OPSO monthly disciplinary data as recorded in the JMS. The rate of disciplinary reports has fluctuated over the last twelve months – October 2019 – September 2020. (To account for short-term variations, seasonal trends, and the population

shifts due to the Pandemic 12 months of disciplinary data are provided.) As shown in Figure 7, the rate of disciplinary reports per inmate increased by about 10 percent between October 2019 – April 2020. As of April 2020, the rate of disciplinary reports for the OPSO detainees was 41.0 percent, i.e., 4 in 10 inmates received a disciplinary report. The rate increased to 44.3 percent for June 2020 but dropped back to 41.3 percent in September. Thus, as shown in Figure 8, although in March, the OPSO ADP dropped significantly, the rate of disciplinary reports remained steady at about 41 percent.

Figure 8 also illustrates the rates of predatory (e.g., assaults or battery) and aggressive behaviors (e.g., fights or threats) based on the OPSO ADP. These rates have remained virtually unchanged over the last 12 months despite the drop in the OPSO population and strict out-of-cell separations due to the COVID-19 Pandemic. In April 2020, the rate of predatory infractions among OPSO inmates was 8.6 percent – nearly 1 in 10 inmates was involved in institutional violence.

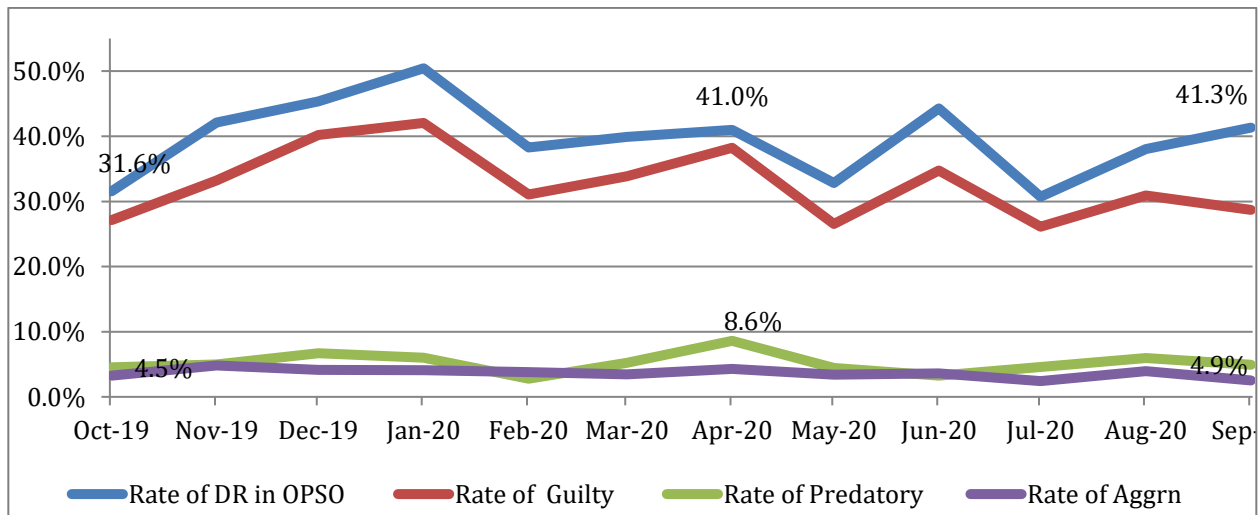


Figure 7: Rate of Disciplinary Infractions for the OPSO ADP – Oct 2019 - April 2020.

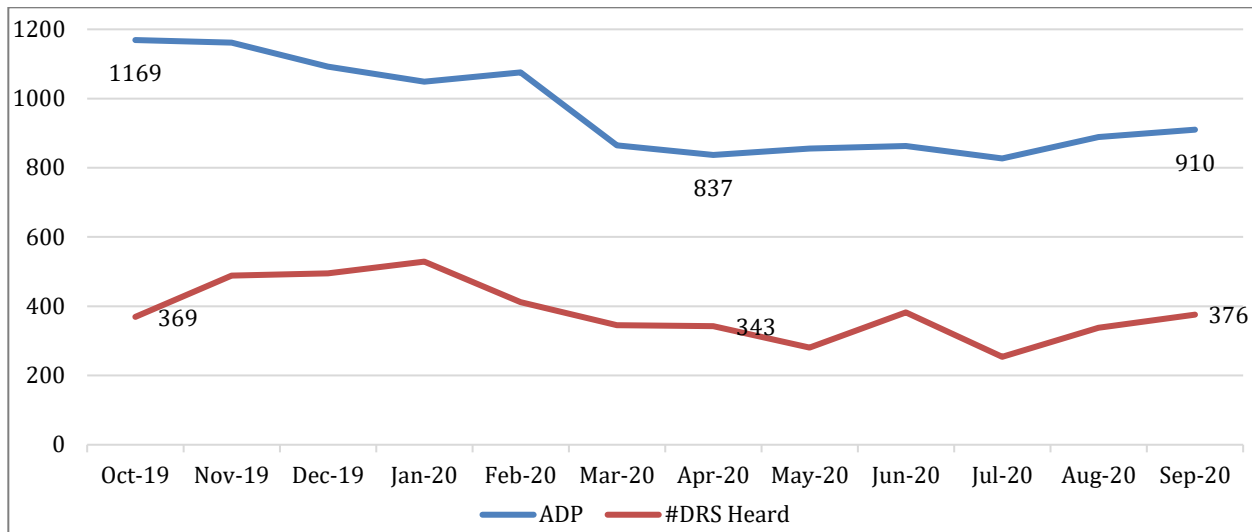


Figure 8: OPSO ADP versus Number Disciplinary Hearings: October 2019 – September 2020

Figure 9 provides a breakdown of the most severe guilty infraction/disciplinary report between October 2019 and September 2020. During May – July 2020, each of the types of infractions -- predatory (assaults or battery), aggressive (fights and threats), management problems (e.g., disobey a direct order) decreased, except for the number of Management Problems in June. However, the predatory infractions rose again in August and September. While the actual number of violence incidents (i.e., predatory and aggressive infractions) decreased during this compliance period, as was shown in Figure 7, the rate of violence based on the OPSO ADP was steady at about 9 percent.

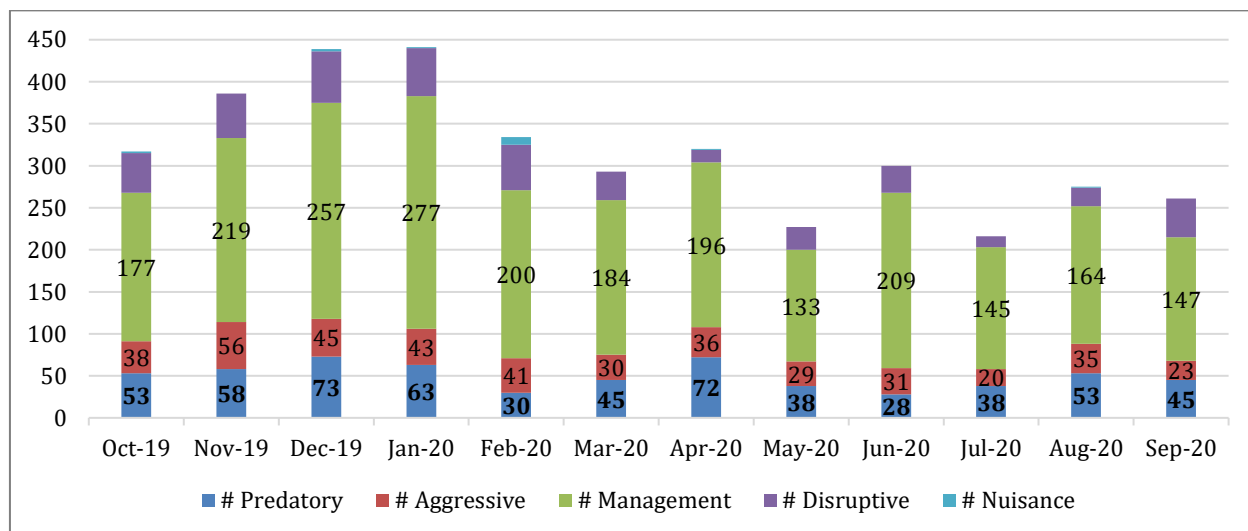


Figure 9 Most Serious Disciplinary Infraction/Report with Finding of Guilty: Oct 2019 – Sept 2020

IV.A.10.h. OPSO shall review the periodic data report and make recommendations regarding proper placement consistent with this Agreement or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.

Finding:

Partial Compliance

Observations:

The Monitor receives the daily "Active Inmates by Location" reports and has access to the ad hoc Classification Monitor list and various classification statistical reports. During this compliance period, provided were multiple updates to the OPSO Housing Matrix. Chief LeCounte has maintained open communications. However, independent analyses of the statistical reports or the housing audits were minimal. We learned of OPSO's "restart" of the housing audits in late July/early August through discussions during the virtual compliance meetings.

Further, we learned that the Classification Unit initiated the use of an "Inmate Refusal of Enemies" form to "facilitate" the housing of general population inmates. When this process was implemented for the general population inmates was unclear. Also unavailable were formal OPSO policies or procedures for the use of this form. Requests for a sample of completed forms as well as OPSO policies regarding the use of the form, the tracking of "refused enemies," and the storage of these forms were resisted. Addressed was the Monitor's suggestion for adding the signature dates to the form, but not those for deleting the inmate's waiver of OPSO's liability for "any type of altercation." Procedures for the use of this form for general population inmates and the special populations (i.e., individuals on protective custody and administrative segregation) remain unclear. As previously noted, written policies and formal training regarding the use of the "Inmate Refusal of Enemies" form, as well as the housing audits, are essential to ensure inmate safety, protection of rights, and documentation of OPSO policy and procedures. As previously noted, written policies, documentation, and formal training regarding the use of the "Inmate Refusal of Enemies" form, as well as the housing audits, are essential to ensure inmate safety, protection of rights, and documentation of OPSO policy and procedures.

IV. A. 11. Prisoner Grievance Process

A. 11.a. OPSO shall ensure that prisoners have a mechanism to express their grievances, resolve disputes, and ensure that concerns regarding their constitutional rights are addressed. OPSO shall, at a minimum, do the following:

- (1) Continue to maintain policies and procedures to ensure that prisoners have access to an adequate grievance process and to ensure that grievances may be reported and filed confidentially, without requiring the intervention of a correctional officer. The policies and procedures should be applicable and standardized across all the Facility divisions.***
- (2) Ensure that each grievance receives appropriate follow-up, including providing a timely written response and tracking implementation of resolutions.***
- (3) Ensure that grievance forms are available on all units and are available in Spanish and***

Vietnamese and that there is adequate opportunity for illiterate prisoners and prisoners who have physical or cognitive disabilities or language barriers to access the grievance system.

- (4) Separate the process of "requests to staff" from the grievance process and prioritize grievances that raise issues regarding prisoner safety or health.*
- (5) Ensure that prisoner grievances are screened for allegations of staff misconduct and, if an incident or allegation warrants per this Agreement, that it is referred for investigation.*
- (6) A member of the management staff shall review the grievance tracking system quarterly to identify areas of concerns. These reviews and any recommendations will be documented and provided to the Monitor.*

Findings:

- A. 11. a. (1) Substantial Compliance
- A. 11. a. (2) Partial Compliance
- A. 11. a. (3) Substantial Compliance
- A. 11. a. (4) Substantial Compliance
- A. 11. a. (5) Substantial Compliance
- A. 11. a. (6) Substantial Compliance

Until the September 2019 report, one rating was given for the entire section for the Prisoner Grievance Process. In order to highlight which provisions are in substantial compliance versus those which fall short, the decision was made to rate each provision separately.

This review covers April 2020 through September 2020. For this review, the Monitor interviewed the Grievance Lieutenant, security staff and inmates while inspecting the housing units. Reports and data submitted by OPSO covering the rating period was also reviewed.

As reported by the OPSO Grievance staff, a monthly average of 190 grievances and 1905 inmate requests were received for the current rating period. This represents a 31% decrease in the monthly grievance average over the previous 6-month period. It is the monitor's opinion that this drop can be largely attributed to the significant drop in the average daily inmate population due to the COVID pandemic. OPSO grievance reports did show a spike in the number of grievances for the month of May 2020, but, again, the tightening of COVID restrictions throughout the jail during this time likely prompted this and centered largely around commissary, maintenance, food service and programs. All four categories dropped notably in the month of June and remained relatively stable through the rest of the reporting period.

Inmates have access to the grievance process via electronic kiosks located in the

housing units throughout OJC and TDC and through a traditional paper grievance system. A review of the OPSO “Kiosk Maintenance Log” showed that kiosks had to be “rebooted” approximately 175 times during the rating period with some individual kiosks being rebooted 2 to 3 times in a 7-day period. There were at least two instances where the entire system in the OJC had to be rebooted. In previous reports, it was noted that several kiosks were non-repairable. The Monitor observed that some replacements have been installed, however it is the monitor’s opinion that the kiosk system remains relatively unreliable in terms of operational availability. The Grievance Lieutenant reported that every housing unit is visited 7 days per week with a “walk by” of every cell to collect paper grievances to ensure that problems with the kiosks do not interfere with an inmate’s ability to submit grievances. The Monitor observed locked grievance receptacles in every housing unit, however at least two inmates complained of not being able to get blank grievance forms from security staff in a timely manner. Unit Managers are urged to remind line security staff of the importance of making grievance forms available upon request by the inmate(s). It is the Monitor’s opinion that this manual work-around is acceptable under the language of the Consent Judgment requiring the inmates have access to a meaningful and confidential grievance process. OPSO staff report that a replacement system is still being pursued but the status has been relatively unchanged for almost three years. Given that inmates have reported difficulty in accessing the paper grievance forms and writing utensils and the delay that results from not being able to submit the grievance and medical requests electronically, the securing of a replacement system should be given priority.

For this compliance review, the Monitor specifically reviewed weekly and monthly audit documentation (statistics, actual grievance documentation, and response timeliness) and trend reports compiled by the Grievance staff covering the period April through September 2020.

As noted previously, the Grievance Weekly Response Audit reports continue to reflect a diligent effort by Grievance staff to review and notify responsible staff when responses are insufficient or incomplete. The audits reflect a positive trend in terms of quality of responses. The relative number of “no response” or “non-specific” responses continues to decline across the board largely due to the feedback given respondents by Grievance staff. The Grievance Lieutenant also stated that increased support from management has had a positive impact as well.

In terms of quantitative analysis, the Monitor specifically reviewed the number of “overdue” grievance responses (>10 days) as a percentage of the total number of grievances assigned in a given month. Based on data provided by Grievance staff, the monthly average of overdue responses declined from 44% (Nov19 thru Mar20) to 25% (Apr20 thru Aug20), a marked improvement. The Monitor believes this change to be a result of Grievance staff improving the level and frequency of feedback to staff responsible for answering grievances as well as OPSO leadership holding supervisors accountable for not responding to grievances timely.

In order to refine the analysis and focus improvement efforts, Grievance staff increased the frequency of the “overdue” grievance response reports from monthly to weekly as of May 2020 and separated OPSO staff responses from those of the medical contractor (Wellpath) as of September 2020. While insufficient to form an opinion at this point, it appears that the first three weeks of data reflect a weekly average of 36% overdue responses for OPSO staff and 14% for medical grievance responses despite the number of medical grievances being 2 to 4 times the number received by OPSO staff on a monthly basis. Grievance staff should continue their efforts in this area.

Grievance staff continues to do an excellent job tracking grievances and requests and reporting as to the timeliness and quality of the responses to address the inmates’ issues.

The Monitor again reviewed documentation regarding the use and tracking of paper grievance forms made available to all units with non-functioning kiosks. The documentation reflects all paper grievances gathered which are then entered into the electronic system by Grievance staff for routine routing and tracking. Documentation consistently reflects that Grievance staff continue to maintain a by-name/housing listing of all OPSO inmates identified as needing Grievance staff assistance to access the grievance system due to either a language barrier or illiteracy. The logs reviewed by the Monitor for the second and third quarters show the list of disadvantaged inmates continues to be actively managed by Grievance staff.

Grievance staff provided detailed documentation as to their separate handling of the April 2020 through September 2020 inmate requests, grievances, and complaints related to inmate safety or health.

Review of the documentation demonstrated that all inmate submissions are reviewed by Grievance staff, categorized into requests and grievances, and forwarded to the

appropriate staff for response with statistical information kept on all categories. Both requests and grievances are further sorted by type. Specific grievances related to inmate safety, medical issues, PREA, etc., continue to be documented to reflect the date received, inmate information, type of grievance, time of notification made to the appropriate staff member, and the staff member making the notification.

The Monitor reviewed detailed documentation provided by Grievance staff for the rating period regarding the screening of grievances for staff misconduct. The documentation demonstrated that all inmate submissions are reviewed by Grievance staff and those regarding staff misconduct are separately documented for appropriate referral to the administrative level for follow-up. Grievance staff processed a total of 90 such staff misconduct related grievances during this rating period versus 147 grievances for July through December 2019.

Grievance staff also separately document grievances that require specific referral to IAD, ISB, PREA, or FIT staff for review and investigation. Detailed information along with the date assigned and disposition is maintained as well as email transmission receipts.

The Monitor reviewed the CY 2020 second and fourth quarter executive analysis of the grievance reports. Specific discussion by executive staff regarding the grievance documentation and reports was noted. No specific changes to the grievance process recommended however changes to the data analysis methodology and follow-up actions were discussed and recommended.

IV. A. 12. Sexual Abuse

A.12. OPSO will develop and implement policies, protocols, trainings, and audits, consistent with the requirements of the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, including but not limited to, preventing, detecting, reporting, investigating, and collecting sexual abuse data, including prisoner-on-prisoner and staff-on-prisoner sexual abuse, sexual harassment, and sexual touching.

Finding:

A. 12. Substantial Compliance

Observations:

OPSO successfully completed its PREA audit in 2019. The PREA Coordinator has since been reassigned to a housing area and the position has not been filled. Supervision of the investigation of PREA complaints has been added to the duties of the FIT supervisor due to the departure of the lieutenant who previously oversaw them. Substantial compliance is not guaranteed by successfully completing a PREA audit once every three years. While this

provision is being rated in substantial compliance, stricter adherence to the requirements of the provision are necessary to maintain this rating.

IV. A. 13. Access to Information

A.13. OPSO will ensure that all newly admitted prisoners receive information, through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding Facility disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse or assault; accessing medical and mental health care; emergency procedures; and sending and receiving mail; understanding the visitation process; and accessing the grievance process.

Finding:

A. 13. Substantial Compliance

Observations:

Materials were provided indicating the requirements of this paragraph have been met.

IV. B. Mental Health Care

Introduction:

As with past reports, the Monitors rate the compliance levels based on the documents requested and reviewed, observations, discussions during visits, (including this recent virtual visit) review of medical records (107 for this visit), and any additional information provided by the parties.

The Monitors note very little improvement in performance in many areas of the Consent Judgment since Compliance Tour #11 and 12 and regression in some areas. The addition of the Tulane Department of Psychiatry staff and leadership remains an invaluable asset in providing required and consistent psychiatric services for inmates at OJC. There is continuing positive progress with Tulane’s interface with Wellpath, however the provision of adequate and timely mental health and medical care and services has declined, as has compliance with suicide prevention training, management, and monitoring.

Wellpath continues to have difficulty with counting, for example, calculating the mental health caseload consistently and counting the number of patients with acute and chronic disease who need and receive counseling, and tracking discharge medications. The average daily population (ADP) for OJC including TDC was reported as 941 detainees, with 704 (73%) on the mental health caseload and 503 (53%) prescribed psychotropic medications. Practitioner productivity remains an open question.

Several paragraphs remain where necessary improvements are required by the

Consent Judgment to provide the full range and quality of medical care and mental health/counseling services for inmates incarcerated in OJC and the newly renovated TDC. These concerns are deeply impacted by the lack of progress in developing the required services and programs recommended in 2014, including permanent acute care and step-down programming and services for mental health and acute medical services. There continue to be no acute care mental health services for women, except via emergency transfer to hospital emergency departments, and limited mental health acute, stepdown and outpatient programmatic activities.

General recommendations are to: continue leadership initiatives and direction by OPSO and Wellpath; continue correctional security staffing to consistently provide adequate and ongoing dedicated support for mental health and medical services; continue to develop full services and continuity of services for both male and female prisoners including all levels of care, staffing and space; and continue to evaluate and pursue full services for mentally ill prisoners, including medication management, and acute, residential, and outpatient care.

The Monitors are concerned that the budgetary cuts in staffing will exacerbate the current serious problems with recruitment and retention of nursing staff at all levels, particularly when it has been so difficult to provide timely services with current staff. The suicide watch staffing ratios of 1:5 or more are insufficient to provide safe risk mitigation for suicide prevention. Further, the use of deputies who are untrained in suicide watch compounds the danger.

The Monitors are also concerned about the inability of patients on 2A and 3C to receive the full range of timely and appropriate mental health care care including individual and group therapy and counseling in privacy, as opposed to cell side through the food port, which was in place prior to the initiation of COVID-19 restrictions, and eliminating group therapies and limiting individual contacts for essentially all units since those restrictions have been in place.

The Monitors have very serious concerns regarding suicide training, observations, monitoring and documentation. Wellpath has exceeded their standard ratios of one clinical suicide watcher (Certified Nursing Assts., or Mental Health Technicians) to five inmates on staggered every fifteen-minute suicide precautions. This ratio is very high and difficult for staff to maintain consistency. Inmates requiring Direct Observation require 1:1 observation full time. Wellpath staff are working double shifts/overtime as suicide watchers, however

have not been able to demonstrate keeping up with the needs and OPSO deputies have been providing up to 30% of all watches, without adequate training specifically for duties and responsibilities as suicide prevention observers and monitors. Deputies have been attempting to include suicide monitoring in their more frequent welfare checks, often for prisoners housed in non-suicide resistant cells. These modifications are extremely problematic, potentially increasing risk of harm, and do not meet Consent Judgment requirements.

OPSO and Wellpath have been following health department guidance on mitigation and containment of transmission of COVID-19. The Monitors have not been asked for technical assistance in this area.

Specific findings and recommendations regarding medical and mental health services are provided below. For those paragraphs that have previously demonstrated Substantial Compliance the Monitors recommend, encourage, and support the diligent and consistent efforts by OPSO and the medical and mental health providers to continue to demonstrate Substantial Compliance.

B. Mental Health Care

B. OPSO shall ensure constitutionally adequate intake, assessment, treatment, and monitoring of prisoners' mental health needs, including but not limited to, protecting the safety of and giving priority access to prisoners at risk for self-injurious behavior or suicide. OPSO shall assess, on an annual or more frequent basis, whether the mental health services at OPP comply with the Constitution. In order to provide mental health services to prisoners, OPSO, at a minimum, shall:

Findings:

- B. 1. a. Partial Compliance
- B. 1. b. Substantial Compliance
- B. 1. c. Substantial Compliance
- B. 1. d. Partial Compliance
- B. 1. e. Partial Compliance
- B. 1. f. Partial Compliance
- B. 1. g. Partial Compliance
- B. 1. h. Substantial Compliance
- B. 1. i. Partial Compliance
- B. 1. j. Partial Compliance
- B. 1. k. Partial Compliance
- B. 1. l. Partial Compliance

B.1.a. Develop and maintain comprehensive policies and procedures for appropriate screening and assessment of prisoners with mental illness. These policies should include definitions of emergent, urgent, and routine mental health needs, as well as timeframes for the provision of services for each category of mental health needs.

Finding:

Partial Compliance

Suggestion:

Wellpath has different timeframes for timeliness of responses. Previously recommended to review and revise policies and procedures. Wellpath has procedures that conflict with Consent Judgment requirements; corrective actions began during site visit.

B.1.b. Develop and implement an appropriate screening instrument that identifies mental health needs, and ensures timely access to a mental health professional when presenting symptoms require such care. The screening instrument should include the factors described in Appendix B. The screening instrument will be validated by a qualified professional approved by the Monitor within 180 days of the Effective Date and every 12 months thereafter, if necessary.

Finding:

Substantial Compliance

B.1.c. Ensure that all prisoners are screened by Qualified Medical Staff upon arrival to OPP, but no later than within eight hours, to identify a prisoner’s risk for suicide or self-injurious behavior. No prisoner shall be held in isolation prior to an evaluation by medical staff.

Finding:

Substantial Compliance

B.1.d. Implement a triage policy that utilizes the screening and assessment procedures to ensure that prisoners with emergent and urgent mental health needs are prioritized for services.

Finding:

Partial Compliance

Suggestion:

Wellpath and OPSO to review and revise SOP’s for Psychiatric Referrals, suicide watches in IPC and suicide prevention training to comply with the Consent Judgment.

B.1.e. Develop and implement protocols, commensurate with the level of risk of suicide or self-harm, to ensure that prisoners are protected from identified risks for suicide or self-injurious behavior. The protocols shall also require that a Qualified Mental Health Professional perform a mental health assessment, based on the prisoner’s risk.

Finding:

Partial Compliance

Suggestion:

Deputies have been assigned duties for suicide watches since the last site visit and have been documenting suicide watches in logs rather than required observation forms.

Provide documentation of training, protocols, and observation results. Monitor and report use of physical restraints for inmates on suicide watches in IPC.

B.1.f. For prisoners with emergent or urgent mental health needs, search the prisoner and monitor with constant supervision until the prisoner is transferred to a Qualified Mental Health Professional for assessment.

Finding:

Partial Compliance

Suggestion:

Provide documentation of searches and constant supervision by security until mental health staff arrives and conducts assessment for all emergent and urgent referrals. Include protocols/procedures for searching inmates as soon as safely possible and prior to placement on any form of suicide precautions, watch or Direct Observation, and documentation requirements.

B.1.g. Ensure that a Qualified Mental Health Professional conducts appropriate mental health assessments within the following periods from the initial screen or other identification of need:

- (1) 14 days, or sooner, if medically necessary, for prisoners with routine mental health needs***
- (2) 48 hours, or sooner, if medically necessary, for prisoners with urgent mental health needs;***
- and***
- (3) immediately, but no later than two hours, for prisoners with emergent mental health needs.***

Finding:

Partial Compliance

Suggestion:

Continue to provide documentation that inmates in population (after IPC) consistently receive appropriate and complete assessments within the required timeframes. Review and revise Wellpath SOP advising QMHP referrals to psychiatrists on weekends, with OPSO approval, and report results.

B.1.h. Ensure that a Qualified Mental Health Professional performs a mental health assessment no later than the next working day following any adverse triggering event (i.e., any suicide attempt, any suicide ideation, or any aggression to self, resulting in serious injury).

Finding:

Substantial Compliance

B.1.i. Ensure that a Qualified Mental Health Professional, as part of the prisoner's interdisciplinary treatment team, maintains a risk profile for each prisoner on the mental health case load based on the Assessment Factors identified in Appendix B, and develops and implements a treatment plan to minimize the risk of harm to each of these prisoners.

Finding:

Partial Compliance

Suggestion:

Provide documentation of timeliness of treatment plans for all inmates on the mental health caseload at all levels of care including risk profiles. Include focus on inmates in stepdown and outpatient programs. Expand reviews to include deficiencies in content, diagnoses, planned services, etc. for inmates at all levels of care.

B.1.j. Ensure adequate and timely treatment for prisoners, whose assessments reveal mental illness and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate.

Finding:

Partial Compliance

Suggestion:

Continue to provide documentation of scheduled and completed adequate and timely treatment for all caseload inmates including rounds and psychosocial handout materials, individual and group therapies and/or counseling, and referrals for specialty services for male and female inmates. This should include prisoners at TDC/TMH, all suicide watches at OJC in all locations including IPC, acute care services for male and female inmates, step down units, and outpatients in population and all restricted housing units. The need for necessary and full range of mental health and counseling services for all specified inmates remains. The future utilization of TDC and Phase III were unclear at the time of this review and report.

B.1.k. Ensure crisis services are available to manage psychiatric emergencies. Such services include licensed in-patient psychiatric care, when clinically appropriate.

Finding:

Partial Compliance

Suggestion:

OPSO does not have access to any licensed inpatient services for male and female inmates. Provide documentation that all psychiatric emergencies are sent to an emergency department and any crisis is adequately resolved. Provide documentation that all inmates have access to licensed inpatient psychiatric care, when clinically appropriate.

B.1.l. On an annual basis, assess the process for screening prisoners for mental health needs to determine whether prisoners are being appropriately identified for care. Based on this assessment, OPSO shall recommend changes to the screening system. The assessment and recommendations will be documented and provided to the Monitor.

Finding:

Substantial Compliance

Suggestion:

The report of annual assessment and recommendations of the process for screening

prisoners for mental health needs to determine whether prisoners are being appropriately identified for care has been provided. The report does not include information and analyses of the use of restraint shackles during suicide watch in IPC and timeliness of transfer to suicide resistant cells.

Findings:

- B. 2. a. Partial Compliance
- B. 2. b. Partial Compliance
- B. 2. c. Partial Compliance
- B. 2. d. Partial Compliance
- B. 2. e. Substantial Compliance
- B. 2. f. Partial Compliance
- B. 2. g. Substantial Compliance
- B. 2. h. Partial Compliance

B.2.a. Review, revise, and supplement its existing policies in order to implement a policy for the delivery of mental health services that includes a continuum of services, provides for necessary and appropriate mental health staff, includes a treatment plan for prisoners with serious mental illness, and collects data and contains mechanisms sufficient to measure whether care is being provided in a manner consistent with the Constitution.

Finding:

Partial Compliance

Suggestion:

Wellpath and OPSO have completed the majority of necessary policies including the use of restraints policies. During this review, the monitors received inconsistent and conflicting reports regarding the use of suicide watches conducted in IPC by custody and/or nursing staff while the inmate was shackled to a chair in the open area of the IPC. This information ranged from never observed for one chair to the availability of three chairs for men and two chairs for women with shackles for “suicide watch.” Suggested are the revision and completion of policies/procedures regarding continuum of services for inmates on suicide watch in IPC. The need for the continuum of mental health services for female inmates and counseling services for specific groups identified in this Consent Judgment remains. Protocols are needed for confidential individual and group therapies for prisoners on - all units, as well as specific descriptions of the modified services provided during the COVID pandemic.

B.2.b. Ensure that treatment plans adequately address prisoners’ serious mental health needs and that the treatment plans contain interventions specifically tailored to the prisoner’s diagnoses and problems.

Finding:

Partial Compliance

Suggestion:

Continue progress on documentation in treatment plans at OJC. Provide documentation of individualized treatment plans for men, women, and youthful offenders at all levels of care, including acute care and suicide watches.

B.2.c. Provide group or individual therapy services by an appropriately licensed provider where necessary for prisoners with mental health needs.

Finding:

Partial Compliance

Suggestion:

This provision is dangerously close to noncompliance. Quite clearly, actual group therapies have been suspended for months and individual therapies/contacts have largely been non-confidential cell-front contacts for limited time periods. The efforts to provide contacts and limited services during the pandemic are understood but remain insufficient and problematic. Continue to provide documentation of data and analysis of numbers and percentages of inmates at all levels of care in need of individual and/or group therapies and counseling as well as the numbers and percentages of individual and group services offered and received/completed for prisoners in need. Continue to provide numbers of inmates who received counseling for sexual abuse and for those inmates who received counseling for alcohol and drug abuse. Continue to provide data on Disruption of Services forms and provide analysis of that data and corrective action plans, including staffing and space needs, as necessary.

B.2.d. Ensure that mental health evaluations that are done as part of the disciplinary process include recommendations based on the prisoner's mental health status.

Finding:

Partial Compliance

Suggestion:

This process has begun during the last 6 months of the monitoring period. Data provided indicates 5 of 494 mental health evaluations resulted in placement on mental health unit. These numbers are reportedly based on screenings or in-hearing observations rather than pre-hearing assessments relative to charges. The data needs analysis to assess impact of mental health evaluations on disciplinary sanctions. Wellpath needs to provide policy approved by OPSO regarding mental health participation in the disciplinary process, as well as necessary training for

OPSO and Wellpath staff.

B.2.e. Ensure that prisoners receive psychotropic medications in a timely manner and that prisoners have proper diagnoses and/or indications for each psychotropic medication they receive.

Finding:

Substantial Compliance

Suggestion:

Continue exceptionally good improvement demonstrated with the addition of Tulane psychiatric providers. Continue to provide documentation and analysis of data that inmates receive psychotropic medications in a timely manner and that inmates have proper diagnosis and/or indications for each psychotropic medication they receive, including particular emphasis on juveniles.

B.2.f. Ensure that psychotropic medications are administered in a clinically appropriate manner as to prevent misuse, overdose, theft, or violence related to the medication.

Finding:

Partial Compliance

Suggestion:

Medication diversion and/ or contraband continues to be problematic. Reports of prescribed and nonprescribed medications, as well as concerns regarding watch-take procedures require further analysis and corrective actions.

B.2.g. Ensure that prescriptions for psychotropic medications are reviewed by a Qualified Mental Health Professional on a regular, timely basis and prisoners are properly monitored.

Finding:

Substantial Compliance

Suggestion:

Continue to provide documentation of data collection and analysis of psychotropic medication prescriptions.

B.2.h. Ensure that standards are established for the frequency of review and associated charting of psychotropic medication monitoring, including monitoring for metabolic effects of second generation psychotropic medications.

Finding:

Partial Compliance

Suggestion:

Monitoring for metabolic effects of second- generation psychotropic medications has declined for this monitoring period. Timeliness of laboratory services and associated inmate refusals have become problematic.

Findings:

B. 3. a. Partial Compliance

B. 3. b. Partial Compliance

B.3.a. OPSO shall develop and implement policies and procedures for prisoner counseling in the areas of general mental health/therapy, sexual-abuse counseling, and alcohol and drug counseling. This should, at a minimum, include some provision for individual services.

Finding:

Partial Compliance

Suggestion:

Provide documentation of implementation of policies and procedures and modifications or changes in programmatic and other service activities since the COVID pandemic specifically for inmate counseling in the areas of general mental health/therapy, sexual abuse counseling, and alcohol and drug counseling, including some provisions for individual services. Continue to track disruptions of services and percentages of inmates identified as in need compared to those who receive services.

B.3.b. Within 180 days of the Effective Date, and quarterly thereafter, report all prisoner counseling services to the Monitor, which should include:

- (1) the number of prisoners who report having participated in general mental health/therapy counseling at OPP;***
- (2) the number of prisoners who report having participated in alcohol and drug counseling services at OPP;***
- (3) the number of prisoners who report having participated in sexual-abuse counseling at OPP; and***
- (4) the number of cases with an appropriately licensed practitioner and related one-to-one counseling at OPP.***

Finding:

Partial Compliance

Suggestion:

This provision is dangerously close to noncompliance. Provide accurate and complete data and analysis for the numbers and percentages for inmates with needs for these specific services and numbers and percentages of inmates who receive these services in the actual format, including in-cell and out-of-cell services. Compliance has been compromised by the pandemic impact, staffing deficiencies and lack of adequate space.

Findings:

B. 4. a. Non-Compliance

B. 4. b. Substantial Compliance

B. 4. c. Substantial Compliance

- B. 4. d. Non-Compliance
- B. 4. e. Substantial Compliance
- B. 4. f. Substantial Compliance
- B. 4. g. Substantial Compliance

B.4.a. OPSO shall ensure that all staff who supervise prisoners have the adequate knowledge, skill, and ability to address the needs of prisoners at risk for suicide. Within 180 days of the Effective Date, OPSO shall review and revise its current suicide prevention training curriculum to include the following topics:

- (1) suicide prevention policies and procedures (as revised consistent with this Agreement);***
- (2) analysis of facility environments and why they may contribute to suicidal behavior;***
- (3) potential predisposing factors to suicide;***
- (4) high-risk suicide periods;***
- (5) warning signs and symptoms of suicidal behavior;***
- (6) case studies of recent suicides and serious suicide attempts;***
- (7) mock demonstrations regarding the proper response to a suicide attempt;***
- (8) differentiating suicidal and self-injurious behavior; and***
- (9) the proper use of emergency equipment.***

Finding:

Non-Compliance

Suggestion:

Since the previous visit, Wellpath staff who supervise inmates have been tasked with supervising more than three (recommended) as well as more than five (Wellpath practice) inmates on suicide watch, frequent overtime/double shifts, and/or while performing Direct Observation (requires 1:1 staff to prisoner ratio). Because of staffing shortages, OPSO deputies have provided up to 30% of suicide watches and have had no documented additional and specific training regarding conducting suicide watches or documentation requirements to demonstrate the adequate knowledge, skill, and ability to address the needs of inmates at risk for suicide. Inmates on suicide precautions or watch continue to obtain contraband that can be used to harm themselves. The failures to provide adequate, appropriate, well trained, and supervised suicide prevention and management services is extremely serious.

B.4.b. Ensure that all correctional, medical, and mental health staff are trained on the suicide screening instrument and the medical intake tool.

Finding:

Substantial Compliance

Suggestion:

Continue to provide documentation that multi-disciplinary in-service training has been completed annually for all current correctional, medical, and mental health staff to include training on updated policies, procedures, and techniques.

B.4.c. Ensure that multi-disciplinary in-service training is completed annually by all correctional, medical, and

mental health staff, to include training on updated policies, procedures, and techniques. The training will be reviewed and approved by the Monitor.

Finding:

Substantial Compliance

Suggestion:

Continue to provide documentation that multidisciplinary in-service training has been completed annually for all current correctional, medical, and mental health staff, to include training on updated policies, procedures, and techniques. OPSO/Wellpath need to provide documentation regarding training for staff on the use of therapeutic restraints. Note: This training was completed prior to the COVID pandemic and the changes in responsibilities for deputies. Updated training should include training on additional duties and responsibilities.

B.4.d. Ensure that staff are trained in observing prisoners on suicide watch and step-down unit status.

Finding:

Non-Compliance

Suggestion:

Documentation that current custody staff are trained, specifically, in observing inmates on suicide watch and step-down status was not provided despite repeated requests by the Monitors. Deputies are conducting up to 30% of “suicide watches” as part of their every fifteen-minute welfare checks on various units in OJC and documentation is done in logbooks and not Observation forms. Onsite Monitors observed CNA’s inattentive to the inmates on watch. Inmates on suicide watch continue to obtain contraband that can be used to harm themselves. These are practices inconsistent with the Consent Judgment and are potentially highly dangerous.

B.4.e. Ensure that all staff that have contact with prisoners are certified in cardiopulmonary resuscitation (“CPR”).

Finding:

Substantial Compliance

Suggestion:

Continue to provide documentation that all current staff, (including OPSO and Wellpath) are certified in CPR.

B.4.f. Ensure that an emergency response bag, which includes a first aid kit and emergency rescue tool, is in close proximity to all housing units. All staff that has contact with prisoners shall know the location of this emergency response bag and be trained to use its contents.

Finding:

Substantial Compliance

Note: The Monitors observed one bag was missing a cutdown tool. Most of the bags were unlocked and staff was unable to report on how to have bag contents checked and then locked.

B.4.g. Randomly test five percent of relevant staff on an annual basis to determine their knowledge of suicide prevention policies. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor.

Finding:

Substantial Compliance

Note: Documentation of testing of 5% of current relevant staff to determine their knowledge of suicide prevention policies was provided to have occurred in March, 2020 with a passing rate of 81%. Please provide the evaluation of the results, review, and conclusions of testing after COVID changes to determine the need for changes in training practices.

Findings:

- B. 5. a. Partial Compliance
- B. 5. b. Non-Compliance
- B. 5. c. Partial Compliance
- B. 5. d. Substantial Compliance
- B. 5. e. Non-Compliance
- B. 5. f. Partial Compliance
- B. 5. g. Partial Compliance
- B. 5. h. Substantial Compliance
- B. 5. i. Substantial Compliance
- B. 5. j. Substantial Compliance
- B. 5. k. Partial Compliance

B.5.a. OPSO shall implement a policy to ensure that prisoners at risk of self-harm are identified, protected, and treated in a manner consistent with the Constitution.

Finding:

Partial Compliance

Suggestion:

OPSO and Wellpath continue to reference policies are in place. Provide documentation of implementation of policies for utilization of suicide resistant cells and nonresistant cells (with

direct observation), and treatment services provided to inmates at risk for self-harm. Inmates on suicide watch are housed on various units, including IPC reportedly in shackles and continue to be placed in non-suicide resistant cells without direct observation. Clinical staff suicide observers are carrying high patient loads and working extra shifts. Deputies are providing suicide watches with minimal to no documented training in conducting watches and reportedly varying degrees of understanding of their responsibilities. Contraband and misuse of supplies (blankets, pens, clothing, chemicals, and medications) have been obtained by inmates while on suicide watch or detox protocols. Treatment services are very limited and inadequate for inmates on suicide watch because of staffing and space needs.

B.5.b. Ensure that suicide prevention procedures include provisions for constant direct supervision of current suicidal prisoners and close supervision of special needs prisoners with lower levels of risk (at a minimum, 15 minute checks). Correctional officers shall document their checks in a format that does not have pre-printed times.

Finding:

Non-Compliance

Suggestion:

Since the last site visit changes in the suicide prevention program include comments in IV.B.5a. In addition, deputies have been documenting their checks in logbooks and not in compliance with timeliness or content requirements. Please provide documentation of training, specific suicide watch procedures in IPC, and documentation of all suicide precautions, watches and direct observations.

B.5.c. Ensure that prisoners on suicide watch are immediately searched and monitored with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.

Finding:

Partial Compliance

Suggestion:

Provide documentation that demonstrates that inmates are immediately searched and monitored with constant direct supervision until a QMHP conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision. This paragraph requires collaboration and documentation by OPSO deputies and Wellpath QMHP's. As per discussion during the visit, specify procedure for search as soon as safely necessary and requirements search of prisoner and cell to be placed in is completed prior to placement in cell for suicide watch.

B.5.d. Ensure that all prisoners discharged from suicide precautions receive a follow-up assessment

within three to eight working days after discharge, as clinically appropriate, in accordance with a treatment plan developed by a Qualified Mental Health Care Professional. Upon discharge, the Qualified Mental Health Care Professional shall conduct a documented in-person assessment regarding the clinically appropriate follow-up intervals.

Finding:

Substantial Compliance

Suggestion:

Wellpath staff report denial of access to inmates for follow-up during lockdowns. This should not occur; immediate corrective action is recommended. Provide documentation of follow-up appointments as required by policy.

B.5.e. Implement a step-down program providing clinically appropriate transition for prisoners discharged from suicide precautions.

Finding:

Partial Compliance

Suggestion:

Before the COVID pandemic efforts, placements for male inmates in a true step-down/residential unit and program continued, however the programming was not yet sufficient because of inadequate staffing and space to provide services. Similar services and housing did not exist for female inmates. Since COVID restrictions, group therapies and counseling have been suspended and replaced with clinical staff providing handouts for in-cell reading/activities by inmates. Individual therapies and counseling have been largely diminished. Recommend continued vigilance in developing these programs as safety concerns allow.

B.5.f. Develop and implement policies and procedures for suicide precautions that set forth the conditions of the watch, incorporating a requirement of an individualized clinical determination of allowable clothing, property, and utensils. These conditions shall be altered only on the written instruction of a Qualified Mental Health Professional, except under emergency circumstances or when security considerations require.

Finding:

Partial Compliance

Suggestion:

Policy is in place. Provide documentation of implementation of policy regarding individualized determinations of the conditions of watch for male and female inmates at OJC (especially for suicide watches/direct observation in non-resistant cells), and at TMC. Provide policy, procedure, and documentation regarding suicide watch in IPC.

B.5.g. Ensure that cells designated by OPSO for housing suicidal prisoners are retrofitted to render them

suicide-resistant (e.g., eliminating bed frames/holes, sprinkler heads, water faucet lips, and unshielded lighting or electrical sockets).

Finding:

Partial Compliance

Suggestion:

OPSO reports 13 suicide resistant cells for OJC. It is unclear at the time of this report how many usable and staffed suicide resistant cells have been available at TDC for males (reportedly none for females). When non-suicidal resistant overflow cells are utilized, it has been strongly recommended and agreed the inmates in those cells be placed on direct constant observation to best provide for their safety. Please see IV.B.5f.

B.5.h. Ensure that every suicide or serious suicide attempt is investigated by appropriate mental health and correctional staff, and that the results of the investigation are provided to the Sheriff and the Monitor.

Finding:

Partial Compliance

Suggestion:

During discussions two cases were identified that should have been appropriate for morbidity reviews. Continue to expand Morbidity and Mortality reviews, these reviews should be structured to conduct clinical investigation, including aggregation of data, self-critical analysis and corrective action plans regarding individual inmate deaths, or intended death but also systemic concerns. The addition of the CQI Workgroup appears to have been helpful but needs to focus more on clinical as well as security systems issues and self-critical analysis.

B.5.i. Direct observation orders for inmates placed on suicide watch shall be individualized by the ordering clinician based upon the clinical needs of each inmate, and shall not be more restrictive than is deemed necessary by the ordering clinician to ensure the safety and well being of the inmate.

Finding:

Substantial Compliance

Suggestion:

The issue of suicide watch in IPC and use of a shackle to chair (between 1 and 5 chairs) was discussed during the visit with various descriptions. Please provide policy, procedure, and documentation of utilization in IPC since March 2020 to assist in determination of use as clinical restraint. The case in question was placed on suicide watch/direct observation in the IPC on September 10, 2020, after threatening officers. He was shackled to a chair for 5½ hours in IPC at deputy request. This case should have a morbidity review to determine whether suicide watch was indeed appropriate and to

determine alternative possible approaches to this inmate.

B.5.j. Provide the Monitor a periodic report on suicide and self-harm at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include the following:

- (1) all suicides;**
- (2) all serious suicide or self-harm attempts; and**
- (3) all uses of restraints to respond to or prevent a suicide attempt.**

Finding:

Substantial Compliance

Suggestion:

OPSO and Wellpath provide periodic reports on suicides, suicide attempts and self-harm. Wellpath has indicated their intent to clarify and determine status of attempts as serious or not. There has been one reported completed suicide for 2020 to date. There has been no reported use of restraints for this monitoring period, however the use of shackles for inmates on suicide watch in IPC is under review.

B.5.k. Assess the periodic report to determine whether prisoners are being appropriately identified for risk of self-harm, protected, and treated. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.

Finding:

Partial Compliance

Suggestion:

Provide an assessment of the periodic reports required in B.5.j., above, particularly with regard to adequacy of treatment for prisoners with multiple suicide or self-harm attempts and IPC.

Findings:

- B. 6. a. Partial Compliance
- B. 6. b. Substantial Compliance
- B. 6. c. Substantial Compliance
- B. 6. d. Partial Compliance
- B. 6. e. Substantial Compliance
- B. 6. f. Substantial Compliance
- B. 6. g. Substantial Compliance

B.6.a. OPSO shall prevent the unnecessary or excessive use of physical or chemical restraints on prisoners with mental illness.

Finding:

Partial Compliance

Suggestion:

Wellpath has begun to provide documentation/information regarding use of de-escalation techniques at OJC. OPSO needs to report all uses of physical and chemical restraint. OPSO and Wellpath to clarify use of restraints and suicide watch in IPC.

B.6.b. Maintain comprehensive policies and procedures for the use of restraints for prisoners with mental illness consistent with the Constitution.

Finding:

Substantial Compliance

Note: Provisions B.6.b., B.6.c., B.6.e, B.6.f., and B.6.g. will remain in Substantial Compliance pending resolution of practice of use of restraints for suicidal inmates in IPC.

B.6.c. Ensure that approval by a Qualified Medical or Mental Health Professional is received and documented prior to the use of restraints on prisoners living with mental illness or requiring suicide precautions.

Finding:

Substantial Compliance

See B.6.b.

B.6.d. Ensure that restrained prisoners with mental illnesses are monitored at least every 15 minutes by Custody Staff to assess their physical condition.

Finding:

Partial Compliance

Suggestion:

Deputies performing suicide watches must document their staggered every fifteen-minute checks on the appropriate Observation forms. This includes deputies in any location, including IPC.

B.6.e. Ensure that Qualified Medical or Mental Health Staff document the use of restraints, including the basis for and duration of the use of restraints and the performance and results of welfare checks on restrained prisoners.

Finding:

Substantial Compliance

See B.6.b.

B.6.f. Provide the Monitor a periodic report of restraint use at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report shall include:

- (1) A list of prisoners whom were restrained;***
- (2) A list of any self-injurious behavior observed or discovered while restrained; and***
- (3) A list of any prisoners whom were placed in restraints on three or more occasions in a thirty (30) day period or whom were kept in restraints for a period exceeding twenty-four (24) hours.***

Finding:

Substantial Compliance

See B.6.b.

B.6.g. Assess the periodic report to determine whether restraints are being used appropriately on prisoners with mental illness. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.

Finding:

Substantial Compliance

See B.6.b.

Findings:

B. 7. a. Substantial Compliance

B. 7. b. Substantial Compliance

B. 7. c. Partial Compliance

B. 7. d. Partial Compliance

7.a. OPSO shall ensure that all staff who supervise prisoners have the knowledge, skills, and abilities to identify and respond to detoxifying prisoners. Within 180 days of the Effective Date, OPSO shall institute an annual in-service detoxification training program for Qualified Medical and Mental Health Staff and for correctional staff. The detoxification training program shall include:

- (1) annual staff training on alcohol and drug abuse withdrawal;*
- (2) training of Qualified Medical and Mental Health Staff on treatment of alcohol and drug abuse conducted by the Chief Medical Officer or his or her delegate;*
- (3) oversight of the training of correctional staff, including booking and housing unit officers, on the policies and procedures of the detoxification unit, by the Chief Medical Officer or his or her delegate;*
- (4) training on drug and alcohol withdrawal by Qualified Medical and Mental Health Staff;*
- (5) training of Qualified Medical and Mental Health Staff in providing prisoners with timely access to a Qualified Mental Health Professional, including psychiatrists, as clinically appropriate; and*
- (6) training of Qualified Medical and Mental Health Staff on the use and treatment of withdrawals, where medically appropriate.*

Finding:

Substantial compliance

Qualified Medical and Mental Health Staff are trained regarding care for patients who have orders for monitoring and treatment of withdrawal. Some of custody staff are trained. As of July 2020, training has been documents and appears to be successful.

7.b. Provide medical screenings to determine the degree of risk for potentially life-threatening withdrawal from alcohol, benzodiazepines, and other substances, in accordance with Appendix B.

Finding:

Substantial Compliance

Incoming inmates are screened for withdrawal, in accordance with Appendix B.

Wellpath quarterly performance measurement demonstrates sustained compliance.

Monitors find Wellpath measurement reliable.

7.c. Ensure that the nursing staff complete assessments of prisoners in detoxification on an individualized schedule, ordered by a Qualified Medical or Mental Health Professional, as clinically appropriate, to include observations and vital signs, including blood pressure.

Finding:

Partial Compliance

Wellpath quarterly performance measurement and the Monitor’s reliability audits demonstrate that nursing care for patients on the detox protocol has not improved. There are significant lags to first dose of vital medication and between 20% and 35% missed nursing assessments.

Suggestion:

Enforce timely assessments for patients who are on the detox protocol. Complete a process map of the events that take place from the order for detox medication and the patient’s receipt of the first dose, to identify factors that contribute to delay. Develop process improvement plans to improve timelines of the first dose of medication.

7.d. Annually, conduct a review of whether the detoxification training program has been effective in identifying concerns regarding policy, training, or the proper identification of and response to detoxifying prisoners. OPSO will document this review and provide its conclusions to the Monitor.

Finding:

Partial Compliance

An annual review was conducted for 2019, but that review lacks any evaluation or discussion of the effectiveness of training (increase in post-test scores, number needing training, etc.).

Suggestion:

Report on the program effectiveness to the monitors for the calendar year 2020.

Findings:

B. 8. a. Partial Compliance

B. 8. b. Substantial Compliance

8.a. OPSO shall ensure that medical and mental health staffing is sufficient to provide adequate care for prisoners’ serious medical and mental health needs, fulfill constitutional mandates and the terms of this Agreement, and allow for the adequate operation of the Facility, consistent with constitutional

Finding:

Partial Compliance

Medical and mental health staffing is insufficient for most care functions at the

current time. There have been systemic delays in access to acute nursing care, chronic medical care, health assessments, detox assessments, laboratory testing and nursing assessments. The suicide watch staffing ratio of one watcher for five or more patients is insufficient and dangerous. The use of deputies for suicide watch is likewise dangerous, as they are currently not trained on what to look for. Further, there is no documentation in the medical record that these patients at risk of suicide have been watched.

Suggestion:

Fund and authorize MH staff for special programs, as per Wellpath proposal. Fund and train a sufficient number of suicide watchers to reduce the risk of unnecessary death from suicide.

8.b. Within 90 days of the Effective Date, OPSO shall conduct a comprehensive staffing plan and/or analysis to determine the medical and mental health staffing levels necessary to provide adequate care for prisoners' mental health needs and to carry out the requirements of this Agreement. Upon completion of the staffing plan and/or analysis, OPSO shall provide its findings to the Monitor, SPLC, and DOJ for review. The Monitor, SPLC, and DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan.

Finding:

Substantial Compliance

Findings:

- B. 9. a. Partial Compliance
- B. 9. b. Partial Compliance
- B. 9. c. Partial Compliance
- B. 9. d. Partial Compliance
- B. 9. e. Partial Compliance
- B. 9. f. Partial Compliance

B.9.a. OPSO shall develop, implement, and maintain a system to ensure that trends and incidents involving avoidable suicides and self-injurious behavior are identified and corrected in a timely manner. Within 90 days of the Effective Date, OPSO shall develop and implement a risk management system that identifies levels of risk for suicide and self-injurious behavior and requires intervention at the individual and system levels to prevent or minimize harm to prisoners, based on the triggers and thresholds set forth in Appendix B.

Finding:

Partial Compliance

Suggestion:

Analysis of trends and incidents involving avoidable suicides and self-injurious behaviors to determine required interventions at the individual and system levels to prevent or minimize harm to inmates requires further development, particularly with regard to prisoners who have repeated suicidal or self-harming behaviors and the need for revisions

in their treatment plans and treatment activities. Incidents of inmates identified as at increased risk continue to obtain access to contraband and/or are not adequately supervised and gain access to mezzanines. Systems analysis should be helpful in identifying consistent protocols to minimize these events.

B.9.b. The risk management system shall include the following processes to supplement the mental health screening and assessment processes: incident reporting, data collection, and data aggregation to capture sufficient information to formulate a reliable risk assessment at the individual and system levels; identification of at-risk prisoners in need of clinical treatment or assessment by the Interdisciplinary Team or the Mental Health Committee; and development and implementation of interventions that minimize and prevent harm in response to identified patterns and trends.

Finding:

Partial Compliance

Suggestion:

Provide documentation of analysis of risk management system processes including the listed criteria, with more attention to data aggregation and analysis, and development and implementation of interventions that minimize and prevent harm in response to identified patterns and trends. The risk assessments at the individual-level by the Interdisciplinary Treatment Team and at the system- level by the Mental Health Committee and QI Work Group should include analysis of current practices such as the need for out-of-cell treatment services for inmates on the mental health caseload in segregated housing, and mental health staff participation the disciplinary process. Since the last visit, OPSO has committed to assist mental health with the provision of out of cell individual and group therapies (when resumed). Further development of the interface of mental health with the disciplinary process, development of Behavioral Management plans for individuals and a possible unit, and identification of at-risk individuals and implementation of interventions for those with longer term incarcerations is anticipated.

B.9.c. OPSO shall develop and implement an Interdisciplinary Team, which utilizes intake screening, health assessment, and triggering event information for formulating treatment plans. The Interdisciplinary Team shall:

- (1) include the Medical and Nursing directors, one or more members of the psychiatry staff, counseling staff, social services staff, and security staff, and other members as clinical circumstances dictate;***
- (2) conduct interdisciplinary treatment rounds, on a weekly basis, during which targeted patients are reviewed based upon screening and assessment factors, as well as triggering events; and***
- (3) provide individualized treatment plans based, in part, on screening and assessment factors, to all mental health patients seen by various providers.***

Finding:

Partial Compliance

Suggestion:

Provide adequate documentation of completion of mental health Interdisciplinary Treatment Team meetings and rounds, and provision of adequate and timely individualized treatment plans to all mental health patients seen by various providers at OJC and TDC.

B.9.d. OPSO shall develop and implement a Mental Health Review Committee that will, on a monthly basis, review mental health statistics including, but not limited to, risk management triggers and trends at both the individual and system levels. The Mental Health Review Committee shall:

- (1) include the Medical and Nursing Director, one or more members of the psychiatry staff and social services staff, the Health Services Administrator, the Warden of the facility housing the Acute Psychiatric Unit, and the Risk Manager.**
- (2) identify at-risk patients in need of mental health case management who may require intervention from and referral to the Interdisciplinary Team, the OPSO administration, or other providers.**
- (3) conduct department-wide analyses and validation of both the mental health and self-harm screening and assessment processes and tools, review the quality of screenings and assessments and the timeliness and appropriateness of care provided, and make recommendations on changes and corrective actions;**
- (4) analyze individual and aggregate mental health data and identify trends and triggers that indicate risk of harm;**
- (5) review data on mental health appointments, including the number of appointments and wait times before care is received; and**
- (6) review policies, training, and staffing and recommend changes, supplemental training, or corrective actions.**

Finding:

Partial Compliance

Suggestion:

Provide documentation of Mental Health Review Committee meetings addressing all of the listed elements, including analysis of the data collected. See IV.B.9a and b., as well as provisions on suicide prevention, training, observation/management and documentation.

B.9.e. OPSO shall develop and implement a Quality Improvement and Morbidity and Mortality Review Committee that will review, on at least a quarterly basis, risk management triggers and trends and quality improvement reports in order to improve care on a Jail-wide basis.

- (1) The Quality Improvement Committee shall include the Medical Director, the Director of Psychiatry, the Chief Deputy, the Risk Manager, and the Director of Training.**
- (2) The Quality Improvement Committee shall review and analyze activities and conclusions of the Mental Health Review Committee and pursue Jail-wide corrective actions. The Quality Improvement Committee shall:**
 - i. monitor all risk management activities of the facilities through the review of risk data, identification of individual and systemic trends, and recommendation and monitored implementation of investigation or corrective action; and**
 - ii. generate reports of risk data analyzed and corrective actions taken.**

Finding:

Partial Compliance

The medical and psychiatric staff report improvements in access to on-site care. Quality management activities have identified significant opportunities for improvement,

including acute and chronic care, medication management, nursing care, mental health referrals, treatment plans, and monitoring for metabolic effects and toxicity of medication. The fact that WellPath is identifying these obstacles to a reasonable level of care is an enormous improvement. Further, there is some documentation of analysis of these data and corrective action, both improvements, though the documentation could be improved. The corrective action plans should be more robust and they should be tracked in a coherent manner over time.

There are other problems apparent to the Monitors and to Plaintiff attorneys that have yet to be recognized by WellPath and OPSO, including significant numbers of patients “falling through the cracks” when appropriate care had been intended but never realized.

The Monitors selected 30 recent medical and mental health grievances for review. The great majority of answers were unresponsive, with statements like “I will get back to you,” and no indication that this promise was fulfilled. The quality management program has been neglecting analysis of grievances for the seven years of the Monitors tenure, notwithstanding the fact that the grievances point directly to the disorganization of the appointment system and medication management. These problems have persisted for the duration of the consent judgment.

Suggestions:

Incorporate performance data, analysis, and trending into QI Committee minutes. Analyze grievance data and incorporate it into the quality management process. Improve analysis and corrective action plans generally, with more specificity for root cause analysis, process design, and effective improvement strategies. Continue to improve reliability of clinical performance measurement. Ensure that the Chief Deputy (or equivalent) and Director of Training participate in meetings, with documentation. Continue to collect and report reliable data on visit disruptions due to the unavailability of custody staff for escort and/or transportation and develop interventions, with accountabilities and timelines, in collaboration with custody staff. Improve responsiveness of answers to grievances. Utilize clinical performance data for management purposes. Continue to improve reliability of clinical performance monitoring. Secure corporate assistance with evaluation methodology.

B.9.f. OPSO shall review mortality and morbidity reports quarterly to determine whether the risk management system is ensuring compliance with the terms of this Agreement. OPSO shall make recommendations regarding the risk management system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.

Finding:

Partial Compliance

The mortality and morbidity reviews remain perfunctory and they lack self-critical analysis. Clinical analyses are incomplete. Psychiatrists are more recently involved in morbidity reviews for patients with suicide attempts, though there were two recent suicide attempts with no morbidity review. This was described as an “oversight.” The Monitors note that for patients attempting self-harm, morbidity reviews are insincere and defensive, without self-critical analysis. These reviews are remarkably complacent. Corrective action plans are not well-documented and there is no annual review of findings.

Suggestion:

Develop a process to assure transparency and self-critical analysis for morbidity reviews. Enhance analysis and problem identification in morbidity and mortality reviews. Improve corrective action plans generally, with specificity for root cause analysis, process design, and effective improvement strategies. Evaluate and report on the effectiveness of the mortality and morbidity review process. Secure corporate assistance on evaluation methodology.

C. Medical Care

C. OPSO shall ensure constitutionally adequate treatment of prisoners’ medical needs. OPSO shall prevent unnecessary risks to prisoners and ensure proper medication administration practices. OPSO shall assess on an annual or more frequent basis whether the medical services at OPP comply with the Constitution. At a minimum, OPSO shall:

1. Quality Managing of Medication Administration:

- a. Within 120 days of the Effective Date, ensure that medical and mental health staff are trained on proper medication administration practices, including appropriately labeling containers and contemporaneously recording medication administration;***
- b. Ensure that physicians provide a systematic review of the use of medication to ensure that each prisoner’s prescribed regimen continues to be appropriate and effective for his or her condition;***
- c. Maintain medication administration protocols that provide adequate direction on how to take medications, describe the names of the medications, how frequently to take medications, and identify how prisoners taking such medications are monitored; an***
- d. Maintain medication administration protocols that prevent misuse, overdose, theft, or violence related to medication.***

Findings:

- C.1. a. Substantial Compliance
- C. 1. b. Partial Compliance
- C. 1. c. Substantial Compliance
- C. 1. d. Substantial Compliance

Substantial lags to laboratory testing, chronic care visits and medication continue

through the period ending October. Staff report, anecdotally that there are no longer any backlogs, yet grievances and reports from Plaintiffs’ attorneys bely that statement. The lags to laboratory testing and to chronic care visits lead to lags to medication.

There are persistent and significant lags to first dose of medication prescribed for detoxification.

Suggestions:

Continue to improve performance on conformance to chronic disease protocols for medical and psychiatric conditions. Reduce lags to and lapses in medication.

2.a. Provide the Monitor a periodic report on health care at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include:

- (1) number of prisoners transferred to the emergency room for medical treatment related to medication errors;**
- (2) number of prisoners taken to the infirmary for non-emergency treatment related to medication errors;**
- (3) number of prisoners prescribed psychotropic medications;**
- (4) number of prisoners prescribed “keep on person” medications; and**
- (5) occurrences of medication variances.**

2.b. Review the periodic health care delivery reports to determine whether the medication administration protocols and requirements of this Agreement are followed. OPSO shall make recommendations regarding the medication administration process, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

C. 2. a. Substantial Compliance

C. 2. b. Partial Compliance

Periodic reports have been sporadic. There is no indication that Wellpath has used data to improve timely access to care or medication. There are no reports on medication contraband, with analysis of data and corrective action plans.

Suggestion:

C. 2. a. Provide reports every six months.

Suggestion:

C. 2. b. Review reports, once written, and make recommendations. Recommendations should be reviewed at committee meetings to assure multidisciplinary input. Report on medication contraband and efforts to reduce diversion of prescribed medication.

3.a. OPSO shall notify Qualified Medical or Mental Health staff regarding the release of prisoners with serious medical and/or mental health needs from OPSO custody, as soon as such information is available.

3.b. When Qualified Medical or Mental Health staff are notified of the release of prisoners with serious medical and/or mental health needs from OPSO custody, OPSO shall provide these prisoners with at least a seven-day supply of appropriate prescription medication, unless a different amount is necessary and medically appropriate to serve as a bridge until prisoners can reasonably arrange for continuity of care in the community.

3.c. For all other prisoners with serious medical and/or mental health needs who are released from OPSO custody without advance notice, OPSO shall provide the prisoner a prescription for his or her medications,

printed instructions regarding prescription medications, and resources indicating where prescriptions may be filled in the community.

3.d. For prisoners who are being transferred to another facility, OPSO shall prepare and send with a transferring prisoner, a transition summary detailing major health problems and listing current medications and dosages, as well as medication history while at the Facility. OPSO shall also supply sufficient medication for the period of transit for prisoners who are being transferred to another correctional facility or other institution, in the amount required by the receiving agency.

Findings:

- C. 3. a. Substantial Compliance
- C. 3. b. Substantial Compliance
- C. 3. c. Substantial Compliance
- C. 3. d. Substantial compliance

The proportion of patients with serious needs reached continues to increase. Once identified, the patients are receiving either a supply or a prescription that can be filled at no cost; medication pickup rates are reportedly improved at 47%. Transfer of information and medication appears to be working well.

Suggestion:

- C. 3. a. Improve notifications.

Suggestions:

C. 3. b. Build on recent progress to increase numbers. Continue to counsel patients face-to-face.

IV. D. 1. Sanitation and Environmental Conditions

Findings:

- D.1. a. Partial Compliance
- D. 1. b. Substantial Compliance
- D. 1. c. Substantial Compliance
- D. 1. d. Partial Compliance
- D. 1. e. Substantial Compliance
- D. 1. f. Substantial Compliance
- D. 1. g. Substantial Compliance
- D. 1. h. Substantial Compliance

IV. D. 1. a. OPSO shall provide oversight and supervision of routine cleaning of housing units, showers, and medical areas. Such oversight and supervision will include meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units to be documented at least once a week but to occur more frequently.

Finding:

Partial Compliance

Observations:

The Monitor physically inspected every occupied housing unit in the OJC and TDC facilities with the exception of the COVID positive quarantine unit. Given the circumstances due to COVID and the procedural modifications made as a result of social distancing requirements, the Monitor observed the overall level of cleanliness in the housing units to be generally acceptable with some exceptions noted below. The Monitor also interviewed the OPSO Sanitarian and Environmental Officer as well as inmates and staff during the inspection itself. The Sanitarian noted that no state inspections had been performed in May 2020 as typically scheduled due to the pandemic. OPSO was advised that the state would notify them when inspections were to resume.

OPSO was unable to provide cleaning schedule and inspection documentation included with previous inspections with the explanation that staffing and resource constraints during the COVID crisis prevented the recording and collection of this information. Specifically, the Sanitarian noted that the shower cleaning responsibilities normally performed by Sanitation staff had been turned over to Security staff to manage due to a lack of inmate workers available under COVID restrictions. The Sanitarian also reported that the section's staffing levels had remained good during the reporting period with only occasional diversion of evening Sanitation staff to other security functions.

During the virtual tour, inmate showers were specifically viewed by the Monitor. The majority of the showers appeared to be generally clean and free of trash, soap residue and drain flies. Some residual condensation was noted in at least three showers, but staff noted that each had been in use just prior to the Monitor's visit to that unit.

OPSO continues to provide substantial documentation of monthly housing unit inspections by the Environmental Officer. While the Monitor observed a generally acceptable level of cleanliness in the units viewed during the virtual tour, the monthly environmental inspection reports continue to note clutter and cleanliness issues primarily in individual cells, but also some common areas. Typical inspection notations included dirty floors/walls, lavatories, and trash/excess clutter. The documentation continues to show a reduction in the frequency of obstructed cell vents however the Monitor noted at least three housing units where at least half of the air supply vents were obstructed. These were in Unit C and on the 1st and 2nd floor.

The Environmental Inspection reports also reflected that the inspector found the unit mop/chemical closets to be secured in a majority of instances. The Monitor, however, found two doors unsecured and unsupervised by security staff. The door leading into the attorney visitation/mop closet area in 2E had actually been “tied” open by inmates inserting the video monitor handset into the door handle. There were no deputies on either 2E or 2F pod. The Monitor noted the chemical dispenser to be broken, spray bottles missing and the closet to be in disarray. This was the case in several housing units indicating a lack of supervision and security awareness on the part of the pod deputies. Sanitation staff advised that the destruction of the chemical dispensers was an increasing problem and that replacements had been difficult to obtain.

The Monitor also noted several lighting fixtures in the mop closets had been removed and was advised that inmates had been tampering with the lights by removing the mounting “rods” (all-thread) that secured the lights to the ceilings. The inmates would conceal the damage by tying the light fixture back to the ceiling with strips of material—the Monitor noted at least two fixtures still held in place in this manner. The inmates would then use the 10” to 20” rods to smash and damage cell door windows (approximately 15 to 20 windows). This has been a relatively new occurrence and poses a significant safety and security risk. This is a direct result of the pod deputies’ failure to secure the mop closets when not in use and their failure to monitor the inmates when they are allowed access to the closets. The Monitor noted some clutter issues during the inspection, primarily in units with individual cells—this is also noted in the Environmental and Life-Safety inspection reports. This has been noted with every inspection and continues to be a challenge primarily for the lockdown inmate populations.

The documentation confirmed the inability of the Sanitarian and Environmental Officer to maintain consistent, regular cleaning schedules due to the COVID pandemic restrictions.

Grievances regarding sanitation issues were minimal (3) during the rating period. Inmate reports via grievance of inadequate or missing cleaning supplies were consistently low however this was an issue noted in the notes of several “town hall” meetings conducted by the Sanitarian in the housing units. Inmates, particularly in restricted or lock-down dorms reported verbally there was a lack of cleaning chemicals and a lack of access to cleaning chemicals purportedly due to COVID restrictions. The Monitor reviewed the Sanitation staff’s

chemical refill documentation for the housing units on the 1st, 2nd, and 3rd floors (housing units with 1-2 person cells)—specifically the E23 disinfectant. The documentation reflected a significant drop in the replenishment of this cleaning chemical during the pandemic. Some of this drop may be attributed to the initial drop in population, but it is the Monitor’s opinion that the COVID restriction procedures have substantially impaired the inmates’ ability to clean and disinfect common areas as well as their cells. Inmates complained to the Monitor that they are unable to clean, wash clothing, shower and make phone calls during their one to two hours out of their cells daily. Several complained on not being able to get out of their cells at all on some days. Pod deputies were asked how the inmates were allowed out of their cells. They stated that only the day shift was responsible for allowing inmates their dayroom time. One deputy stated that, depending on the number of inmates in the unit, she could not allow all of them out during her shift. She stated she would start with those still lacking time out the next day. She stated she could not verify whether these inmates would get time out if she were not present the next day. It is recommended that the Unit Managers adopt a uniform procedure for allowing inmates dayroom time to insure all receive at least one hour per day in lockdown units and as much as possible in general population housing taking into account social distancing requirements.

Directly related to sanitation in the inmate housing units and the control of infectious disease within the jail is the Monitor’s observations of the OPSO COVID-19 policy/procedures related to social distancing within the units and the sanitation of common areas.

While the OPSO COVID-19 policy does not specifically address social distancing, the Monitor again observed several housing pods with one/two person cells being managed so as to promote social distancing. The procedure consisted of allowing only a fraction of the inmates access to the dayroom at any given time for a two-hour period on a rotational basis. The Monitor did not observe a significant number of inmates in the dayrooms conversing with inmates locked in their cells or passing items as with the previous inspection. However, inmates were observed to be using furniture, fixtures, and equipment (e.g., phone handsets and video screens) without any efforts at sanitation between uses. Inmates were observed congregating in several dayrooms without wearing their issued face masks. Inmates in open dormitories also failed to wear masks consistently, particularly while in their bunks. In Pod 2E, the pod with no deputy present, five inmates were found by the Monitor congregating in

a single cell on the upper tier apparently smoking some sort of contraband. OPSO is encouraged to review the actual management of these activities by line staff to ensure the greatest possible benefit is realized from their efforts to control the spread of COVID-19 within the jail.

The Monitor found two instances where two types of chemicals and latex paint were stored in two chemical storage rooms and were not on approved chemical list and/or had no corresponding Safety Data Sheet. The Sanitarian corrected the issues immediately.

As previously noted, regular provision of clean inmate clothing and bedding and appropriate inventory of these supplies are essential to sanitation, infection control and disease prevention. The Sanitarian reported that she was able to maintain an adequate supply of inmate clothing for issue and exchange. As with the previous inspection, the increased frequency of clothing exchange for inmates in COVID-19 affected pods continues. The Sanitarian noted no issue with the laundry vendor's performance. Inmates continue to launder their personal items (e.g. underwear, shorts) in the washing machines and dryers located in each housing unit when allowed. COVID restrictions in the housing units, particularly lockdown and quarantine pods do not allow inmates enough time to launder personal items in the provided washers and dryers. The Monitor was advised that management is considering a new procedure where inmate workers will be assigned to wash inmates' personal items for them overnight in the quarantine pods. The Monitor recommends that management consider the same procedure for inmates in disciplinary lockdown and segregation. The Monitor further recommends that any inmate workers assigned this task receive proper instruction on the safe handling of the clothing and be issued the proper personal protective equipment.

The Monitor observed the majority of the clothes dryers located in OJC's inmate housing units were generally serviceable although several had effectively non-functional exhaust lines typically found in the open dormitories. The lines were crushed against the wall, torn, or disconnected. One washer/dryer set in one of the dormitories had been removed by Maintenance staff and not replaced. Inmates continue to tamper with and/or used to heat water-filled latex gloves stuffed into the lint traps or placed under a towel draped over the dryer exhaust port to heat water. The tampering was readily apparent to the Monitor and should have been to the pod officer. One washer electrical outlet had been shorted out by inmates attempting to create a "stinger" device and the damage was extensive

enough to destroy the outlet and trip the circuit back to the circuit breaker in the electrical room. The Maintenance Section noted that the contractor hired to repair the washers and driers as issues arise has been very helpful. As noted previously, this increased attention was more apparent in the pods where the laundry area is secured. The accumulation of lint behind and above the driers as well as on the surface of return-air grills was noted to be less prevalent than during previous inspections.

During the inspection, the Monitor noted via video that the accumulation of inmates' personal items (paperwork, commissary purchases, and other approved items) was at acceptable levels in most areas. As noted previously, the most problematic areas continue to be the high-security units.

IV. D. 1. b. Continue the preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that showers, toilets, and sink units are adequately installed and maintained. Work orders will be submitted within 48 hours of identified deficiencies, or within 24 hours in the case of emergency maintenance needs.

Finding:

Substantial Compliance

Observations:

The Monitor reviewed the Sanitation and Environmental Conditions report, the OPSO Preventive Maintenance Plan, the Preventive Maintenance Schedule Summary report, and a Preventive Maintenance work orders status report as well as inmate grievances related to maintenance issues. The Monitor also interviewed the Maintenance Director. The documentation reflected an on-going preventive maintenance program for major building systems and components consistent with OPSO policy and the Consent Judgment. Deferred preventive maintenance did not appear to have risen due to the COVID pandemic and the Maintenance Director confirmed his staff had not been substantially impacted the section's ability to address both preventive maintenance and calls for service beyond the impacts noted in Report #12.

Individual inmate interviews conducted during the walk-thru in each housing unit revealed no significant complaints by inmates regarding water, electric or HVAC services in individual cells that were not addressed in a timely fashion. The Monitor did note several issues with water pressure at the restroom sinks in open dormitory pods and with water fountains in at least two pods. As with the previous inspection, there was no marked increase/decrease in the number of grievances received on a monthly basis also indicating

that routine issues with basic plumbing, mechanical or electrical services in inmate cells or dayrooms are typically remedied within 48 to 72 hours and that work orders are being submitted in a timely manner as required by the Consent Judgment (“Work orders will be submitted within 48 hours of identified deficiencies, or within 24 hours in the case of emergency maintenance needs”).

Of particular note, inmates reported to the Monitor that security staff routinely failed to answer intercom calls made by the inmates “even when the deputy is in the pod”. It was the Monitor’s understanding that the pod control room operator would answer intercom calls when the pod deputy is unavailable to do so even when present in the pod. Upon investigation, the Monitor learned that the pod control room cannot answer intercom calls when the pod deputy is logged into the pod control station. The underlying issue seems to be a number of missing or broken microphone/speaker modules at the pod deputy desks. The inmates stated that grievances had been filed about the issue. It is unclear if security staff have reported all intercom system issues to Maintenance. Grievance staff stated they will be copying Maintenance on such grievances to ensure Maintenance is aware of any such reports by inmates.

IV. D. 1. c. Maintain adequate ventilation throughout OPSO facilities to ensure that prisoners receive adequate air flow and reasonable levels of heating and cooling. Maintenance staff shall review and assess compliance with this requirement, as necessary, but no less than twice annually.

Finding:

Substantial Compliance

Observations:

Adequate air flow is maintained in the facilities but continues to be impeded in a few inmate cells when inmates block the air vents. As noted above, the Monitor noted at least three housing units where the inmates in at least half of the cells in the pod had partially or completely covered over the supply vent in their cell. This impedes the HVAC’s proper functioning and potentially impacts the system’s ability to provide the required 15 air exchanges per hour in cells with a toilet. This is an inmate supervision issue and must be addressed by security staff. The Monitor noted that the majority of housing dayrooms and cells to be at a relatively reasonable levels of heating and cooling so this section’s rating remains in Substantial Compliance.

As noted in the two previous reports, test and balance reports for the Kitchen/Warehouse (2014), OJC (2017) and TDC (2012) were the latest available to the

Monitor.

Prior to the September 2019 report, this section had been interpreted as requiring comprehensive “test and balance” assessments on a semi-annual basis. Such assessments are very expensive and typically performed only during the commissioning of new or replacement HVAC systems. As with the previous two inspections, the Monitor met with the Maintenance Director specifically to discuss the status and capabilities of the OJC Building Automation System that controls the heating and cooling throughout all occupied areas in OJC. The Maintenance Director provided screenshots of all mechanical, electrical and plumbing systems controlled by the BAS demonstrating the real-time monitoring of the systems for the Monitor’s review as well as their operating status at the time the screenshots were taken. A report of the system’s warning and alarm functions was also generated which reflected no major equipment or systems issues at the time the report was generated.

The system can automatically compensate for changes in climate and heat load as well as increased or decreased demand for air flow, mechanical breakdowns typically require physical repair by Maintenance staff. The Maintenance Director was again able to provide documentation reflecting work orders generated for the repair/replacement of mechanical system components restoring the system to normal operation. It is the Monitor’s opinion that the OJC Building Automation System, as currently operated, meets the intent of the Consent Judgment with regard to this section.

IV. D. 1. d. Ensure adequate lighting in all prisoner housing units and prompt replacement and repair of malfunctioning lighting fixtures in living areas within five days unless the item must be specially ordered.

Finding:

Partial Compliance

Observations:

The Monitor observed sufficient lighting being provided in housing units and individual cells of both OJC and TDC. Maintenance staff continue to maintain a supply of replacement bulbs, transformers, or ballasts to repair malfunctioning lighting. However, during this inspection the Monitor noted several light fixtures in the pod mop closets to have been removed due to inmate tampering and at least two fixtures still in place held up by cloth strips (also due to inmate tampering). This presents a safety and security hazard to both inmates and staff and is a direct result of pod deputies failing to secure the mop closets

and provide direct supervision of the inmates when they are allowed access to the closets. The Monitor observed no outstanding electrical work orders beyond routine bulb replacement and the issue noted above.

IV. D. 1. e. Ensure adequate pest control throughout the housing units, including routine pest control spraying on at least a quarterly basis and additional spraying as needed.

Finding:

Substantial Compliance

Observations:

A review of the documentation submitted found sufficient evidence of a pest control program that meets the intent of the Consent Judgment. OPSO continues to maintain a pest control contract with a state licensed company for monthly service of all housing areas and bi-weekly service for the Kitchen/Warehouse. Inmate grievances related to pest control were reviewed and found to have been addressed in a timely manner. The Monitor observed no “drain fly” issues anywhere in the facility.

Environmental, Sanitation and Life-Safety staff performing inspections and responding to pest control grievances continue to initiate work orders for pest control and to document how, when, and where infestations are identified and remedied.

IV. D. 1.f. Ensure that any prisoner or staff assigned to clean a biohazardous area is properly trained in universal precautions, outfitted with protective materials, and properly supervised.

Finding:

Partial Compliance

Observations:

As noted in previous inspections, Policy 1101.07, “Bio-hazardous Spill Cleaning Procedures” [Revised 1/18/2018] Section VIII. A. 1 has been revised to allow properly trained and equipped inmates and deputies to clean-up bio-hazardous spills. Training materials were devised by the Sanitarian. No inmates were trained during the rating period according to the Sanitarian as no inmates have been assigned to the section during the COVID pandemic. The Monitor also reviewed training curricula and documentation indicating that during 2020, all pre-service staff received training in bio-hazardous cleanup procedures as part of their initial training in each new-hire class in 2020. Documentation reflected that the in-service training for this requirement had been postponed due to the pandemic. No training had occurred as of the date of the inspection.

As of November 2018, the Sanitation and/or Environmental Officer is required to be

notified of such incidents each business day to enable them to replace any bio-hazardous clean up protective materials used and inspect the area to ensure it was properly cleaned and sanitized. The Sanitarian reported that three such incidents reports were received during the rating period covered by this inspection and that she responded to two additional incidents personally and replaced those kits. The Monitor personally inspected the emergency response kits in each pod control room and found one kit to be missing. The Sanitarian immediately replaced the biohazard clean up kit. Security staff’s failure to make this notification made it impossible for the Sanitarian to properly inspect the affected area in a timely manner as required by policy. The Monitor strongly urges the supervisory chain address this deficiency given the potential health and safety impact.

IV. D. 1. g. Ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

Findings:

Substantial Compliance

Observations:

The Monitor was able to make direct observation of the chemicals on-hand and available to staff were sufficient to destroy the pathogens and organisms in bio-hazardous spills common in a jail environment to include the COVID-19 virus. The Sanitarian stated that an additional chemical had been added and was the primary disinfectant being given to inmates and staff in the pods to disinfect common areas and cells. Chemical inventory records indicate this product was added in August 2020. Based upon this statement and observations made during previous inspections, the Monitor is continuing to rate this section as being in substantial compliance.

Additionally, the chemical storage inventory documentation submitted demonstrated availability of a consistent supply of the required chemicals being maintained by the designated staff.

IV. D. 1. h. Maintain an infection control plan that addresses contact, blood borne, and airborne hazards and infections. The plan shall include provisions for the identification, treatment, and control of Methicillin-Resistant Staphylococcus Aureus (“MRSA”) at the Facility.

Findings:

Substantial compliance

Observations:

As with the previous inspection, the Monitor reviewed the OPSO infection control

policy 1201.11 as well as the WellPath Infection Control Program document (rev. 8/30/18) submitted by OPSO. All requisite areas required by the Consent Judgement were addressed, to include MRSA, and included by OPSO for the Monitor’s review and found sufficient.

The Monitor was unable to directly observe the handling and sanitation of inmate mattresses in OJC or TDC. No violations were observed during the inspection at either facility. OPSO has previously provided for annual review of the policy and standard operating procedures for the handling of inmate mattresses to include staff and/or inmate sanitation training program that includes mattress cleaning, and chemical use and control. This procedure is specifically required by the Infection Control Plan.

IV. D. 2. Environmental Control

Findings:

D. 2. a. Substantial Compliance

D. 2. b. Substantial Compliance

IV. D. 2. a. OPSO shall ensure that broken or missing electrical panels are repaired within 30 days of identified deficiencies, unless the item needs to be specially ordered.

Findings:

Substantial Compliance

Observations:

OPSO Policies 601.02 “Reporting and Addressing Maintenance Needs” and Policy 601.03 “Preventive Maintenance” [August 15, 2016] and are implemented. Major electrical panels at OJC and TDC are located in secure maintenance spaces inaccessible to inmates.

IV. D. 2. b. Develop and implement a system for maintenance and timely repair of electrical panels, devices, and exposed electrical wires.

Findings:

Substantial Compliance

Observations:

The Monitor noted new issues related to exposed/damaged wiring/cablings during the tour. While investigating the extent of damage caused to an electrical circuit by inmate tampering with an outlet in a housing unit, the Monitor observed that the circuit breaker in the electrical room had been tripped. The outlet had not been repaired/replaced and was not safe to be re-energized nor was a “lock-out/tag-out” device placed on the circuit breaker to prevent accidental resetting of the breaker. It did not appear that Maintenance staff had been made aware of the damage through the work order system by security staff as should

have occurred. The Maintenance Director advised that a “lock-out/tag-out” system and procedure would be investigated and implemented.

The Monitor considers this to be sufficient to support a continued finding of Substantial Compliance.

IV. D. 3. Food Service

This report summarizes the findings for the Food Service provisions of the Consent Judgment based on the Monitor’s document reviews and tour conducted November 9-12, 2020. The Monitor inspected the Orleans Justice Center (OJC) Kitchen/Warehouse; observed meal service activities; and spoke with OPSO supervisors and deputies, Summit contracted food service employees, and inmates.

Since the last tour on May 18-22, 2020, OPSO has maintained compliance with the Food Service provisions resulting in sections IV. D. 3. a, IV. D. 3. b., and IV. D. 3. c. of the Consent Judgment remaining in substantial compliance.

Findings:

D. 3. a. Substantial Compliance

D. 3. b. Substantial Compliance

D. 3. c. Substantial Compliance

IV. D. 3. a. OPSO shall ensure that food service staff, including prisoner staff, continues to receive in-service annual training in the areas of food safety, safe food handling procedures, and proper hygiene, to reduce the risk of food contamination and food-borne illnesses.

Findings:

Substantial Compliance

Observations:

OPSO and Summit continue to provide documentation of ongoing annual in-service food safety training for staff, including inmate workers, and therefore D. 3. a. remains in Substantial Compliance for the period of April 2020 through September 2020.

IV. D. 3. b. Ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized on a daily basis.

Findings:

Substantial Compliance

Observations:

OPSO and Summit food service management staff have continued to maintain significant improvements in cleaning and sanitization and D. 3. b. remains in Substantial

Compliance for the period of April through September 2020. Although the COVID-19 pandemic has significantly limited the number of inmate workers that are available to work in the kitchen, OPSO has assigned additional deputies to work in the kitchen alongside Summit staff to ensure that the daily kitchen functions are completed, including cleaning tasks. The Monitor observed the kitchen to be clean.

OPSO uses a logbook to document that the truck used to transport the meals from the kitchen to the jail is swept, washed, rinsed, and sanitized after delivering the breakfast, lunch, and dinner meals. However, when the logbook was reviewed on November 11, 2020, it was found that the last entry was for the breakfast meal on November 8, 2020. The OPSO kitchen supervisors stated that the truck is cleaned and sanitized after every meal. However, because a failure to make entries in the logbook does not necessarily mean that the truck was not cleaned and the interior of the box truck’s cargo space was found to be clean and odor-free while observing the process of loading the food carts on the truck at the kitchen and offloading the food carts at the OJC dock, this finding will not negatively impact this compliance rating. The Consent Judgment requires that OPSO ensure that the vehicles used to transport food are appropriately cleaned and sanitized on a daily basis, and a logbook is an effective tool to facilitate compliance with ensuring that vehicles are cleaned and sanitized, while also providing documentation that it was done. However, failing to make entries in a logbook is not only a poor practice, but it also makes it an unreliable record.

- OPSO kitchen supervisors should hold their truck drivers responsible for completing documentation and logs related to ensuring that the vehicles used to transport food are cleaned and sanitized on a daily basis, in a consistent and timely manner.

IV. D. 3. c. Check and record on a daily basis the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with a temperature monitor, to ensure proper maintenance of food service equipment.

Findings:

Substantial Compliance

Observations:

The Consent Judgment requires that OPSO “Check and record on a daily basis the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with a temperature monitor, to ensure proper maintenance of food service equipment.” Temperatures are used as a means of confirming the working

condition of kitchen equipment by measuring with a properly calibrated thermometer or temperature measuring device and documenting the operating temperature to ensure that it complies with the temperatures specified in the Louisiana Food Code. The Monitor reviewed temperature documentation and tested random food temperatures during the tour. The dishwasher and refrigeration/cooler temperature logs were reviewed and found to be compliant with the following exception. A refrigerator on casters was observed at TDC that held approximately six unlabeled, undated meal trays. The digital temperature gauge on the refrigerator read 33°F, which is an appropriate temperature. However, there was not a temperature log or record for the refrigerator as required by D. 3. c. stating, "Check and record on a daily basis the temperatures in the refrigerators." The refrigerator was observed to be dirty with an accumulation of food debris and crumbs in the bottom of the unit. The Monitor's concern is not that the meals found in the refrigerator were going to be served to inmates, rather that all refrigerators that are used to hold or store food or meal trays are maintained in accordance with the Consent Judgment.

- The refrigerator at TDC should be kept clean and free of food debris as required by D. 3. b. of the Consent Judgment stating that food storage areas are appropriately cleaned and sanitized on a daily basis.
- OPSO supervisors should ensure that the temperature of the refrigerator at TDC is checked and recorded on a daily basis with a temperature monitor, to ensure the proper maintenance of foodservice equipment. as required by D. 3. C. of the Consent Judgment.

On November 9, 2020, the lunch meal service was observed at OJC. Per the established OPSO policy and procedure, the food temperature on random meal trays was measured. The food on the regular/general diet trays was measured at appropriate temperatures. However, the temperatures of the medical diet trays were found to be below the OPSO established acceptable temperature threshold. The kitchen managers immediately and appropriately instructed the kitchen to remake all of the medical diet trays. Although replacing all of the medical diets caused a significant delay in the lunch meal and undoubtedly caused difficulties for the jail, it helped ensure that the food was not only palatable, but that it was safe. OPSO and Summit kitchen management immediately began investigating the cause of the temperature problem and working together to implement improvements to the preparation of medical diets to help prevent future occurrences.

Therefore, the Monitor views this as a success, rather than a failure, as it is an indicator that OPSO has implemented an effective and functional policy and procedure and that the OPSO and Summit food service managers continue to cultivate sound operational decision-making skills. Therefore, this finding will not adversely affect the compliance rating and D. 3. c. remains in Substantial Compliance for the period of April through September 2020. OPSO and Summit should continue to strive to maintain all temperatures within the established limits and document temperature problems along with corrective actions. However, to remain in Substantial Compliance, temperatures below the OPSO and Summit established limits and below those specified in the Louisiana Food Code must remain the exception, occurring as outliers.

IV. D. 4. Sanitation and Environmental Conditions Reporting

Findings:

D.4. a. Substantial Compliance

D.4. b. Substantial Compliance

D. 4. a. Provide the Monitor a periodic report on sanitation and environmental conditions in the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include

- (1) number and type of violations reported by health and sanitation inspectors;***
- (2) number and type of violations of state standards;***
- (3) number of prisoner grievances filed regarding the environmental conditions at the Facility;***
- (4) number of inoperative plumbing fixtures, light fixtures, HVAC systems, fire protection systems, and security systems that have not been repaired within 30 days of discovery;***
- (5) number of prisoner-occupied areas with significant vandalism, broken furnishings, or excessive clutter;***
- (6) occurrences of insects and rodents in the housing units and dining halls; and***
- (7) occurrences of poor air circulation in housing units.***

Findings:

Substantial Compliance

Observations:

The January-June 2020 Sanitation and Environmental report was made available to the Monitor prior to the November 2020 inspection tour. The report contained the requisite information spelled out by the Consent Judgement as well as supporting documentation.

IV. D. 4. b. Review the periodic sanitation and environmental conditions reports to determine whether the prisoner grievances and violations reported by health, sanitation, or state inspectors are addressed, ensuring that the requirements of this Agreement are met. OPSO shall make recommendations regarding the sanitation and environmental conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.

Findings:

Substantial Compliance

Observations:

The Consent Judgment requires a review of the periodic sanitation and environmental conditions reports to ensure issues are addressed along with making recommendations regarding sanitation and environmental conditions and policy changes based upon the review. Such reviews are to be documented and provided to the Monitor. The Monitor reviewed the supporting documentation provided by OPSO and determined that it was sufficient to satisfy the requirements of the Consent Judgment. OPSO provided documentation of the required review and basic analysis of prisoner grievances and inspection violations noted regarding sanitation and environmental conditions during the rating period.

IV. E. 1. Fire and Life SafetyFindings:

- E.1. a. Substantial Compliance
- E. 1. b. Substantial Compliance
- E. 1. c. Substantial Compliance
- E. 1. d. Substantial Compliance
- E. 1. e. Substantial Compliance

IV. E. 1. a. Ensure that necessary fire and life safety equipment is properly maintained and inspected at least quarterly. These inspections must be documented.

Finding:

Substantial Compliance

Observations:

The Monitor was able to conduct a tour of the OJC, TDC, and the Kitchen/Warehouse facilities during the November 2020 with the Facility Life Safety Officer. The Monitor observed no major issues with the fire and life safety equipment. One fire extinguisher in the IPC area was found lacking a current inspection. The Fire Alarm Control Panel in OJC indicated a trouble fault related to a recreation yard door in one of the pods. The doors are integral to the smoke evacuation system. The remaining recreation yard door in the pod remains functional. The problem is being addressed by Life Safety and Maintenance staff and has been identified as a wiring issue. Options to repair the issue were being considered at the time of the inspection. The Monitor advised the Maintenance Director of a potential electrical code issue with control and high voltage wiring being contained within the same

conduit running to this door and potentially to others. The Maintenance Director agreed to follow up on the issue. The panel had previously been “Green Tagged” during the latest contractor and Fire Marshall inspections. The FACP in TDC Building 4 that indicated a backflow preventer “trouble” alarm during the previous inspection had been cleared. The Monitor also reviewed all monthly and quarterly inspection documentation as well as outside inspection documentation noting no significant issues and that requisite work orders had been generated when warranted.

Life Safety staff continue to use the “Facility Dude” work order system to maintain the schedule of required inspections. The system notifies the Fire Safety Officer when an inspection is due. OPSO continues to maintain contracts with licensed vendors to complete annual inspections of all fire and life safety equipment. OPSO provided copies of quarterly inspections conducted by the Fire Safety Officer for Kitchen/Warehouse, OJC, and TDC for the second and third quarter of 2020. This documentation, supported by observations during the compliance tour, indicates that OPSO ensures that necessary fire and life safety equipment is properly maintained and inspected at required intervals. These inspections are conducted by a qualified fire safety officer or a qualified contractor, as required by the Consent Judgment.

IV. E. 1. b. Ensure that a qualified fire safety officer conducts a monthly inspection of the facilities for compliance with fire and life safety standards (e.g., fire escapes, sprinkler heads, smoke detectors, etc.).

Finding:

Substantial Compliance

Observations:

The Monitor was provided with the monthly inspection documents for the Kitchen /Warehouse, OJC, and TDC facilities performed during the current inspection period. The reports are thorough and complete with all noted discrepancies listed with the associated work order number.

IV. E. 1. c. Ensure that comprehensive fire drills are conducted every six months. OPSO shall document these drills, including start and stop times and the number and location of prisoners who were moved as part of the drills.

Finding:

Substantial Compliance

Observations:

The Consent Judgment requires comprehensive fire drills every six months. OPSO

provided documentation for fire drills for all facilities and shifts conducted during the current rating period. Only “Level 1” drills were conducted (no inmate evacuation) due to COVID 19 restrictions. Documentation reviewed by the Monitor noted in excess of 90% of available OJC and TDC (by squad) had participated in at least one drill during the rating period. In addition to the detailed drill reports, the documentation lists, by name, any delinquent staff with the listing provided to senior management for the coordination of make-up training. Pre-service training was provided to all participants in classes held during the rating period.

IV. E. 1. d. Provide competency-based training to staff on proper fire and emergency practices and procedures at least annually.

Finding:

Substantial Compliance

Observations:

OPSO has developed the requisite policy, training course syllabus/outline and written directives. OPSO training staff provided documentation noting that the required competency-based training on fire and emergency practices had been delayed until December 2020 due to the pandemic crisis. This section remains in Substantial Compliance pending the results of training in December.

IV. E. 1. e. Within 120 days of the Effective Date, ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.

Finding:

Substantial Compliance

Observations:

Inspection reports note the routine verification of the keys and the Fire Safety Officer documents the periodic testing of the keys to verify they are operational. The Fire Safety Officer trains staff on the use of the location and use of the keys during the fire and life safety training curriculum provided to all staff at the training academy.

IV. E. 2. Fire and Life Safety Reporting

Findings:

E. 2. a. Substantial Compliance

E. 2. b. Substantial Compliance

IV. E. 2. a. (1) - (3) Provide the Monitor a periodic report on fire and life safety conditions at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date and every

six months thereafter until termination of this Agreement. Each report shall include:

- (1) number and type of violations reported by fire and life safety inspectors;*
- (2) fire code violations during annual fire compliance tours; and*
- (3) occurrences of hazardous clutter in housing units that could lead to a fire.*

Finding:

Substantial Compliance

Observations:

The 2020 Fire and Life Safety Conditions reports generated during the rating period were made available to the Monitor prior to the November 2020 inspection. The reports contained the requisite information spelled out by the Consent Judgment as well as supporting documentation.

IV. E. 2. b. Review the periodic fire and life safety reports to determine whether the violations reported by fire and life safety inspectors are addressed, ensuring the requirements of this Agreement are being met. OPSO shall make recommendations regarding the fire and life safety conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.

Finding:

Substantial Compliance

Observations:

The Consent Judgment requires a review of the periodic fire and life safety reports to ensure issues are addressed along with making recommendations regarding the fire and life safety conditions and policy changes based upon the review. Such reviews are to be documented and provided to the Monitor.

The Monitor reviewed the supporting documentation provided by OPSO and determined that it was sufficient to satisfy the requirements of the Consent Judgment. OPSO provided documentation of the required review and basic analysis of fire and life safety conditions as well as any necessary changes in policy or procedure.

Meeting minutes from the previous review indicated the OPSO Life Safety Officer communicated the information in IV. E. 2. a. (1) – (3), however, the Monitor noted a change in OPSO counting rules for reporting the number of violations relative to Item#3 above in Report #12 and addressed during the monthly Fire and Life/Safety inspections. Prior to this submission, each violation was counted each month if observed and reported cumulatively. The change in reporting resulted in a single violation being counted only once regardless of the number of times the violation was observed during subsequent inspections. This resulted in a precipitous, and somewhat misleading, drop in the number of violations

reported in the Semi-Annual Report. The Monitor discussed the change with OPSO and recommended alternative methods of reporting that may reflect a clearer picture of the actual conditions over time. As the information was still available in the monthly inspection reports and reviewable by the Monitor, the Monitor believes a continued finding of Substantial Compliance is justified.

IV. F. Language Assistance

F.1.a. OPP shall ensure effective communication with and provide timely and meaningful access to services at OPP to all prisoners at OPP, regardless of their national origin or limited ability to speak, read, write, or understand English. To achieve this outcome, OPP shall:

- (1) Develop and implement a comprehensive language assistance plan and policy that complies, at a minimum, with Title VI of the Civil Rights Act of 1964, as amended, (42 U.S.C. § 2000d et seq.) and other applicable law;***
- (2) Ensure that all OPP personnel take reasonable steps to provide timely, meaningful language assistance services to Limited English Proficient (“LEP”) prisoners;***
- (3) At intake and classification, identify and assess demographic data, specifically including the number of LEP individuals at OPP on a monthly basis, and the language(s) they speak;***
- (4) Use collected demographic information to develop and implement hiring goals for bilingual staff that meet the needs of the current monthly average population of LEP prisoners;***
- (5) Regularly assess the proficiency and qualifications of bilingual staff to become an OPP Authorized Interpreter (“OPPAI”);***
- (6) Create and maintain an OPPAI list and provide that list to the classification and intake staff; and***
- (7) Ensure that while at OPP, LEP prisoners are not asked to sign or initial documents in English without the benefit of a written translation from an OPPAI.***

F.2.a. OPP shall develop and implement written policies, procedures and protocols for documenting, processing, and tracking of individuals held for up to 48 hours for the U.S. Department of Homeland Security (“DHS”);

F.2.b Policies, procedures, and protocols for processing 48-hour holds for DHS will:

- (1) Clearly delineate when a 48-hour hold is deemed to begin and end;***
- (2) Ensure that, if necessary, an OPPAI communicates verbally with the OPP prisoner about when the 48-hour period begins and is expected to end;***
- (3) Provide a mechanism for the prisoner’s family member and attorney to be informed of the 48-hour hold time period, using, as needed, an OPPAI or telephonic interpretation service;***
- (4) Create an automated tracking method, not reliant on human memory or paper documentation, to trigger notification to DHS and to ensure that the 48-hour time period is not exceeded.***
- (5) Ensure that telephone services have recorded instructions in English and Spanish;***
- (6) Ensure that signs providing instructions to OPP prisoners or their families are translated into Spanish and posted;***
- (7) Provide Spanish translations of vital documents that are subject to dissemination to OPP prisoners or their family members. Such vital documents include, but are not limited to:***
 - i. grievance forms;***
 - ii. sick call forms;***
 - iii. OPP inmate handbooks;***
 - iv. Prisoner Notifications (e.g., rule violations, transfers, and grievance responses) and***
 - v. “Request for Services” forms.***
- (8) Ensure that Spanish-speaking LEP prisoners obtain the Spanish language translations of forms provided by DHS; and***
- (9) Provide its language assistance plan and related policies to all staff within 180 days of the Effective Date of this Agreement.***

F.3.a. Within 180 days of the Effective Date, OPP shall provide at least eight hours of LEP training to all corrections and medical and mental health staff who may regularly interact with LEP prisoners.

- (1) LEP training to OPP staff shall include:***
 - i. OPP’s LEP plan and policies, and the requirements of Title VI and this Agreement;***

- ii. *how to access OPP-authorized, telephonic and in-person OPPAIs; and*
- iii. *basic commands and statements in Spanish for OPP staff.*
- (2) *OPP shall translate the language assistance plan and policy into Spanish, and other languages as appropriate, and post the English and translated versions in a public area of the OPP facilities, as well as online.*
- (3) *OPP shall make its language assistance plan available to the public.*

F.4.

- (1) *OPP shall ensure that adequate bilingual staff are posted in housing units where DHS detainees and other LEP prisoners may be housed.*
- (2) *OPP shall ensure that an appropriate number of bilingual staff are available to translate or interpret for prisoners and other OPP staff. The appropriate number of bilingual staff will be determined based on a staffing assessment by OPP.*

Findings:

F.1. a. Substantial Compliance

F. 2. a. Substantial Compliance

F. 2. b. Substantial Compliance

F. 3. a. Partial Compliance

F. 4. Substantial Compliance

Observations:

The Language Assistance Plan required by this paragraph has now been prepared and finalized.

While OPSO asserts that DHS and ICE inmates are not detained, OPSO has developed a policy which was submitted to the Monitors which brings provisions F. 2. a. and b. into substantial compliance.

OPSO provided documentation regarding the use of the language line. OPSO has provided documentation regarding the number of bilingual staff and the manner in which the needs of language assistance are provided bringing provisions of F. 4. into substantial compliance. The Consent Judgment specifically requires at least eight hours of LEP training to all corrections and mental health staff who may regularly interact with LEP inmates. Provision IV. F. 3. a. is determined in partial compliance as the training is not provided. Training of security and medical staff assigned to the IPC should be sufficient.

IV. G. Youthful Prisoners

IV. G. Consistent with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, a youthful prisoner shall not be placed in a housing unit in which the youthful prisoner will have sight, sound, or physical contact with any adult prisoner through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, OPSO shall either: maintain sight and sound separation between youthful prisoners and adult prisoners, or provide direct staff supervision when youthful prisoners and adult prisoners have sight, sound, or physical contact. OPP shall ensure that youthful prisoners in protective custody status shall have no contact with, or access to or from, non- protective custody prisoners. OPP will develop policies for the provision of developmentally appropriate mental health and programming services.

Finding:

Substantial Compliance

Observations:

OPSO has provided documentation that its separation of youthful inmates from adult inmates was found in compliance during its recent PREA audit. Youthful female inmates are now housed in TDC. Tulane is providing developmentally appropriate mental health services to youthful inmates. Travis School continues to provide educational and programming services. The requirement for developmentally appropriate mental health and programming services is separate and apart from PREA.

VI. A – D. The New Jail Facility and Related Issues

A. New Jail

The Parties anticipate that Defendant will build a new jail facility or facilities that will replace or supplement the current facility located at 2800 Gravier Street, New Orleans, Louisiana. This Agreement shall apply to any new jail facility.

Finding:

VI. A. Substantial Compliance.

B. Design and Design Document

Defendant shall obtain the services of a qualified professional to evaluate, design, plan, oversee, and implement the construction of any new facility. At each major stage of the facility construction, Defendant shall provide the Monitor with copies of design documents.

Finding:

VI B. Substantial Compliance

Observations:

These provisions apply to the construction of any new facility. Phase III is such a facility. Timely access to design documents has not been provided to the Monitors by the City for Phase III. If this continues, this rating is in jeopardy of being lowered.

C. Staffing

Defendant shall consult with a qualified corrections expert as to the required services and staffing levels needed for any replacement facility. OPSO shall complete a staffing study to ensure that any new facility is adequately staffed to provide prisoners with reasonable safety.

Finding:

VI.C. Substantial Compliance

Observations:

The Consent Judgment requires that the Defendant **shall** consult with a qualified corrections expert as to the required services and staffing levels needed for any replacement

facility. The Monitors are concerned that will await planning for Phase III to ascertain future compliance. For now, the paragraph is in substantial compliance.

D. Compliance with Code and Standards

Defendant will ensure that the new jail facility will be built in accordance with: (1) the American Correctional Association’s standards in effect at the time of construction; (2) the American with Disabilities Act of 1990 (“ADA”), 42 U.S.C. §§ 12101-12213, including changes made by the ADA Amendments of 2008 (P.L. 110-325) and 47 U.S.C. §§ 225-661, and the regulations there under; and (3) all applicable fire codes and regulations.

Finding:

Monitors not qualified to evaluate.

Observations:

The Monitors do not have the knowledge or expertise to evaluate compliance with this paragraph. OPSO asserts that it is in compliance with this provision, without offering documentation.

VII. Compliance and Quality Improvement

VII. A. Policies, Procedures, Protocols, Training Curriculum and Practices

Within 120 days of the Effective Date, OPSO shall revise and/or develop its policies, procedures, protocols, training curricula, and practices to ensure that they are consistent with, incorporate, address, and implement all provisions of this Agreement. OPSO shall revise and/or develop, as necessary, other written documents, such as screening tools, logs, handbooks, manuals, and forms, to effectuate the provisions of this Agreement. OPSO shall send pertinent newly drafted and revised policies and procedures to the Monitor as they are promulgated. The Monitor will provide comments on the policies to OPSO, SPLC, and DOJ within 30 days.

OPSO, SPLC, and DOJ may provide comments on the Monitor’s comments within 15 days. At that point, the Monitor will consider the Parties’ comments, mediate any disputes, and approve the policies with any changes within 30 days. If either party disagrees with the Monitor, they may bring the dispute to the Court. OPSO shall provide initial and in-service training to all Facility staff with respect to newly implemented or revised policies and procedures. OPSO shall document employee review and training in new or revised policies and procedures.

Finding:

VII. A. Substantial Compliance

Observations:

OPSO has now completed the development of the required policies. There are still procedures and lesson plans which must be completed to remain in substantial compliance.

VII. (H). B. Written Quality Improvement Policies and Procedures

Within 180 days of the Effective Date, Defendant shall develop and implement written quality improvement policies and procedures adequate to identify serious deficiencies in protection from harm, prisoner suicide prevention, detoxification, mental health care, environmental health, and fire and life safety in order to assess and ensure compliance with the terms of this Agreement on an ongoing basis. Within 90 days after identifying serious deficiencies, OPSO shall develop and implement policies and procedures to address problems that are uncovered during the course of quality improvement activities.

These policies and procedures shall include the development and implementation of corrective action plans, as necessary, within 30 days of each biannual review.

Finding:

VII. B. Partial compliance

Observations:

OPSO has provided documentation that it is now developing plans to identify serious deficiencies, and to address problems that are uncovered during the course of quality improvement activities to warrant a finding of partial compliance. These plans need to contain specific performance measures, timelines, and persons responsible. They also need to be implemented with appropriate development of corrective action to be taken and the auditing of adherence to the action plan.

VII. (I). C. Full-Time Compliance Coordinator

The Parties agree that OPSO will hire and retain, or reassign a current OPSO employee for the duration of this Agreement, to serve as a full-time OPSO Compliance Coordinator. The Compliance Coordinator will serve as a liaison between the Parties and the Monitor and will assist with OPSO's compliance with this Agreement. At a minimum, the Compliance Coordinator will: coordinate OPSO's compliance and implementation activities; facilitate the provision of data, documents, materials, and access to OPSO's personnel to the Monitor, SPLC, DOJ, and the public, as needed; ensure that all documents and records are maintained as provided in this Agreement; and assist in assigning compliance tasks to OPSO personnel, as directed by the Sheriff or his or her designee. The Compliance Coordinator will take primary responsibility for collecting information the Monitor requires to carry out the duties assigned to the Monitor.

Finding:

Substantial Compliance.

VII. (J.) D. Self-Assessment

On a bi-annual basis, OPSO will provide the public with a self-assessment in which areas of significant improvement or areas still undergoing improvement are presented either through use of the OPSO website or through issuance of a public statement or report.

Finding:

Substantial Compliance

Observations:

During the monitoring period, no town hall meetings were held. The holding of those meeting and posting the PowerPoint presentations at those meetings brought OPSO into substantial compliance. OPSO will remain in substantial compliance due to the posting of the self-assessment although it appears to present a distorted view of areas needing improvement.

VIII. Reporting Requirements and Right of Access

VIII. A. Periodic Compliance Reporting

OPSO shall submit periodic compliance reports to the Monitor. These periodic reports shall be provided to the Monitor within four months from the date of a definitive judgment on funding; and every six months thereafter until termination of this Agreement. Each compliance report shall describe the actions Defendant has taken during the reporting period to implement this Agreement and shall make specific reference to the Agreement provisions being implemented. The report shall also summarize audits and continuous improvement and quality assurance activities, and contain findings and recommendations that would be used to track and trend data compiled at the Facility. The report shall also capture data that is tracked and monitored under the reporting provisions of the following provisions: Use of Force; Suicide Prevention; Health Care Delivered; Sanitation and Environmental Conditions; and Fire and Life Safety.

Finding:

Substantial Compliance

Observations:

The reports provided by OPSO are now sufficient to address the requirements of this provision.

VIII. B. (Notification of) Death of Any Prisoner

OPSO shall, within 24 hours, notify the Monitor upon the death of any prisoner. The Monitor shall forward any such notifications to SPLC and DOJ upon receipt. OPSO shall forward to the Monitor incident reports and medical and/or mental health reports related to deaths, autopsies, and/or death summaries of prisoners, as well as all final SOD and IAD reports that involve prisoners. The Monitor shall forward any such reports to SPLC and DOJ upon receipt.

Finding:

Substantial Compliance

VIII. C. Records

Defendant shall maintain sufficient records to document that the requirements of this Agreement are being properly implemented and shall make such records available to the Monitor within seven days of request for inspection and copying. In addition, Defendant shall maintain and provide, upon request, all records or other documents to verify that they have taken the actions described in their compliance reports (e.g., census summaries, policies, procedures, protocols, training materials, investigations, incident reports, tier logs, or use of force reports).

Finding:

Substantial Compliance

Observations:

OPSO now generally provides responses with seven days of a request by the Monitors. The monthly reports provided to the Monitors greatly decreases the need for document requests. After the site visit, OPSO refused to provide the Monitors with unredacted copies of the enemy refusal forms. But for the Chief of Corrections intervening and providing the requested records, this rating would have been lowered.

III. Stipulated Orders

OPSO and the Plaintiffs/DOJ negotiated two agreements after Compliance Report #3.

The language of the Stipulated Orders was linked directly to the Consent Judgment and represented priority areas for inmate safety. Some of them required a one-time action such the posting of a memorandum or providing of training by a specific date. Some of the provisions of the Stipulated Order of February 11, 2015 contain on-going obligations that are in addition to the Consent Judgment or clarify the obligations under the Consent Judgment.

The three provisions of the April 22, 2015 are in substantial compliance and contained provisions that were to be accomplished by specific dates during April 2015. As those dates have passed, the Monitors no longer monitor those provisions. Two of the provisions in the Stipulated Order of February 11, 2015 require additional attention. The provisions of the Stipulated Order of February 11, 2015, which require ongoing compliance are 1. a-c. 5. b., 6. a., and 7. a. and b. The provisions that are not in substantial compliance are addressed below.

1. c. Within 24 hours of the occurrence of any of the following incident, OPSO shall notify the Monitor via email:

- ***Death of an inmate/arrestee while held in custody (or housed in a hospital to which the inmate has been committed for care and retain in the custody of OPSO; or whose injury occurred while in custody and was subsequently released from custody);***
- ***An inmate's/arrestee's suicide, suicide attempt, aborted suicide attempt, suicidal intent, and/or deliberate suicide self-harm gesture as defined by the American Psychiatric Association;***
- ***An inmate's allegation of sexual abuse, sexual assault, sexual harassment, or voyeurism whether the incident is between or among inmates, or between or among inmates and a staff/contractor or volunteer;***
- ***An inmate's report, or a report by a staff/contractor or volunteer, of any inmate/inmate allegation of assault; or other inmate allegation of felonies occurring to them while in custody;***
- ***An Inmate's report of a report by a staff/contractor or volunteer, of any allegation of excessive force by an employee, volunteer or contractor;***
- ***Suspension or arrest of any OPSO employee, volunteer, or contractor for alleged criminal activities while on-duty and/or in a facility under the control of OPSO; and***
- ***Any recovery of significant contraband, specifically weapons.***

Finding:

Partial Compliance

Observations:

OPSO complies with the first two bullet points, but it is usually verbally as opposed to by email as required. OPSO is not in compliance with the reporting of the other incidents and items with 24 hour by email. At best, the Monitor learns of some of the items through incident reports, review of investigation and newspaper reports. OPSO should put in place a system to comply with this provision.

6. a. By February 15, 2015, in order that the housing for youthful offenders is continually staffed by a deputy, OPSO will assure that a deputy is working on every shift, on every day on the unit housing youthful offenders. This deputy may not be assigned to other tiers or other responsibilities, and shall be periodically relieved by

another deputy and/or supervisor. The evidence of compliance with this document will be the staffing assignments each day, each shift for the facility in which youthful offenders are held, and samples of the log books from that unit.

Finding:

Partial Compliance

Observations

There are times that the housing units for youthful offenders is not staffed continuously. The housing unit is usually made a mandatory post in the staffing assignments, but the deputy leaves without having been relieved by another deputy or supervisor.

Appendix A: Summary of Compliance Findings by Compliance Section Reports 1 - 13

	Report # 1 2/13/14	Report # 2 8/26/14	Report # 3 2/25/15	Report # 4 9/9/15	Report # 5 3/17/16	Report # 6 10/25/16	Report # 7 5/1/17	Report # 8 1/12/18	Report # 9 8/25/18	Report # 10 3/18/19	Report #11 9/19/19	Report #12 3/6/20	Report#13 11/16/20
IV.A. 1. Use of Force Policies and Procedures/Margo Frasier													
IV. A. 1.a.	ND	NC	NC	PC	NC	PC	PC	PC	PC	SC	SC	SC	SC
IV. A. 1.b.	ND	NC	NC	PC	NC	PC	PC	PC	SC	SC	SC	SC	SC
IV. A. 1.c.	ND	NC	NC	PC	NC	NC	PC	PC	PC	SC	SC	PC	PC
IV.A.2. Use of Force Training/Margo Frasier and Shane Poole													
IV. A. 2. a.	ND	NC	NC	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC
IV. A. 2. b.	ND	NC	NC	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC
IV. A. 2. c.	ND	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC	SC	SC
IV.A.3. Use of Force Reporting/Margo Frasier													
IV. A.3 a.	ND	NC	NC	PC	NC	PC	PC	PC	PC	PC	SC	PC	PC
IV. A.3 b.	ND	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC
IV. A.3 c.	ND	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC
IV. A.3 d.	ND	NC	NC	PC	NC	NC	PC	PC	PC	PC	PC	PC	PC
IV. A.3 e.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC	SC	SC
IV. A.3 f.	ND	NC	NC	PC	NC	PC	PC	PC	PC	PC	PC	PC	PC
IV. A.3 g.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC	SC	SC
IV. A.3 h.	ND	NC	NC	NC	NC	NC	NC	NC	PC	SC	SC	PC	PC
IV.A.4. Early Intervention System ("EIS") /Margo Frasier and Shane Poole													
IV.A.4.a.	ND	NC	NC	PC	PC	PC	NC	NC	PC	PC	SC	SC	SC
IV.A.4.b.	ND	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.A.4.c.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC	SC	SC
IV.A.4.d.	ND	NC	NC	NC	NC	PC	PC	NC	NC	PC	SC	SC	SC
IV.A.4.e.	ND	ND	ND	ND	NC	NC	NC	NC	NC	SC	SC	SC	SC
IV.A.5. Safety and Supervision/Margo Frasier													
IV.A.5.a.	ND	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.A.5.b.	ND	NC	NC	NC	NC	NC	NC	NC	NC	PC	SC	SC	SC
IV.A.5.c.	ND	NC	NC	NC	NC	NC	NC	PC	PC	PC	SC	SC	SC
IV.A.5.d.	NC	NC	PC	PC	NC	NC	NC	NC	PC	PC	PC	PC	PC
IV.A.5.e.	ND	NC	NC	PC	PC	NC	NC	NC	NC	PC	PC	PC	PC
IV.A.5.f.	ND	NC	NC	PC	PC	SC	SC	PC	PC	PC	PC	SC	SC
IV.A.5.g.	ND	NC	ND	PC	NC	NC	NC	NC	NC	PC	SC	SC	SC
IV.A.5.h.	ND	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC	SC
IV.A.5.i.	ND	NC	NC	PC	PC	PC	PC	PC	SC	PC	PC	PC	PC
IV.A.5.j.	ND	NC	PC	PC	NC	NC	NC	NC	PC	PC	PC	PC	PC
IV.A.5.k.	ND	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC	PC
IV.A.5.l.	ND	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC	PC
IV.A.6. Security Staffing/Margo Frasier													
IV.A.6.a.	ND	PC	PC	PC	SC	SC	PC	PC	PC	SC	SC	SC	PC
IV.A.6.b.	ND	NC	PC	PC	NC	PC	PC	PC	PC	SC	SC	SC	PC
IV.A.7 Incidents and Referrals/Margo Frasier													
IV.A.7.a.	ND	NC	NC	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC
IV.A.7.b.	ND	NC	NC	PC	NC	PC	PC	PC	PC	PC	PC	SC	PC
IV.A.7.c.	ND	NC	PC	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC

Appendix A: Summary of Compliance Findings by Compliance Section Reports 1 - 13

IV.A.7.d.	ND	NC	NC	NC	NC	NC	NC	PC	PC	PC	SC	SC	SC
IV.A.7.e.	ND	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC	PC
IV.A.7.f.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	Sc
IV.A.7.g.	ND	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.A.7.h.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC
IV.A.7.i.	ND	NC	NC	PC	NC	NC	NC	NC	NC	PC	SC	SC	SC
IV.A.7.j.	ND	NC	NC	NC	NC	NC	NC	NC	NC	SC	SC	SC	SC
IV.A.8. Investigations/Margo Frasier													
IV.A.8.a.	ND	NC	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.8.b.	ND	NC	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.8.c.	ND	NC	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.8.d.	ND	NC	NC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.8.e.	ND	NC	NC	PC	PC	PC	PC	SC	SC	SC	SC	SC	SC
IV.A.8.f.	ND	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC	SC	SC
IV.A.9. Pretrial Placement in Alternative Settings/Margo Frasier													
IV.A.9.a.	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.9.b.	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.10. Custodial Placement within OPP/Patricia Hardyman													
IV.A.10.a.	NC	PC	SC	SC	SC	SC	PC	PC	PC	PC	SC	SC	SC
IV.A.10.b.	NC	NC	NC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
IV.A.10.c.	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC	SC	SC	SC
IV.A.10.d.	NC	NC	PC	PC	PC	PC	PC	NC	PC	SC	PC	PC	SC
IV.A.10.e.	NC	NC	PC	SC	PC	PC	SC	PC	PC	PC	PC	PC	SC
IV.A.10.f.	NC	NC	NC	NC	NC	PC	PC	PC	NC	SC	PC	PC	PC
IV.A.10.g.	NC	NC	NC	NC	NC	PC	PC	PC	PC	SC	SC	SC	SC
IV.A.10.h.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	PC
IV.A.11. Prisoner Grievance Process/Margo Frasier and Shane Poole													
IV.A.11.a	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC			
IV.A.11.a.(1)											SC	SC	SC
IV.A.11.a.(2)											PC	PC	PC
IV.A.11.a.(3)											SC	SC	SC
IV.A.11.a.(4)											SC	SC	SC
IV.A.11.a.(5)											SC	SC	SC
IV.A.11.a.(6)											PC	PC	SC
IV.A.12. Sexual Abuse/Margo Frasier													
IV.A.12.	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC
IV.A.13. Access to Information/Margo Frasier													
IV.A.13.	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV. B. Mental Health Care													
IV.B.1. Screening and Assessment/Raymond Patterson													
IV.B.1.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	PC
IV.B.1.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.B.1.c.	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC	SC
IV.B.1.d.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	PC
IV.B.1.e.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC	PC
IV.B.1.f.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.1.g.	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC
IV.B.1.h.	NC	NC	NC	NC	NC	NC	NC	NC	PC	SC	SC	SC	SC

Appendix A: Summary of Compliance Findings by Compliance Section Reports 1 - 13

IV.B.1.i.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.1.j.	NC	NC	NC	PC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.1.k.	NC	NC	NC	PC	NC	NC	NC	NC	NC	NC	PC	PC	PC
IV.B.1.l.	NC	NC	NC	NC	NC	NC	NC	NC	NC	SC	SC	SC	PC
B. 2. Treatment/Raymond Patterson													
IV.B.2.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.2.b.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.2.c.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.2.d.	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC
IV.B.2.e.	NC	NC	NC	PC	PC	PC	PC	NC	NC	PC	SC	SC	SC
IV.B.2.f.	NC	NC	NC	PC	PC	PC	NC	PC	PC	PC	SC	PC	PC
IV.B.2.g.	NC	NC	NC	PC	PC	PC	NC	PC	PC	SC	SC	SC	SC
IV.B.2.h.	NC	NC	NC	PC	PC	PC	PC	PC	NC	PC	SC	SC	PC
IV.B.3. Counseling/Raymond Patterson													
IV.B.3.a.	NC	NC	NC	NC	PC	NC	NC	PC	PC	PC	PC	PC	PC
IV.B.3.b.	NC	NC	NC	NC	PC	NC	NC	PC	PC	PC	PC	PC	PC
IV.B.4. Suicide Prevention Training Program/Raymond Patterson													
IV.B.4.a.	NC	NC	NC	PC	PC	PC	PC	PC	NC	PC	PC	PC	NC
IV.B.4.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC
IV.B.4.c.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.4.d.	NC	NC	NC	PC	NC	NC	NC	NC	NC	PC	PC	PC	NC
IV.B.4.e.	NC	NC	NC	PC	NA	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.4.f.	NC	NC	NC	NC	PC	PC	NC	NC	SC	SC	SC	SC	SC
IV.B.4.g.	NC	NC	NC	SC	PC	NC	NC	NC	NC	PC	NC	PC	SC
IV.B.5. Suicide Precautions/Raymond Patterson													
IV.B.5.a.	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC
IV.B.5.b.	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC	PC	PC	NC
IV.B.5.c.	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC
IV.B.5.d.	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC	SC	SC
IV.B.5.e.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	NC
IV.B.5.f.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	SC	SC	PC
IV.B.5.g.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.5.h.	NC	NC	NC	NC	NC	NC	NC	PC	NC	PC	PC	SC	SC
IV.B.5.i.	NC	NC	NC	NC	NC	NC	NC	PC	PC	SC	SC	SC	SC
IV.B.5.j.	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC	SC	SC
IV.B.5.k.	NC	NC	NC	NC	NC	NC	NC	PC	NC	PC	PC	PC	PC
IV.B.6. Use of Restraints/Raymond Patterson													
IV.B.6.a.	PC	NC	PC	PC	PC	PC	PC	PC	NC	PC	PC	PC	PC
IV.B.6.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC
IV.B.6.c.	ND	NC	PC	PC	PC	PC	PC	PC	NC	PC	NC	SC	SC
IV.B.6.d.	ND	NC	PC	PC	PC	PC	PC	PC	NC	PC	SC	SC	PC
IV.B.6.e.	NC	NC	PC	PC	PC	PC	PC	PC	NC	PC	NC	SC	SC
IV.B.6.f.	NC	NC	PC	PC	PC	PC	PC	PC	NC	PC	SC	SC	SC
IV.B.6.g.	NC	NC	PC	PC	PC	PC	PC	PC	NC	PC	NC	SC	SC
IV.B.7. Detoxification and Training/Robert Greifinger													
IV.B.7.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.B.7.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.B.7.c.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC

Appendix A: Summary of Compliance Findings by Compliance Section Reports 1 - 13

IV.B.7.d.	NC	NC	PC	PC	PC	PC	PC	PC	PC	NC	PC	PC	PC
IV.B.8. Medical and Mental Health Staffing/Robert Greifinger													
IV.B.8.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.8.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.B.9. Risk Management/Robert Greifinger													
IV.B.9.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.9.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.9.c.	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.B.9.d.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV.B.9.e.	NC	NC	NC	NC	PC	PC	PC	PC	PC	NC	PC	PC	PC
IV.B.9.f.	NC	NC	NC	NC	PC	PC	PC	PC	PC	NC	NC	PC	PC
IV.C. Medical Care See SA 2/11/15 13.													
IV. C. Quality Management of Medication Administration													
IV.C.1.a.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.C.1.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.C.1.c.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.C.1.d.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.C.2. Health Care Delivered/Robert Greifinger													
IV.C.2.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	NC	PC	PC	SC
IV.C.2.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	NC	PC	PC	PC
IV.C.3. Release and Transfer/Robert Greifinger													
IV.C.3.a.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.C.3.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.C.3.c.	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC
IV.C.3.d.	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV.D. Sanitation and Environmental Conditions/Shane Poole													
IV.D. 1.a.	NC	NC	NC	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC
IV. D. 1.b.	NC	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV. D. 1.c.	NC	NC	PC	PC	NC	NC	PC	SC	PC	PC	SC	SC	SC
IV. D. 1.d.	NC	NC	NC	NC	SC	SC	SC	SC	SC	SC	SC	SC	PC
IV. D. 1.e.	NC	PC	PC	PC	PC	PC	PC	SC	PC	SC	SC	SC	SC
IV. D. 1.f.	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC	SC
IV. D. 1.g.	NC	NC	NC	NC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV. D. 1.h.	NC	NC	NC	PC	NC	PC	NC	NC	NC	PC	PC	PC	SC
IV. D. 2. Environmental Control/Shane Poole													
IV. D. 2.a.	NC	NC	PC	PC	PC	SC	SC	SC	PC	SC	SC	SC	SC
IV. D. 2.b.	NC	NC	NC	NC	NC	SC	PC	SC	SC	SC	SC	SC	SC
IV. D. 3. Food Service/Diane Skipworth													
IV. D. 3.a.	NC	NC	NC	PC	PC	PC	NC	PC	PC	PC	SC	SC	SC
IV. D. 3.b.	NC	NC	NC	PC	PC	PC	NC	NC	NC	NC	PC	SC	SC
IV. D. 3.c.	NC	NC	NC	PC	NC	NC	PC	PC	PC	PC	PC	SC	SC
IV. D. 4. Sanitation and Environmental Conditions Reporting/Shane Poole													
IV. D. 4.a. 1-7	NC	NC	PC	PC	PC	PC	PC	PC	PC	NC	SC	SC	SC
IV. D. 4.b.	NC	NC	NC	NC	PC	NC	NC	PC	PC	SC	SC	SC	SC
IV.E. Fire and Life Safety/Shane Poole													
IV. E. 1. Fire and Life Safety													
IV. E. 1.a.	NC	PC	PC	PC	PC	PC	PC	SC	PC	PC	PC	PC	SC

Appendix A: Summary of Compliance Findings by Compliance Section Reports 1 - 13

IV. E. 1.b.	NC	NC	NC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV. E. 1.c.	PC	PC	PC	PC	NC	PC	PC	SC	PC	SC	SC	SC	SC
IV. E. 1.d.	NC	NC	NC	NC	NC	NC	PC	SC	PC	SC	SC	SC	SC
IV. E. 1.e.	ND	NC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC	SC
IV. E. 2. Fire and Life Safety Reporting													
IV. E. 2.a.1-3	ND	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC	SC
IV. E. 2.b.	ND	NC	NC	PC	NC	NC	NC	PC	PC	SC	SC	SC	SC
IV.F. Language Assistance													
IV.F.1. Timely and Meaningful Access to Services/Margo Frasier													
IV.F.1.a.	ND	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
IV.F.2. Language Assistance Policies and Procedures/Margo Frasier													
IV.F.2.a.	ND	PC	PC	PC	Not App	Not App	Not App	Not App	Not App	Not App	SC	SC	SC
IV.F.2.b.	ND	PC	PC	PC	Not App	Not App	Not App	Not App	Not App	Not App	SC	SC	SC
IV.F.3. Language Assistance Training/Margo Frasier													
IV.F.3.a.	NC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC
IV.F.4. Bilingual Staff/Margo Frasier													
IV.F.4.	NC	PC	PC	PC	PC	NC	NC	NC	NC	PC	SC	SC	SC
IV.G. Youthful Prisoners/Margo Frasier													
IV.G.	NC	NC	NC	PC	PC	PC	NC	NC	PC	PC	PC	PC	SC
VI. The New Jail Facility/Margo Frasier													
VI. A.	ND	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
VI. B.	NC	PC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
VI. C.	ND	PC	SC	SC	PC	PC	PC	PC	SC	SC	SC	SC	SC
VI. D.	Monitors Not Qualified to Evaluate												
VII. Compliance and Quality Improvement/Margo Frasier													
VII. A.	ND	NC	NC	PC	PC	PC	PC	PC	PC	PC	PC	SC	SC
VI. B. (H.)	NC	NC	NC	NC	NC	NC	PC	PC	PC	PC	PC	PC	PC
VI. C. (I.)	NC	NC	SC	SC	NC	SC	SC	NC	PC	SC	SC	SC	SC
VI. D. (J.)	ND	NC	NC	PC	PC	PC	PC	NC	NC	NC	SC	SC	SC
VIII. Reporting Requirements and Right of Access/Margo Frasier													
VIII.A.	ND	PC	NC	PC	PC	PC	PC	NC	NC	PC	SC	SC	SC
VIII.B.	PC	PC	PC	PC	SC	SC	SC	SC	SC	SC	SC	SC	SC
VIII.C.	PC	PC	PC	SC	SC	SC	NC	NC	PC	PC	SC	SC	SC
Legend: ND - Not scheduled for review NC - Non-compliance PC - Partial Compliance SC - Substantial Compliance NA - Not Applicable													

Exhibit 24

(Miami-Dade County, FL)

**U.S. District Court
Southern District of Florida (Miami)
CIVIL DOCKET FOR CASE #: 1:13-cv-21570-BB**

United States of America v. Miami-Dade County; The Board of County Commissioners
Assigned to: Judge Beth Bloom
Cause: 42:1983 Civil Rights Act

Date Filed: 05/01/2013
Date Terminated: 05/22/2013
Jury Demand: None
Nature of Suit: 440 Civil Rights: Other
Jurisdiction: U.S. Government Plaintiff

Plaintiff

United States of America

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Jennifer Laura Hochstadt
 (See above for address)
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
05/01/2013	1	COMPLAINT <i>against Miami-Dade County</i> against United States of America. Filing fees \$ 400.00. USA Filer - No Filing Fee Required, filed by United States of America. (Attachments: # 1 Civil Cover Sheet, # 2 Certification, # 3 Exhibit Joint Motion for Entry of Consent Order, # 4 Exhibit Memorandum of Law in Support of Motion for Entry of Consent Order, # 5 Text of Proposed Order Consent Agreement/Order)(Harrell-James, Veronica) (Entered: 05/01/2013)
05/01/2013	2	Judge Assignment to Judge William J. Zloch (ail) (Entered: 05/01/2013)
05/01/2013	3	Clerks Notice to Filer re: Electronic Case. Parties Not Added. The Filer failed to add all parties associated with the case.Filer is instructed to add the additional parties by filing a Notice of Entry of Parties. It is not necessary to re-file this document. (ail) (Entered: 05/01/2013)
05/01/2013	4	Notice of Entry of Parties Listed (Harrell-James, Veronica) (Entered: 05/01/2013)
05/01/2013	5	Joint Motion <i>for Entry of Consent Agreement</i> by United States of America (Attachments: # 1 Memorandum Memorandum of Law in Support of Motion for Entry of Consent Agreement, # 2 Text of Proposed Order Consent Agreement/Order)(Harrell-James, Veronica) Modified converted to motion on 5/2/2013 (tp). (Entered: 05/01/2013)
05/02/2013	6	Clerks Notice to Filer re 4 Notice of Entry of Parties Listed into CM/ECF. Parties Not Added; ERROR - The Filer failed to add all parties. Filer is instructed to add the additional parties by filing a Notice of Entry of Parties. (tp) (Entered: 05/02/2013)
05/02/2013	7	Clerks Notice to Filer re 5 Joint Motion to Enter Consent Agreement. Wrong Event Selected - Document is a Motion; ERROR - The Filer selected the wrong event. A motion event must always be selected when filing a motion. The correction was made by the Clerk. It is not necessary to refile this document. (tp) (Entered: 05/02/2013)
05/06/2013	8	VACATED Final Order Approving and Entering Consent Decree and Dismissing Case. Signed by Judge William J. Zloch on 5/3/2013. (bc) Modified on 5/22/2013 (bc). (Entered: 05/06/2013)
05/22/2013		Case Reopened (bc) (Entered: 05/22/2013)
05/22/2013	9	Final Order Approving and Entering Consent Decree and Dismissing Case without Prejudice. Signed by Judge William J. Zloch on 5/22/2013. (bc) (Entered: 05/22/2013)
05/23/2013	10	Notice of Entry of Parties Listed NOTE: New Filer(s) will appear twice, since they are also a new party in the case. New Filer(s)/Party(s): Miami-Dade County Public Health Trust and Miami-Dade County. (Harrell-James, Veronica) (Entered: 05/23/2013)

11/05/2013	11	STATUS REPORT by <i>Susan McCampbell (Monitor)</i> by United States of America (Harrell-James, Veronica) (Entered: 11/05/2013)
05/30/2014	12	REPORT REGARDING Compliance No. 2 by United States of America (Attachments: # 1 Supplement Pages 101-219)(Harrell-James, Veronica) (Entered: 05/30/2014)
07/03/2014	13	First MOTION for Hearing <i>Status Conference</i> by United States of America. Attorney Amar Shakti Nair added to party United States of America(pty:pla). (Nair, Amar) (Entered: 07/03/2014)
07/09/2014	14	ORDER granting 13 Motion for Status Conference. Status Conference set for 10/21/2014 10:00 AM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 7/9/2014. (ar2) (Entered: 07/09/2014)
09/09/2014	15	NOTICE of Attorney Appearance by Amar Shakti Nair on behalf of United States of America (Nair, Amar) (Entered: 09/09/2014)
10/16/2014	16	NOTICE of Attorney Appearance by Laura Coon on behalf of United States of America (Coon, Laura) (Entered: 10/16/2014)
10/16/2014	17	MOTION for Leave to Appear by <i>Telephone</i> . Attorney: <i>Amar Nair</i> by United States of America. Responses due by 11/3/2014 (Attachments: # 1 Text of Proposed Order)(Nair, Amar) (Entered: 10/16/2014)
10/17/2014	18	PAPERLESS ORDER granting 17 Motion for Leave to Appear by Telephone at Status Conference. Signed by Judge William J. Zloch on 10/17/2014. (bc) (Entered: 10/17/2014)
10/21/2014	19	Minute Entry for proceedings held before Judge William J. Zloch: Status Conference held on 10/21/2014. Status Conference continued to 11/17/2014 at 10:00 AM in Fort Lauderdale Division before Judge William J. Zloch. Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov (bc) (Entered: 10/21/2014)
10/31/2014	20	TRANSCRIPT of hearing held on 10/21/14 before Judge William J. Zloch, 1-32 pages, Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 11/24/2014. Redacted Transcript Deadline set for 12/4/2014. Release of Transcript Restriction set for 2/2/2015. (tnr) (Entered: 10/31/2014)
11/17/2014	21	Minute Entry for proceedings held before Judge William J. Zloch: Status Conference held on 11/17/2014. Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov (bc) (Entered: 11/17/2014)
12/01/2014	22	REPORT REGARDING Compliance No. 3 by United States of America (Harrell-James, Veronica) (Entered: 12/01/2014)
12/17/2014	23	Plaintiff's MOTION to Bring Electronic Equipment into the courtroom by United States of America. Responses due by 1/5/2015 (Attachments: # 1 Text of Proposed Order)(Harrell-James, Veronica) (Entered: 12/17/2014)
12/17/2014	24	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Consent Agreement Compliance Status Report-December 2014</i> . Attorney Bernard Pastor added to party Miami-Dade County(pty:dft), Attorney Bernard Pastor added to party Miami-Dade County Public Health Trust(pty:dft), Attorney Bernard Pastor added to party Miami-Dade County; The Board of County Commissioners(pty:dft). (Attachments: # 1 Exhibit) (Pastor, Bernard) (Entered: 12/17/2014)
12/17/2014	25	Joint MOTION Entry of Stipulated Order by United States of America. (Attachments: # 1 Text of Proposed Order Proposed Order, # 2 Exhibit Defendants' Summary Action Plan)(Jansen, Regina) (Entered: 12/17/2014)
12/18/2014	26	ORDER granting 23 Motion to Bring Electronic Equipment into the courtroom. Signed by Judge William J. Zloch on 12/18/2014. (bc) (Entered: 12/18/2014)

12/18/2014	27	ORDER granting 25 Motion for Entry of Stipulated Order. Signed by Judge William J. Zloch on 12/18/2014. (bc) (Entered: 12/18/2014)
12/18/2014	28	ORDER Setting Status Conference: Status Conference set for 1/27/2015 at 2:00 PM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 12/18/2014. (bc) (Entered: 12/18/2014)
01/27/2015	29	Minute Entry for proceedings held before Judge William J. Zloch: Status Conference held on 1/27/2015. Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov (bc) (Entered: 01/27/2015)
06/04/2015	30	MOTION for Hearing <i>Status Conference</i> by United States of America. (Jansen, Regina) (Entered: 06/04/2015)
06/04/2015	31	ORDER SETTING STATUS CONFERENCE and granting 30 Motion for Status Conference. Status Conference set for 7/16/2015 11:00 AM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 6/4/2015. (ar2) (Entered: 06/04/2015)
07/07/2015	32	REPORT REGARDING Compliance No. 4 by United States of America (Jansen, Regina) (Entered: 07/07/2015)
07/10/2015	33	NOTICE of Attorney Appearance by Catherine Bendor on behalf of United States of America. Attorney Catherine Bendor added to party United States of America(pty:pla). (Bendor, Catherine) (Entered: 07/10/2015)
07/16/2015	34	Minute Entry for proceedings held before Judge William J. Zloch: Status Conference held on 7/16/2015. Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov (wjz3) (Entered: 07/16/2015)
08/28/2015	35	TRANSCRIPT of hearing held on 7/16/15 before Judge William J. Zloch, 1-18 pages, Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 9/21/2015. Redacted Transcript Deadline set for 10/1/2015. Release of Transcript Restriction set for 11/30/2015. (tnr) (Entered: 08/28/2015)
01/27/2016	36	MOTION for Hearing <i>Status Conference</i> by United States of America. (Jansen, Regina) (Entered: 01/27/2016)
01/29/2016	37	ORDER SETTING STATUS CONFERENCE and granting 36 Motion for Status Conference. Status Conference set for 4/5/2016 01:30 PM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 1/29/2016. (ar2) (Entered: 01/29/2016)
02/16/2016	38	REPORT REGARDING Independent Monitors' Report No. 5 by United States of America (Jansen, Regina) (Entered: 02/16/2016)
02/18/2016	39	NOTICE of Attorney Appearance by Jennifer Wedekind on behalf of United States of America. Attorney Jennifer Wedekind added to party United States of America(pty:pla). (Wedekind, Jennifer) (Entered: 02/18/2016)
04/07/2016	40	ORDER Re-setting Status Conference: Status Conference set for 4/20/2016 at 1:30 PM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 4/7/2016. (ar2) (Entered: 04/07/2016)
04/20/2016	41	Minute Entry for proceedings held before Judge William J. Zloch: Status Conference held on 4/20/2016. Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov (bc) (Entered: 04/20/2016)
05/18/2016	42	MOTION Joint Motion for Entry of Stipulated Order by United States of America. (Attachments: # 1 Exhibit Revised Compliance Plan, # 2 Exhibit Proposed Stipulated Order)(Jansen, Regina) (Entered: 05/18/2016)

05/23/2016	43	ORDER granting 42 Motion for Entry of Stipulated Order. Signed by Judge William J. Zloch on 5/23/2016. (bc) (Entered: 05/23/2016)
05/24/2016	44	TRANSCRIPT of status conference held on 4/20/16 before Judge William J. Zloch, 1-18 pages, Court Reporter: Tammy Nestor, 954-769-5488 / Tammy_Nestor@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 6/17/2016. Redacted Transcript Deadline set for 6/27/2016. Release of Transcript Restriction set for 8/25/2016. (tnr) (Entered: 05/24/2016)
09/09/2016	45	STATUS REPORT <i>Monitors' Report No. 6</i> by United States of America (Jansen, Regina) (Entered: 09/09/2016)
10/03/2016	46	MOTION for Hearing <i>Status Conference</i> by United States of America. (Jansen, Regina) (Entered: 10/03/2016)
10/12/2016	47	ORDER granting 46 Motion for Status Conference. Status Conference set for 10/26/2016 at 1:30 PM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 10/12/2016. (bc) (Entered: 10/12/2016)
10/26/2016	48	ORDER Resetting Status Conference: Status Conference reset for 12/7/2016 at 1:30 PM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 10/26/2016. (bc) (Entered: 10/26/2016)
12/09/2016	49	ORDER Re-Setting Status Conference. Status Conference reset for 1/11/2017 at 1:30 PM in Fort Lauderdale Division before Judge William J. Zloch. Signed by Judge William J. Zloch on 12/9/2016. (bc) (Entered: 12/09/2016)
01/12/2017	50	ORDER OF RECUSAL. Judge William J. Zloch recused. Signed by Judge William J. Zloch on 1/11/17. Case randomly reassigned to Judge Beth Bloom for all further proceedings. (ane) (Entered: 01/12/2017)
01/13/2017	51	PAPERLESS NOTICE of Status Conference set for Thursday, 1/26/2017 01:45 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2. (tas) (Entered: 01/13/2017)
01/17/2017	52	PAPERLESS NOTICE Status Conference set for 1/26/2017 01:45 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2. The purpose of the status conference is to discuss all issues per ECF Nos. 45 , 46 . The parties and monitors may appear by telephone by filing a notice on CM/ECF and contacting the Courtroom Deputy, who will provide a teleconference number to the parties. (tas) (Entered: 01/17/2017)
01/18/2017	53	NOTICE by United States of America <i>of Intent to Appear Telephonically</i> (Wedekind, Jennifer) (Entered: 01/18/2017)
01/23/2017	54	PAPERLESS NOTICE re ECF No. 53 Allowing the Parties to Appear by Phone for hearing scheduled on 1/26/17 at 1:45 pm in Miami, Courtroom 10-2. The parties may appear by phone and are instructed to call 1-877-336-1829 on the date and time set forth above. The access code is 4742152 and the security code is 5680. For clarity, please do not use a cell phone or a speaker phone. (tas) (Entered: 01/23/2017)
01/26/2017	55	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 1/26/2017. Status Conference set for Friday, 4/21/2017 01:30 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2. The parties may appear by phone and are instructed to call 1-877-336-1829 on the date and time set forth above. The access code is 4742152 and the security code is 5680. For clarity, please do not use a cell phone or a speaker phone. (The parties are asked to notify the Court of which parties will be present and/or by phone.) Total time in court: 1 hour. Attorney Appearance(s): Bernard Pastor, Regina Jansen, Laura Coon, Veronica Vanessa Harrell-James, Amar Shakti Nair, Catherine Bendor, Jennifer Wedekind. Court Reporter: Yvette Hernandez, 954-769-5686 / Yvette_Hernandez@flsd.uscourts.gov. (tas) (Entered: 01/26/2017)

02/03/2017	56	TRANSCRIPT of Status Conference held on 1/26/2017 before Judge Beth Bloom, 1 - 43 pages, Court Reporter: Yvette Hernandez, 954-769-5686 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 2/24/2017. Redacted Transcript Deadline set for 3/6/2017. Release of Transcript Restriction set for 5/4/2017. (yhz) (Entered: 02/03/2017)
04/04/2017	57	REPORT REGARDING Independent Monitors' Report No. 7 by United States of America (Wedekind, Jennifer) (Entered: 04/04/2017)
04/11/2017	58	NOTICE of Attorney Appearance by Megan Renee Marks on behalf of United States of America. Attorney Megan Renee Marks added to party United States of America(pty:pla). (Marks, Megan) (Entered: 04/11/2017)
04/18/2017	59	NOTICE by United States of America of Intent to Appear Telephonically (Marks, Megan) (Entered: 04/18/2017)
04/21/2017	60	PAPERLESS Minute Order for proceedings held before Judge Beth Bloom: Status Conference held on 4/21/2017. The parties shall submit a proposed order regarding monthly reporting requirements no later than April 28, 2017. The next Status Conference is set for Friday 7/28/2017 01:30 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128. Total time in court: 1 hour(s). Attorney Appearance(s): Bernard Pastor, Veronica Vanessa Harrell-James, Jennifer Wedekind, Court Reporter: Yvette Hernandez, 954-769-5686 / Yvette_Hernandez@flsd.uscourts.gov. (ak00) (Entered: 04/21/2017)
05/02/2017	61	ORDER Requiring Submission of Monthly Report Signed by Judge Beth Bloom on 5/1/2017. (ail) (Entered: 05/02/2017)
05/15/2017	62	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners re 61 Order of Filing of Monthly Report (Attachments: # 1 Exhibit May 2017 Report and Minutes) (Pastor, Bernard) (Entered: 05/15/2017)
05/16/2017	63	TRANSCRIPT of Status Conference held on 4/24/2017 before Judge Beth Bloom, 1 - 34 pages, Court Reporter: Yvette Hernandez, 954-769-5686 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 6/6/2017. Redacted Transcript Deadline set for 6/16/2017. Release of Transcript Restriction set for 8/14/2017. (yhz) (Entered: 05/16/2017)
06/15/2017	64	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of Filing Monthly Report (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 06/15/2017)
07/14/2017	65	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners re 61 Order of Filing Monthly Report (Attachments: # 1 Exhibit) (Pastor, Bernard) (Entered: 07/14/2017)
07/25/2017	66	NOTICE by United States of America of Intent of Monitors to Appear Telephonically (Wedekind, Jennifer) (Entered: 07/25/2017)
07/26/2017	67	PAPERLESS NOTICE re ECF No. 66 Allowing the Parties to Appear by Phone for hearing scheduled on 7/28/17 at 1:30 pm in Miami, Courtroom 10-2. The parties may appear by phone and are instructed to call 1-877-336-1829 on the date and time set forth above. The access code is 4742152 and the security code is 5680. For clarity, please do not use a cell phone or a speaker phone. (ak00) (Entered: 07/26/2017)
07/28/2017	68	PAPERLESS Minute Order for proceedings held before Judge Beth Bloom: Status Conference held on 7/28/2017. The Independent Monitors' Report No. 8 shall be filed by October 27, 2017. The next Status Conference is set for Wednesday 11/8/2017 01:30 PM in Miami Division before

		Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128. In addition, the United States's ore tenus motion to allow the independent monitors, Susan McCampbell, Robert Greifinger, and Kahlil Johnson, to bring electronic equipment into the courtroom is GRANTED. Total time in court: 15 minutes. Attorney Appearance(s): Bernard Pastor, Veronica Vanessa Harrell-James, Jennifer Wedekind, Court Reporter: Yvette Hernandez, 954-769-5686 / Yvette_Hernandez@flsd.uscourts.gov. (ak00) (Entered: 07/28/2017)
08/15/2017	69	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit) (Pastor, Bernard) (Entered: 08/15/2017)
08/31/2017	70	TRANSCRIPT of Status Conference held on 07/28/2017 before Judge Beth Bloom, 1 - 13 pages, Court Reporter: Yvette Hernandez, 954-769-5686 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 9/21/2017. Redacted Transcript Deadline set for 10/2/2017. Release of Transcript Restriction set for 11/29/2017. (yhz) (Entered: 08/31/2017)
09/06/2017	71	Unopposed MOTION for Extension of Time to file Monthly Report re 61 Order by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners. Responses due by 9/20/2017 (Attachments: # 1 Text of Proposed Order)(Pastor, Bernard) (Entered: 09/06/2017)
09/06/2017	72	PAPERLESS ORDER granting 71 Motion for Extension of Time to File Monthly Report by September 29, 2017. Signed by Judge Beth Bloom (BB) (Entered: 09/06/2017)
09/15/2017		Set/Reset Deadlines/Hearings as per DE 72 : Status Report due by 9/29/2017. (lk) (Entered: 09/15/2017)
09/29/2017	73	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit Minutes, # 2 Exhibit Audit tools) (Pastor, Bernard) (Entered: 09/29/2017)
09/29/2017	74	Joint MOTION for Hearing <i>to be Rescheduled</i> by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners. (Attachments: # 1 Text of Proposed Order)(Pastor, Bernard) (Entered: 09/29/2017)
09/29/2017	75	PAPERLESS ORDER granting 74 Motion to reschedule Hearing. Status Conference reset for 2/7/2018 01:30 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2, Miami, FL. Signed by Judge Beth Bloom on 9/29/2017. (ch1) (Entered: 09/29/2017)
10/13/2017	76	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit Minutes, # 2 Exhibit Tools) (Pastor, Bernard) (Entered: 10/13/2017)
11/14/2017	77	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit Minutes, # 2 Exhibit Tools) (Pastor, Bernard) (Entered: 11/14/2017)
12/15/2017	78	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 12/15/2017)
01/12/2018	79	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 01/12/2018)
01/19/2018	80	REPORT REGARDING Independent Monitors' Report No. 8 by United States of America (Wedekind, Jennifer) (Entered: 01/19/2018)
02/06/2018	81	PAPERLESS ORDER permitting the monitors, Susan McCampbell, Robert Greifinger, Harry Grenawitzke and Kahlil Johnson, to bring their electronic devices into the courtroom for the

		scheduled hearing on 2/7/2018. Signed by Judge Beth Bloom (BB) (Entered: 02/06/2018)
02/07/2018	82	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 2/7/2018. (Written Order to Follow) Status Conference set for Friday, 9/7/2018 01:30 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2. Total time in court: 1 hour : 30 minutes. Appearance(s): Benjamin D. Simon, Bernard Pastor, Veronica Vanessa Harrell-James, Jennifer Wedekind, Susan W. McCampbell, M.C.R.P., C.J.M., Lead Monitor, Robert B. Greifinger, M.D., Medical Monitor, Kahlil A. Johnson, M.D., Mental Health Monitor. Court Reporter: Yvette Hernandez, 954-769-5686 / Yvette_Hernandez@flsd.uscourts.gov. (tas) (Entered: 02/07/2018)
02/09/2018	83	TRANSCRIPT of Status Conference held on 02/07/2018 before Judge Beth Bloom, 1 - 39 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 3/2/2018. Redacted Transcript Deadline set for 3/12/2018. Release of Transcript Restriction set for 5/10/2018. (yhz) (Entered: 02/09/2018)
02/09/2018	84	ORDER that on or before March 7, 2018, the parties shall submit to the Court, as a proposed order, a Proposed Third Revised Summary Action Plan. The parties shall file a copy of the Settlement Agreement referenced in the Independent Monitors reports on or before February 15, 2018. Status Conference set for 9/7/2018 01:30 PM in Miami Division before Judge Beth Bloom. Signed by Judge Beth Bloom on 2/8/2018. (wc) (Entered: 02/09/2018)
02/14/2018	85	NOTICE by United States of America of <i>Joint Filing of Settlement Agreement</i> (Attachments: # 1 Exhibit Settlement Agreement) (Wedekind, Jennifer) (Entered: 02/14/2018)
02/15/2018	86	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 02/15/2018)
03/06/2018	87	Joint MOTION for Extension of Time to File Proposed Third Revised Summary Action Plan by Miami-Dade County, Miami-Dade County Public Health Trust. Responses due by 3/20/2018 (Attachments: # 1 Text of Proposed Order)(Pastor, Bernard) (Entered: 03/06/2018)
03/06/2018	88	PAPERLESS ORDER granting 87 Motion for Extension of Time to File Proposed Third Revised Summary Action Plan by March 14, 2018. Signed by Judge Beth Bloom (BB) (Entered: 03/06/2018)
03/06/2018		Set/Reset Deadlines/Hearings as per DE 88 : Miscellaneous Deadline 3/14/2018. (lk) (Entered: 03/07/2018)
03/15/2018	89	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 03/15/2018)
03/15/2018	90	NOTICE of Compliance by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Text of Proposed Order, # 2 Exhibit) (Pastor, Bernard) (Entered: 03/15/2018)
03/27/2018	91	ORDER ON THIRD REVISED SUMMARY ACTION PLAN Signed by Judge Beth Bloom on 3/27/2018. (tas) (Entered: 03/27/2018)
04/04/2018	92	NOTICE of filing letter received from Lead Monitor Susan W. Campbell (ch1) (Entered: 04/04/2018)
04/05/2018	93	Unopposed MOTION for Hearing <i>Status Conference</i> by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners. (Pastor, Bernard) (Entered: 04/05/2018)
04/06/2018	94	ORDER granting 93 Motion for Status Conference. The parties and the Independent Monitor shall appear for a status conference on 4/12/2018 at 12:00 noon in Miami Division before Judge

		Beth Bloom, 400 North Miami Avenue, Courtroom 10-2. Signed by Judge Beth Bloom on 4/6/2018. (ls00) (Entered: 04/06/2018)
04/06/2018	95	Plaintiff's MOTION for clarification 91 Order by United States of America. Responses due by 4/20/2018 (Attachments: # 1 Text of Proposed Order)(Wedekind, Jennifer) (Entered: 04/06/2018)
04/09/2018	96	ORDER denying 95 Motion for Clarification. Signed by Judge Beth Bloom on 4/9/2018. (lk) (Entered: 04/10/2018)
04/11/2018	97	Joint MOTION to Bring Electronic Equipment into the courtroom <i>on behalf of Independent Monitors</i> by United States of America. Responses due by 4/25/2018 (Attachments: # 1 Text of Proposed Order)(Wedekind, Jennifer) (Entered: 04/11/2018)
04/11/2018	98	Joint Joint Response to Court's Order to 96 Order on Motion for Clarification by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners. (Pastor, Bernard) (Entered: 04/11/2018)
04/11/2018	99	PAPERLESS ORDER granting 97 Motion to Bring Electronic Equipment into the courtroom. Signed by Judge Beth Bloom (BB) (Entered: 04/11/2018)
04/12/2018	100	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom. The parties and the Independent Monitor appeared before the Court for a Status Conference held on 4/12/2018. Paper order to follow. Total time in court: 01 hour(s) : 40 minutes. Attorney Appearance(s): Bernard Pastor, Jennifer Wedekind. Other appearances: Susan McCampbell, Independent Monitor; Manny Estrada, CHS; Daniel Junior, MDCR. Court Reporter: Yvette Hernandez, 954-769-5698 Yvette_Hernandez@flsd.uscourts.gov. (ls00) (Entered: 04/12/2018)
04/13/2018	101	TRANSCRIPT of Status Conference held on 04/12/2018 before Judge Beth Bloom, 1 - 69 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 5/4/2018. Redacted Transcript Deadline set for 5/14/2018. Release of Transcript Restriction set for 7/12/2018. (yhz) (Entered: 04/13/2018)
04/13/2018		SYSTEM ENTRY - Docket Entry 102 [misc] restricted/sealed until further notice. (1591457) (Entered: 04/13/2018)
04/13/2018	103	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 04/13/2018)
04/13/2018	104	ORDER Setting Status Conference: (Status Report due by 4/16/2018.) Status Conference set for 6/14/2018 09:00 AM in Miami Division before Judge Beth Bloom. See Order for other deadlines. Signed by Judge Beth Bloom on 4/13/2018. (lk) (Entered: 04/16/2018)
04/16/2018	105	STATUS REPORT <i>Joint Status Report</i> by United States of America (Wedekind, Jennifer) (Entered: 04/16/2018)
04/16/2018	106	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Organizational Chart</i> (Attachments: # 1 Exhibit) (Pastor, Bernard) (Entered: 04/16/2018)
04/20/2018	107	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners re 106 Notice (Other) <i>of Filing Amended Organizational Chart</i> (Attachments: # 1 Exhibit) (Pastor, Bernard) (Entered: 04/20/2018)
04/20/2018	108	NOTICE by United States of America <i>of Joint Declaration</i> (Attachments: # 1 Exhibit) (Wedekind, Jennifer) (Entered: 04/20/2018)
04/20/2018	109	NOTICE of Compliance <i>of Filing Proposed Fourth Revised Summary Action Plan</i> by United States of America (Attachments: # 1 Text of Proposed Order) (Wedekind, Jennifer) (Entered: 04/20/2018)

04/30/2018	110	Plaintiff's MOTION for Sanctions by United States of America. (Attachments: # 1 Text of Proposed Order)(Marks, Megan) (Entered: 04/30/2018)
05/01/2018	111	NOTICE by United States of America <i>of Joint Declaration</i> (Marks, Megan) (Entered: 05/01/2018)
05/04/2018	112	ORDER granting 110 Motion for Sanctions. Signed by Judge Beth Bloom on 5/3/2018. (lk) (Entered: 05/04/2018)
05/04/2018	113	ORDER ON FOURTH REVISED SUMMARY ACTION PLAN. Signed by Judge Beth Bloom on 5/3/2018. (lk) (Entered: 05/04/2018)
05/11/2018	114	NOTICE by United States of America <i>of Intent Not to Seek Sanctions</i> (Marks, Megan) (Entered: 05/11/2018)
05/15/2018	115	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 05/15/2018)
05/17/2018	116	Unopposed MOTION for Hearing <i>to be Rescheduled</i> by United States of America. (Attachments: # 1 Text of Proposed Order)(Marks, Megan) (Entered: 05/17/2018)
05/18/2018	117	ORDER Granting 116 Unopposed MOTION for Hearing <i>to be Rescheduled: Status Conference reset for Thursday, 6/21/2018 09:00 AM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2. Signed by Judge Beth Bloom on 5/18/2018. (lk) Modified text on 5/23/2018 (tas).</i> (Entered: 05/18/2018)
05/18/2018	118	PAPERLESS ORDER granting 116 Motion for Hearing. See ECF No. 117 . Signed by Judge Beth Bloom (BB) (Entered: 05/18/2018)
05/18/2018	119	NOTICE by United States of America <i>Regarding Dates of Ninth Compliance Tour</i> (Marks, Megan) (Entered: 05/18/2018)
06/15/2018	120	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 06/15/2018)
06/18/2018	121	NOTICE of Attorney Appearance by Benjamin David Simon on behalf of Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners. Attorney Benjamin David Simon added to party Miami-Dade County(pty:dft), Attorney Benjamin David Simon added to party Miami-Dade County Public Health Trust(pty:dft), Attorney Benjamin David Simon added to party Miami-Dade County; The Board of County Commissioners(pty:dft). (Simon, Benjamin) (Entered: 06/18/2018)
06/18/2018	122	NOTICE of Compliance by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners re 112 Order on Motion for Sanctions (Simon, Benjamin) (Entered: 06/18/2018)
06/19/2018	123	MOTION to Bring Electronic Equipment into the courtroom <i>on behalf of Independent Monitor</i> by United States of America. Responses due by 7/3/2018 (Attachments: # 1 Text of Proposed Order)(Wedekind, Jennifer) (Entered: 06/19/2018)
06/19/2018	124	PAPERLESS ORDER granting 123 Motion to Bring Electronic Equipment into the courtroom. The Independent Monitor, Susan McCampbell, has permission to bring electronics into the courtroom for any appearances before this Court. Signed by Judge Beth Bloom (BB) (Entered: 06/19/2018)
06/21/2018	125	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 6/21/2018. Status Conference set for 9/7/2018 01:30 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2. Total time in court: 1 hour. Attorney Appearance(s): Benjamin David Simon, Veronica Vanessa Harrell-James, Jennifer Wedekind. Court Reporter: Diane Peede, 305-523-5048 / Diane_Peede@flsd.uscourts.gov. (tas) (Entered: 06/21/2018)

06/25/2018	126	NOTICE by United States of America <i>of Joint Declaration</i> (Wedekind, Jennifer) (Entered: 06/25/2018)
07/03/2018	127	NOTICE by United States of America <i>of Intent Not to Seek Sanctions</i> (Marks, Megan) (Entered: 07/03/2018)
07/13/2018	128	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners re 61 Order (Attachments: # 1 Exhibit, # 2 Exhibit) (Simon, Benjamin) (Entered: 07/13/2018)
07/18/2018	129	TRANSCRIPT of a status conference held on 6/21/18 before Judge Beth Bloom, 1-21 pages, Court Reporter: Diane Peede, 305-523-5048 / Diane_Peede@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 8/8/2018. Redacted Transcript Deadline set for 8/20/2018. Release of Transcript Restriction set for 10/16/2018. (dpe) (Entered: 07/18/2018)
08/06/2018	130	NOTICE by United States of America <i>of Joint Declaration</i> (Wedekind, Jennifer) (Entered: 08/06/2018)
08/13/2018	131	NOTICE by United States of America <i>of Intent of Monitors to Appear Telephonically</i> (Marks, Megan) (Entered: 08/13/2018)
08/14/2018	132	MOTION to Withdraw as Attorney by Jennifer Wedekind for / by United States of America. Responses due by 8/28/2018 (Attachments: # 1 Text of Proposed Order)(Wedekind, Jennifer) (Entered: 08/14/2018)
08/14/2018	133	PAPERLESS ORDER granting 132 Motion to Withdraw as Attorney. Jennifer Wedekind permitted to withdraw from case. Signed by Judge Beth Bloom (BB) (Entered: 08/14/2018)
08/14/2018	134	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 08/14/2018)
08/24/2018	135	REPORT REGARDING Independent Monitors' Report No. 9 by United States of America (Marks, Megan) (Entered: 08/24/2018)
09/05/2018	136	Unopposed MOTION for Leave to Appear <i>Telephonically at September 7, 2018 Status Conference</i> . Attorney/Representative: <i>Dr. Robert Greifinger and Dr. Kahlil Johnson</i> by United States of America. Responses due by 9/19/2018 (Attachments: # 1 Text of Proposed Order) (Marks, Megan) (Entered: 09/05/2018)
09/06/2018	137	PAPERLESS ORDER granting 136 Motion for Leave to Appear Telephonically at September 7, 2018 Status Conference. Drs. Greifinger and Johnson may appear by phone and are instructed to call 1-877-336-1829 on the date and time set forth above. The access code is 4742152 and the security code is 5680. For clarity, please do not use a cell phone or a speaker phone. Signed by Judge Beth Bloom (BB) (Entered: 09/06/2018)
09/07/2018	138	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 9/7/2018. The next Status Conference is set for 11/15/2018 01:00 PM in Miami Division, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128, before Judge Beth Bloom. Total time in court: 0 hour(s) : 50 minutes. Attorney Appearance(s): Benjamin David Simon, Bernard Pastor, Laura Llorente, Laura Coon, Veronica Vanessa Harrell-James. Other appearances: Independent Monitors Susan McCampbell, Dr. Robert Greifinger, and Dr. Kahlil Johnson. Court Reporter: Yvette Hernandez, 954-769-5698 / Yvette_Hernandez@flsd.uscourts.gov. (ak03) (Entered: 09/07/2018)
09/13/2018	139	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 09/13/2018)
09/17/2018	140	NOTICE by United States of America <i>of Joint Declaration</i> (Marks, Megan) (Entered: 09/17/2018)

10/10/2018	141	TRANSCRIPT of Status Conference held on 09/07/2018 before Judge Beth Bloom, 1 - 30 pages, Court Reporter: Yvette Hernandez, 305-523-5698/ Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 10/31/2018. Redacted Transcript Deadline set for 11/13/2018. Release of Transcript Restriction set for 1/8/2019. (yhz) (Entered: 10/10/2018)
10/15/2018	142	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 10/15/2018)
10/24/2018	143	Notice of Filing Letter from The Court (ego) (Entered: 10/24/2018)
10/25/2018	144	NOTICE of Attorney Appearance by William G. Maddox on behalf of United States of America. Attorney William G. Maddox added to party United States of America(pty:pla). (Maddox, William) (Entered: 10/25/2018)
10/29/2018	145	NOTICE by United States of America <i>Joint Declaration</i> (Maddox, William) (Entered: 10/29/2018)
11/15/2018	146	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 11/15/2018)
11/15/2018	147	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 11/15/2018. The next Status Conference is set for 1/11/2019 02:30 PM in Miami Division before Judge Beth Bloom. Total time in court: 0 hour(s) : 20 minutes. Attorney Appearance(s): Benjamin David Simon, Bernard Pastor, Laura Llorente, Veronica Vanessa Harrell-James, William G. Maddox. Other appearance(s): Independent Monitor Susan McCampbell.. Court Reporter: Gizella Baan-Proulx, 305-523-5634 / Gizella_Baan-Proulx@flsd.uscourts.gov. (ak03) (Entered: 11/15/2018)
12/06/2018	148	NOTICE by United States of America <i>Joint Declaration Paragraph 12 Summary Action Plan</i> (Maddox, William) (Entered: 12/06/2018)
12/12/2018	149	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 12/12/2018)
12/20/2018	150	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing of Updated Organizational Chart</i> (Attachments: # 1 Exhibit) (Pastor, Bernard) (Entered: 12/20/2018)
01/02/2019	151	TRANSCRIPT of Hearing held on 11-15-2018 before Judge Beth Bloom, 1-24 pages, Court Reporter: Gizella Baan-Proulx, 305-523-5634 / Gizella_Baan-Proulx@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 1/23/2019. Redacted Transcript Deadline set for 2/4/2019. Release of Transcript Restriction set for 4/2/2019. (gbx) (Entered: 01/02/2019)
01/03/2019	152	MOTION to Stay <i>Fourth Summary Action Plan Reporting Deadlines and Jan. 11 Status Conference</i> by United States of America. Responses due by 1/17/2019 (Maddox, William) (Entered: 01/03/2019)
01/04/2019	153	PAPERLESS ORDER granting 152 Motion to Stay the reporting deadlines in the Fourth Summary Action Plan and the January 11, 2019 status conference until the Department of Justice attorneys are permitted to resume their usual civil litigation functions. Signed by Judge Beth Bloom (BB) (Entered: 01/04/2019)
01/07/2019	154	PAPERLESS ORDER Setting Status Conference: Status Conference set for 2/15/2019 at 01:30 PM in Courtroom 10-2, 400 North Miami Avenue, Miami, Florida 33128, before Judge Beth

		Bloom. Signed by Judge Beth Bloom. (ak03) (Entered: 01/07/2019)
01/15/2019	155	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 01/15/2019)
02/01/2019	156	ORDER REQUIRING STATUS REPORT. Joint Status Report due by 2/6/2019. Signed by Judge Beth Bloom on 2/1/2019. <i>See attached document for full details.</i> (ar2) (Entered: 02/04/2019)
02/04/2019	157	STATUS REPORT <i>Joint Declaration Paragraph 13 Summary Action Plan</i> by United States of America (Maddox, William) (Entered: 02/04/2019)
02/06/2019	158	STATUS REPORT <i>Joint</i> by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Hochstadt, Jennifer) (Entered: 02/06/2019)
02/15/2019	159	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners re 61 <i>Order Notice of Filing Monthly Report with Minutes and Audit Tools</i> (Simon, Benjamin) (Entered: 02/15/2019)
02/15/2019	160	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom. Status Conference held on 2/15/2019. Total time in court: 10 minutes. Attorney Appearance(s): Veronica Vanessa Harrell-James, William G. Maddox, Chantelle Doakes, Benjamin David Simon, Laura Llorente. Other appearances: Independent Monitors Susan McCampbell, Dr. Robert Greifinger, and Dr. Kahlil Johnson. Court Reporter: Yvette Hernandez, 954-769-5698 / Yvette_Hernandez@flsd.uscourts.gov. The next Status Conference is set for 3/29/2019 at 01:30 PM in Miami Division, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128 before Judge Beth Bloom. (ak03) (Entered: 02/15/2019)
03/13/2019	161	TRANSCRIPT of Status Conference held on 2/15/2019 before Judge Beth Bloom, 1 - 11 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 4/3/2019. Redacted Transcript Deadline set for 4/15/2019. Release of Transcript Restriction set for 6/11/2019. (yhz) (Entered: 03/13/2019)
03/14/2019	162	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 03/14/2019)
03/15/2019	163	MOTION to Withdraw as Attorney <i>Regina Jansen, Amar Shakti Nair, Catherine Bendor, and Megan Marks</i> by William G. Maddox for / by United States of America. Responses due by 3/29/2019 (Maddox, William) (Entered: 03/15/2019)
03/16/2019	164	PAPERLESS ORDER granting 163 Motion to Withdraw as Attorney. Megan Renee Marks; Amar Shakti Nair; Catherine Bendor and Regina Jansen are permitted to withdraw from case. Signed by Judge Beth Bloom (BB) (Entered: 03/16/2019)
03/25/2019	165	STATUS REPORT <i>Monitor Compliance Report #10 March 25 2019</i> by United States of America (Maddox, William) (Entered: 03/25/2019)
03/29/2019	166	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom. Status Conference held on 3/29/2019. Total time in court: 16 minutes. Attorney Appearance(s): Bernard Pastor, Laura Llorente, Veronica Vanessa Harrell-James, William G. Maddox, Chantel Doakes. Other appearances: Independent Monitors Susan McCampbell (in person) and Dr. Robert Greifinger (by telephone). The next Status Conference is set for 11/1/2019 01:30 PM in Miami Division before Judge Beth Bloom. Court Reporter: Yvette Hernandez, 954-769-5698 / Yvette_Hernandez@flsd.uscourts.gov. (ak03) (Entered: 03/29/2019)

04/15/2019	167	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 04/15/2019)
05/02/2019	168	TRANSCRIPT of Status Conference held on 3/29/2019 before Judge Beth Bloom, 1 - 15 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 5/23/2019. Redacted Transcript Deadline set for 6/3/2019. Release of Transcript Restriction set for 7/31/2019. (yhz) (Entered: 05/02/2019)
05/14/2019	169	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Reports</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 05/14/2019)
06/14/2019	170	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 06/14/2019)
06/19/2019	171	STATUS REPORT <i>Joint Declaration Regarding Action Steps to Achieve Compliance with the Consent Agreement</i> by United States of America (Maddox, William) (Entered: 06/19/2019)
07/15/2019	172	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 07/15/2019)
08/15/2019	173	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 08/15/2019)
09/13/2019	174	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 09/13/2019)
10/15/2019	175	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 10/15/2019)
10/28/2019	176	Plaintiff's MOTION to Bring Electronic Equipment into the courtroom by United States of America. Responses due by 11/12/2019 (Attachments: # 1 Text of Proposed Order)(Harrell-James, Veronica) (Entered: 10/28/2019)
10/28/2019	177	REPORT REGARDING Report No. 11 of the Independent Monitors by United States of America (Harrell-James, Veronica) (Entered: 10/28/2019)
10/28/2019	178	PAPERLESS ORDER granting 176 Motion to Bring Electronic Equipment into the Courtroom. Dr. Robert Greifinger and Dr. Kahlil Johnson, who are members of the Independent Monitoring Team, are authorized to bring their electronic devices and/or computers into the Courthouse for any Status Conference or Hearing before the Court. Signed by Judge Beth Bloom (BB) (Entered: 10/28/2019)
11/01/2019	179	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 11/1/2019. The parties shall jointly file a schedule detailing a timetable for reaching compliance with the remaining paragraphs of the Consent Agreement, on or before November 12, 2019 . Total time in court: 0 hour(s) : 44 minutes. Attorney Appearance(s): Benjamin David Simon, Bernard Pastor, Laura Llorente, Veronica Vanessa Harrell-James, William G. Maddox. Other appearances: Susan McCampbell, Dr. Robert Greifinger (via telephone), Dr. Kahlil Johnson. Court Reporter: William Romanishin, 305-523-5558 / Bill_Romanishin@flsd.uscourts.gov. (ak03) (Entered: 11/01/2019)
11/01/2019	180	PAPERLESS ORDER Setting Status Conference. The next status conference is set for 5/22/2020 at 01:30 PM in Miami Division, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida

		33128 before Judge Beth Bloom. Signed by Judge Beth Bloom (ak03) (Entered: 11/01/2019)
11/07/2019	181	TRANSCRIPT of Status Conference held on 11/1/2019 before Judge Beth Bloom, 1-31 pages, Court Reporter: William Romanishin, 305-523-5558 / Bill_Romanishin@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 11/29/2019. Redacted Transcript Deadline set for 12/9/2019. Release of Transcript Restriction set for 2/5/2020. (br) (Entered: 11/07/2019)
11/12/2019	182	NOTICE by United States of America <i>Joint Scheduling Notice</i> (Maddox, William) (Entered: 11/12/2019)
11/15/2019	183	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Status Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 11/15/2019)
12/15/2019	184	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Montly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 12/15/2019)
01/15/2020	185	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 01/15/2020)
02/13/2020	186	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 02/13/2020)
03/13/2020	187	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 03/13/2020)
03/31/2020	188	NOTICE by Miami-Dade County <i>of Filing Parties' Revised Joint Scheduling Notice</i> (Pastor, Bernard) (Entered: 03/31/2020)
04/02/2020		PAPERLESS ORDER re-setting Status Conference. The next status conference will be held on 12/4/2020 at 01:30 PM in Miami Division, 400 N. Miami Avenue, Courtroom 10-2, Miami, Florida 33128, before Judge Beth Bloom. Signed by Judge Beth Bloom (ak03) (Entered: 04/02/2020)
04/15/2020	189	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 04/15/2020)
05/15/2020	190	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 05/15/2020)
06/15/2020	191	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Reports</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 06/15/2020)
07/15/2020	192	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Simon, Benjamin) (Entered: 07/15/2020)
07/24/2020	193	STATUS REPORT by Miami-Dade County (Pastor, Bernard) (Entered: 07/24/2020)
08/14/2020	194	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 08/14/2020)
09/15/2020	195	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 09/15/2020)

10/15/2020	196	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 10/15/2020)
11/13/2020	197	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 11/13/2020)
11/19/2020	198	REPORT REGARDING Report No. 12 of the Independent Monitors by United States of America (Harrell-James, Veronica) (Entered: 11/19/2020)
11/20/2020	199	Clerks Notice to Filer re 198 Report Regarding. Login/Signature Block Violation; CORRECTIVE ACTION REQUIRED - The name of attorney e-filing this document via their CM/ECF login does not match the name of attorney on the signature block of the document. The name used for login must match the typed name on signature block of the document. This filing is a violation of Section 3J(1) of CM/ECF Admin Procedures and Local Rule 5.1(b). Filer must File a Notice of Striking, then refile document pursuant to CM/ECF Admin Procedures and Local Rules. (ebz) (Entered: 11/20/2020)
11/20/2020	200	NOTICE by United States of America of <i>Filing Report No. 12 of the Independent Monitors</i> (Attachments: # 1 Monitors Report No. 12) (Harrell-James, Veronica) (Entered: 11/20/2020)
12/01/2020	201	PAPERLESS ORDER regarding Status Conference. The Status Conference scheduled for December 4, 2020 at 1:30 p.m. shall be held via videoconference. The link to join the Zoom videoconference is:https://www.zoomgov.com/j/1618612833?pwd=SG85Mzl5TG9qd0ZKLzg4MlhsbUEvdz09. Alternatively, the Meeting ID for this Status Conference is 161 861 2833 and the password is 518771. Signed by Judge Beth Bloom (ak03) (Entered: 12/01/2020)
12/04/2020	202	PAPERLESS Minute Order for proceedings held before Judge Beth Bloom: Status Conference held on 12/4/2020. As stated on the record, the County shall continue to submit monthly reports, and the parties shall proceed in accordance with the Action Steps/Due Dates timeline set out on page 9 of Report No. 12 of the Independent Monitors, ECF No. [200-1].The next status conference in this case is set for June 4, 2021 at 1:30 p.m. (Status Conference set for 6/4/2021 01:30 PM in Miami Division before Judge Beth Bloom.) Total time in court: 0 hour(s) : 32 minutes. Attorney Appearance(s): Benjamin David Simon, Bernard Pastor, Veronica Vanessa Harrell-James, William G. Maddox, Chantel Doakes, Laura Llorente. Other appearances: Independent Monitors Susan McCampbell, Robert Greifinger, Kahlil Johnson. Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. (ak03) (Entered: 12/04/2020)
12/15/2020	203	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 12/15/2020)
01/14/2021	204	NOTICE of Filing Monthly Report by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) Modified text on 1/14/2021 (kpe). (Entered: 01/14/2021)
02/12/2021	205	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 02/12/2021)
02/23/2021	206	TRANSCRIPT of Status Conference held on 12/04/2020 before Judge Beth Bloom, via the Zoom platform, 1 - 24 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 3/16/2021. Redacted Transcript Deadline set for 3/26/2021. Release of Transcript Restriction set for 5/24/2021. (yhz) (Entered: 02/23/2021)

03/15/2021	207	STATUS REPORT by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 03/15/2021)
03/15/2021	208	Joint MOTION Joint Motion to Terminate Certain Individual Provisions of the Consent Agreement by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners. (Attachments: # 1 Text of Proposed Order) (Pastor, Bernard) (Entered: 03/15/2021)
03/17/2021	209	ORDER ON JOINT MOTION TO TERMINATE CERTAIN INDIVIDUAL SUBSTANTIVE PROVISIONS OF THE CONSENT AGREEMENT. Granting 208 Joint MOTION filed by Miami-Dade County Public Health Trust, Miami-Dade County, Miami-Dade County; The Board of County Commissioners. Signed by Judge Beth Bloom on 3/17/2021. <i>See attached document for full details.</i> (jbs) (Entered: 03/17/2021)
04/12/2021	210	STATUS REPORT <i>and Schedule Update</i> by United States of America (Harrell-James, Veronica) (Entered: 04/12/2021)
04/13/2021	211	PAPERLESS ORDER RE-SETTING STATUS CONFERENCE. This cause is before the Court following the Status Report and Schedule Update, ECF No. 210 , filed by the parties, in which they request that the status conference currently scheduled for June 4, 2021 be rescheduled. Accordingly, it is ORDERED AND ADJUDGED that the Status Conference is rescheduled for Friday, July 16, 2021 at 1:30 p.m. via Zoom video conference. The link to join is https://www.zoomgov.com/j/1608314903?pwd=VXBjVS9yM1d4VUh5dFVSN0k5ZGY5UT09 . Alternatively, the Meeting ID is: 160 831 4903, and the Passcode is: 990966. (Status Conference set for 7/16/2021 01:30 PM in Miami Division before Judge Beth Bloom.) Signed by Judge Beth Bloom (ak03) (Entered: 04/13/2021)
04/15/2021	212	NOTICE of Filing Monthly Report by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 04/15/2021)
05/14/2021	213	NOTICE of Filing Monthly Report by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 05/14/2021)
06/14/2021	214	NOTICE of Filing Monthly Report by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 06/14/2021)
06/25/2021	215	STRICKEN per DE 217 NOTICE by United States of America <i>Notice of Filing Report No. 13 of Independent Monitors</i> (Harrell-James, Veronica) Modified text on 6/29/2021 (jbs). (Entered: 06/25/2021)
06/28/2021	216	Clerks Notice to Filer re 215 Notice (Other). Login/Signature Block Violation; CORRECTIVE ACTION REQUIRED - The name of attorney e-filing this document via their CM/ECF login does not match the name of attorney on the signature block of the document. The name used for login must match the typed name on signature block of the document. This filing is a violation of Section 3J(1) of CM/ECF Admin Procedures and Local Rule 5.1(b). Filer must File a Notice of Striking, then refile document pursuant to CM/ECF Admin Procedures and Local Rules. (jbs) (Entered: 06/28/2021)
06/28/2021	217	NOTICE of Striking 215 Notice (Other) filed by United States of America by United States of America (Harrell-James, Veronica) (Entered: 06/28/2021)
06/28/2021	218	NOTICE by United States of America <i>of Filing Report No. 13 of the Independent Monitors</i> (Attachments: # 1 Monitors Report No. 13) (Harrell-James, Veronica) (Entered: 06/28/2021)
07/15/2021	219	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Response and Objections to the Findings of the Independent Monitor</i> (Attachments: # 1 Exhibit) (Pastor, Bernard) (Entered: 07/15/2021)

07/15/2021	220	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 07/15/2021)
07/16/2021	221	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 7/16/2021. No later than August 20, 2021 , the parties shall file a joint status report setting forth proposed next steps, providing their recommendations regarding a timeline moving forward in this case, and providing a date for the next compliance tour. The next status conference in this case is set for December 10, 2021 at 1:30 p.m. (Status Conference set for 12/10/2021 at 01:30 PM in Miami Division, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128, before Judge Beth Bloom). Total time in court: 1 hour(s) : 2 minutes. Attorney Appearance(s): Benjamin David Simon, Laura Llorente, Fabiana Cohen, Veronica Vanessa Harrell-James, William G. Maddox, Chantel Doakes. Other appearances: Independent Monitors Susan McCampbell, Robert Greifinger, Kahlil Johnson. Court Reporter: Sharon Velazco, 305-523-5636 / Sharon_PellVelazco@flsd.uscourts.gov. (ak03) (Entered: 07/16/2021)
08/10/2021	222	STATUS REPORT by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Simon, Benjamin) (Entered: 08/10/2021)
08/13/2021	223	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 08/13/2021)
08/18/2021	224	STATUS REPORT <i>Joint Status Report</i> by United States of America (Attachments: # 1 Exhibit Attachment - Next Steps)(Harrell-James, Veronica) (Entered: 08/18/2021)
09/14/2021	225	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 09/14/2021)
09/17/2021	226	TRANSCRIPT of status cpmference held on 07162021 before Judge Beth Bloom, 1-54 pages, Court Reporter: Sharon Velazco, 305-523-5636 / Sharon_PellVelazco@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 10/8/2021. Redacted Transcript Deadline set for 10/18/2021. Release of Transcript Restriction set for 12/16/2021. (Pell Velazco, Sharon) (Entered: 09/17/2021)
09/29/2021	227	STATUS REPORT <i>Joint Status Report</i> by United States of America (Attachments: # 1 Appendix Action Steps)(Maddox, William) (Entered: 09/29/2021)
09/29/2021	228	PAPERLESS ORDER RE-SETTING STATUS CONFERENCE. THIS CAUSE is before the Court upon the parties' Joint Status Report, ECF No. 227 , filed on September 29, 2021. Upon review and the parties' request, the Court will re-set the status conference currently scheduled for December 10, 2021, to occur following the production of Compliance Report #14 on April 11, 2022. Accordingly, it is ORDERED AND ADJUDGED that the Status Conference is rescheduled for Friday, April 15, 2022 at 1:30 p.m. (Status Conference set for 4/15/2022 01:30 PM in Miami Division, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128, before Judge Beth Bloom.) Signed by Judge Beth Bloom (ak03) (Entered: 09/29/2021)
10/15/2021	229	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 10/15/2021)
11/10/2021	230	STATUS REPORT by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Simon, Benjamin) (Entered: 11/10/2021)
11/15/2021	231	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>of Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 11/15/2021)

12/15/2021	232	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 12/15/2021)
01/10/2022	233	STATUS REPORT by United States of America (Harrell-James, Veronica) (Entered: 01/10/2022)
01/13/2022	234	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 01/13/2022)
02/15/2022	235	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 02/15/2022)
03/15/2022	236	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners of <i>Filing Monthly Report</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Pastor, Bernard) (Entered: 03/15/2022)
04/07/2022	237	STATUS REPORT <i>Joint Status Report</i> by United States of America (Harrell-James, Veronica) (Entered: 04/07/2022)
04/11/2022	238	PAPERLESS ORDER regarding Status Conference. The members of the monitoring team may appear by phone and are instructed to call 1-877-336-1829 for the status conference on April 15, 2022 at 1:30 p.m. The access code is 4742152 and the security code is 5680. For clarity, please do not use a cell phone or a speaker phone. In addition, Susan McCampbell, Lead Monitor, is permitted to bring electronic equipment into the courtroom. Signed by Judge Beth Bloom (ak03) (Entered: 04/11/2022)
04/11/2022	239	NOTICE by United States of America of <i>Filing Report No. 14 of the Independent Monitors</i> (Attachments: # 1 Monitors' Report No. 14) (Harrell-James, Veronica) (Entered: 04/11/2022)
04/12/2022	240	MOTION DEFENDANT MIAMI-DADE COUNTYS MOTION FOR LEAVE TO BRING PHONE AND TABLET INTO THE COURTROOM FOR USE DURING HEARING COMMENCING ON APRIL 15, 2022 by Miami-Dade County. (Attachments: # 1 Proposed Order)(Simon, Benjamin) (Entered: 04/12/2022)
04/13/2022	241	ORDER granting 240 Motion For Leave To Bring Phone And Tablet Into The Courtroom Signed by Judge Beth Bloom on 4/13/2022. <i>See attached document for full details.</i> (vmz) (Entered: 04/13/2022)
04/14/2022	242	NOTICE by Miami-Dade County <i>NOTICE OF FILING OF MONTHLY REPORT</i> (Attachments: # 1 Exhibit, # 2 Exhibit) (Simon, Benjamin) (Entered: 04/14/2022)
04/15/2022	243	PAPERLESS Minute Order for proceedings held before Judge Beth Bloom: Status Conference held on 4/15/2022. As stated on the record, Defendants need not file monthly reports moving forward. Defendants shall achieve full compliance with the remaining provisions in the Consent Agreement and Settlement Agreement by November 18, 2022 . Should Defendants fail to do so, the United States shall file a statement regarding appropriate sanctions for the Court's consideration no later than December 2, 2022 . The next status conference in this case is set for December 16, 2022 at 1:30 p.m. (Status Conference set for 12/16/2022 01:30 PM in Miami Division, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128 before Judge Beth Bloom.) Total time in court: 1 hour(s) : 30 minutes. Attorney Appearance(s): Benjamin David Simon, Laura Llorente, Veronica Vanessa Harrell-James, William G. Maddox, Chantel Doakes. Other appearances: Lead Monitor Susan McCampbell. Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. (ak03) (Entered: 04/15/2022)
05/27/2022	244	TRANSCRIPT of Status Conference held on 04/15/2022 before Judge Beth Bloom, 1 - 56 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 6/17/2022. Redacted Transcript

		Deadline set for 6/27/2022. Release of Transcript Restriction set for 8/25/2022. (yhz) (Entered: 05/27/2022)
07/19/2022	245	NOTICE by United States of America of <i>Filing Monitors' Update</i> (Attachments: # 1 Monitors' Update) (Harrell-James, Veronica) (Entered: 07/19/2022)
08/30/2022	246	ORDER TO SHOW CAUSE Show Cause Hearing set for 10/12/2022 09:00 AM in Miami Division before Judge Beth Bloom. Show Cause Response due by 9/16/2022. Signed by Judge Beth Bloom on 8/30/2022. <i>See attached document for full details.</i> (pc) (Entered: 08/30/2022)
09/16/2022	247	RESPONSE TO ORDER TO SHOW CAUSE re 246 Order to Show Cause, by United States of America. (Attachments: # 1 Exhibit United States' Response to Order to Show Cause, # 2 Exhibit Exhibit 1 Compliance Charts, # 3 Exhibit Exhibit 2 United States' Letter Concerning Deaths, # 4 Exhibit Exhibit 3 Mayor's Memorandum to Board, # 5 Exhibit Exhibit 4 United States' Response on Leadership Changes, # 6 Exhibit Exhibit 5 Safety and Reform Progress Report)(Maddox, William) (Entered: 09/16/2022)
10/12/2022	248	PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Show Cause Hearing held on 10/12/2022. Total time in court: 1 hour(s) : 40 minutes. Attorney Appearance(s): Benjamin David Simon, Bernard Pastor, Laura Llorente, Veronica Vanessa Harrell-James, William G. Maddox, Chantel Doakes, Laura Cowall. Other appearances: Lead Monitor Susan McCampbell, Medical Monitor Dr. Robert Greifinger, Mayor Daniella Levine Cava, Sheriff Gary Raney. Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. (ak03) (Entered: 10/12/2022)
10/21/2022	249	TRANSCRIPT of Show Cause Hearing held on 10/12/2022 before Judge Beth Bloom, 1 - 66 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 11/14/2022. Redacted Transcript Deadline set for 11/21/2022. Release of Transcript Restriction set for 1/19/2023. (yhz) (Entered: 10/21/2022)
10/31/2022	250	TRANSCRIPT of Show Cause Hearing held on 10/12/2022 before Judge Beth Bloom, 1 - 66 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 11/21/2022. Redacted Transcript Deadline set for 12/1/2022. Release of Transcript Restriction set for 1/30/2023. (yhz) (Entered: 10/31/2022)
11/22/2022	251	STATUS REPORT <i>Report No. 15 of the Independent Monitors</i> by United States of America (Attachments: # 1 Exhibit Independent Monitors' Report 15)(Maddox, William) (Entered: 11/22/2022)
12/02/2022	252	Statement of: by United States of America re 243 Minute Order,,,,, Status Conference,,,,, Set/Reset Hearings,,,,, (Attachments: # 1 Exhibit United States' Response to April 15, 2022 Minute Order)(Maddox, William) (Entered: 12/02/2022)
12/12/2022	253	PAPERLESS ORDER regarding Status Conference. Any individuals who wish to appear remotely at the status conference set for December 16, 2022 at 1:30 p.m. may use the following Zoom link: https://www.zoomgov.com/j/1612140453? pwd=TEEx0K0owT3FrT0NIUEtmcGJrbU9wZz09 . Alternatively, the Meeting ID is: 161 214 0453, and the Passcode is 052379. Signed by Judge Beth Bloom (ak03) (Entered: 12/12/2022)
12/16/2022	254	PAPERLESS Minute Order for proceedings held before Judge Beth Bloom: Status Conference held on 12/16/2022. The parties shall file, no later than December 21, 2022 , the final proposed stipulated order and action plan steps to be presented for approval to the Board of County Commissioners. The parties shall file a status report by February 10, 2023 , regarding the approval of the stipulated order and action plan steps.

		<p>A Status Conference is set for 11/3/2023 at 01:30 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128.</p> <p>Total time in court: 1 hour(s) : 18 minutes. Attorney Appearance(s): Benjamin David Simon, Bernard Pastor, Laura Llorente, Veronica Vanessa Harrell-James, William G. Maddox, Chantel Doakes, Laura Cowall. Other appearances: Lead Monitor Susan McCampbell, Dr. Robert Greifinger, Dr. Kahlil Johnson, Mayor Daniella Levine Cava, Sheriff Gary Raney. Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. (ak03) (Entered: 12/16/2022)</p>
12/21/2022	255	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit A-Proposed Stipulated Order, # 2 Exhibit B-Draft Independent Compliance Director Plan) (Pastor, Bernard) (Entered: 12/21/2022)
01/06/2023	256	TRANSCRIPT of Status Conference held on 12/16/2022 before Judge Beth Bloom, 1 - 53 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 1/27/2023. Redacted Transcript Deadline set for 2/6/2023. Release of Transcript Restriction set for 4/6/2023. (yhz) (Entered: 01/06/2023)
02/10/2023	257	STATUS REPORT <i>Status Report on Stipulated Order and Plan of Action</i> by United States of America (Attachments: # 1 Exhibit Status Update Regarding Stipulated Order and Plan of Action)(Maddox, William) (Entered: 02/10/2023)
02/10/2023	258	STIPULATION <i>Joint Motion to Enter Stipulated Order and Proposed Stipulated Order</i> by United States of America (Attachments: # 1 Exhibit Joint Motion to Enter Stipulated Order, # 2 Text of Proposed Order Stipulated Order)(Maddox, William) (Entered: 02/10/2023)
02/15/2023	259	NOTICE of Attorney Appearance by Natasha-Eileen Ulate on behalf of United States of America. Attorney Natasha-Eileen Ulate added to party United States of America(pty:pla). (Ulate, Natasha-Eileen) (Entered: 02/15/2023)
02/16/2023	260	STIPULATED ORDER REGARDING APPOINTMENT OF INDEPENDENT JAIL COMPLIANCE DIRECTOR re 258 Stipulation, filed by United States of America. Signed by Judge Beth Bloom on 2/15/2023. <i>See attached document for full details.</i> (drz) (Entered: 02/16/2023)
03/28/2023	261	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit) (Simon, Benjamin) (Entered: 03/28/2023)
06/05/2023	262	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners <i>NOTICE OF FILING INDEPENDENT COMPLIANCE DIRECTORS SELF-ASSESSMENT REPORT</i> (Attachments: # 1 Exhibit) (Simon, Benjamin) (Entered: 06/05/2023)
09/01/2023	263	STATUS REPORT <i>Report 16 of the Independent Monitors</i> by United States of America (Attachments: # 1 Supplement Report 16 of the Independent Monitors)(Maddox, William) (Entered: 09/01/2023)
10/24/2023	264	STATUS REPORT <i>Independent Monitor's Compliance Update</i> by United States of America (Attachments: # 1 Exhibit Independent Monitor's Compliance Update)(Maddox, William) (Entered: 10/24/2023)
11/01/2023	265	NOTICE by Miami-Dade County, Miami-Dade County Public Health Trust <i>Filing ICD Self-Assessment Report</i> . Attorney Erica Sunny Shultz Zaron added to party Miami-Dade County(pty:dft), Attorney Erica Sunny Shultz Zaron added to party Miami-Dade County Public Health Trust(pty:dft). (Attachments: # 1 Exhibit 1) (Zaron, Erica) (Entered: 11/01/2023)

11/03/2023	266	<p>PAPERLESS Minute Entry for proceedings held before Judge Beth Bloom: Status Conference held on 11/3/2023, and MINUTE ORDER. The Independent Compliance Director shall file a report addressing whether Defendants have substantially complied with the Consent Agreement by 3/5/2025. The Government shall file two progress reports that provide an update on whether Defendants are in substantial compliance with the Consent Agreement, each on 5/1/2024 and 10/28/2024.</p> <p>A Status Conference is set for 4/4/2025 at 01:30 PM in Miami Division before Judge Beth Bloom, 400 North Miami Avenue, Courtroom 10-2, Miami, Florida 33128.</p> <p>Signed by Judge Beth Bloom. Total time in court: 1 hour(s) : 6 minutes. Attorney Appearance(s): Benjamin David Simon, Bernard Pastor, Laura Llorente, William G. Maddox, Natasha-Eileen Ulate, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. (jg01) (Entered: 11/03/2023)</p>
11/20/2023	267	<p>TRANSCRIPT of Status Conference held on 11/03/2023 before Judge Beth Bloom, 1 - 43 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 12/11/2023. Redacted Transcript Deadline set for 12/21/2023. Release of Transcript Restriction set for 2/20/2024. (yhz) (Entered: 11/20/2023)</p>
03/12/2024	268	<p>NOTICE of Attorney Appearance by Ashley N. Light on behalf of United States of America. Attorney Ashley N. Light added to party United States of America(pty:pla). (Light, Ashley) (Entered: 03/12/2024)</p>
03/12/2024		<p>Attorney Natasha-Eileen Ulate representing United States of America (Plaintiff) terminated per DE 268 . (amb) (Entered: 06/03/2024)</p>
05/01/2024	269	<p>STATUS REPORT <i>United States' Progress Report</i> by United States of America (Attachments: # 1 Supplement United States' Progress Report, # 2 Exhibit Exhibit A: 17th Monitor's Report) (Maddox, William) (Entered: 05/01/2024)</p>
06/03/2024	270	<p>ORDER TO SHOW CAUSE re 269 Status Report filed by United States of America. Show Cause Hearing set for 6/11/2024 03:00 PM in Miami Division before Judge Beth Bloom. Signed by Judge Beth Bloom on 6/3/2024. <i>See attached document for full details.</i> (pc) (Entered: 06/03/2024)</p>
06/06/2024	271	<p>PAPERLESS ORDER regarding the Show Cause Hearing set for 6/11/2024 at 03:00 PM. The Independent Compliance Officer may appear remotely at the Show Cause Hearing for June 11, 2024 via Zoom.</p> <p>The link to join the Zoom video conference is :https://www.zoomgov.com/j/16191705654?pwd=WmlmK0RpelQ5bUZhdTVGM3RUMHZoUT09 Alternatively, the Meeting ID for this Hearing is: 161 9170 5654 and the Passcode is: 692150. Signed by Judge Beth Bloom on 6/6/2024. (ego) (Entered: 06/06/2024)</p>
06/12/2024	272	<p>PAPERLESS MINUTE ENTRY FOR JUNE 11, 2024 SHOW CAUSE HEARING and MINUTE ORDER:</p> <p>A Status Conference is set for October 25, 2024 at 3pm before Judge Beth Bloom in Wilkie D. Ferguson Courthouse 10-2.</p> <p>On October 18, 2024 , the Independent Compliance Director shall file a report addressing whether Defendants have substantially complied with the Consent Agreement. On that same date, the Government shall file a progress report that provides an update on whether Defendants are in substantial compliance with the Consent Agreement, following the Government's visit to the Miami Center for Mental Health and Recovery on October 2-3, 2024.</p>

		<p>Minutes for proceedings held before Judge Beth Bloom in Wilkie D. Ferguson Courthouse 10-2, held on June 11, 2024 at 3pm. Dr. Ronner, Dr. Richard G. Dudley, Judge Steven Leifman and Mayor Daniella Levine Cava addressed the Court.</p> <p>Total time in court: 1 hour and 40 minutes.</p> <p>Attorney Appearance(s): William G. Maddox, Ashley N. Light, and Veronica Harrell-James appeared on behalf of Plaintiff. Benjamin Simon and Laura Llorente appeared on behalf of Defendants.</p> <p>Other appearances: Mayor Levine Cava.</p> <p>Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. (hby) (Entered: 06/12/2024)</p>
06/28/2024	273	<p>TRANSCRIPT of Show Cause Hearing held on 06/11/2024 before Judge Beth Bloom, 1 - 66 pages, Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. Transcript may be viewed at the court public terminal or purchased by contacting the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due 7/19/2024. Redacted Transcript Deadline set for 7/29/2024. Release of Transcript Restriction set for 9/26/2024. (yhz) (Entered: 06/28/2024)</p>
10/17/2024	274	<p>(STRICKEN) NOTICE of Filing Independent Director Compliance Report by Miami-Dade County, Miami-Dade County Public Health Trust (Attachments: # 1 Exhibit Independent Director Compliance Report) (Pastor, Bernard) Modified per DE 276 on 10/18/2024 (pc). (Entered: 10/17/2024)</p>
10/17/2024	275	<p>Clerk's Notice to Filer re 274 Notice (Other). Login/Signature Block Violation; CORRECTIVE ACTION REQUIRED WITHIN 3 DAYS - The name of attorney e-filing this document via their CM/ECF login does not match the name of attorney on the signature block of the document. The name used for login must match typed name on signature block of the document. This filing is a violation of Section 3J(1) of CM/ECF Admin Procedures and LR 5.1(b). Filer must File a Notice of Striking, then refile document pursuant to CM/ECF Admin Procedures and Local Rules. (pc) (Entered: 10/18/2024)</p>
10/18/2024	276	<p>NOTICE of Striking 274 Notice (Other) filed by Miami-Dade County Public Health Trust, Miami-Dade County by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Simon, Benjamin) (Entered: 10/18/2024)</p>
10/18/2024	277	<p>NOTICE of Filing Independent Compliance Director's Self Assessment Report by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Attachments: # 1 Exhibit ICD Report) (Simon, Benjamin) (Entered: 10/18/2024)</p>
10/18/2024	278	<p>NOTICE of Compliance Per Court's Order on June 18, 2024 by United States of America (Attachments: # 1 Exhibit Exhibit A - 18th MDCR Monitor's Report) (Harrell-James, Veronica) (Entered: 10/18/2024)</p>
10/25/2024	279	<p>PAPERLESS MINUTE ENTRY FOR OCTOBER 25, 2024 SHOW CAUSE HEARING and MINUTE ORDER:</p> <p>A Status Conference is set for April 11, 2025 at 1pm before Judge Beth Bloom in Wilkie D. Ferguson Courthouse 10-2. On April 1, 2025, the Independent Compliance Director shall file a report addressing whether Defendants have substantially complied with the Consent Agreement. On April 8, 2025, the Government shall file a progress report that provides an update on whether Defendants are in substantial compliance with the Consent Agreement, following the Government's visit to the Miami Center for Mental Health and Recovery in March 2025.</p> <p>Minutes for proceedings held before Judge Beth Bloom in Wilkie D. Ferguson Courthouse 10-2, held on October 25, 2024 at 3pm. Sheriff Gary Raney and Chief Robert Brown addressed the</p>

		Court.Total time in court: 1 hour. Attorney Appearance(s): William G. Maddox, Ashley N. Light, and Veronica Harrell-James appeared on behalf of Plaintiff. Benjamin Simon and Laura Llorente appeared on behalf of Defendants. Court Reporter: Yvette Hernandez, 305-523-5698 / Yvette_Hernandez@flsd.uscourts.gov. (hby) (Entered: 10/25/2024)
10/25/2024		Set Hearing Status Conference set for 4/11/2025 01:00 PM in Miami Division before Judge Beth Bloom. (per DE 279). (pc) (Entered: 10/28/2024)
11/19/2024	280	Joint NOTICE of Termination of Settlement Agreement by Miami-Dade County, Miami-Dade County Public Health Trust, Miami-Dade County; The Board of County Commissioners (Simon, Benjamin) (Entered: 11/19/2024)

PACER Service Center			
Transaction Receipt			
01/08/2025 16:15:11			
PACER Login:	annaef82	Client Code:	
Description:	Docket Report	Search Criteria:	1:13-cv-21570-BB
Billable Pages:	25	Cost:	2.50

Exhibit 25

(Miami-Dade County, FL)

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

Case No. 13-cv-21570-BLOOM

UNITED STATES OF AMERICA

Plaintiff,

v.

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

Defendants.

_____ /

**STIPULATED ORDER REGARDING APPOINTMENT OF
INDEPENDENT JAIL COMPLIANCE DIRECTOR**

THIS CAUSE is before the Court on Plaintiff’s Joint Motion to Enter Stipulated Order Regarding Appointment of Independent Jail Compliance Director (“the Motion”), ECF No. [258-1]. The Court has reviewed the Motion, the record in the case, and is otherwise fully advised.

In 2013, Miami-Dade County and the Miami-Dade County Board of County Commissioners (“County”), the Miami-Dade Public Health Trust (“PHT”), and the United States of America (the “Parties”) reached a Consent Agreement, ECF No. [1-5], and the County, the Miami-Dade Board of County Commissioners, and the United States of America reached a Settlement Agreement, ECF No. [85-1], to resolve allegations of unconstitutional conditions at the Miami-Dade Corrections and Rehabilitation Department (“MDCR”) jail facilities. The Consent Agreement covers medical care, mental health care, and suicide prevention. ECF No. [1-5]. The Settlement Agreement covers protection from harm, fire and life safety, and inmate grievances. Settlement Agreement, ECF No. [85-1]. Together the Consent Agreement and the

Settlement Agreement are referred to as the “Agreements.” On April 15, 2022, this Court ordered that if Defendants did not “achieve full compliance with the remaining provisions in the Consent Agreement and Settlement Agreement by November 18, 2022. . . , the United States shall file a statement regarding appropriate sanctions for the Court’s consideration no later than December 2, 2022.” ECF No. [243].

On December 16, 2022, this Court issued a Minute Order requiring the Parties to file “no later than December 21, 2022, the final proposed stipulated order and action plan steps to be presented for approval to the Board of County Commissioners . . . [and] a status report by February 10, 2023, regarding the approval of the stipulated order and action plan steps.” ECF No. [254]. On December 21, 2022, the Parties filed an initial draft of the Final Proposed Stipulated Order Regarding Appointment of Independent Jail Compliance Director. ECF No. [255]. On February 10, 2023, the Parties filed another draft of the Final Proposed Stipulated Order, ECF No. [258-2] (“Final Proposed Stipulated Order”), and filed the instant Motion, requesting that the Court enter the Final Proposed Stipulated Order as an order of the Court.

The Court has reviewed the Motion, the record in this case, and is otherwise fully advised.

I. STIPULATED ORDER

The parties agree to the relief set forth below.

A. Background

1. Under the Miami-Dade County Home Rule Charter the County Mayor “shall be responsible for the management of all administrative departments of the County government and for carrying out policies adopted by the Commission.” § 2.02(a), Miami-Dade County Home

Rule Charter (“Administrative Authority”). This includes, among other authority, “the power to issue and place into effect administrative orders, rules, and regulations” and to supervise “all administrative functions not otherwise specifically assigned to others by this Charter”. *Id.* §§ 5.01, 5.02.

2. The County Mayor has appointed Mr. Gary Raney to act as the Compliance Director for the Agreements. The County Mayor has delegated to Mr. Raney the necessary Administrative Authority to lead compliance efforts at MDCR and to fulfill all outstanding provisions of the Agreements. Mr. Raney will have Administrative Authority over the department director of MDCR and directly report to the County Mayor. As the Compliance Director, Mr. Raney shall act as a representative of the County in communications and coordination with Corrections Health Service (“CHS”) for the provision of services to MDCR inmates in accordance with the Consent Agreement. CHS shall communicate, collaborate, and cooperate with Mr. Raney as the Mayor’s delegate.

3. The Compliance Director’s contract with Miami-Dade County was approved by the Board of County Commissioners on January 17, 2023. *See* Resolution No. R-22-23. The contract may be amended by the Board from time to time as needed.

4. The Compliance Director was engaged and empowered at the recommendation of outgoing monitor Susan McCampbell for his expertise and knowledge in the subject area of jail reform and modern jail practices.¹

5. Based on the assessment and advice of the Compliance Director, the County shall prioritize addressing issues which may result in inmate harm at the County jails, then prioritize

¹ Ms. McCampbell and medical monitor Dr. Robert B. Greifinger tendered their resignations on August 1, 2022, effective December 30, 2022.

compliance with the Agreements as they relate to potential for reducing harm to inmates at the County jails, and then prioritize any remaining compliance issues with the Agreements.

B. Authority of the Compliance Director

1. The Parties have agreed to the appointment of Mr. Gary Raney as the Independent Compliance Director until at least October 31, 2023, when substantial compliance with the Agreements will be achieved. At that time, the Parties shall confer on the retention and responsibilities of a Compliance Director during the period of sustaining compliance as set forth in the Agreements and shall submit any proposed amendments to this Stipulated Order to the Court as may be required.

2. The Compliance Director shall oversee the operations of MDCR in a manner that is professional and consistent with generally accepted correctional management, accounting, and personnel standards. Any Party may petition the Court for the Compliance Director's removal for good cause and the other Parties will have the opportunity to respond. "Good cause" for these purposes shall include, but not be limited to, neglect of duties; willful misconduct; inappropriate personal relationship with any Party or Monitor; conflict(s) of interest; or any criminal conduct during the pendency of the appointment.

3. In the event the Compliance Director is removed for good cause, is removed at the County Mayor's discretion, or the position otherwise becomes vacant, the County shall immediately notify all Parties, the Monitor, and the Court of such vacancy. The County Mayor shall expeditiously appoint a replacement Compliance Director, subject to the consent and approval of the United States, and inform the Court of the appointment of such replacement Compliance Director. The Compliance Director shall have the full Administrative Authority to ensure that MDCR is operated in a manner to protect incarcerated persons from harm and achieve substantial

compliance with each provision of the Agreements on a timely basis. The Compliance Director shall hold and exercise Administrative Authority with respect to the custody, care, and supervision of people incarcerated by MDCR. The Compliance Director shall oversee MDCR operations related to the Agreements. The Compliance Director shall be responsible for implementing the Agreements, and any other remedial orders that may be entered by the Court with respect to MDCR including, but not limited to, restructuring day-to-day operations at MDCR. To this end, the Compliance Director shall have the necessary Administrative Authority over all administrative, personnel, contractual, and other operational functions for MDCR relating to compliance with Agreements as set forth herein.

4. The Compliance Director shall have the Administrative Authority to direct personnel actions, including, but not limited to, the authority to direct hiring, firing, suspension, supervision, promotion, transfer, and disciplinary actions, regarding MDCR employees or MDCR contract employees related to the operation of MDCR. The Compliance Director shall also have the Administrative Authority to establish administrative personnel policies and positions related to the administration and operation of MDCR and to the extent necessary to obtain compliance with the Agreements.

5. The Compliance Director shall have the Administrative Authority to negotiate new MDCR contracts and agreements and to renegotiate existing MDCR contracts and agreements, in the event that such action is necessary for the Compliance Director to fulfill the duties under this Order.

6. The Compliance Director shall have full Administrative Authority to direct specific actions at MDCR to attain and sustain substantial compliance levels, or remedy compliance errors, regarding all portions of the Agreements, including but not limited to: (a) changes to

MDCR policies or standard operating procedures or practices; (b) MDCR personnel decisions, including but not limited to engagement of consultants (as set forth above), assignments, internal MDCR findings and disciplinary actions in misconduct cases and use-of-force reviews, and the discipline or demotion of staff; and (c) maintaining or eliminating MDCR programs or initiatives related to or affecting Consent or Settlement Agreement tasks or objectives. The Compliance Director shall have full Administrative Authority to direct MDCR staff on all outstanding tasks and issues related to compliance with the Agreements and the overall objectives of the Agreements.

7. To exercise these powers, the Compliance Director shall be onsite at MDCR with sufficient frequency, regularity, and duration to implement the Agreements and any other orders of the Court.

8. The Compliance Director shall, at his or her discretion, or at the request of the Court, the Monitor, or the United States, develop a corrective action plan for any task for which the Monitor finds MDCR to be out of compliance with the Agreements. If the Compliance Director disagrees with a finding of non-compliance, by motion the County may request a status conference to seek resolution and guidance by the Court. As part of any such corrective action plan, the Compliance Director shall determine the nature and frequency of MDCR's future internal compliance assessments for that task.

9. The Compliance Director will have the full Administrative Authority to review, investigate, and take corrective action regarding MDCR policies, procedures, and practices that are related to Agreements, and any future Court Orders in this case.

10. Notwithstanding any other provision herein, the Compliance Director shall exercise their powers and any authority described in this Stipulated Order, in a manner consistent with

applicable federal, State, and local laws, regulations, and contracts, including, but not limited to, collective bargaining agreements (together “General Legal Requirements”). In the event, however, that the Compliance Director finds that General Legal Requirements or other third-party action or inaction is preventing them from carrying out the Court’s Orders, the Compliance Director shall notify the Parties and try to resolve the issue, communicating with any third parties, including state officers and other state or local agencies, as necessary. If the Compliance Director is still unable to resolve the issue, the Compliance Director shall notify the Parties, and any Party may notify the Court and request appropriate action. If the Court, upon an opportunity for hearing from all Parties, determines that the third party is unlawfully preventing implementation of constitutionally required remedies, the Court may grant additional, appropriate relief.

C. Duties of the Compliance Director

1. The Compliance Director shall, within 14 days of the date of this Stipulated Order, develop a detailed Plan of Action (“the Plan”) designed to address any alleged unconstitutional conditions of confinement and compliance with the Agreements. The Plan shall include timelines for all specified remedies, indicating the responsible individuals and steps for implementation. The Compliance Director shall develop the Plan with the assumption that substantial compliance for all provisions of the Agreements can be obtained by October 31, 2023.

2. The Plan shall be consistent with the Agreements and include, but not be limited to, the following:

- a. How the County will (a) conduct an inmate bed and classification analysis to ensure the Jail has adequate beds for maximum security and disciplinary segregation of inmates, and (b) implement a plan to address the results of the analysis. The Compliance Director will work with the Monitor to conduct an

annual review to determine whether MDCR's objective classification system continues to accomplish the goal of housing inmates based on level of risk and supervision needs.

- b. How the County will accomplish a reduction in inmate-on-inmate violence in each MDCR Jail facility on a quarterly basis. If reductions in violence do not occur, the Plan shall address how MDCR shall demonstrate that its systems for minimizing inmate-on-inmate violence are operating effectively.
- c. How the County will develop and implement policies, protocols, trainings, and audits consistent with the requirements of the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations, including those related to the prevention, detection, reporting, investigation, data collection of sexual abuse, including inmate-on-inmate and staff-on-inmate sexual abuse, sexual harassment, and sexual touching.
- d. How the County will develop and implement measures to self-monitor and take corrective action to ensure compliance with constitutional mandates in addition to the review and assessment of the provisions of the Consent and Settlement Agreements on a quarterly basis. Such measures shall include developing and implementing corrective action plans within 30 days of each quarterly review, including changes to policy and changes to and additional training. On at least a quarterly basis, the Compliance Director and command staff shall also review data concerning inmate safety and security to identify and address potential patterns or trends resulting in harm to inmates in the areas of supervision, staffing, incident reporting, referrals, investigations, classification, and grievances. The review

shall include the following information:

- i. documented or known injuries requiring more than basic first aid;
 - ii. injuries involving fractures or head trauma;
 - iii. injuries of suspicious nature (including black eyes, injuries to the mouth, injuries to the genitals, etc.);
 - iv. injuries that require treatment at outside hospitals;
 - v. self-injurious behavior, including suicide and suicide attempts;
 - vi. inmate assaults; and
 - vii. allegations of employee negligence or misconduct.
- e. The Compliance Director will provide to the United States and the Monitor bi-annual reports regarding the below items:
- i. Total number of inmate disciplinary reports;
 - ii. Safety and supervision efforts. The report will include:
 1. a listing of maximum-security inmates who continue to be housed in dormitory settings;
 2. a listing of all dangerous contraband seized, including the type of contraband, date of seizure, location and shift of seizure; and
 3. a listing of inmates transferred to another housing unit because of disciplinary action or misconduct.
 - iii. Staffing levels. The report will include:
 1. a description of each post and position needed at the Jail;
 2. a listing of the number of vacant sworn positions;

3. a listing of the number of overtime hours per month being used to operate the jail, including officers and supervisors.

iv. Reportable incidents. The report will include:

1. a brief summary of all reportable incidents, by type and date;
2. data on inmates-on-inmate violence and a brief summary of whether there is an increase or decrease in violence;
3. a brief summary of whether inmates involved in violent incidents were properly classified and placed in proper housing;
4. number of reported incidents of sexual abuse, the investigating entity, and the outcome of the investigation;
5. a description of all suicides and in-custody deaths, including the date, name of inmate, and housing unit;
6. number of inmate grievances screened for allegations of misconduct and a summary of staff response; and
7. number of grievances referred to IA for investigation.

- f. How the County will develop and implement written Quality Improvement policies and procedures and strategies to identify and address serious deficiencies in protection from harm and to assess and ensure compliance with the terms of the Consent and Settlement Agreements on an ongoing basis.

3. The Compliance Director shall send the Plan to the Parties for comment, and the Parties may submit comments to the Compliance Director within 21 days after receipt of the Plan. The Compliance Director will then submit the final Plan to the Court within 14 days after receiving any comments from the Parties. The Compliance Director shall update and/or modify this Plan

as necessary and file updated versions with the Court. Pending development of the Plan, the Compliance Director shall undertake short-term or interim measures designed to immediately improve the conditions of confinement at MDCR and begin the process of implementing the Court's orders.

4. The Compliance Director will work closely and communicate regularly with the Mayor of Miami-Dade County, the United States, the Monitor, and Defendants, including MDCR and CHS staff, to develop and implement the Plan.

5. The Compliance Director is responsible for drafting and filing a Self-Assessment Report on a quarterly basis. The Self-Assessment Report shall describe the progress with each provision of the Compliance Director's Plan of Action, including the implementation status of the Agreements, as well as every court-ordered remedy. Additionally, this Self-Assessment Report shall identify any barriers to progress, any corrective action taken by the Compliance Director to address inadequate progress, and any other matters deemed relevant by the Compliance Director. In addition to these written reports filed with the Court, the Compliance Director will report on their efforts, progress and challenges in open court at each Court status conference and shall communicate through written filings with the Court throughout the duration of the Compliance Director's appointment on an as-needed basis.

D. General Provisions Regarding the Compliance Director

1. The Compliance Director, including any staff or consultants of the Compliance Director, shall have unlimited access to all MDCR records and files (paper and electronic), including all institutional, personnel, financial, and detainee records, and access to all CHS and contractor records and files (paper and electronic), including all institutional, personnel, financial, and detainee records for which MDCR or CHS would otherwise have access as deemed necessary by

the Compliance Director to carry out the duties set forth in this Order. The Compliance Director, and Compliance Director consultants and staff as authorized by the Compliance Director, shall have unlimited physical access to MDCR jail facilities and documents. The Compliance Director, and Compliance Director consultants and staff, shall not need to give notice before entering MDCR jail facilities. The Compliance Director, and the Compliance Director consultants and staff as authorized by the Compliance Director, shall have unlimited communications access to detainees, detention officers, MDCR managers, medical and mental health staff, and maintenance staff. This access includes access the County may have to any medical, mental health, and maintenance staff of CHS, and any contractors subject to any conditions placed upon the County on such access. All access provided in this provision shall be subject to any restrictions that would otherwise be placed on MDCR or CHS.

2. The Compliance Director shall not be retained as a consulting or testifying expert by any current or future litigant or claimant in a claim or lawsuit against Miami-Dade County (“the County”), MDCR, CHS, the Mayor, or their employees in a jail conditions-related claim or similar related claim, but shall be required to testify only in this matter if called by any Defendant or the Court.

3. Nothing in this Stipulated Order shall be interpreted to limit or deny the Parties’ pre-existing rights of access, discovery rights, or other rights under the Federal Rules of Civil Procedure. The Parties will each retain their rights of access to documents, detainees, staff, and MDCR, and all other rights under the Agreements.

4. Nothing in this Stipulated Order shall be deemed to waive any Defendant’s right to file, at the appropriate time, a motion to terminate prospective relief pursuant to 18 U.S.C. § 3626(b)(1) and nothing in this Stipulated Order shall be deemed to limit any Defendant’s right

to challenge the compliance ratings, findings, and/or allegations of any Monitor. The United States and the Monitor and the Monitor's team have the right to communicate directly, *ex parte*, with the Compliance Director. All *ex parte* discussions with the Compliance Director under this Paragraph shall be limited to facts, data and opinions related to conditions at the jail and shall not bind the County, CHS or the Public Health Trust and such discussions shall not be admissible in any proceeding regarding the Agreements.

5. Given that the Compliance Director position is significant in its scope and dimension, the Court finds that flexibility will be an important element in ensuring its effectiveness. Accordingly, this Stipulated Order may be modified with approval of the Court.

E. Ongoing Role of the Court Monitor

Nothing in this Order alters the responsibilities and duties of the Monitor.

F. Termination of Certain Provisions of the Consent Agreement

1. The Consent Agreement at Section VII.C. specifically provides for separate and independent termination of individual substantive provisions of the Agreement if Defendants reach and maintain substantial compliance for eighteen (18) months, i.e., maintain sustained substantial compliance.

2. The Parties have advised the Court that the following provisions of the Consent Agreement have reached and maintained substantial compliance for at least eighteen (18) months and therefore have achieved sustained compliance: Subsections: III.A.6. Discharge Planning and III.C.5. Mental Health Care Housing.

3. The Parties agree that the Bi-annual reporting requirements set forth in Section III.D.2. of the Settlement Agreement shall be suspended while the Compliance Director position is in effect as duplicative of the reporting requirements set forth in this Stipulated Order.

Accordingly, it is **ORDERED AND ADJUDGED** as follows:

1. The Joint Motion to Enter Stipulated Order Regarding Appointment of Independent Jail Compliance Director, **ECF No. [258-1]**, is **GRANTED**.
2. The relief set forth above is **GRANTED**.
3. This Order shall bind all parties in the conduct of this proceeding.
4. The following provisions of Consent Agreement are **TERMINATED**:
 - a. Subsection III.A.6. Discharge Planning;
 - b. Subsection III.C.5. Mental Health Care Housing;
5. Subsection III.D.2 of the Settlement Agreement is **SUSPENDED** while the Compliance Director position is in effect.

DONE AND ORDERED in Chambers at Miami, Florida, on February 15, 2023.



BETH BLOOM
UNITED STATES DISTRICT JUDGE

Copies to:

Counsel of Record

Exhibit 26
(Miami-Dade County, FL)

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
CASE NO. 1:13-CV-21570 BB**

UNITED STATES OF AMERICA

Plaintiff,

v.

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

INDEPENDENT COMPLIANCE DIRECTOR
COURT DIRECTED REPORT

Defendants.

October 17, 2024

_____ /

Whereas the Monitors will submit a simultaneous report on the outcomes of the Consent Agreement and Settlement Agreement paragraphs, this report will focus more on the processes and changes from 2022 to the present.

Introduction

After struggling to reach and maintain substantial compliance with the 2013 Consent Agreement and Settlement Agreement, in June 2022, Miami-Dade County contracted with retired Sheriff Gary Raney as a consultant to advise the County on coming into substantial compliance with the outstanding provisions from the Agreements. Sheriff Raney had 39 years of corrections experience, serving 31 years in the Ada County Sheriff’s Office in Boise, Idaho, the last ten as the elected sheriff, and an additional eight years of consulting privately and for the U.S. Department of Justice.

Initially, the Consent Agreement had 115 paragraphs, and the Settlement Agreement had 56. At the time of Sheriff Raney’s engagement, approximately nine paragraphs of the Consent Agreement and five paragraphs of the Settlement Agreement were not in compliance.

He worked into the fall of 2022, identifying policies and practices that did not meet generally accepted jail practices and were keeping the Miami-Dade Corrections and Rehabilitation Department (MDCR) from reaching substantial compliance with the outstanding provisions. He categorized those within his scope of work by topic areas:

- 1. Protection from Harm/Objective Inmate Classification
- 2. Segregation of Inmates with Serious Mental Illness (SMI)
- 3. Mortality and Morbidity Reviews, later referred to as Major Incident Reviews

4. Audits and Continuous Improvement
5. Sexual Misconduct (compliance with the Prison Rape Elimination Act (PREA))

Overview of MDCR

MDCR has undergone difficult leadership transitions in recent years, with the Director replaced in early 2022 and an interim director being named. By the fall of 2022, the interim director had also been replaced, with the Mayor's Chief of Public Safety assuming the role. A new permanent Director was hired in January 2023, only to be replaced again in less than a year. This has been problematic for MDCR staff as each Director changed the leadership style and had different priorities. Now, the potential exists for the County to place MDCR underneath the newly created Miami-Dade County Sheriff, inherently complicating the leadership difficulties by adding at least one new layer of management along with the challenges of blending at least the Miami-Dade Police Department with MDCR.

Initially, MDCR also suffered from an attitude prevalent in other large agencies where resistance to change comes from a belief that the agency is unique, and its current practices fit those unique needs well. It is arguable that every jail is unique, but generally accepted jail practices should be followed regardless of the size or location of the jail. The MDCR staff had poor awareness of some modern-day practices and was initially apathetic toward change. This problem is common in other organizations, particularly when the staff has not made a meaningful effort to maintain professional education. To their credit, once the MDCR staff were exposed to new ideas and allowed to own them, they were generally supportive of change and often even enthusiastic.

Another of MDCR's significant challenges has been a lack of reliable data and, therefore, a lack of data-driven decision-making. The technology systems are generally obsolete and require duplicative efforts to create management information reports. This made it difficult to gather data to use as baselines and for comparison as changes were made. As new processes were developed, it became easier to establish management data as part of the effort, but the data systems remain poor and will continue to be for the foreseeable future.

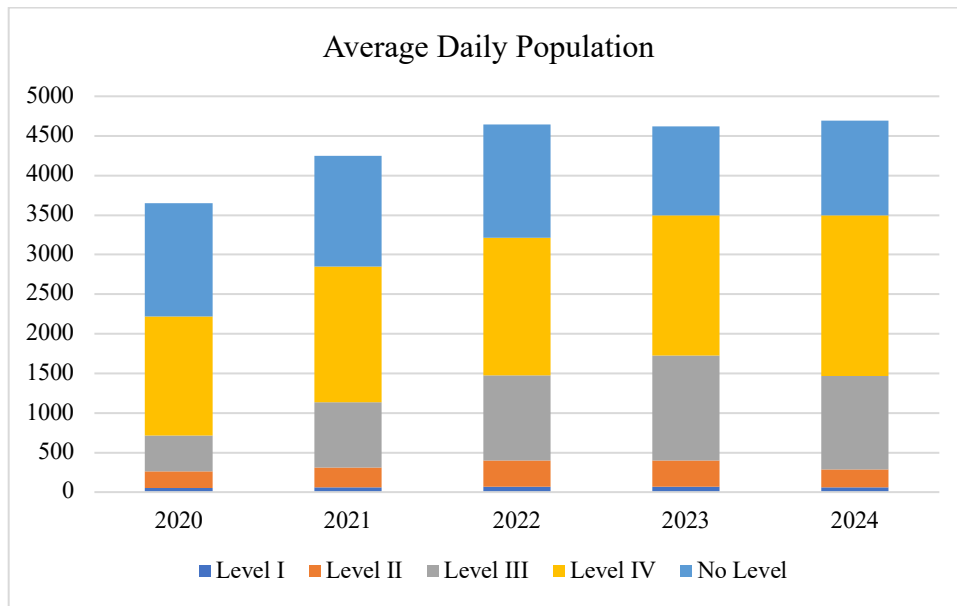
Those poor data systems have led to inefficient processes. For example, inmates are still tracked on paper cards within the jail facilities, a practice almost unheard of in similar jails. MDCR has elected to modernize its information systems but will likely use County staff for most of the work. The downside of this approach is that it may create a new system based primarily on its current poor processes, thereby failing to force the organization into modern-day practices.

Average Daily Population

When assessing the performance of MDCR, it is important to consider the demand for its resources, especially beds. It was widely accepted that overcrowded jails are more likely to have higher rates of violence and other misconduct. The average daily population of MDCR has increased in the past few

years by 29%, creating challenges for the staff. They have managed the space well, matching the correct physical characteristics of the housing areas with the appropriate inmates.

The graphic below shows the total population housed in MDCR’s jail facilities, broken down by the Levels dictated in the Consent Agreement. Not only has the overall population grown, but the number of inmates with a Level has grown within the population. Level I and Level II inmates increased proportionally to the population, but the Level III population grew by 192% from 2020 to 2023. So far, in 2024, that number is now trending downward.



The Path to Substantial Compliance

The 15th Monitoring Report was issued on October 26, 2022. Although reforms had begun, outcomes from the efforts were not yet verifiable, leading to further findings of noncompliance. The Monitoring team resigned from the project effective December 30, 2022. In a close-out letter, the Monitors wrote, “At the core of the County’s inability to gain and sustain compliance are the internal culture of the organization, leadership ambivalence, and absence of sufficient subject matter expertise.” While this report cannot speak to the leadership before mid-2022, since then, the leadership has mostly been welcoming of guidance and new ideas once they were educated about them. However, the Monitor’s opinions on the “absence of sufficient subject matter expertise” were valid and the core of non-compliance problems. The Monitors also made recommendations or comments in the October 26, 2022 report and the December 30, 2022 letter, which will be discussed below.

In early 2023, the Department of Justice and the County submitted a Joint Stipulated Order to the Court, asking it to appoint Sheriff Raney as an “Independent Compliance Director” (ICD) over MDCR and bring it into substantial compliance with its responsibilities in the Agreements. On February 15, 2023, the Court

signed the Order, granting the new ICD broad authority over MDCR. In response to the Order, the ICD created a strategic plan for reaching compliance and submitted it to the Court. Although the ICD had no direct authority over Corrections Health Services (CHS), the plan included how it would also reach substantial compliance on the outstanding provisions.

The MDCR staff, other consultants and the ICD worked diligently through the spring of 2023 to improve the MDCR processes and reach substantial compliance with the Agreements. By the May 2023 Monitor site visit, MDCR had attained substantial compliance with all the provisions it was responsible for. CHS achieved substantial compliance later that year.

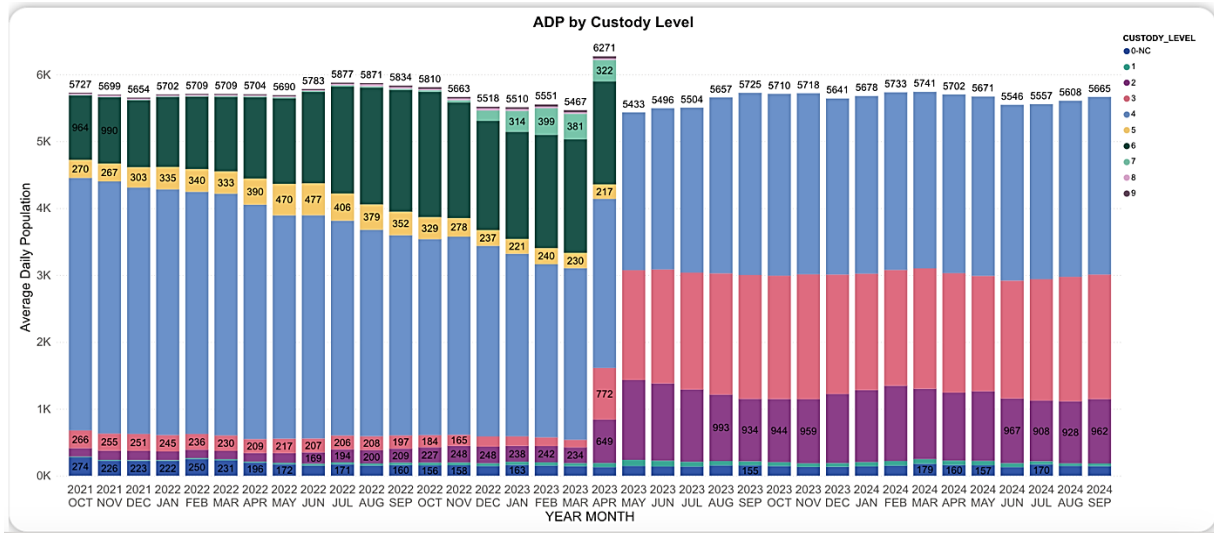
Protection from Harm [Classification and Segregation]

Valid objective inmate classification systems are one of the most essential systems to help keep a jail safe. These systems use decades of research to determine the behavioral risk level of inmates in a jail system. Inmates are always separated by gender and usually by adult/juvenile status, but beyond that, an inmate classification system allows the jail to separate inmates by at least three categories of risk, typically maximum or high risk, medium risk, and minimum or low risk. These categories are called “custody levels.” The separation of custody levels is fundamental for a jail’s protection from harm efforts, keeping the more violent and sophisticated inmates apart from those who are more apt to be victimized.

Historically, MDCR had used a poor classification process that included nine different custody levels. Additionally, uninformed decisions were made in 2019 that grouped the majority of inmates into one level – a “4.” This explains many problems of the past because broadening a single custody level to such a great extent meant higher-risk inmates were housed with lower-risk inmates.

In late 2022, the ICD and a classification consultant convinced the interim MDCR Director to adopt a new inmate classification system. The new system would utilize the most up-to-date practices and data analysis to determine an inmate’s behavioral risks. The research to create a statistically valid system and the work to develop the computer application took a few months. While most jails adopt a classification instrument and then compare the data later to adjust and validate it, MDCR’s system was built using its data; therefore, it was validated from the beginning.

The graphic below shows the significant change in the objective inmate classification system, which transitioned in April 2023 and was fully established by May. The distribution of custody levels has remained consistent and reflects what a modern, validated system should look like.



Historically, MDCR had viewed inmate classification as only a function of the intake process and the classification unit was organized within the Intake and Release Bureau. Custody levels should be reviewed whenever there is an act of violence or a major rule violation and every 60 to 90 days on a routine basis. This ensures the inmate’s custody level is up-to-date and educates the inmate that there are consequences for violent behaviors and opportunities to improve their custody level through pro-social behaviors.

The ICD created a new bureau in MDCR and titled it the Classification and Inmate Management Bureau to reflect the importance of an ongoing classification process and that it and other behavior management strategies were critical to the continuing safety of staff and inmates. The new bureau included classification, discipline, incentives and segregation management functions.

Along with the objective inmate classification system, MDCR established a housing plan that aligned the high-risk inmates with the most restrictive housing areas and the lower-risk inmates with less restrictive housing areas. While there was initially some resistance by inmates, MDCR staff communicated the new classification and housing plan well, encouraging inmates to improve their custody levels through prosocial behavior. Currently, an inmate rarely appeals their custody level.

“Overrides” are reassignments to a higher or lower custody level than what the classification tool recommends. Overrides are an important tool to incentivize prosocial behaviors and disincentivize violence and are used on a very individualized basis. From July 1, 2024, to September 30, 2024, there were 3,450 custody levels processed. Only 76 (2.2%) received an override. As MDCR continues to develop its incentives and behavior modification systems, overrides should increase to at least 5%.

Incentive programs have also enhanced the effect of the objective inmate classification system. The program identifies those inmates with the most compliant and prosocial behaviors. It allows them to move to housing units that offer benefits, mainly food and drink. This program has notably impacted the most problematic jail facility, the 62-year-old Pretrial Detention Center. Even at the Metro West Detention

Center, where lower custody level inmates are held, behavior is incentivized by the opportunities to use a Sony PlayStation video console for housing units that have no incidents.

The December 30, 2022, letter from the Monitors read:

III. A. 1. a. (2) (Safety and Supervision) – Classification

The implementation of a validated classification process will contribute to inmate and staff safety. We urge that classification unit’s staffing be stabilized, including a subject matter expert as the leader, as well as development of objective measures of the new system’s effectiveness to improve staff and inmate safety.

This was wise advice and MDCR has now accomplished this.

Segregation Of Inmates with A Serious Mental Illness

In the 15th report, the Monitors wrote:

As a critical component of the County’s policy, performance measures were included. It became clear by the late 2021 that the County was not able to produce credible data. Without credible, verifiable data, it is not possible to safeguard the inmates with SMI held in disciplinary, administrative, or protective custody and assure that treatment per the Consent Agreement.

This was accurate. While the Monitors expressed their belief that MDCR was complying with the Consent Agreement on segregation, it could not prove it because of the poor data. However, the Monitors apparently were only looking at the out-of-cell time and not the *reasons* for segregation in the first place.

Historically, MDCR’s process for determining segregation was substantially flawed and subjective. Staff consistently believed that a segregated inmate was safer for everyone. While there is no data available, the ICD has been told that dozens of inmates with SMI were held in segregation in the past. After watching the process, the ICD reinvented the decision-making process for segregation and appointed a lieutenant with a stellar attitude to lead the effort. The success of the process changed from reducing risk by isolating dangerous people to creating success by integrating them with other inmates.

There are few reforms in the MDCR that are more notable and commendable than the practices involving the segregation of inmates with serious mental illness. Today, the MDCR employees have created model practices rarely seen in other jail systems in the United States. Segregation is most often defined as keeping inmates in their cells for at least 22 hours daily. Inmates with an SMI in the MDCR system are always allowed to come out of their cell twice daily for at least two hours each time. By practice, they are offered even more. Therefore, technically speaking, no MDCR inmates with SMI are held in segregation. Nonetheless, MDCR considers any inmate with an SMI who must be housed in a single cell as subject to these guidelines.

Communication, counseling, incentives and slow transitions have been the key to successfully implementing changes in SMI management. The staff in charge of the units, especially at the Metro West Detention Center, are exceptional. They have drastically lowered the number of inmates in these units. As of October 1, 2024, only 16 SMI inmates were housed alone.

Just as importantly, MDCR staff took it upon themselves to follow these inmates when they were released from the unit, in a process they call “aftercare.” The staff from the SMI unit regularly meet face-to-face with their former residents and develop ongoing plans for their success in the general population. Since its inception in early 2023, only one inmate in aftercare has been returned to the SMI unit. That is an incredible feat.

While there are many success stories, an inmate who entered the SMI unit refused almost all out-of-cell time during July 2024. His total time out of a cell for July was 15 hours, 36 minutes. By September 30, 2024, his monthly out-of-cell time increased to 62 hours, 39 minutes. These are familiar stories now, thanks to the caring efforts of the Metro West Detention Center and other members of the segregation reduction teams.

Regarding data capturing, commented on by the previous Monitors, the ICD was repeatedly told by MDCR line staff that the checks and out-of-cell time were being done correctly but were not accurately captured by the logging system. The ICD began a process of elimination and identified errors in the software and hardware systems. MDCR made hardware improvements, and the software vendor made the needed bug fixes and improvements. Since early 2023, the reporting has been reliable and verified by the Monitors.

Mortality and Morbidity Reviews

When the ICD began, MDCR tried to mirror the CHS process for mortality and morbidity reviews. Not surprisingly, it did not fit their needs well. Significant differences exist between the well-established protocols and practices of healthcare and the more subjective practices of corrections. Additionally, it was challenging to find and apply generally accepted jail practices to the review process. Again, unlike healthcare, there is no well-established blueprint for conducting these reviews; therefore, the quality of the processes and the outcomes were very subjective.

The ICD redesigned the mortality and morbidity review process for MDCR, calling it “Major Incident Reviews” to reflect its broader application to a range of harmful incidents. The process has remained mostly consistent and proven successful for MDCR. Collaboration with CHS staff has been positive, with both organizations participating in the reviews and speaking openly about concerns and opportunities. Corrective action plans have been tracked more diligently over time, and there have been fewer repetitive concerns.

MDCR Suicides

According to the latest data from the US Department of Justice, in 2019, there were 94 suicides in Florida’s local jails, one of the highest in the south, making the statewide suicide rate 2.9 per 10,000 inmates.¹

MDCR's average daily population so far in 2024 is 4,706. There has been one suicide during the year, making the suicide rate 2.1 per 10,000 inmates. While any suicide is tragic, not all suicides are preventable either in the community or a jail. Most notably, the number of suicides over the past three years has fallen substantially, from 5 to 1.

Year	Suicides
2020	0
2021	0
2022	5
2023	2
2024	1

Since the time around intake is one of the most dangerous for suicide, another way to look at the problem is to consider all bookings. MDCR projects it will have 50,835 bookings in 2024, a 45% increase from the 35,096 bookings in 2020. Considering these detainees and not just those that are housed provides another perspective on suicide trends in MDCR.

	2020	2021	2022	2023	2024
Bookings	35,096	42,880	44,059	43,633	50,835*
Suicides	0	0	5	2	1
Rate per 10,000	0.0	0.0	1.1	0.5	0.2

*projected

After two years of observing MDCR correctional staff, the ICD believes one of the challenges for managing mentally ill/suicidal inmates is the sheer number of them and the special conditions that have been imposed. 74% of the jail population has been categorized as Level I to IV, with about 1,500 requiring special housing and separation. The roughly 54 Level I inmates take intense supervision, sometimes with one officer sitting and watching one inmate every hour of the day. The approximately 235 Level II inmates require fewer resources than Level I, but they still require more attention than the general population. The greatest challenge is the roughly 1,200 Level III inmates that must be housed as a cohort. This often restricts MDCR staff from housing them in the best location for their behavior because they cannot move them out of Level III housing. In most jails, Level III inmates are general population inmates. While it is

¹ <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/sljsfp0019st.pdf>. Data tables at <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/sljsfp0019st.zip>

understandable to be cautious, particularly about suicide concerns, it is also important for MDCR and CHS to recognize that with consistent resources but increased demand, the people who need the attention most will have less of it. The restrictions of the Agreements were likely created out of the best ideas at the time, but today they create unintended consequences.

Self-Audits

As previously discussed, the data and information systems in MDCR do not lend themselves well to meaningful management reports. Nonetheless, sufficient data is gathered to provide basic information. The reporting and analysis of this data have improved notably over the past two years, and these reports, particularly the Quarterly Performance Report, have become meaningful tools for decision-making and measuring progress. Each quarter, MDCR analyzes and compares:

- Bookings, releases and the average daily population
- The behavioral health population
- The amount of inmate-on-inmate and inmate-on-staff violence
- Uses of force by staff
- Inmate disciplinary processes
- Inmate grievances
- Contraband control
- In-custody deaths

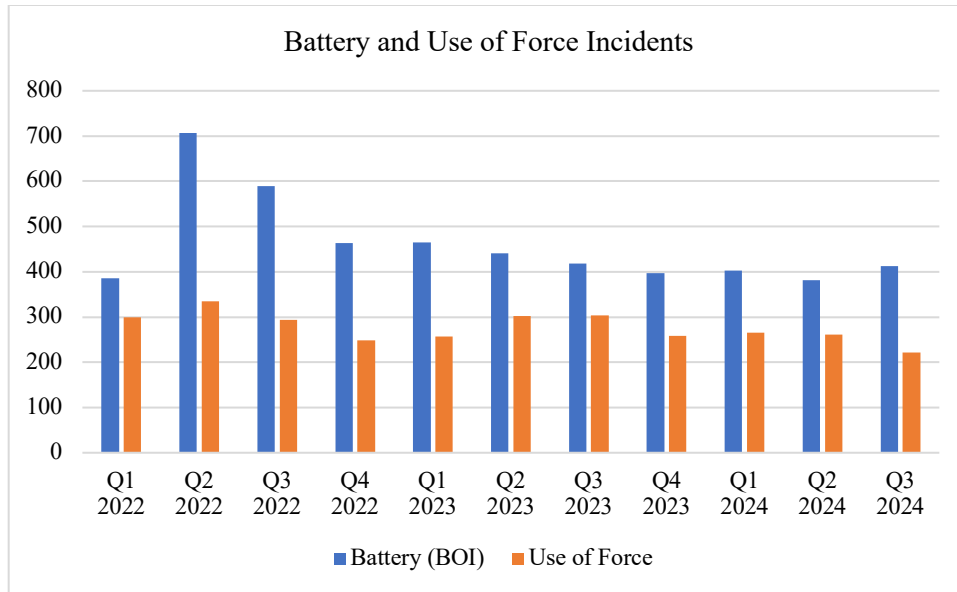
Strategies are reviewed to see if they have been effective and new strategies are developed. The Quarterly Performance Report is the best use of data-driven decision-making MDCR has. While far from perfect, the staff do what they can with the data they have.

Battery and Use of Force

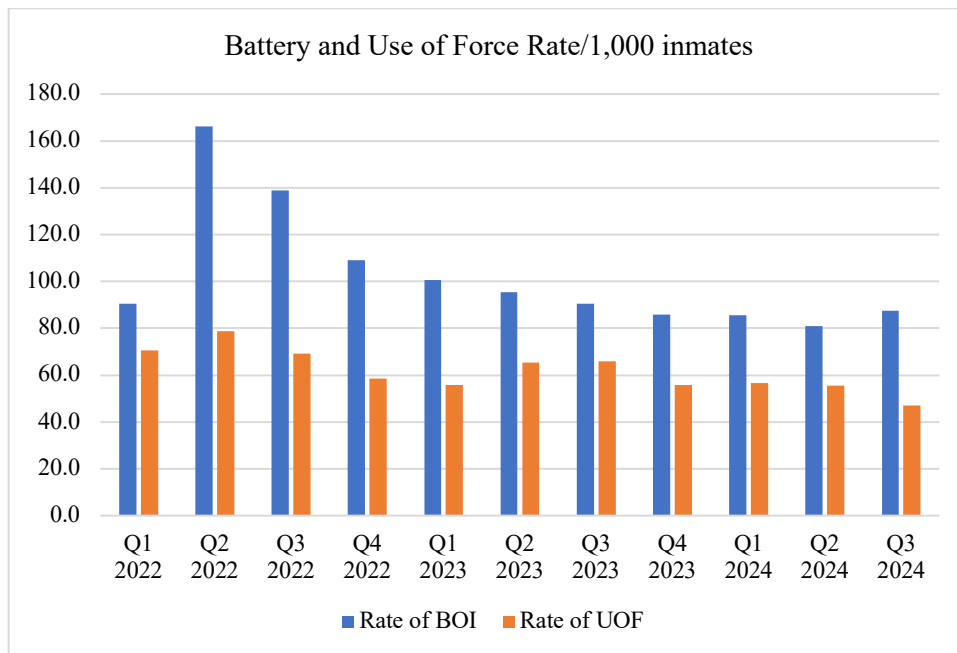
“Battery on Inmate” in the MDCR language means an inmate assaulting another inmate. This measure, combined with the data on the use of force, is a good litmus test for the level of violence in a jail system. MDCR did not historically consider the use of force as a measure of violence, but it now does.

MDCR has successfully reduced the number of incidents and the rate of inmate battery incidents from 2012 to now, even though the population has increased. Many factors contribute to inmate-on-inmate violence, including contraband control, gambling debts, gang affiliation and personal vendettas, often from street grudges. What has likely had the greatest effect for violence reduction are the classification, discipline and incentive systems now in place, as well as contraband reduction, especially drugs.

The graphic below shows incidents of inmate-on-inmate violence and the uses of force. While it will always be a goal of decreasing both even more, the longer-term trends show notable improvement in the reduction of inmate violence in the past three years.



A more accurate depiction of these numbers is by calculating the rate for the inmate population. The average daily population for MDCR has increased from 4,276 in 2019 to about 4,700 today. It dropped with the Covid-10 pandemic in 2020 but rebounded in 2021 and has continued to climb. The inmate population variances are not reflected when only the number of incidents is counted, and therefore, rates are the preferable measurement. From the first three quarters of 2022 and the same months in 2024, the rate of inmate-on-inmate violence has decreased by 36%. From its peak in the second quarter of 2022, it has decreased 47%.



Staffing, overtime, and other personnel-related concerns outlined in the Settlement Agreement do not hinder sustained compliance today. MDCR is well-staffed compared to similarly situated jails, and the county has been generous in supplementing the jail's budget with additional overtime money when warranted. With the elimination of an entire executive-level rank in early 2023, MDCR's organizational structure is reasonably efficient and effective.

MDCR is now following all generally accepted jail practices for violence reduction. As the classification, disciplinary, and incentive systems improve over time, additional positive outcomes may be realized. As better data systems are developed in the future, MDCR should be able to hone in on additional successes in violence reduction strategies.

Contraband

Because of its age, the Pretrial Detention Center facility continues to be, and likely always will be, the most problematic facility. There are plans to replace it, but that will take years. The combination of the Pretrial Detention Center being the most problematic jail and the most appropriate facility for high-risk inmates presents unfortunate challenges.

While the amount of contraband seized are not yet available for Q3 2024, the data for the first half of the year suggests:

- A continued decrease in the number of weapons seized. In 2022, 519 items were seized, 351 in 2023, and 130 in the first half of 2024. The downward trend seems accurate, as there have been significantly fewer weapons-related incidents.
- An increase in the number of illegal drugs seized. In 2022 and 2023, 80 and 67 drug items were seized, respectively. In the first half of 2024, 148 items have been seized. Interestingly, since 2019, the most items ever seized in three months was Q1 2024, with 108. That was followed by only 26 in Q2 2024, the lowest ever seized since 2019. This suggests the emphasis in first quarter searches has had a lasting effect.

In the December 30, 2022, letter, the Monitors wrote:

III. A.1.a. (11) (Safety and Supervision) – Violence

We hope that institutional improvements focused on the improved management of inmate housing units, increases in staff training, and addition of relevant inmate programming will result in improved safety for staff and inmates. We urge that meaningful performance measures be developed and used to track progress in each facility and in each housing unit. We urge that, if the County continues to apply “key performance measures” as benchmarks, that these measures are grounded in research, literature, and/or other credible yardsticks.

III. D. 1. a. and b. (Self-audits)

III. D.2. a. b. (Audits and Continuous Improvements)

IV. B. (Compliance and Quality Improvement)

The Monitors offered many, many recommendations to obtain and sustain compliance with these provisions. It has been a very daunting task to engage in data collection and analysis using an information system that is twenty (or thirty) years obsolete. The circumstances within the County that allowed this critical need to go unaddressed have been, hopefully, rectified. Managing jail operations through data, counting and analyzing what matters is important to informing policy reviews, revisions, training, corrective actions and follow-up. MDCR's newly developed strategic analysis division, and strengthening compliance oversight – even after compliance is achieved, will improve protection from harm for staff and inmates.

While these efforts are currently adequate for basic practices and substantial compliance, there is ample opportunity with the development of a new jail information system for MDCR to improve their use of key performance indicators in the future and begin to not only track numbers but also look at correlations. For example, is there more violence after the commissary is distributed? This is a typical time in most jails when inmates may refuse to pay off debts, and therefore, violence occurs.

Sexual Misconduct

The essence of the sexual misconduct provisions rests within guidance from the Prison Rape Elimination Act (PREA). Historically, MDCR struggled with progress toward substantial compliance. In June 2022, PREA audits were conducted, and MDCR was found compliant. The audits came into question, and in late 2023, the ICD hired a nationally recognized PREA expert to advise and guide the efforts. The consultant conducted on-site assessments, provided training, corrected policies and is currently finishing an MDCR-specific PREA manual to ensure sustainable progress.

As of September 2024, the Metro West Detention Center and the Turner Guilford Knight Correctional Center have successfully undergone PREA audits. The Pretrial Detention Center audit is planned for 2025.

As has been discussed in prior reports, all indicators are that sexual misconduct is rare in the MDCR system. In 2024 so far, there have been 118 PREA allegations; however, only one was substantiated. Thankfully, the act did not cause any physical harm to the victim.

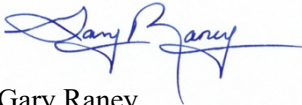
The Monitors wrote in the December 30, 2022 letter about non-compliance with the Sexual Misconduct paragraph, specifically arguing against the compliance findings in the June 2022 PREA audits. The ICD agrees that the April 2022 audits were in error but is now confident that those deficiencies have been corrected.

Conclusion

The ICD is honored and privileged to be trusted by the Court, Mayor Levine Cava, and others to lead the effort to substantial compliance. The ICD has often been asked what made this project go so well. In reflection, the ICD believes success has come from building trust, educating people on modern practices, and gaining their support and ownership during change. However, this would not have been possible without the Court's authority and the Mayor's support. It was invaluable for people to know that when it was necessary, change would happen, regardless of their opinion.

Inevitably, MDCR will stop following some of the practices in the Agreements. Some of the conditions in the Agreements are from more than ten years ago and are no longer the best approaches to running a good jail system. The ICD believes the MDCR staff will continue to focus on the essentials, especially harm reduction. The ICD also hopes the MDCR will continue to try new approaches and seek innovative practices like their work on segregation reduction and incentives.

Respectfully submitted:



Gary Raney,
Independent Compliance Director

Exhibit 27
(Miami-Dade County, FL)

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

CASE NO. 13-21570-CIV-BLOOM

UNITED STATES OF AMERICA

Plaintiff,

v.

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

Defendants.

_____ /

UNITED STATES' COMPLIANCE REPORT

The United States hereby files this Compliance Report regarding the Consent Decree in this case concerning conditions at the Miami-Dade Corrections and Rehabilitation Department (“MDCR”) jail facilities (“the Jails”). On June 18, 2024, the Court ordered, “On October 18, 2024, . . . the Government shall file a progress report that provides an update on whether Defendants are in substantial compliance with the Consent Agreement, following the Government’s visit to the Miami Center for Mental Health and Recovery on October 2-3, 2024.” ECF No. 272. On October 2-3, 2024, the United States participated with the Monitoring Team on its assessment of the Jails. On October 2, 2024, the United States visited the Miami Center for Mental Health and Recovery (“the Center”) and spoke with Ms. Cathy Burgos, the Chief Community Services Officer for the Office of the Mayor of Miami-Dade County, and the Honorable Judge Leifman concerning the status of the Center. As this Court recalls, Judge Leifman spoke at the June 11, 2024 status conference regarding the Center’s progress. The United States understands that the Miami-Dade County Board of County

Commissioners passed a resolution directing the Mayor of Miami-Dade County to negotiate agreements with Westcare Florida, Inc., and the Advocate Program, Inc., for the operation and provision of services at the Center and to present a written recommendation on such agreements to the Board of County Commissioners. Additionally, the Board of County Commissioners has allocated certain funding from the National Prescription Opiate Litigation (“Opioid Funding”) to the Center. Judge Leifman expects the Center to be open in 2025, but a more concrete deadline cannot be estimated at this time.

On October 16, 2024, the Monitor, Dr. Kenneth Ray, submitted to the parties his Independent Monitors’ Eighteenth Report finding Defendants in continued substantial compliance with all provisions of the Consent Decree. The United States attaches the Independent Monitors’ Eighteenth Report as Exhibit A. The United States concurs with the findings of the Monitoring Team that Defendants continue to remain in substantial compliance with all provisions under the Consent Decree. Since the Seventeenth Report, submitted in May 2023, the United States has worked closely with the Monitoring Team and Defendants to confirm that all Consent Decree provisions remain in substantial compliance. These current findings of substantial and sustained compliance confirm what was reported in multiple conference calls between the United States, the Monitoring Team, and Defendants. Dr. Dudley, the mental health expert from the Monitoring Team, and Dr. Kumar, the medical expert, have conducted weekly meetings with mental health and medical staff since February 24, 2024. Dr. Ray, the lead Monitor, meets monthly with Corrections Health Services (“CHS”) leadership. The United States can also confirm Defendants remain in substantial compliance with all provisions of the Settlement Agreement as outlined in the Monitors’ Eighteenth Report.

The United States does want to acknowledge that there was a suicide at the Jail on September 8, 2024. On September 8, 2024, at approximately 12:41 pm, a woman was booked into MDCR’s

Turner Guilford Knight Correctional Center (“TGK”). She was evaluated by the mental health staff of CHS, was designated Mental Health Level II, and relocated to TGK’s Mental Health Treatment Center (“MHTC”) Unit K2-2, room #K3218. At 10:48 pm, correctional staff assigned to MHTC Unit K2-2 were conducting welfare checks of the housing units and observed the incarcerated person hanging from her bunk. She was admitted unresponsive to Jackson West Medical Center and declared deceased by medical staff three days later on September 11, 2024.

From discussions, interviews, and records review during the recent compliance tour of October 2-3, 2024, and as outlined in the Monitors’ Eighteenth Report, the United States reports that the incarcerated person was evaluated on multiple occasions, including by the intake nurse, a Qualified Mental Health Professional (“QMHP”), and a nurse on the mental health unit at TGK in which she was housed. According to these multiple evaluations, she was not suicidal, did not have a history of suicide, was not self-harming, was not on drugs, but displayed psychotic and schizoaffective tendencies, felt depressed, and was currently on long-acting injectable medication. Given these parameters, the incarcerated person was placed on priority 1 for mental health treatment and housed in the mental health unit at TGK. The Mortality and Morbidity Review of the suicide will be submitted to the Monitoring Team and the United States on October 23, 2024. As the Monitors’ Eighteenth Report states, “The Mortality and Major Incident reviews are scheduled for submission to the Monitor by October 23, 2024. These reviews are expected to be thorough, with appropriate corrective action plans developed in response to the findings . . . [and] based on our onsite and offsite case review conducted with MDCR and CHS officials, along with our comprehensive review of the incident’s medical records, we have no basis to expect a downgrade in the compliance rating.”

The United States agrees with the conclusions of the Monitoring Team regarding the suicide and that Defendants remain in substantial compliance with all the provisions of the Consent Decree.

Respectfully Submitted,

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Southern District of Florida

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DATED: October 18, 2024

CERTIFICATE OF SERVICE

I hereby certify that on October 18, 2024, I electronically filed the foregoing with the Clerk of the Court using the ECF system, which sent notification of such filing to all counsel of record.

/s/ Veronica Harrell-James
Veronica Harrell-James
Assistant United States Attorney

**MIAMI-DADE COUNTY, FLORIDA
DEPARTMENT OF CORRECTIONS & REHABILITATION**

**Court-Appointed Independent Compliance Monitor’s
18th Compliance Report
October 18, 2024**

In re

**UNITED STATES OF AMERICA,
Plaintiff,**

v.

**MIAMI-DADE COUNTY;
MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONERS; MIAMI-DADE COUNTY
PUBLIC HEALTH TRUST
Defendants,**

**Case :13-CV-21570 CIV
The Honorable Beth Bloom**

Monitoring Team

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Lead Monitor

Dr. Richard G. Dudley, Jr. MD
Mental Health Monitor

Dr. Muthusamy Anandkumar, MD, MBA
Medical Monitor

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I. INTRODUCTION & OVERVIEW

This assessment of progress toward fulfilling the requirements of the Settlement Agreement and Consent Agreement is overwhelmingly positive. We are pleased to report that all Settlement Agreement requirements have been met with Sustained compliance, in many cases, exceed the required standards. Similarly, all Consent Agreement requirements have been met and all provisions and subsections reported in Substantial Compliance remain so rated.

Since our 17th report, the monitoring team has diligently conducted independent evaluations of the defendants' adherence to the terms of the Agreements. At the same time, we have actively collaborated with stakeholders to further enhance performance. The strong cooperation and engagement from officials and staff at the United States, Miami-Dade County, Miami-Dade Corrections and Rehabilitation Department (MDCR), Correctional Health Services (CHS), and the Jackson Hospital System have been essential. Their openness to our technical assistance highlights their commitment to achieving these critical goals.

We extend our sincere thanks to the United States, Miami-Dade County, CHS, the Jackson Hospital System, the Independent Compliance Director, Mr. Gary Raney, and all MDCR and CHS compliance team members and leaders for their unwavering dedication to these efforts. Their commitment has been the foundation for substantial improvements over the past two years.

The leadership of Miami-Dade Mayor Daniella Levine Cava has been instrumental in driving rapid and sustained progress, as reflected in our ongoing evaluations. With such strong leadership and continued collaboration, we are optimistic that full resolution of both Agreements will be achieved by early 2025. This progress not only underscores our shared objectives but also reinforces our collective commitment to maintaining the highest standards of compliance and improvement.

Mortalities 2019 – 2024 (Q3)

Considering the Court’s specific interest and concern about inmate deaths, a comprehensive assessment of mortalities from 2019 through 2024 (3) is provided below.

Between March 2019 and September 2024, a total of 61 inmate deaths were reported. These deaths were categorized as accidental (6 cases, 10%), homicide (3 cases, 5%), natural causes (44 cases, 72%), and suicide (8 cases, 13%). Male inmates accounted for most deaths, with 55 fatalities (90%), while female inmates represented 6 deaths (10%). The average age at the time of death was 55 years, with female inmates averaging 38 years and male inmates averaging 57 years. The youngest recorded age was 21 years for males and 28 years for females, while the oldest was 92 years for males and 45 years for females.

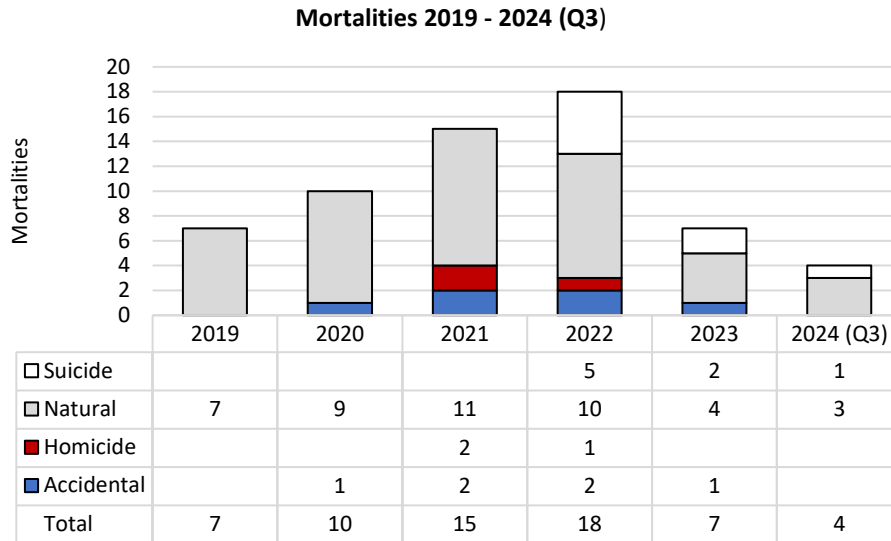
Of the 61 deaths, 43 (70.5%) involved inmates diagnosed with serious mental illness (S/MI), while the remaining 18 (29.5%) were non-S/MI cases. Among the S/MI deaths, 38 (88.4%) were male, and 5 (11.6%) were female. Across both S/MI and non-S/MI categories, male inmates accounted for 55 deaths (90.2%), and females accounted for 6 deaths (9.8%).

Manner of Death by Gender & MH Status (2019-2024)

Manner of Death	Female		Male		Total		
	Non S/MI	S/MI	Non S/MI	S/MI	Ttl. Non S/MI	Tt. S/MI	Total
Accidental			2	4	2	4	6
Homicide		1		2	0	3	3
Natural	1	2	15	26	16	28	44
Suicide		2		6	0	8	8
Total	1	5	17	38	18	43	61

Substantial Reduction in Mortalities.

From 2019 to 2024 (Q3), the total number of inmate deaths fluctuated, with increases followed by sharp declines in later years. In 2019, there were 7 deaths, and this figure rose by 42.9% in 2020 to 10 deaths. The upward trend continued in 2021, with a 50% increase, bringing the total to 15 deaths. The peak occurred in 2022, with 18 deaths, representing a 20% rise from the previous year.



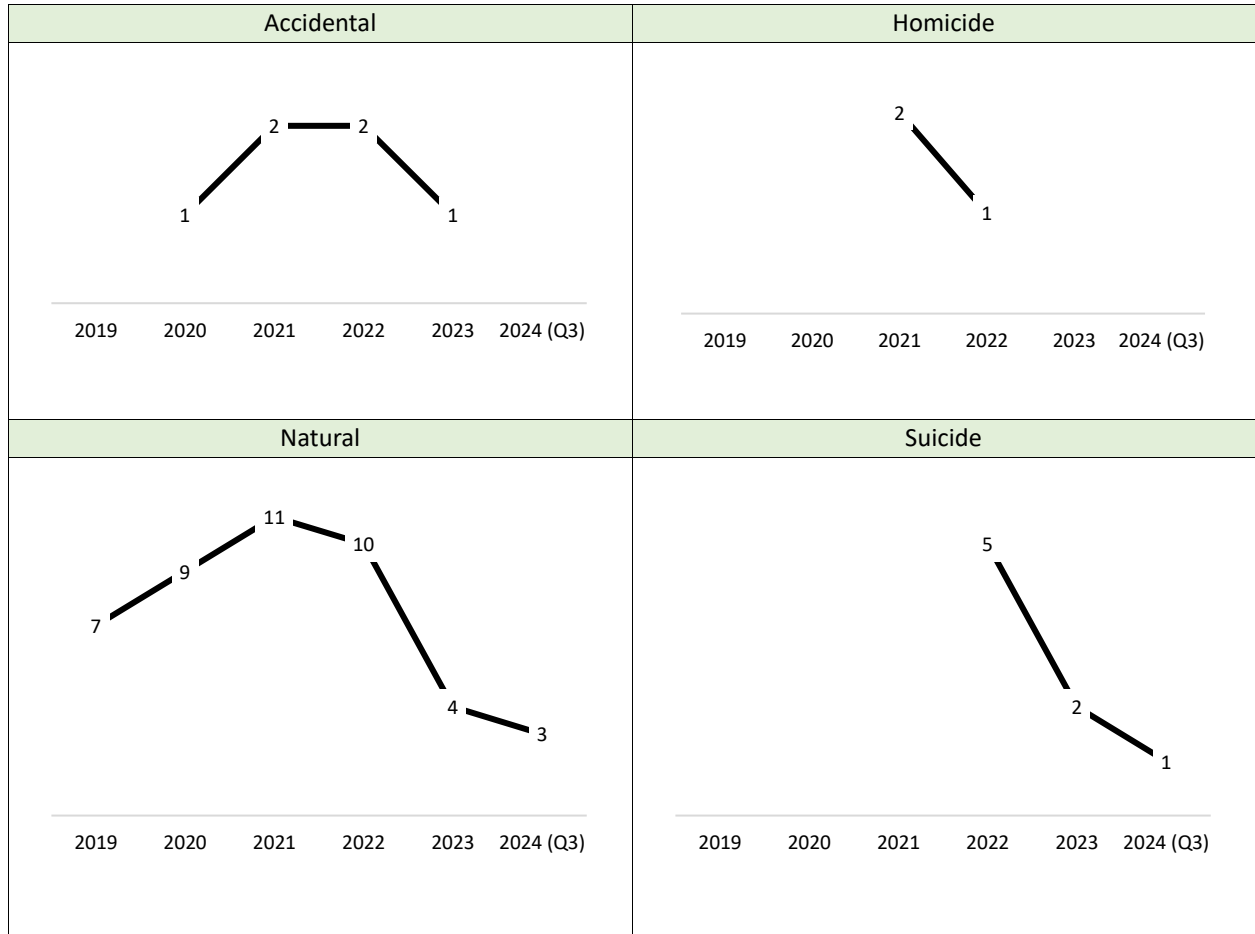
The manner of death among inmates from 2019 to 2024 (Q3) shows distinct trends, with noticeable annual changes across categories. Accidental deaths remained consistently low, with no cases reported in 2019. In 2020, 1 accidental death occurred, followed by a 100% increase in 2021 to 2 deaths. The number remained steady in 2022 with 2 cases but decreased by 50% in 2023 to 1 case. No accidental deaths have been reported in 2024 (Q3) so far.

Homicides were rare, with 2 cases reported in 2020. In 2021, the number decreased by 50% to 1 case, and since then, no homicides have been reported in 2022, 2023, or 2024 (Q3), being a complete cessation of homicides over the last three years.

Natural deaths consistently made up most cases. In 2019, 7 natural deaths occurred, followed by a 28.6% increase in 2020 to 9 cases. In 2021, the number further increased by 22.2% to 11 cases, marking the highest point for natural deaths. However, by 2022, natural deaths declined by 9.1% to 10 cases, followed by a sharp 60% drop to 4 cases in 2023. So far in 2024 (Q3), natural deaths have declined further, with only 3 cases reported, showing a 25% decrease from the previous year.

Suicides made up 8 of the total 61 deaths, representing 13% of all mortalities during this period. Of these, 6 cases (75%) involved male inmates, and 2 cases (25%) involved female inmates. Suicides were first reported in 2022, with 5 cases. However, suicides decreased by 60% in 2023, with only 2 cases, and declined again by 50% in 2024 (Q3) to just 1 case. All suicides involved inmates diagnosed with serious mental illness (S/MI) and were carried out by hanging. Suicides have declined 80% from being first reported in 2022 to September 2024.

Manner of Death 2019 – 2024 (Q3)



Overall, the increase in total deaths between 2019 and 2022 was driven primarily by natural causes. However, starting in 2023, the total number of deaths fell sharply, with a 61.1% decline, followed by another 42.9% decrease in 2024 (Q3). This reduction reflects fewer cases across all categories, particularly natural deaths, and suicides. Homicides and accidental deaths, although infrequent throughout the period, have remained low and stable, contributing minimally to the overall trends.

Annual Mortalities by Manner of Death, Gender & Mental Health Status

Year	2019		2020		2021		2022		2023		2024		Totals											
	Total Deaths			7			10			15			18			7			4			61		61
Gender	F	M	F	M	F	M	F	M	F	M	F	M	Ttl. F	Tt. M	Total									
Accidental				1		2		2		1					6	6								
Non S/MI						1				1					2	2								
S/MI				1		1		2							4	4								
Homicide					1	1		1					1	2	3									
Non S/MI																								
S/MI					1	1		1					1	2	3									
Natural		7	1	8	1	10		10	1	3		3	3	41	44									
Non S/MI		3	1	4		3		4				1	1	15	16									
S/MI		4		4	1	7		6	1	3		2	2	26	28									
Suicide								1	4		2	1	2	6	8									
Non S/MI																								
S/MI							1	4		2	1		2	6	8									
Ttl. Non S/MI		3	1	4	0	4		4		1	0	1	1	17	18									
Ttl. S/MI		4		5	2	9	1	13	1	5	1	2	5	38	43									
Total		7	1	9	2	13	1	17	1	6	1	3	6	55	61									

Mortality trends per 1,000 average daily population (ADP) from 2019 to 2024, highlighting distinctions between non-serious/mental illness (NonS/MI) and serious/mental illness (S/MI) groups. The overall mortality rate increased in 2020, coinciding with the COVID-19 pandemic, with NonS/MI ADP mortality increasing by 125.8% and S/MI ADP mortality rising by 31.6%.

In 2021, the trend shifted, with NonS/MI mortality decreasing by 18.5%, while S/MI mortality climbed further by 71.5%, indicating that individuals with preexisting serious or mental health conditions may have been more susceptible to prolonged pandemic effects. By 2022, mortality in NonS/MI ADP stabilized with only a 2.3% decline, while S/MI mortality continued rising, albeit at a slower pace (12.7).

A notable turnaround occurred in 2023, with mortality rates across all categories sharply dropping. Overall mortality decreased by 60.8%, driven primarily by a 68.1% reduction in NonS/MI ADP and a 60.6% decline in S/MI ADP, marking the beginning of recovery. This positive trend accelerated into 2024, with overall mortality down 43.7%, and S/MI and NonS/MI ADP experiencing declines of 50.0% and 5.8%, respectively. The period from 2022 to 2024 saw an impressive overall mortality reduction of 78%, with S/MI ADP seeing the most dramatic improvement at 80.3%, suggesting that targeted interventions and improved conditions of confinement have mitigated risks for this vulnerable population.

Mortalities Per 1000 ADP

Year	Mortality Per 1000 ADP	Mortality Per 1000 NonS/MI ADP	Mortality Per 1000 S/MI ADP
2019	1.64	1.55	1.71
2020	2.74	3.49	2.25
2021	3.53	2.85	3.86
2022	3.87	2.78	4.35
2023	1.52	0.89	1.72
2024	0.85	0.84	0.86
2019- 2024 Trends			
19-20	67.3%	125.8%	31.6%
20-21	28.8%	-18.5%	71.5%
21-22	9.7%	-2.3%	12.7%
22-23	-60.8%	-68.1%	-60.6%
23-24	-43.7%	-5.8%	-50.0%
22-24	-78.0%	-69.9%	-80.3%
19-24	-47.9%	-45.9%	-49.9%

The significance of the decline in S/MI mortalities is clear when juxtaposed to the substantial increase in the S/MI population during this period. Between 2019 and 2024, the Serious/Mental Illness (S/MI) population within the average daily population (ADP) grew by 49.6%, increasing from 2,337 individuals in 2019 to 3,497 in 2024. The share of the S/MI population in the total ADP rose from 55% to 75% over the same period, reflecting a shift toward a greater concentration of individuals with more serious or mental health conditions. The most rapid expansion occurred between 2020 and 2021, with a 28.3% increase from 2,220 to 2,848 individuals, followed by a 12.9% increase to 3,215 in 2022 and 8.7% growth in 2023 to 3,494. However, the growth plateaued between 2023 and 2024, with only a 0.1% increase to 3,497, suggesting that the population may have stabilized.

This population growth was initially accompanied by a rise in both S/MI deaths and suicides. The number of S/MI deaths increased from 4 in 2019 to 14 in 2022—a 120% increase from 5 deaths in 2020 to 11 in 2021, followed by a 27.3% increase to 14 deaths in 2022. However, after 2022, there was a sharp decline, with S/MI deaths decreasing by 57.1% to 6 in 2023 and then by 50% to 3 in 2024. Similarly, total mortality rates per 1,000 S/MI ADP rose from 3.0 in 2019 to 5.6 in 2022, an increase of 50.4% in 2020, 16.9% in 2021, and 6.3% in 2022. After 2022, mortality outcomes improved significantly, with the rate falling by 64.2% to 2.0 per 1,000 in 2023, and further decreasing by 42.9% to 1.1 per 1,000 in 2024. Similarly, S/MI-specific mortality per 1,000 peaked at 4.4 in 2022, followed by a 60.6% decrease to 1.7 in 2023, and a further 50% drop to 0.86 in 2024.

Suicide trends followed a similar pattern, with notable increases followed by significant declines in the later years. In 2022, S/MI suicides reached 1.56 per 1,000 S/MI ADP, being the first time suicide data was recorded. However, between 2022 and 2023, the suicide rate dropped by 63.2% to 0.57 per 1,000, with another 50% decrease to 0.29 per 1,000 in 2024.

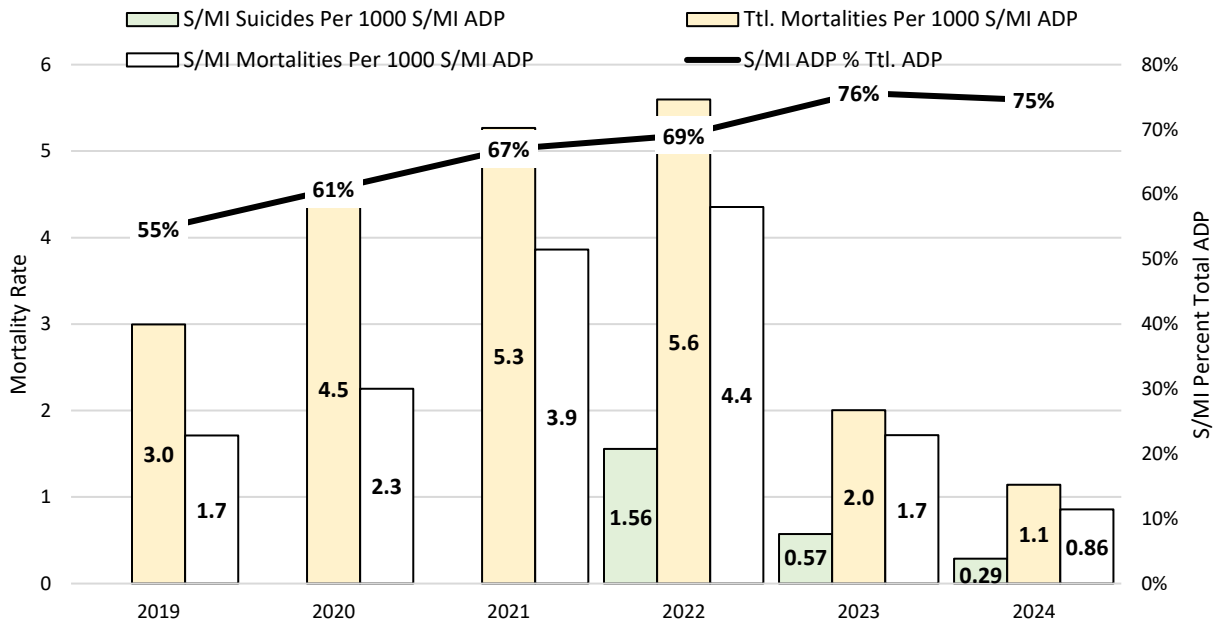
Over the full period from 2019 to 2024, total mortality per 1,000 S/MI ADP decreased by 61.8%, from 3.0 to 1.1, and S/MI-specific mortality dropped by 49.9%, from 1.7 to 0.86 per 1,000. Suicide rates, which peaked in 2022, fell by 81.6% to 0.29 per 1,000 by 2024, the lowest level seen during the six-year span. These improvements occurred despite the 49.6% increase in the S/MI population

and its growing share of the total ADP, underscoring the success of enhanced healthcare strategies and mental health interventions.

S/MI ADP, ADP, Mortalities & Mortality Rate Per 1000 S/MI ADP

Year	Average of S/MI ADP	S/MI ADP % Ttl. ADP	S/MI Deaths	Ttl. Mortalities Per 1000 S/MI ADP	S/MI Mortalities Per 1000 S/MI ADP	S/MI Suicides Per 1000 S/MI ADP
2019	2,337	55%	4	3.0	1.7	
2020	2,220	61%	5	4.5	2.3	
2021	2,848	67%	11	5.3	3.9	
2022	3,215	69%	14	5.6	4.4	1.56
2023	3,494	76%	6	2.0	1.7	0.57
2024	3,497	75%	3	1.1	0.86	0.29
2019 - 2024 Trends						
19-20	-5.0%	11.3%	25.0%	50.4%	31.6%	
20-21	28.3%	10.2%	120.0%	16.9%	71.5%	
21-22	12.9%	3.2%	27.3%	6.3%	12.7%	
22-23	8.7%	9.5%	-57.1%	-64.2%	-60.6%	-63.2%
23-24	0.1%	-1.5%	-50.0%	-42.9%	-50.0%	-50.0%
22-24	8.8%	7.9%	-78.6%	-79.6%	-80.3%	-81.6%
19-24	49.6%	36.4%	-25.0%	-61.8%	-49.9%	-81.6%

S/MI ADP & S/MI Mortality Rate



These findings clearly prove that while the rapid growth of the S/MI population initially posed challenges, leading to increases in both deaths and suicides through 2022, considerable progress was made in the following years. From 2022 to 2024, S/MI deaths dropped by 78.6% and suicides decreased by 81.6%, showing the effectiveness of improved care and custodial confinement strategies and agency support. This turnaround highlights the importance of continued investment in mental health services and prevention efforts, ensuring that the health risks associated with a growing and vulnerable population are managed effectively to sustain these positive outcomes over time.

The ongoing efforts by CHS and MDCR to minimize the risk of death in the facilities are evident through the rigorous Mortality & Morbidity Reviews and Major Incident Reviews, regular audits of mental health assessments and interventions, and the enhancement of clinical supervision programs.

With respect to Mortality & Morbidity Reviews, it is important to recognize that attempted or completed suicides often involve unique and previously unidentified circumstances rather than failures in following existing policies for requirements contained in the Agreements. During these reviews, issues are examined broadly, without limiting the analysis to factors that directly contributed to the incident. As a result, what is often labeled as a ‘corrective action plan’ is actually part of an ongoing effort to refine policies and procedures, making them more adaptable to uncommon situations without becoming overly complex. This process also aims to continuously improve the knowledge, skills, and thoughtfulness of clinicians.

Similarly, the audits of mental health assessments, treatment plans, and therapeutic interventions play a crucial role in maintaining care quality. The increased staffing in 2023 has allowed for improved clinical supervision, including the addition of clinical supervisors to each Interdisciplinary Treatment Team. This real-time oversight enables the immediate identification and resolution of concerns, which has likely contributed to the consistently strong results in quality audits. Further evidence of the positive impact of enhanced supervision is seen in the way staff now view the required frequency of patient contact as a minimum standard, regularly exceeding it when clinically necessary. This proactive approach has significantly improved the overall quality of care.

II. COMPLIANCE PROGRESS

Settlement Agreement and Consent Agreement Provisions and Subsections in Substantial Compliance

The remaining six (6) provisions and subsections in the Settlement Agreement have achieved Sustained Compliance by maintaining Substantial Compliance for 18 or more consecutive months. All 61 provisions and subsections are now eligible for sunseting according to the terms of the Agreement. The remaining 12 provisions and subsections in the Consent Agreement remain in substantial compliance as reported in the 17th report. We optimistically expect that all 116 provisions and subsections will be Sunsetting by May 2025.

Settlement Agreement Achieving Sustained Compliance:

1. Section III.A. Protection from Harm, 1. Safety & Supervision, Subsection III. A.1.a.(2).
2. Section III.A. Protection from Harm, 1. Safety & Supervision, Subsection III. A.1.a.(11).
3. Section III.A. Protection from Harm, 3. Sexual Misconduct.
4. Section III.D. Audits & Continuous Improvement. 1. Self-Audits, Subsections III.D.1.a, b.
5. Section III.D. Audits & Continuous Improvement. 2. Bi-Annual Reports. Subsection III.D.a.b.
6. Section IV.B. Compliance & Quality Improvement.

Consent Agreement Provisions and Subsections Maintaining Substantial Compliance:

1. Section III.A. Medical & Mental Health Care. 1. Intake Screening, Subsection III.A.1.e.
2. Section III.A. Medical & Mental Health Care. 2. Health Assessments, Subsection III.A.2.d
3. Section III.A. Medical & Mental Health Care. 4. Medication Administration & Management, Subsection III.A.4.d.
4. Section III.A. Medical & Mental Health Care. 7. Morality & Morbidity Reviews, Subsection III.A.7.a.
5. Section III.A. Medical & Mental Health Care. 7. Morality & Morbidity Reviews, Subsection III.A.7.b.
6. Section III.A. Medical & Mental Health Care. 7. Morality & Morbidity Reviews, Subsection III.A.7.c.
7. Section III.C. Mental Health Care & Suicide Prevention. 1. Referral Process & Access to Care, Subsection III.C.1.a. (1)(2)(3)
8. Section III.C. Mental Health Care & Suicide Prevention. 2. Mental Health Treatment, Subsection III.C.2.c.
9. Section III.C. Mental Health Care & Suicide Prevention. 3. Suicide Assessment & Prevention, Subsection III.C.3.e
10. Section III.C. Mental Health Care & Suicide Prevention. 6. Custodial Segregation, Subsection III.C.6.a.(4).i..
11. Section III.C. Mental Health Care & Suicide Prevention. 6. Custodial Segregation, Subsection III.C.6.a.(4).ii.
12. Section III.C. Mental Health Care & Suicide Prevention. 6. Custodial Segregation, Subsection III.C.6.a.(6).

As reported in the 17th Report, the monitoring team conducted a comprehensive examination of the 50 provisions and subsections previously rated in sustained compliance by the preceding monitoring team. This process involved months of meticulous document and data examinations, use of performance audit tools, independent analysis of diverse datasets, two onsite visits, and numerous Zoom and telephone interviews and meetings. Our assessment confirmed that all provisions and subsections remained in sustained compliance.

Consent Agreement Provisions and Subsections in Sustained Compliance

III.A.1. Intake Screens (6):

1. III.A.1.a.
2. III.A.1.b.
3. III.A.1.c.
4. III.A.1.d.
5. III.A.1.f.
6. III.A.1.g.

III.A.2. Health Assessments (6)

7. III.A.2.a.
8. III.A.2.b.
9. III.A.2.c.
10. III.A.2.e.
11. III.A.2.f.
12. III.A.2.g.

III.A.4. Medication Admin and Management
(6)

13. III.A.4.a.
14. III.A.4.b(1)
15. III.A.4.b(2)
16. III.A.4.c.
17. IIIA.4.e.
18. III.A.4.f.

III.C.1. Referral Process & Access to Care (1)

19. III.C.1.b.

III.C.2. Mental Health Treatment (14)

20. III.C.2.a.
21. III.C.2.b.
22. III.C.2.d.
23. III.C.2.e.(1)(2)
24. III.C.2.f.
25. III.C.2.g.
26. III.C.2.g.(1)
27. III.C.2.g.(2)
28. III.C.2.g.(3)
29. III.C.2.g.(4)
30. III.C.2.h.
31. III.C.2.i.
32. III.C.2.j.
33. III.C.2.k.

III.C.3. Suicide Assessment & Prevention (7)

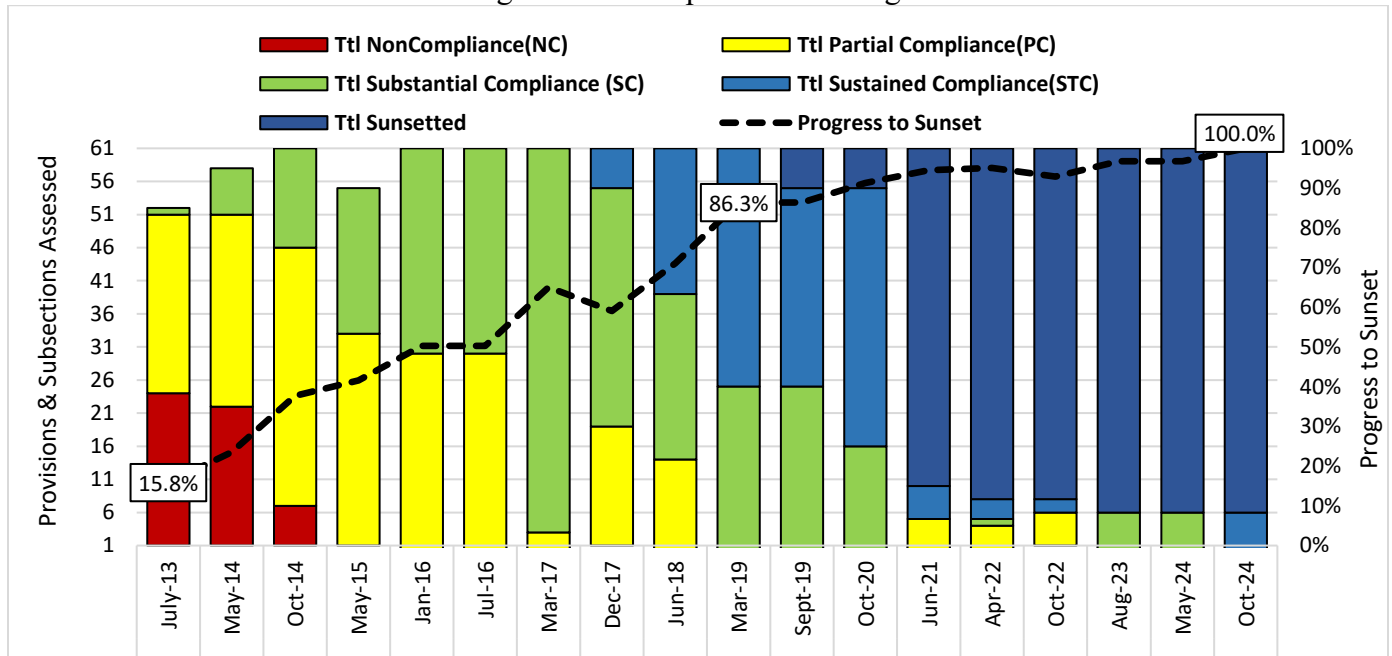
34. III.C.3.a.(1)(2)(3)(4)(5)
35. III.C.3.b.
36. III.C.3.c.
37. III.C.3.d.
38. III.C.3.f.
39. III.C.3.g.
40. III.C.3.h.

III.C.6. Custodial Segregation (10)

41. III.C.6.a.(1a)
42. III.C.6.a.(1b)
43. III.C.6.a.(2)
44. III.C.6.a.(3)
45. III.C.6.a.(5)
46. III.C.6.a.(7)
47. III.C.6.a.(8)
48. III.C.6.a.(9)
49. III.C.6.a.(10)
50. III.C.6.a.(11)

The following charts and tables show compliance, progress to Sunset, and scorecards for both agreements.

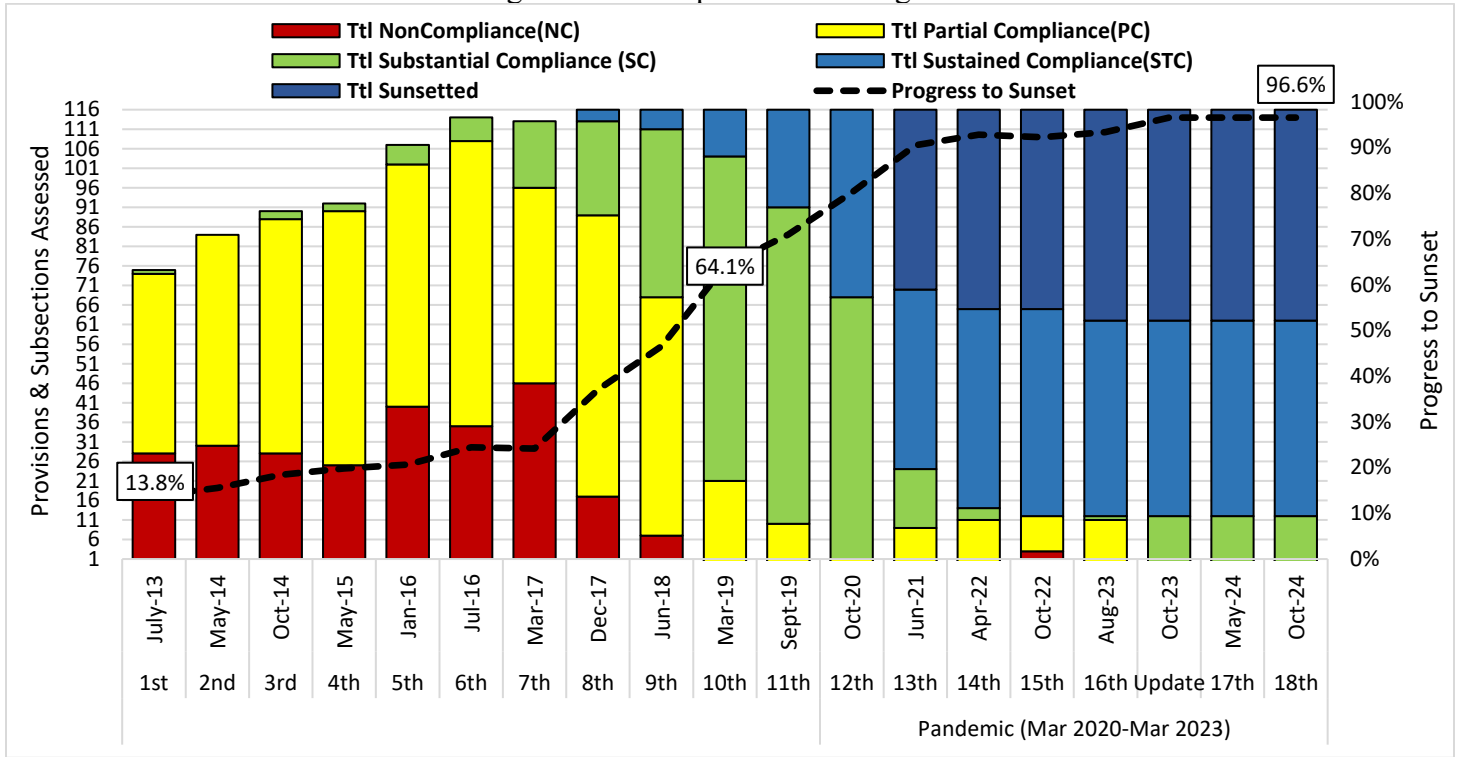
Settlement Agreement Compliance and Progress to Sunset



Settlement Agreement Scorecard Summary

MDCR SETTLEMENT AGREEMENT SCORE CARD SUMMARY												Pandemic (Mar 2020-Mar 2023)							
Report	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	
Month Year Reported	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	May-24	Oct-24	
Ttl Not Reviewed(NR)	9	3	1	40	41	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ttl NonCompliance(NC)	24	22	7	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	
Ttl Partial Compliance(PC)	27	29	39	32	30	30	3	18	14	0	0	0	5	4	5	0	0	0	
Ttl Substantial Compliance (SC)	1	7	15	22	31	31	58	36	25	25	25	16	0	1	0	6	6	0	
Ttl Sustained Compliance(STC)	0	0	0	0	0	0	0	6	22	36	30	39	5	3	2	0	0	6	
Ttl Sunsetted	0	0	0	0	0	0	0	0	0	0	6	6	51	53	53	55	55	55	
Compliance Points Earned	29	43	69	76	92	92	119	108	130	158	158	167	173	174	170	177	177	183	
Progress to Sunset	15.8%	23.5%	37.7%	41.5%	50.3%	50.3%	65.0%	59.0%	71.0%	86.3%	86.3%	91.3%	94.5%	95.1%	92.9%	96.7%	96.7%	100.0%	

Consent Agreement Compliance and Progress to Sunset



Consent Agreement Scorecard Summary

MDCR CONSENT AGREEMENT SCORE CARD SUMMARY												Pandemic (Mar 2020-Mar 2023)								
Report	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th	
Month Year Reported	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24	
Ttl Not Reviewed(NR)	41	79	92	105	36	2	0	0	0	0	0	0	46	51	51	100	100	49	60	
Ttl NonCompliance(NC)	28	30	28	25	40	35	46	17	7	0	0	0	0	0	3	0	0	0	0	
Ttl Partial Compliance(PC)	46	54	60	65	62	73	50	72	61	21	10	1	9	11	9	11	0	0	0	
Ttl Substantial Compliance (SC)	1	0	2	2	5	6	17	24	43	83	81	67	15	3	0	1	12	12	12	
Ttl Sustained Compliance(STC)	0	0	0	0	0	0	0	3	5	12	25	48	46	51	53	50	50	50	50	
Ttl Sunsetting	0	0	0	0	0	0	0	0	0	0	0	0	46	51	51	54	54	54	54	
Compliance Points Earned	48	54	64	69	72	85	84	129	162	223	247	279	315	323	321	325	336	336	336	
Progress to Sunset	13.8%	15.5%	18.4%	19.8%	20.7%	24.4%	24.1%	37.1%	46.6%	64.1%	71.0%	80.2%	90.5%	92.8%	92.2%	93.4%	96.6%	96.6%	96.6%	

III. ASSESSMENT & MONITORING METHODOLOGY

A. Assessment & Monitoring Activities: During this reporting period, the monitoring team conducted a comprehensive evaluation of compliance activities based on the terms outlined in both Agreements. The following key activities were conducted:

1. **Independent Verifications:** Verified the accuracy of representations, records, and data submitted as evidence of compliance.
2. **Onsite Visits:** From October 1-3, 2024, onsite visit, which included:
 - a) Facility tours and inspections
 - b) Meetings with County officials, MDCR, Jackson Hospital, and CHS staff
 - c) Interviews with inmates, particularly those with serious mental illness in segregation and program housing
 - d) Evaluation of data systems and security structures
 - e) Review of records and relevant datasets
 - f) Discussions with custody and medical staff in housing units
 - g) Observation of staff activities and professionalism
3. **Virtual Meetings and Phone Calls:** Held numerous virtual meetings and impromptu phone calls, including weekly and bi-weekly Zoom sessions for technical assistance and progress reviews.
4. **Review of Records and Information:** Conducted a detailed review of various records and information, including:
 - a) MDCR and CHS policies, procedures, and protocols
 - b) Official and draft performance reports
 - c) Data sets related to MDCR and CHS compliance, as well as Key Performance Indicator (KPI) outcomes.
 - d) Mortality and Morbidity Reviews, and Major Incident Reports
 - e) Independent medical chart reviews for seven Mortality and Morbidity incidents, with findings and recommendations given for review.
 - f) Submission and review of revised KPIs for adoption by CHS, including acceptance of a comprehensive KPI data dictionary.
5. **Review of Agreement History:** Examined the history of the Settlement and Consent Agreements, including case records, ECF filings, and docket reports.
6. **Ongoing Communication:** Maintained routine communication with officials from the United States, Miami-Dade County, Jackson Hospital, and CHS.
7. **Independent Research:** Conducted independent research on contemporary issues in corrections, correctional healthcare, and mental health.

- I. Agreement Structure: The Settlement and Consent Agreements are divided into several parts. Each has Substantive provisions and process requirements. Substantive provisions are contained in Parts III and IV in both agreements. Agreement Parts consist of Sections, Provisions, and Subsections:

Part III. Substantive Provisions

Section III.A. Medical and Mental Health Care

Provision III.A.2. Intake Screens

Subsection III.A.2.a.: *“Qualified Medical Staff shall sustain implementation of the County Pre-Booking policy, revised May 2012, and the County Intake Procedures, adopted May 2012, which require, inter alia, staff to conduct intake screenings in a confidential setting as soon as possible upon inmates' admission to the Jail, before being transferred from the intake area, and no later than 24 hours after admission. Qualified Nursing Staff shall sustain implementation of the Jail and CHS's Intake Procedures, implemented May 2012, and the Mental Health Screening and Evaluation form, revised May 2012, which require, inter alia, staff to identify and record observable and non-observable medical and mental health needs, and seek the inmate's cooperation to provide information.”*

The Settlement Agreement has five Sections (III.A. Protection from Harm, B. Fire & Life Safety, C. Inmate Grievances, D. Audits and Continuous Improvement, and IV. Compliance and Quality Improvement. Each Section has from one to six Provisions and 61 total subsections:

Visual 6. Settlement Agreement Sections and Provisions

Settlement Agreement	
Section & Provision	Subsections
1. III.A. Protection from Harm	43
1. Safety & Supervision	11
2. Security Staffing	4
3. Sexual Misconduct	1
4. Incidents & Referrals	6
5. Use of Force by Staff	18
6. Early Warning System	3
2. III.B. Fire & Life Safety	6
3. III.C. Inmate Grievances	1
4. III.D. Audits & Continuous Improvement	3
1. Self Audits & 2. Bi-Annual Reports	3
5. IV. Compliance & Quality Improvement	8
Total Subsections:	61

The Consent Agreement also consists of five Sections (III.A. Medical and Mental Health Care, B. Medical Care, C. Mental Health and Suicide Prevention, D. Audits and Continuous Improvement, and IV. Compliance and Quality Improvement. Each Section has from one to six Provisions and 61 total subsections:

Consent Agreement	
Consent Agreement	
Section & Provision	Subsections
1. III.A. Medical & Mental Health Care	36
1. Intake Screens	7
2. Health Assessments	7
3. Access to Med & MH Care	5
4. Medication Admin & Mgmt.	7
5. Record Keeping	4
6. Discharge Planning	3
7. Mortality & Morbidity Reviews	3
2. III.B. Medical Care	8
1. Acute Care & Detoxification	3
2. Chronic Care	2
3. Use of Force Care	3
3. III.C. MH Care & Suicide Prevention	60
1. Referral Process & Access to Care	2
2. Mental Health Treatment	15
3. Suicide Assessment & Prevention	8
4. Reviews & Disciplinary Measures	1
5. Mental Health Care Housing	5
6. Custodial Segregation	13
7. Staffing & Training	8
8. Suicide Prevention Training	4
9. Risk Management	4
4. III.D. Audits & Continuous Improvement	8
1. Self Audits	2
2. Bi-Annual Reports	6
5. IV. Compliance & Quality Improvement	4
Total Subsections:	116

II. Compliance Ratings: Following Section II.2. of the 2013 Consent Agreement and Section II.1. of the 2013 Settlement Agreement, the Monitor evaluates and rates each of the substantive remedial Provisions as follows:

1. "Substantial Compliance" indicates that Defendants have achieved compliance with most or all components of the relevant provision of the Agreement.
2. "Partial Compliance" indicates that Defendants achieved compliance on some of the components of the relevant provision of the Agreement, but significant work remains.
3. "Non-compliance" indicates that Defendants have not met most or all of the components of the Agreement.

Furthermore, the Monitor utilizes the term "Sustained Compliance" to characterize Provisions that have consistently maintained Substantial Compliance for a period of at least 18 consecutive months.

This approach serves the purpose of facilitating more streamlined monitoring and assessment of compliance trends over time, benefiting the Court, involved Parties, and the Monitoring Team.

To enhance visual clarity and promote a more intuitive understanding of performance and progress, each compliance rating is also associated with a distinct color code:

Red:	Noncompliance (NC)
Yellow:	Partial Compliance (PC)
Green:	Substantial Compliance (SC, previously "C")
Blue:	Sustained Compliance (STC) or Sunsetting

Below is an example of colored-coded compliance ratings:

III. A. 1. a. Safety & Supervision	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Jul-23
1 III.A.1.a. (1)	PC	PC	PC	NR	PC	SC	SC	SC	STC	STC	STC	STC	Sunsetting			
2 III.A.1.a. (2)	NC	NC	PC	NR	NR	PC	PC	PC	PC	SC	SC	SC*	PC	PC	PC	SC

III. **Score Card:** The Monitor uses a Score Card to calculate and monitor the compliance status and progress of every Provision and Section in the Settlement and Consent Agreements. Each compliance rating is given a specific point value as follows:

Compliance Rating	Point Value
Noncompliance (NC)	0
Partial Compliance (PC)	1
Substantial Compliance (SC)	2
Sustained Compliance (STC) or Sunsetting	3

The next table exhibits color-coded ratings along with the scorecard pertaining to Settlement Agreement III.D. Audits and Quality Improvement. This presentation outlines the advancement scores attributed to each of the three Provisions encompassed by this section, beginning from July 2013.

Additionally, the table features a "Progress to Sunset" indicator found at the base, quantified as a percentage reflecting the cumulative attainment of compliance points throughout each reporting phase.

Each Provision within this Section of the Consent Agreement is valued at three points, culminating in a collective total of nine points (3 Provisions multiplied by 3 points each) for the entirety of this section. Hence, keeping these nine points for 18 months is the equivalent of maintaining substantial compliance for 18 months and the prerequisite for the section's attainment of Sunset status.

III. D. AUDITS & CONTINUOUS IMPROVEMENT																	
III. D. Audits & Quality Improvement		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th
		July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Jul-23
1	PFH III.D.1. a. b.	NC	NC	PC	NR	NR	PC	SC	PC	SC	SC	SC	SC	STC	STC	PC	SC
2	FLS III.D.1. a. b.	NC	NC	PC	NR	NR	PC	SC	SC	SC	STC	STC	STC	STC	STC	STC	Sunset
3	PFH III.D. 2.a. b.	NR	NC	PC	PC	PC	PC	SC	PC	PC	SC	SC	SC	PC	SC	PC	SC
SCORECARD																	
Ttl Not Reviewed(NR)		1.0	0.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ttl NonCompliance(NC)		2.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ttl Partial Compliance(PC)		0.0	0.0	3.0	3.0	3.0	3.0	0.0	2.0	1.0	0.0	0.0	0.0	1.0	0.0	2.0	0.0
Ttl Substantial Compliance (SC)		0.0	0.0	0.0	0.0	0.0	0.0	3.0	1.0	2.0	2.0	2.0	2.0	0.0	1.0	0.0	2.0
Ttl Sustained Compliance(STC)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	2.0	2.0	1.0	0.0
Ttl Sunsetted		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Compliance Points Earned		0.0	0.0	3.0	3.0	3.0	3.0	6.0	4.0	5.0	7.0	7.0	7.0	7.0	8.0	5.0	7.0
Progress to Sunset		0.0%	0.0%	33.3%	33.3%	33.3%	33.3%	66.7%	44.4%	55.6%	77.8%	77.8%	77.8%	77.8%	88.9%	55.6%	77.8%

IV. COMPLIANCE PROGRESS HIGHLIGHTS

- A. Settlement Agreement: MDCR has made significant strides in improving inmate safety, supervision, and overall facility operations. Key initiatives have centered around preventing harm, reducing violence, and managing the use of force within the facility. A critical part of this progress has been the implementation of an effective inmate classification system, which has helped place individuals in appropriate housing, reducing conflicts and improving supervision. Efforts to enhance inmate safety include increased staff training, better supervision practices, and consistent application of the "Additive Point Scale" system, which evaluates inmates based on risk and behavioral factors. This approach has led to more controlled housing assignments, effectively reducing the likelihood of violence between inmates.

Reducing inmate-on-inmate violence has been a priority, with violent incidents dropping by 24% in 2023 and projected to decrease by an added 4% in 2024. This reduction stems from the implementation of the Objective Jail Classification (OJC) system and the increased presence of specialized teams for facility searches and supervision. MDCR has also worked diligently to follow the Prison Rape Elimination Act (PREA), implementing policies and staff training to address sexual misconduct. External assessments in 2024 praised the facility's improvements in PREA compliance.

MDCR has also focused on reducing the use of force, with incidents falling by 4.8% in 2023 and an expected further reduction of 10.5% in 2024. The creation of a Use of Force Review Team and an Early Warning Information System (EWIS) have been instrumental in managing these incidents. Additionally, the facility's disciplinary processes have been streamlined, leading to a drop in disciplinary reports and the use of segregation as punishment. Efforts to improve inmate grievances and contraband control have also contributed to a safer environment, with contraband seizures dropping by 58% from 2022 to 2024.

MDCR's overall focus on inmate safety, combined with targeted interventions to reduce violence and improve facility management, has created a more secure and rehabilitative environment. These efforts, supported by sustained compliance with settlement agreements, reflect the facility's commitment to upholding constitutional standards and ensuring the well-being of its inmates.

- B. Consent Agreement: Provisions in Sustained Compliance remain sustained due to CHS active Clinical Quality Improvement (CQI) program. The program employs a set of comprehensive audit tools to consistently track, monitor and ensure compliance with previously agreed-upon performance metrics. These 11 audit tools are integral to tracking key provisions in sustained compliance. Specifically, they audit CHS medical records, measure whether specific key performance indicators (KPIs) are met, and evaluate the overall quality of medical care provided. The sample-based method used in these audits was developed in agreement with the earlier DOJ monitoring team and is still a cornerstone of CHS's quality assurance efforts. Throughout 2023 and 2024, CHS adhered to its monthly and quarterly audit schedule, consistently achieving 100% compliance on most audits. Occasional results of 60%, 80%, and 90% compliance were noted but are considered normal variations in a CQI program and do not

represent significant concerns. These results show the expected ebb and flow of performance in quality auditing systems and are part of continuous quality monitoring.

The audit tools specifically target key areas of inmate care, including mental health evaluations at intake, withdrawal and substance assessments, comprehensive health appraisals, continuity of medication, various levels of mental health care, laboratory services, suicide risk assessments, and custodial segregation practices. These tools ensure that CHS consistently provides appropriate care across multiple critical areas, and that it meets the expectations set forth by prior agreements and external monitoring.

Despite the success of the current CQI program, CHS, with guidance from the new monitoring team, continues to actively transition from a sample-based method to a system that captures 100% of the relevant data. This transition is part of a broader process improvement initiative that includes the development of dashboards to monitor the performance of all patients in real-time. These dashboards will track key metrics such as service turnaround times (TATs), medication administration, and various clinical activities. The goal is to provide CHS leadership with an immediate and comprehensive view of operational performance, allowing for more effective oversight and decision-making.

As part of this initiative, CHS has already developed 23 dashboards, covering a range of functions such as intake processing (including booking, behavioral health, and medical referrals), laboratory services, medication administration, and order management. Each dashboard provides detailed, real-time insights into daily and monthly activities, offering a granular look at performance across critical service areas. For example, the intake dashboards track not only the number of referrals made but also the timeliness of behavioral health and medical evaluations, using box-and-whisker charts to visually represent turnaround time variability. Similarly, the medication administration dashboards track the first doses of medication provided to inmates and monitor ongoing compliance with prescribed treatment plans.

Additionally, CHS is developing more dashboards to further expand its monitoring capabilities. These include dashboards for tracking chronic care, external and internal scheduling, radiology services, and medication management. Dashboards that measure productivity and track diversions are also in progress. Enhancements are planned for existing dashboards covering labs, orders, and medication administration, further improving the facility's ability to monitor its performance across all areas. The process improvement initiative is designed to enhance the existing CQI framework, complementing rather than replacing the previously agreed-upon audit tools and compliance metrics.

For provisions in Substantial Compliance, in July 2023, CHS, in collaboration with the new monitoring team, developed specific key performance indicators (KPIs) for the 12 provisions currently in substantial compliance. These KPIs serve as measurable benchmarks for evaluating ongoing compliance with critical health and safety requirements. CHS submits KPI data monthly, providing consistent updates to ensure that these provisions remain in compliance. The facility has successfully kept compliance for these provisions through October 2024.

The KPIs cover a wide range of clinical and operational areas critical to inmate health and safety. For example, they track the timeliness and completeness of mental health evaluations, the effectiveness of chronic care management, and the accuracy of medication administration. CHS has implemented structured processes to ensure that each of these provisions is closely monitored, with corrective actions taken promptly if any deviation from the compliance standards is observed.

The monthly submission of KPI data allows for continuous oversight, ensuring that compliance is not only achieved but also sustained over time. This level of accountability is crucial, especially for areas where substantial compliance has been achieved but requires ongoing diligence to prevent backsliding. The latest KPI submission, covering data from August 2024 to the present, reflects CHS's commitment to maintaining high standards and ensuring that its operations align with the expectations of the monitoring team and the previously established agreements.

V. ASSESSMENT OF SUBSTANTIVE PROVISIONS

PART I

SETTLEMENT AGREEMENT KEY FINDINGS & RECOMMENDATIONS

A. SECTION III.A. PROTECTION FROM HARM

Consistent with constitutional standards, the MDCR Jail facilities shall provide inmates with a reasonably safe and secure environment to ensure that they are protected from harm. MDCR shall ensure that inmates are not subjected to unnecessary or excessive force by the MDCR Jail facilities' staff and are protected from violence by other inmates. The MDCR Jail facilities' efforts to achieve this constitutionally required protection from harm will include the following remedial measures regarding: (1) Safety and Supervision; (2) Security Staffing; (3) Sexual Misconduct; (4) Incidents and Referrals (5) Use of Force by Staff; and (6) Early Warning System.

PROVISION III.A.1. SAFETY & SUPERVISION

Subsection III. A.1.a.(2). Within 90 days of the Effective Date, conduct an inmate bed and classification analysis to ensure the Jail has adequate beds for maximum security and disciplinary segregation inmates. Within 90 days thereafter, MDCR will implement a plan to address the results of the analysis. The Monitor will conduct an annual review to determine whether MDCR's objective classification system continues to accomplish the goal of housing inmates based on level of risk and supervision needs.

Compliance Progress

III. A. 1. Safety & Supervision	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	May-24	Oct-24
2 III.A.1.a. (2)	NC	NC	PC	NR	NR	PC	PC	PC	PC	SC	SC	SC	PC	PC	PC	SC	SC	STC

ASSESSMENT: SUSTAINED COMPLIANCE (STC) (Substantial Compliance maintained x 18 months)

PRIMARY MONITOR(S): DR. RAY

KEY FINDINGS: The implementation of the revised "Additive Point Scale" inmate classification system marks a notable advancement in MDCR operations, as highlighted in the 16th report. This strategic initiative underscores MDCR's commitment to fostering a safer and more rehabilitative correctional environment. Key findings indicate positive outcomes, including enhanced inmate management, safety, and programming access. This evidence-based approach reflects MDCR's dedication to promoting sustained positive change and improving protection from harm for inmates while ensuring ongoing compliance with relevant agreements.

RECOMMENDATIONS:

1. Continue to monitor and self-audit new classification performance. Continue routine validation and adjust as indicated by quantitative analysis of the data.
2. Continue to optimize bed capacity for high-risk and special populations.

3. Complete implementation of the new Jail Management System and begin classification data testing and analyses.

Subsection III.A.1.a.(11). MDCR shall continue its efforts to reduce inmate-on-inmate violence in each Jail facility annually after the Effective Date. If reductions in violence do not occur in any given year, the County shall demonstrate that its systems for minimizing inmate-on-inmate violence are operating effectively. See also Settlement Agreement III.A.5.C.(12).

Compliance Progress

III. A. PROTECTION FROM HARM: 1. SAFETY & SUPERVISION																		
III. A. 1. Safety & Supervision	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	May-24	Oct-24
11 III.A.1.a. (11)	PC	PC	PC	NR	NR	PC	SC	PC	PC	SC	SC	SC	PC	PC	PC	SC	SC	STC

ASSESSMENT: SUSTAINED COMPLIANCE (STC) (Substantial Compliance maintained x 18 months)

PRIMARY MONITOR(S): DR. RAY

KEY FINDINGS: MDCR continues to effectively track inmate-on-inmate violence through battery-on-inmate (BOI) and battery-on-staff (BOS) incidents. The data shows a story of steady and durable improvement in reducing violence among inmates.

1. Between 2019 and 2021, the average daily population of inmates fluctuated, dropping in 2020 but rising again in 2021. By 2022, the population had reached its highest point of 4,652 inmates, and since then, it has remained fairly stable. In 2023, the population was slightly lower at 4,619, and for 2024, it is expected to be about the same, with a slight increase to 4,691 inmates.
2. When we look at incidents of violence (called BOI or Battery on Inmate), there was a sharp rise in these incidents from 2019 to 2022. The number of violent incidents jumped from 1,300 in 2019 to 2,222 in 2022. However, starting in 2023, things began to improve. The number of violent incidents dropped significantly to 1,693 in 2023, which is a reduction of almost 24% from the previous year. This downward trend is expected to continue into 2024, with an estimated total of 1,595 incidents, which is about 4% fewer than in 2023 and nearly 28% fewer than in 2022.
3. Looking at the violence rate per 1,000 inmates, the trend follows a similar pattern. The rate of violence peaked in 2022 at 478 incidents per 1,000 inmates. In 2023, this number dropped sharply to 367 per 1,000 inmates, and for 2024, it is expected to fall further to 340 per 1,000 inmates by the end of 2024. Overall, the rate of violence per 1,000 inmates is expected to be nearly 29% lower in 2024 compared to 2022.

In summary, while the inmate population has stayed relatively stable, there has been a significant and consistent decrease in violent incidents since 2022. This suggests that measures to reduce violence are working and durable, and the situation is improving.

RECOMMENDATIONS:

1. Continue to track and monitor inmate violence using quality improvement policies and procedures.
2. Maintain comprehensive, complete, and reliable data for tracking and reporting inmate violence.

PROVISION III.A.3. SEXUAL MISCONDUCT

III.A.1.3. MDCR will develop and implement policies, protocols, trainings, and audits consistent with the requirements of the Prison Rape Elimination Act of 2003, 42 § 15601, *et seq.*, and its implementing regulations, including those related to the prevention, detection, reporting, investigation, data collection of sexual abuse, including inmate-on-inmate and staff-on-inmate sexual abuse, sexual harassment, and sexual touching.

Compliance Progress

III. A. PROTECTION FROM HARM: 3. SEXUAL MISCONDUCT																		
III.A.3.Sexual Misconduct	1st July-13	2nd May-14	3rd Oct-14	4th May-15	5th Jan-16	6th Jul-16	7th Mar-17	8th Dec-17	9th Jun-18	10th Mar-19	11th Sept-19	12th Oct-20	13th Jun-21	14th Apr-22	15th Oct-22	16th Aug-23	17th May-24	18th Oct-24
1 III. A.3.	PC	PC	SC	NR	PC	PC	PC	PC	SC	SC	SC	SC	PC	PC	PC	SC	SC	STC

ASSESSMENT: SUSTAINED COMPLIANCE (STC) (Substantial Compliance maintained x 18 months)

PRIMARY MONITOR(S): DR. RAY

KEY FINDINGS: The ongoing progress of the PREA compliance program is evident and commendable. During the March 2024 onsite assessment, our team had the privilege of engaging with the MDCR PREA consultant and participating in an organizational meeting of MDCR PREA project owners. We were genuinely impressed by the consultant's meticulous presentation of the status of improvements and the unwavering commitment demonstrated by all MDCR leaders and project staff.

The PREA consultant's affirmation of MDCR's substantial compliance with Federal PREA requirements and internal policies and procedures is a testament to the dedication and diligence of the entire MDCR team. As independent monitors, we have evaluated the PREA efforts and associated documents and concur with the consultant's conclusions. This collaborative effort reflects a shared commitment to upholding the highest standards of safety and accountability within the correctional system.

RECOMMENDATIONS:

1. Continue to implement revised policies and PREA compliance improvement goals and objectives.
2. Continue to monitor PREA compliance and PREA-related data sets.

SECTION III.D. AUDITS & CONTINUOUS IMPROVEMENT

MDCR shall undertake measures on its own initiative to address inmates' constitutional rights or the risk of constitutional violations; The Agreement is designed to encourage MDCR Jail facilities to self-monitor and to take corrective action to ensure compliance with constitutional mandates in addition to the review and assessment of technical provisions of the Agreement.

PROVISION III.D.1. SELF AUDITS

Subsection III.D.1.a. On at least a quarterly basis, command staff shall review data concerning inmate safety and security to identify and address potential patterns or trends resulting in harm to inmates in the areas of supervision, staffing, incident reporting, referrals, investigations, classification, and grievances. The review shall include the following information:

- (1) documented or known injuries requiring more than basic first aid;
 - (2) injuries involving fractures or head trauma;
 - (3) injuries of suspicious nature (including black eyes, injuries to the mouth, injuries to the genitals, etc.;
 - (4) injuries that require treatment at outside hospitals;
 - (5) self-injurious behavior, including suicide and suicide attempts;
 - (6) inmate assaults; and
 - (7) allegations of employee negligence or misconduct.
- b. MDCR shall develop and implement corrective action plans within 60 days of each quarterly review, including changes to policy and changes to and additional training.

The parties previously agreed to use the seven (7) MDCR Key Performance Indicators to assess this provision. KPIs include:

- 1. Reduce Inmate Violence, Battery on Inmate
- 2. Reduce Batteries on Staff
- 3. Decrease The Use of Force
- 4. Ensure Fair Inmate Disciplinary Processes
- 5. Minimize Inmate Grievances
- 6. Reduce Inmate Contraband
- 7. Prevent In-Custody Deaths

Compliance Progress

III. D. AUDITS & CONTINUOUS IMPROVEMENT: 1. SELF AUDITS & 2. BI-ANNUAL REPORTS																		
III. D. Audits & Quality	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	May-24	Oct-24
1 PFH III.D.1. a. b.	NC	NC	PC	NR	NR	PC	SC	PC	SC	SC	SC	SC	STC	STC	PC	SC	SC	STC

ASSESSMENT: SUSTAINED COMPLIANCE (STC) (Substantial Compliance maintained x 18 months)

PRIMARY MONITOR(S): DR. RAY

KEY FINDINGS: The Q1 2023 quarterly report, revised in May 2023, presented a comprehensive self-audit that assesses crucial performance indicators necessary for achieving significant compliance with the relevant provisions. Notably, the MDCR command staff continues to track and monitor these specific and relevant primary strategic initiatives to address patterns and trends, ensuring the safety of inmates. The primary strategic initiatives are as follows:

1. **Reduce Inmate Violence, Battery on Inmate (BOI):** MDCR tracks inmate-on-inmate violence in its facilities by monitoring the number and rate of Battery-on-Inmate (BOI) incidents and Battery-on-Staff (BOS) incidents. Reducing inmate violence is a key strategic priority to maintain a safe and secure environment for both staff and inmates. To address this, MDCR has implemented a validated Objective Jail Classification (OJC) system and closely monitors key performance indicators (KPIs) related to violence, disciplinary actions, grievance systems, security, and gang intelligence. In addition, MDCR has enhanced inmate programming and re-entry services and launched several facility-specific initiatives aimed at reducing violence.

KEY FINDINGS: See Subsection III.A.1.a.(11) Batteries on Inmates (BOI) compliance analysis.

- (1) Inmate Programming: Re-entry services for county-sentenced inmates have expanded through the creation of the Reentry Unit and specialized staff training, such as trauma-informed counseling and faith-based programs.
- (2) Incentives: Facility supervisors, in collaboration with the Classification and Inmate Management Bureau (CIMB), have implemented various strategies in designated housing units since December 2022.
- (3) Shakedown Team: This team supports staff by responding to and investigating inmate violence incidents, increasing staff presence, and assisting with shakedowns and security details. Their schedules are adjusted based on incident rates.
- (4) MWDC: In February 2023, MWDC began securing (handcuffing) inmates while moving within the facility.
- (5) Upgraded OJC System: MDCR enhanced its Objective Jail Classification (OJC) system to a point-based system focused on inmate behavior. Full reclassification and reassignment of inmates based on new custody levels was completed in April 2023.
- (6) Restricted Access: In July 2023, inmate access to communal areas during the midnight shift was restricted in all facilities.
- (7) Facility-Specific Initiatives:
 - a) PTDC's Operation On-Point: Communicated consequences to inmates and collaborated with law enforcement for multi-agency searches and added charges for rule violations.

- b) MWDC’s Stop the Violence: Provided incentive meals to housing units with no Battery-on-Inmate (BOI) incidents (Sept. 2023).
- c) Inmate Inform Sessions: Facility supervisors hold monthly meetings with inmates to address concerns.
- d) Inmate Tablets: MDCR is in the process of implementing inmate tablets, expected to go live in January 2025, to improve communication, program access, and security.
- e) Jail Management System (JMS): MDCR is working to implement a JMS to modernize operations, improve inmate classification, and enhance data-driven decision-making.

Moreover, MDCR has tailored specific violence reduction strategies to individual facilities, recognizing that each facility may face unique challenges. These strategies are designed to address the specific needs and dynamics of each facility, ensuring that the interventions are as effective as possible. This targeted approach allows MDCR to focus resources and attention where they are needed most, further enhancing the overall safety and security of its facilities.

2. **Reduce Batteries on Staff (BOS):** The strategic initiatives applied to BOI reduction are relevant to the reduction of BOS incidents.

KEY FINDINGS: Comparing Batteries on Staff incident data from 2019 to 2024 reveals several notable changes:

- (1) Staff (BOS) incidents increased in violent incidents from 2019 to 2022. In 2019, there were 93 incidents, but this number grew to 148 by 2022. However, things started to improve in 2023, with incidents dropping to 132, which is about 10.8% fewer than the previous year. The trend is expected to continue in 2024, with a projected decrease to 100 incidents, which would be about 21.6% fewer than in 2023 and 32.4% fewer than in 2022.
- (2) The rate of BOS incidents per 1,000 inmates follows a similar trend. The rate rose from 22 incidents per 1,000 inmates in 2019 to 32 per 1,000 in 2022. But like the overall number of incidents, this rate began to decline in 2023, dropping to 29 per 1,000 inmates. By 2024, it is expected to decrease further to 21 per 1,000 inmates, which would be about 33% lower than the 2022 peak.

While incidents of violence against staff increased between 2019 and 2022, there has been a clear improvement since then. Both the number of incidents and the rate per 1,000 inmates have been decreasing, showing that efforts to reduce violence in MDCR facilities are having a positive effect.

3. **Decrease The Use of Force (UOF):** MDCR continues to track and closely monitor uses of force (UOF) incidents in its facilities to ensure accountability and compliance with policies. A dedicated UOF Review Team, consisting of Sergeants and a Lieutenant from the Security and Internal Affairs Bureau (SIAB), independently assesses each incident to determine its justification and compliance with procedures. Furthermore, MDCR utilizes an Early Warning

Information System (EWIS) to identify staff involved in multiple UOFs, allowing for preventive measures, corrective actions, and training opportunities as needed. While initiatives targeting reduction of inmate violence also contribute to lowering UOF incidents, MDCR develops additional strategies specifically aimed at this critical goal.

KEY FINDINGS: Comparing the data from 2019 to 2024 reveals durable progress in reducing Use of Force (UOF) incidents and types of force used.

- (1) Use of Force (UOF) incidents increased steadily from 2019 to 2022. In 2019, there were 643 incidents, and by 2022, this number had risen to 1,177. However, there was a slight improvement in 2023, with the number of incidents dropping to 1,120, which is about 4.8% fewer than in 2022. This positive trend is expected to continue in 2024, with a projected 997 incidents, being a 10.5% decrease from 2023 and a 15.3% reduction from the peak in 2022.
- (2) The rate of UOF incidents per 1,000 inmates follows a similar pattern. The rate increased from 150 per 1,000 inmates in 2019 to 253 per 1,000 in 2022. In 2023, the rate dropped slightly to 242 per 1,000, and it is expected to fall further to 213 per 1,000 inmates in 2024. This would mean an 11.8% reduction from 2023, and a 16% reduction compared to 2022.
- (3) An in-depth analysis of the types of Use of Force (UOF) incidents from 2019 to 2024 on OC Spray, Physical Control, Conducted Electronic Control (CEC), Restraint Chair, Cell Extraction, and Four Point Restraint. Below is a summary of the findings for each type of force and their trends over this period:
 - a) OC Spray: Significant Increase and Decrease: The use of OC Spray increased from 445 incidents in 2019 to 1,114 incidents in 2022, where it represented 94.6% of total UOF incidents. However, there was a notable decline in 2023 to 866 incidents, with a further projected decrease to 848 in 2024.
 - Percentage of Total UOF Incidents: OC Spray has consistently represented a sizable portion of UOF incidents, peaking at 94.6% in 2022. Despite the projected decrease in total incidents, OC Spray will still account for an estimated 85.1% of UOF incidents in 2024.
 - Differences and Trends: Between 2022 and 2023, there was a 22.3% decrease in OC Spray incidents, and a smaller 1.6% decrease is estimated between 2023 and 2024. Over the entire period from 2022 to 2024, OC Spray usage is expected to decrease by 23.9%, showing a clear reduction in reliance on this type of force.
 - b) Physical Control: Initial Increase Followed by Steady Decrease: Physical Control incidents increased from 526 in 2019 to a peak of 881 in 2021. However, the number of incidents decreased to 681 in 2023, with a further drop projected in 2024 to 533 incidents.
 - Percentage of Total UOF Incidents: Physical Control incidents made up a large share of UOF incidents early on (81.8% in 2019) but have steadily declined to an estimated 53.5% by 2024.

- Differences and Trends: There was a 22.7% decrease in incidents between 2022 and 2023, and a further 16.8% drop is expected between 2023 and 2024. The overall reduction from 2022 to 2024 is projected to be 39.5%, showing a significant decline in the use of this method.
- c) Conducted Electronic Control (CEC): Low but Growing Usage: The use of Conducted Electronic Control devices (e.g., tasers) has increased from only 3 incidents in 2019 to 34 incidents in 2023. However, the projected estimate for 2024 shows a drop to 20 incidents.
- Percentage of Total UOF Incidents: CEC usage remains low compared to other methods but has increased as a percentage of UOF incidents, reaching 3.04% in 2023. It is estimated to account for 2.01% in 2024.
 - Differences and Trends: There is an expected 16.7% decrease in CEC incidents from 2023 to 2024, following a period of growth from 2019 through 2023.
- d) Restraint Chair: The use of Restraint Chairs has been rare, with only 1 incident in 2019, 3 incidents in both 2020 and 2022, and none in 2021. The projection for 2024 estimates only 2 incidents.
- Percentage of Total UOF Incidents: The Restraint Chair consistently is an exceedingly small portion of total UOF incidents, never exceeding 0.46% of the total.
 - Differences and Trends: The use of the Restraint Chair remains stable but rare, with a minor decrease of 33.3% expected from 2023 to 2024.
- e) Cell Extraction: have varied year to year, from 6 incidents in 2019 to a peak of 7 in 2022, then declining to 5 incidents in 2023 and an estimated 2 incidents in 2024.
- Percentage of Total UOF Incidents: Cell Extractions account for an exceedingly small proportion of total UOF incidents, peaking at 0.93% in 2019 and expected to decrease to 0.20% by 2024.
 - Differences and Trends: The data shows a significant 71.4% decrease in Cell Extractions between 2022 and 2024.
- f) Four Point Restraint is the least used method, with only 2 incidents in 2019, 1 in 2021, and none in 2023 or projected for 2024. Its use has gradually declined and appears to have been phased out.
- Percentage of Total UOF Incidents: Four Point Restraint has never accounted for more than 0.31% of UOF incidents and is no longer used as of 2023.
 - Differences and Trends: There is no change projected for this type of force since it has been eliminated in recent years.

g) Since 2022, there has been a clear downward trend in total Use of Force (UOF) incidents, with an estimated overall reduction of 15.3% by 2024, suggesting a reduced reliance on force. Notably, the use of physical and chemical methods, such as OC Spray and Physical Control—historically the most common types of force—are projected to decrease significantly by 2024. This reflects effective reform with an emphasis on alternative de-escalation strategies. While Conducted Electronic Control (CEC) usage increased through 2023, a slight decline is expected in 2024. Restraint Chairs and Cell Extractions remain uncommon and show a general decline in use, while the Four Point Restraint method has been completely phased out since 2021. Overall, these trends show a deliberate effort to reduce the use of more physical and aggressive forms of force in managing populations.

(4) Several strategic initiatives have been implemented by the MDCR to enhance oversight, improve staff discipline, and revise policies related to Use of Force (UOF):

a) UOF Review Team: In January 2023, the UOF Review Sergeant was reassigned to the Security and Internal Affairs Bureau (SIAB) under the supervision of an experienced Lieutenant to strengthen the review process for use of force incidents.

- Impact on Accountability: The transfer of the UOF Review Sergeant to the Security and Internal Affairs Bureau (SIAB), under the supervision of a veteran Lieutenant, strengthens the review process for use of force incidents by placing the responsibility under specialized leadership with a focus on security and integrity. This ensures that incidents are reviewed thoroughly and impartially, improving transparency, and ensuring that staff actions are in line with departmental policies.
- Contribution to Facility Safety: A more rigorous review process identifies inappropriate or excessive use of force early, allowing for corrective measures, retraining, or disciplinary actions. This reduces the likelihood of future misuse of force, contributing to a safer environment for both staff and inmates.

b) Staff Discipline: Since January 2023, MDCR has increased disciplinary actions for cases of unreasonable force, reinforcing its commitment to accountability and professionalism.

- Impact on Accountability: Emphasizing increased discipline for cases of unreasonable force shows a firm stance on professional conduct, signaling that deviations from policy will not be tolerated. This initiative enforces clear consequences for misconduct, holding staff accountable for their actions and reinforcing the importance of adhering to use-of-force standards.
- Contribution to Facility Safety: By discouraging unreasonable use of force through consistent disciplinary measures, this strategy promotes more restrained and thoughtful interactions between staff and inmates. This leads to a reduction in excessive force incidents, fostering a safer, less confrontational environment within the facility.

c) IDTT Coordinator: In May 2023, an MDCR supervisor was appointed as the Inter-Disciplinary Treatment Team (IDTT) Coordinator to improve inmate behavior management

by collaborating with Corrections Health Services (CHS) and the Classification and Inmate Management Bureau (CIMB).

- **Impact on Accountability:** Assigning a dedicated IDTT Coordinator encourages collaboration between correctional staff, health services, and inmate management teams. This interdisciplinary approach ensures that inmate behavior is managed holistically, reducing the need for reactive use of force by addressing underlying behavioral or health issues.
 - **Contribution to Facility Safety:** A coordinated approach to inmate management promotes initiative-taking strategies to mitigate potential conflicts. By focusing on mental health, behavior modification, and proper classification, staff can intervene before situations escalate to violence, creating a safer environment for both staff and inmates.
- d) **UOF Review Process:** MDCR established a UOF Review Panel, comprising Command Staff and Senior Leadership, to review incidents involving elevated force levels.
- **Impact on Accountability:** The establishment of a UOF Review Panel comprising senior leadership and command staff ensures that incidents involving higher levels of force receive targeted scrutiny. This added layer of oversight reinforces staff accountability by holding personnel to higher standards of review, ensuring that excessive force incidents are properly addressed and corrected.
 - **Contribution to Facility Safety:** A formal review panel provides an objective evaluation of serious use-of-force incidents, ensuring that lessons are learned, and policy adjustments are made when necessary. This initiative-taking approach helps prevent similar incidents in the future, contributing to a safer and more controlled environment within the facility.

Reductions in force and force types tend to show that these initiatives have promoted an organizational culture of accountability, professionalism, and continuous improvement within MDCR, with a focus on ensuring the appropriate use of force and fostering a safe and secure environment for both staff and inmates.

4. **Ensure Fair Inmate Disciplinary Processes (IDR):** Assessment confirms that MDCR remains committed to administering a fair and consistent inmate disciplinary process to address institutional misconduct appropriately. Inmates who exhibit noncompliant behavior or violate facility rules may face disciplinary charges, take part in hearings, and, if found guilty, receive sanctions. The prompt completion of disciplinary hearings and the imposition of sanctions are essential for ensuring the effectiveness of the disciplinary process and promoting behavioral correction. However, the dismissal of disciplinary reports under MDCR’s control negatively impacts the process and hinders effective inmate behavior management. To improve efficiency, MDCR uses an Inmate Disciplinary System (IDS) to track and manage all disciplinary reports and sanctions.

KEY FINDINGS: Comparing the differences between 2022 and 2023 in Inmate Discipline metrics reveals several notable trends:

- (1) **Decrease in Reports:** The number of disciplinary reports (DRs) dropped from a high of 12,931 in 2021 to 9,612 in 2023, marking an 18.2% reduction from 2022 (11,756 reports). This decline is expected to continue, with 9,568 DRs projected in 2024, being a small additional decrease of 0.5%. **Rate of DRs per 1,000 Inmates:** The rate of DRs per 1,000 inmates also declined significantly, from 3,041 per 1,000 in 2021 to 2,081 per 1,000 in 2023. The 2024 estimate is 2,040 per 1,000, which would represent a total reduction of 19.3% from 2022 to 2024.

The reduction in disciplinary reports (DRs) from 2021 to 2024 suggests a more targeted approach to handling inmate behavior, potentially focusing on serious offenses rather than minor infractions. This decrease shows that the disciplinary process is being applied more judiciously, leading to fewer overall cases and a less punitive environment.

- (2) **Guilty Dispositions:** The number of guilty outcomes dropped from 8,719 in 2021 to 4,862 in 2023, a 29.8% decrease from 2022. However, this trend is expected to reverse in 2024, with a projected increase to 6,144 guilty outcomes, a 26.4% rise from 2023. Not guilty outcomes dropped from 1,891 in 2021 to 1,146 in 2023. The 2024 projection shows a sharp increase to 1,669, a 45.7% rise from 2023.

The decline in guilty dispositions, coupled with an expected increase in not guilty outcomes, suggests a more balanced and thorough review of cases. The increase in not guilty findings in 2024 reflects greater fairness in the process, showing that inmates are more likely to be acquitted when evidence does not support disciplinary action.

- (3) **Dismissed cases** increased from 3,122 in 2022 to 3,604 in 2023, a 15.4% rise. However, dismissals are expected to drop dramatically to 1,733 in 2024, a 51.9% decrease from 2023. Dismissals under MDCR control rose by 80.6% from 1,176 in 2022 to 2,123 in 2023 but are projected to fall by 64.5% to 753 in 2024.

The rise and subsequent projected decrease in dismissed cases under MDCR control show efforts to streamline the disciplinary process and reduce unnecessary or unjust actions. By decreasing the number of dismissals, MDCR shows a commitment to ensuring that only valid cases continue to disciplinary action, avoiding undue punishment.

- (4) **Loss of Privileges** decreased from 21,997 in 2021 to 8,145 in 2023, a 30.8% drop. However, this trend is expected to reverse with a projected 53.2% increase in 2024, rising to 12,476 incidents.

While the use of loss of privileges has fluctuated, its projected increase in 2024 shows that less severe, corrective measures are being favored over more extreme forms of discipline like segregation. This shift ensures that the disciplinary process focuses on proportional consequences, fostering a fairer approach to managing inmate behavior.

- (5) Disciplinary Segregation sanctions dropped from 2,865 in 2021 to 1,989 in 2023, a 28.9% reduction. However, the number is expected to increase slightly to 2,492 in 2024, a 25.3% rise from 2023, though still 10.9% lower than in 2022.

The overall decline in the use of disciplinary segregation, even with a slight rebound projected in 2024, suggests that MDCR is focusing on less punitive measures and emphasizing rehabilitation. This reduction reflects a shift toward a fairer process, where segregation is used only when necessary.

These trends reflect a more balanced, careful application of discipline, with fewer incidents of harsh punishment and greater attention to fairness in outcomes, promoting a more just environment for inmates.

- (6) Key initiatives previously reported remain in effect to enhance the disciplinary process within MDCR:

- a) **Streamlining the Disciplinary Process:** In March 2023, a new initiative was introduced to simplify the inmate disciplinary process, reducing the number of steps from 13 to 4. This change was made to increase the efficiency and effectiveness of handling inmate misconduct cases.
- b) **Inmate Disciplinary System (IDS) Enhancements:** Also in March 2023, several improvements were made to the IDS. These included adding an appeal process for disciplinary reports (DR), incorporating dismissal reasons for higher charges, and allowing for identification as a victim. These updates were implemented to ensure that the discipline process is fair and transparent.
- c) **IDS Policy Update:** Alongside these system enhancements, the policy governing the IDS was revised in March 2023 to align with the streamlined process. This update was intended to provide clearer and more consistent application of disciplinary procedures.
- d) **Optimization of IDS Management:** In May 2023, oversight of the IDS and its coordinator was transferred from the Reentry Services Programming Bureau (RSPB) to the Classification and Inmate Management Bureau (CIMB). This reassignment aimed to improve inmate management by centralizing responsibility and oversight of the disciplinary process.
- e) **Staff Training:** Staff responsible for conducting disciplinary hearings received training to improve their ability to process disciplinary reports and conduct hearings effectively.

These initiatives demonstrate MDCR's commitment to keeping a disciplinary system that is fair, efficient, and transparent, contributing to the safety of the facilities and promoting positive behavior among inmates.

5. **Minimize Inmate Grievances (IG):** MDCR considers inmate grievances as indicators of its ability to fulfill inmates' basic needs and promptly address their requests. To manage this

process efficiently, MDCR employs an Inmate Grievance System (IGS) to track and manage all inmate grievances effectively. Grievances alleging staff misconduct or complaints are directed to the Facility/Bureau Supervisor for evaluation and action. The Supervisor decides whether the issue can be resolved internally or warrants further investigation by the grievance unit (SIAB). Grievances related to medical concerns are directed to Corrections Health Services (CHS) for processing and resolution. This systematic approach ensures that inmate grievances are addressed appropriately and promptly, contributing to the overall effectiveness and fairness of the grievance resolution process.

KEY FINDINGS: Comparing the differences between 2022 and 2023 in inmate grievances reveal several noteworthy trends:

- (1) Total Grievances: The total number of grievances (complaints) stayed almost the same, decreasing by 1% from 20,170 in 2022 to 20,037 in 2023. However, it is expected to rise by 11% in 2024, reaching 22,147 grievances.
- (2) Grievances per 1000 ADP: The number of grievances per 1000 people stayed steady with a 0% change between 2022 and 2023. However, it is expected to increase by 9% in 2024.
- (3) Substantiated Grievances: These are grievances that were found valid. They dropped by 34%, from 5,446 in 2022 to 3,607 in 2023, and are expected to fall even further by 49% in 2024, to 1,845 grievances.
- (4) Unsubstantiated Grievances: These are grievances that were found not valid. They increased by 31%, from 8,875 in 2022 to 11,621 in 2023. In 2024, they are expected to decrease slightly by 1%, to 11,448 grievances.
- (5) Rejected Grievances: These are grievances that were rejected for some reason. They decreased by 18%, from 5,849 in 2022 to 4,809 in 2023, but are expected to jump by 78%, to 8,564 in 2024.
- (6) Pending Grievances: There were no pending grievances in previous years, but in 2024, 290 grievances are expected to remain unresolved. This is a 290% increase from previous years.
- (7) Non-Medical Grievances: The number of non-medical grievances remained stable between 2022 and 2023, with only a 1% decrease. However, they are expected to rise by 15% in 2024.
 - a) Commissary: Commissary-related grievances saw a significant drop of 47% from 2022 to 2023, and they are expected to completely disappear in 2024.
 - b) Staff Complaints: There was a significant increase in staff-related grievances, rising by 48% from 2022 to 2023 and expected to increase by 25% in 2024.
 - c) Facility Operations: Grievances related to facility operations dropped slightly by 1% between 2022 and 2023, but a major decrease of 72% is expected in 2024.

- d) Religious Activities/Meals: Grievances in this category are expected to increase significantly in 2024, by 183%, showing a sharp rise in complaints about religious activities and meals.
- (8) Medical-related grievances stayed almost the same between 2022 and 2023, with only a 1% increase. However, a slight decrease of 1% is projected in 2024.
- a) Medical Care: Grievances related to medical care rose by 10% from 2022 to 2023 and are expected to increase by 1% in 2024.
 - b) Dental Care: Dental-related grievances decreased significantly by 28% between 2022 and 2023 and are expected to fall further by 8% in 2024.
 - c) Mental Health: Grievances related to mental health dropped by 16% between 2022 and 2023, with a further 4% decrease expected in 2024.
- (9) The reforms at the TGKCC (Turner-Guilford Knight Correctional Center) carry several positive implications:
- a) Incentivized Cell Access: By allowing inmates with good behavior to access amenities such as a large television, video games, and art supplies, the center creates a structured reward system. This incentivizes positive behavior among the inmate population, promoting a more orderly and cooperative environment. It can also aid in reducing incidents of misconduct and fostering personal responsibility among inmates. Access to entertainment and creative outlets provides mental stimulation, helping alleviate boredom, stress, and potentially lowering recidivism rates by encouraging constructive use of time.
 - b) Staff Training for Female Inmates: The additional training for staff specifically tailored to managing the female inmate population, starting in April 2024, reflects a more gender-sensitive approach to corrections. Female inmates often have unique needs and vulnerabilities compared to their male counterparts, including a higher likelihood of having experienced trauma or requiring mental health support. Enhanced staff training equips officers with the tools to address these unique challenges more effectively, which can lead to improved safety, more compassionate care, and a more supportive correctional environment for female inmates.

Overall, while there were fluctuations in specific grievance categories, the total number of grievances remained stable. Notable decreases were seen in commissary, dental care, and mental health grievances, while staff complaints experienced a significant increase. These changes highlight shifts in inmate concerns and areas of focus within the grievance resolution process.

6. **Reduce Inmate Contraband (ICD):** MDCR continues to prioritize safety and security within its detention facilities, aiming to prevent contraband from entering through proactive measures. These include both informal methods such as regular cell checks and random frisk searches, as

well as formal shakedowns, which involve thorough searches of entire units or pods. Additionally, the agency employs coordinated integrity checks, uses technological tools like full-body scanners, and employs narcotics-detecting canines. Facility-specific initiatives further support the ongoing efforts to mitigate the introduction of contraband, ensuring a safe environment for both inmates and staff.

KEY FINDINGS: Contraband performance from 2019 to 2024 reveals several notable changes:

(1) General Population and Total Contraband Trends:

- a) Average Daily Population (ADP): The ADP shows minor fluctuations, decreasing by 1% from 2022 to 2023 and increasing by 2% from 2023 to 2024. The overall change between 2022 and 2024 is a slight increase of 1%. These changes are relatively stable, suggesting that fluctuations in contraband are not solely linked to population size but to changes in contraband prevention strategies.
- b) Total Contraband: From 2022 to 2023, the total contraband decreased by 985 items (-4%). However, the more notable change comes in 2024, where an estimated decrease of 12,000 items (-56%) is projected compared to 2023, and a massive 12,985 item reduction (-58%) is expected between 2022 and 2024. This suggests that either detection methods have significantly improved, or policies to prevent contraband from entering the facility have been highly effective in recent years.
- c) Contraband per 1000 ADP: A similar trend is seen in contraband per 1000 inmates, with a minor 4% decrease between 2022 and 2023, followed by an estimated 57% reduction from 2023 to 2024, and a total estimated decrease of 59% from 2022 to 2024. This shows a substantial improvement in managing contraband relative to the inmate population.

(2) Breakdown by Contraband Type:

- a) Weapons: Weapon seizures dropped significantly by 168 items (-32%) from 2022 to 2023 and are projected to decrease further by 98 items (-28%) in 2024. The total reduction from 2022 to 2024 is expected to be 51%. Weapons per 1000 ADP: The rate per 1000 inmates also mirrors this trend, with a 32% decrease in 2023, a 29% decrease in 2024, and a total reduction of 52% from 2022 to 2024. This sharp decline suggests improved control over dangerous contraband like weapons, contributing to improved facility safety.
- b) Illegal Drugs: The trend for illegal drugs is different. There was a 26% decrease in drug seizures between 2022 and 2023, but the forecast for 2024 projects an increase of 52 items (+78%). However, the overall change between 2022 and 2024 still represents a modest increase of 32% in drug seizures over the two-year period. Illegal Drugs per 1000 ADP: The rate per 1000 inmates shows a similar pattern, with a 25% decrease from 2022 to 2023, followed by an increase of 75% in 2024. The net change from 2022 to 2024 is an estimated increase of 31%. The increase in drug seizures might show that

additional efforts are being made to detect drugs in 2024, or it could reflect new smuggling methods that are being combated.

- c) Medical hoarding has been on a steady decline, with a 9% reduction from 2022 to 2023 and a projected 34% decrease in 2024. The overall decrease from 2022 to 2024 is projected to be 40%, showing better control and distribution of medical supplies within the facility. Medical Hoarding per 1000 ADP: Similarly, the per-inmate rate dropped by 8% in 2023, followed by an estimated 35% drop in 2024, leading to a total reduction of 40% between 2022 and 2024. This reflects a successful effort to mitigate the accumulation or misuse of medical supplies.
- d) Cell Phones: Cell phone seizures have been rare, with only two instances reported in 2019 and 2021, and none afterward. The change from 2022 to 2024 is 100% reduction, but given the low initial numbers, this is not a significant category in the overall contraband management landscape.
- e) Nuisance items, which form the bulk of contraband, decreased by 772 items (-4%) from 2022 to 2023, and a steep decline of 12,002 items (-58%) is projected for 2024. The overall decrease from 2022 to 2024 is estimated to be 12,774 items (-60%). This sharp decline may reflect enhanced screening methods or new policies that limit the entry or accumulation of non-dangerous contraband. Nuisance Items per 1000 ADP: Per 1000 ADP, the rate dropped by 3% in 2023 and is projected to drop by 59% in 2024, leading to a total estimated reduction of 60% from 2022 to 2024. While nuisance items are still the most generic form of contraband, their significant decrease suggests improvements in overall facility management.

From 2022 to 2024, total contraband (both absolute numbers and per 1000 ADP) is projected to decrease significantly, especially in categories like weapons, nuisance items, and medical hoarding. This points to successful interventions and policy changes that have reduced the inflow and improvement of contraband detection.

(3) Contraband reduction initiatives implemented in 2023 to enhance security measures and mitigate the introduction of contraband into facilities continue to be effective:

- a) Identification of Drugs: Staff use specialized narcotic detection devices to identify suspected drugs, aiming to intercept contraband upon discovery. This initiative began in November 2022.
- b) Dedicated Shakedown and Response Teams: Specialized teams were established at each facility to conduct shakedowns and respond to major incidents effectively. Additionally, staffing was augmented with personnel from specialty areas during periods of low activity or on holidays to facilitate large-scale shakedowns. This initiative was implemented in January 2023.
- c) Operationalized Intelligence: The Security and Internal Affairs Bureau (SIAB) coordinates and assists facilities in using intelligence to conduct targeted shakedowns,

including the deployment of canine units at ingress/egress areas during shift changes. This initiative also commenced in January 2023.

- d) **Elimination of Paper Introduction into Facility:** To prevent the introduction of contraband through mail, all incoming non-privileged mail is copied and provided to inmates, while privileged mail is opened and copied in the recipient's presence, with original copies destroyed. The Inmate Table Project aims to further enhance mail security by ending incoming non-privileged mail entirely. This initiative was launched in January 2023.

These initiatives collectively aim to strengthen security protocols and reduce opportunities for contraband introduction, contributing to the overall safety and security of the facilities.

- 7. **Prevent In-Custody Deaths:** Refer to the Introduction comprehensive assessment of inmate mortalities from 2019 through 2024 (Q3).

Overall, these initiatives reflect a comprehensive and coordinated strategy aimed at mitigating risks, addressing inmate needs, and promoting a safe and supportive environment within the facility.

RECOMMENDATIONS:

- 1. Continue to use quality improvement policies and procedures to inform the development of corrective action plans.
- 2. Continue to monitor and verify compliance-related data sets and processes.
- 3. Continue to provide qualified oversight of the audit program and processes.

PROVISION III.D.2. Bi-Annual Reports

Subsection III.D.2.a. Starting within 180 days of the Effective Date, MDCR will provide to the United States and the Monitor bi-annual reports regarding the following:

- (1) Total number of inmate disciplinary reports
- (2) Safety and supervision efforts. The report will include:
 - i. a listing of maximum-security inmates who continue to be housed in dormitory settings;
 - ii. a listing of all dangerous contraband seized, including the type of contraband, date of seizure, location, and shift of seizure; and,
 - iii. a listing of inmates transferred to another housing unit because of disciplinary action or misconduct.
- (3) Staffing levels. The report will include:
 - i. a listing of each post and position needed at the Jail;
 - ii. the number of hours needed for each post and position at the Jail;
 - iii. a listing of correctional staff hired to oversee the Jail;
 - iv. a listing of correctional staff working overtime; and
 - v. a listing of supervisors working overtime.
- (4) Reportable incidents. The report will include:

- i. a brief summary of all reportable incidents, by type and date;
 - ii. data on inmates-on-inmate violence and a brief summary of whether there is an increase or decrease in violence;
 - iii. a brief summary of whether inmates involved in violent incidents were properly classified and placed in proper housing;
 - iv. number of reported incidents of sexual abuse, the investigating entity, and the outcome of the investigation;
 - v. a description of all suicides and in-custody deaths, including the date, name of inmate, and housing unit;
 - vi. number of inmate grievances screened for allegations of misconduct and a summary of staff response; and,
 - vii. number of grievances referred to IA for investigation,
- b. The County will analyze these reports and take appropriate corrective action within the following quarter, including changes to policy, training, and accountability measures.

Compliance Progress

III. D. AUDITS & CONTINUOUS IMPROVEMENT: 1. SELF AUDITS & 2. BI-ANNUAL REPORTS																			
III. D. Audits & Quality	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	May-24	Oct-24	
3 PFH III.D. 2.a. b.	NR	NC	PC	PC	PC	PC	SC	PC	PC	SC	SC	SC	PC	SC	PC	SC	SC	SC	STC

ASSESSMENT: SUSTAINED COMPLIANCE (STC) (Substantial Compliance maintained x 18 months)

PRIMARY MONITOR(S): DRS. RAY, KUMAR, DUDLEY

KEY FINDINGS: The parties agreed that the initiatives and data used for quarterly reporting satisfy the requirements needed for bi-annual reporting.

RECOMMENDATIONS: None

SECTION IV. COMPLIANCE & QUALITY IMPROVEMENT

PROVISION IV.B. PROTECTION FROM HARM

Compliance and Quality Improvement. The County shall develop and implement written Quality Improvement policies and procedures adequate to identify and address serious deficiencies in protection from harm and fire and life safety to assess and ensure compliance with the terms of this Agreement on an ongoing basis.

Compliance Progress

IV. Compliance & Quality	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	May-24	Oct-24
3 PFH IV. B.	NC	NC	PC	NR	NR	PC	SC	PC	PC	SC	SC	SC	PC	PC	NC	SC	SC	STC

ASSESSMENT: SUSTAINED COMPLIANCE (STC) (Substantial Compliance maintained x 18 months)

PRIMARY MONITOR(S): DR. RAY

KEY FINDINGS: MDCR continues to review, update, train, and retrain staff on policies and procedures. The quality assurance policies and procedures continue to guide this process as well as quality management processes. This is particularly noted in Key Performance Indicator results and MDCR strategic initiatives to improve organization performance and inmate protection from harm and welfare.

RECOMMENDATIONS:

1. Continue routine review of quality improvement policies and procedures as indicated.
2. Continue to improve metrics and data collection to support quality improvement practices and outcomes.

PART II

CONSENT AGREEMENT KEY FINDINGS & RECOMMENDATIONS

A. SECTION III.A. MEDICAL & MENTAL HEALTH CARE

Defendants shall ensure constitutionally adequate treatment of inmates' medical and mental health needs. Defendants' efforts to achieve this constitutionally adequate treatment will include the following remedial measures regarding: (1) Intake Screening; (2) Health Assessments; (3) Access to Medical and Mental Health Care; (4) Medication Administration and Management; (5) Record Keeping; (6) Discharge Planning; and (7) Mortality and Morbidity Reviews.

PROVISION III.A.1. INTAKE SCREENING

Subsection III.A.1.e. CHS shall obtain previous medical records to include any off-site specialty or inpatient care as determined clinically necessary by the qualified health care professionals conducting the intake screening.

Compliance Progress

III. A. MEDICAL AND MENTAL HEALTH CARE: 1. INTAKE SCREENING																			
III.A.1. Intake Screens	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
5 III.A.1.e.	Med-NR MH-NR	Med-NR MH-NR	Med-NC MH-PC	Med-SC MH-PC	Med-PC MH-PC	Med-PC MH-PC	Med-PC MH-PC	Med-PC MH-PC	Med-SC MH-PC	Med-SC MH-PC	Med-SC MH-PC	Med-SC MH-SC	Med-SC MH-SC	Med-SC MH-PC	Med-SC MH-PC	Med-SC MH-PC	Med-SC MH-SC	Med-SC MH-SC	Med-SC MH-SC

ASSESSMENT: MED: SUBSTANTIAL COMPLIANCE (SC) / MH: SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR (S): DRS. DUDLEY & KUMAR

The purpose of this requirement is to ensure that previous medical records are obtained for inmates during the intake process, particularly when off-site specialty care or inpatient treatment is relevant. This supports the goal of providing continuity of care by giving the healthcare team access to critical medical history, including prior treatments, diagnoses, and medications. The information helps Qualified Health Care Professionals (QHCPs) conducting the intake screening, make informed clinical decisions and ensure that any pre-existing conditions or ongoing care needs are addressed promptly.

By requiring healthcare staff to obtain off-site specialty or inpatient care records when clinically necessary, the standard ensures that inmates with complex medical or mental health conditions—such as chronic illnesses, psychiatric disorders, or recent surgeries—receive the appropriate follow-up care. This prevents delays or interruptions in treatment, reduces the risk of medical emergencies or deteriorating health, and ensures that specialized care plans are maintained as needed.

This requirement also helps ensure that inmates are prescribed the correct medications and receive the necessary referrals to specialists or mental health professionals. Access to prior records reduces the risk of redundant testing, misdiagnosis, or medication errors. Furthermore, it allows the healthcare team to anticipate potential risks early in the inmate’s incarceration, such as withdrawal symptoms, relapse of chronic conditions, or mental health crises.

In summary, this requirement promotes timely, safe, and coordinated care by ensuring that healthcare professionals have access to essential medical information. It emphasizes continuity between off-site and on-site care and ensures that the intake screening process effectively identifies and addresses each inmate's healthcare needs from the outset.

KEY FINDINGS: The modifications to the electronic health record (EHR) system continue to produce stable capability to consistently track and monitor the status of off-site medical records requested at intake by qualified health care professionals (QHPs). These system enhancements include automated alerts that notify QHPs upon the receipt of requested records, facilitating timely reviews.

- (1) The compliance requirement for reviewing outside medical records during intake screening is essential to ensure that inmates receive continuity of care by having relevant clinical information available. This data measures the organization's ability to request, receive, review, and document clinically necessary outside records as part of the intake process. The compliance performance across the 17th and 18th report periods reflects steady improvement, with both periods exceeding the 90% compliance requirement.
- (2) During the 17th report period (June 2023 to March 2024), the total number of clinically necessary records requested was 571, with 372 returned records received and 356 of those reviewed and documented by Qualified Health Professionals (QHPs). Compliance during this period varied, with dips to 84% in July 2023, 93% in September 2023, and 100% compliance achieved across several months, such as October to December 2023. The average compliance for the 17th report period was 97%, indicating strong adherence to the policy, despite some variability in the timeliness of record returns.
- (3) The 18th report period (April to August 2024) reflects further improvement, with consistent 100% compliance in most months, except for June 2024 (97%) due to minor fluctuations in the number of records reviewed. During this period, 348 records were requested, with 176 received and 175 reviewed by QHPs. The steady improvement in record review compliance during the 18th report period demonstrates the organization's success in ensuring timely processing and documentation of external medical records.
- (4) In summary, both reporting periods exceeded the 90% compliance standard, with the 17th report period averaging 97% compliance and the 18th report period averaging 99% compliance. The dips observed early in the 17th report period were addressed through corrective actions, resulting in sustained 100% compliance for most of the 18th report period. These results highlight the organization's commitment to maintaining high standards of care by ensuring that all relevant medical records are thoroughly reviewed and incorporated into the inmate's treatment plan.

**5.1. Intake Screening III.A.1.e.
Review of Outside Medical Records Compliance**

Intake Screening Outside Records Review Compliance	17th Report										18th Report					17th Rpt Total	18th Rpt Total
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Ttl. Clinical Necessary Indicated Records Requested:	84	92	102	45	40	45	31	42	50	40	63	73	67	71	74	571	348
Ttl. Request Returns Received	66	62	62	30	28	29	20	26	27	22	20	46	35	39	36	372	176
Ttl. Returned Records Reviewed and Documented by QHP	64	52	61	28	28	29	20	26	26	22	20	46	34	39	36	356	175
Compliance Performance	97%	84%	98%	93%	100%	100%	100%	100%	96%	100%	100%	100%	97%	100%	100%	97%	99%

RECOMMENDATIONS:

1. Continue current clinical and quality management practices to monitor and maintain substantial compliance rating.

PROVISION III.A.2. HEALTH ASSESSMENTS

Subsection III.A.2.d. Qualified Mental Health Professionals, as part of the inmate's interdisciplinary treatment team (outlined in the "Risk Management" Section, infra), will maintain a risk profile for each inmate based on the Assessment Factors identified in Appendix A and will develop and implement interventions to minimize the risk of harm to each inmate.

Compliance Progress

III. A. MEDICAL AND MENTAL HEALTH CARE: 2. HEALTH ASSESSMENTS																			
III.A.2.Health Assessments	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
4 III.A.2.d.	MH-NR	MH-PC	MH-NR	MH-NR	MH-NR	MH-PC	MH-NC	MH-PC	MH-PC	MH-PC	MH-SC	MH-STC	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT: MH – SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DR. DUDLEY

The purpose of this requirement is to ensure that Qualified Mental Health Professionals (QMHPs), as part of the interdisciplinary treatment team, play a proactive role in assessing, monitoring, and managing risks associated with each inmate’s mental health. The development of individualized risk profiles ensures that the treatment team considers each inmate’s unique vulnerabilities and behavioral patterns, based on specific Assessment Factors identified in Appendix A. This structured approach is designed to prevent harm and promote inmate safety within the correctional environment.

Maintaining a comprehensive risk profile allows the team to identify risk factors—such as self-harm behaviors, aggression, substance use, or medical conditions—that could lead to psychiatric deterioration or pose a threat to the inmate or others. This individualized information provides a

baseline for ongoing monitoring and helps guide treatment decisions, ensuring that care is responsive to the inmate's changing needs.

The requirement to develop and implement targeted interventions based on the risk profile ensures that the team actively works to minimize potential harm. These interventions may include enhanced observation, medication management, behavioral therapy, or safety precautions (such as suicide prevention measures). By embedding risk management into the daily operations of the treatment team, this requirement promotes collaborative care planning that addresses not only the inmate's mental health needs but also any safety concerns.

This requirement fosters integrated, proactive care by ensuring that multiple disciplines—including mental health, medical, and custodial staff—work together to create comprehensive treatment plans. It ensures continuity of care, helps prevent crises, and promotes inmate safety and well-being by identifying risks early and mitigating them through appropriate interventions.

KEY FINDINGS: Inmate medical records continue exhibit comprehensive documentation, demonstrating that risk profiles are consistently developed, maintained, and updated for each inmate through the interdisciplinary team (IDTT) process as required. Simultaneously, the IDTT is responsible for developing, implementing, and monitoring safety plans for inmates identified as having a real or potential risk of self-harm based on their risk profiles.

- (1) CHS and the IDTT collects and monitors compliance with the documentation and implementation of suicide risk assessments, required risk factors, and safety plans for inmates identified as having positive suicide risk assessments. The compliance standard ensures that inmates at risk of suicide receive proper evaluations, detailed risk profiles, and personalized safety plans. Across both the 17th and 18th report periods, the organization demonstrated substantial improvements, with most months meeting or exceeding the 90% compliance requirement.
- (2) During the 17th report period, the organization managed 1,323 positive suicide risk assessments, documenting required risk factors for 1,299 inmates and safety plans for 1,274 inmates. Compliance performance steadily improved throughout this period. July 2023 had the lowest compliance rate of 78%, indicating early challenges in ensuring full adherence to documentation and safety planning protocols. However, by August 2023, compliance rose sharply to 97%, and by September 2023, it reached 99%, demonstrating a rapid corrective response.
- (3) For the remainder of the 17th report period, compliance stayed consistently high, fluctuating between 94% and 100%. Notably, November 2023 through January 2024 maintained 100% compliance, with all required risk profiles and safety plans documented. The 17th report period concluded with an average compliance of 96%, well above the 90% requirement, showing steady improvement over time.
- (4) The 18th report period shows an even stronger and more consistent performance, with compliance averaging 99%. During this period, the organization managed 717 positive suicide risk assessments, documenting required risk factors for 710 inmates and safety plans for all 717

cases. Every month from April to August 2024 achieved 99-100% compliance, reflecting near-perfect performance and sustained improvements from the previous reporting period.

- (5) The consistent 100% compliance in July and August 2024 demonstrates that all identified suicide-risk inmates received both a complete risk profile and an individualized safety plan. These results highlight the effectiveness of the organization’s processes and its ability to maintain compliance at a high level.
- (6) The 17th report period showed early challenges, with July 2023’s 78% compliance indicating gaps in safety planning and documentation. However, the organization quickly addressed these issues, raising compliance to an average of 96% by the end of the period. In contrast, the 18th report period achieved 99% average compliance with multiple months at 100% compliance, reflecting a robust and well-maintained process.
- (7) Both reporting periods exceeded the 90% compliance requirement, with the 17th report period averaging 96% compliance and the 18th report period achieving 99% compliance. The improvement from early fluctuations in July 2023 to sustained 100% compliance by July and August 2024 demonstrates the organization’s commitment to continuously refining its processes. With all inmates at suicide risk receiving appropriate assessments, documented risk factors, and safety plans, the organization has effectively implemented suicide prevention measures that align with best practices and ensure inmate safety.

6.2. Health Assessments III.A.2.d.

Required Risk Profile Content and Documentation Compliance

Suicide Risk Assessment Profile, Documentation, Safety Plan Compliance	17th Report									18th Report					17th Rpt Total	18th Rpt Total
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Ttl. Suicide Risk Inmates Positive Suicide Assessment	114	135	184	161	164	154	137	140	134	132	165	140	150	130	1,323	717
Ttl. W/Required Risk Factors Documented	108	134	182	159	164	152	134	139	126	128	163	139	150	130	1,299	710
Ttl. W/ Required Safety Plan	70	132	184	161	164	154	136	140	134	132	165	140	150	130	1,274	717
Ttl. % Suicide Risk Inmates w/Required Risk Profile and Assessment Factors Documented:	95%	99%	99%	99%	100%	99%	98%	99%	94%	97%	99%	99%	100%	100%	98%	99%
Ttl. % Suicide Risk Inmates with Safety Plan	61%	98%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	95%	100%
Compliance Performance	78%	97%	99%	99%	100%	99%	98%	99%	94%	97%	99%	99%	100%	100%	96%	99%

RECOMMENDATIONS:

- 1. Continue to maintain and improve clinical, process, and quality management practices that support sustained compliance.

PROVISION III.A.4. MEDICATION ADMINISTRATION & MANAGEMENT

Subsection III.A.4.d. CHS shall ensure nursing staff pre-sets psychotropic medications in unit doses or bubble packs before delivery. If an inmate housed in a designated mental health special management unit refuses to take his or her psychotropic medication for more than 24 hours, the medication administering staff must provide notice to the psychiatrist. A Qualified Mental Health Professional must see the inmate within 24 hours of this notice.

Compliance Progress

III.A.4. Medication Admin and Management	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
5 III.A.4.d.	MH-PC	MH-NR	MH-NR	MH-NR	MH-NR	MH-NC	MH-NC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC	MH-STC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT: MH – SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(s): DRS. DUDLEY, KUMAR, RAY

The purpose of this requirement is to ensure safe, efficient, and responsive management of psychotropic medications for inmates, particularly those in designated mental health special management units who may require close supervision due to severe mental health conditions. This requirement aims to prevent interruptions in treatment, address potential non-compliance with medication, and ensure timely intervention by mental health professionals when inmates refuse prescribed medications.

By requiring nursing staff to pre-set psychotropic medications in unit doses or bubble packs, the requirement ensures that medication is delivered efficiently and accurately, reducing the risk of dosage errors, and ensuring that inmates receive their prescribed treatments. Pre-setting medications also streamlines the medication administration process, minimizing delays and promoting consistent adherence to treatment schedules.

The requirement to notify a psychiatrist if an inmate refuses psychotropic medication for more than 24 hours reflects the critical nature of these medications in managing serious mental health conditions. Missed doses can lead to rapid deterioration in an inmate's mental health, potentially increasing the risk of self-harm, aggression, or psychiatric crises. The notification ensures that mental health professionals are promptly informed of non-compliance, allowing them to assess the situation and determine whether adjustments to treatment are needed.

Once notified, a Qualified Mental Health Professional (QMHP) must see the inmate within 24 hours to evaluate the reason for the refusal, assess the inmate's mental state, and develop a plan to restore treatment adherence. This rapid response helps prevent the worsening of symptoms and ensures that any underlying issues—such as medication side effects, misunderstandings, or worsening mental health—are addressed quickly.

Overall, this requirement promotes continuity of care, reduces the risk of mental health crises, and ensures that inmates receive necessary psychiatric interventions in a timely manner. It also emphasizes collaboration between nursing and mental health staff, ensuring that inmates receive coordinated care to support their well-being and treatment outcomes.

KEY FINDINGS: Compliance for psychiatrist notification of medication refusal with 24 hours of refusal has consistently maintained 100% compliance since June 2023 while inmate consultations exceeded 90% compliance since August 2023.

- 1) Compliance is consistently collected and tracked for medication refusal notifications to psychiatrists and subsequent inmate consultations by a Qualified Mental Health Professional (QMHP) within 24 hours of the notice. The goal of this process is to ensure that inmates who refuse medications are promptly evaluated, minimizing the risk of deterioration in their mental health. The compliance standard requires timely intervention to ensure continuity of care and prevent further non-compliance with treatment.
- 2) During the 17th report period, the organization managed 1,976 required refusal notifications to psychiatrists, with 1,768 inmates seen by a QMHP within 24 hours. Early in the period, compliance was low—22% in June 2023—suggesting challenges in meeting the consultation timeline. However, CHS improved rapidly, reaching 54% compliance in July 2023 and 95% in August 2023. From September to December 2023, compliance ranged between 96% and 98%, showing steady improvements in response time.
- 3) By January through March 2024, compliance continued to improve, reaching 99% in January and 98% in February and March. These results highlight CHS’s ability to address earlier challenges and implement corrective measures to achieve near-full compliance. The average compliance for the 17th report period was 85%, just shy of the 90% compliance standard, but the trend indicated that processes were stabilizing toward the end of the period.
- 4) The 18th report period reflects substantial improvements, with consistent 98-100% compliance achieved across all months. During this period, 2,180 notifications were issued, with 2,173 inmates seen by a QMHP within 24 hours. CHS achieved 100% compliance in June, July, and August 2024, demonstrating that earlier issues were fully resolved. These results reflect a strong commitment to ensuring prompt mental health consultations for inmates refusing medications, preventing potential deterioration in their well-being.
- 5) The 17th report period started with low compliance (22%) in June 2023, but the organization implemented effective corrective actions, bringing compliance up to 98-99% by early 2024. The 18th report period shows further progress, with consistent 98-100% compliance across all months. The total number of notifications increased from 1,976 in the 17th report to 2,180 in the 18th report, indicating the organization’s ability to manage a higher volume while maintaining perfect or near-perfect compliance.
- 6) CHS compliance performance shows significant improvement over time. While the 17th report period averaged 85% compliance, falling short of the 90% standard (but exceeded 90% as of August 2023), the 18th report period averaged 100% compliance, reflecting sustained corrective actions and operational improvements. The consistent achievement of 100% compliance from June to August 2024 shows the organization’s ability to ensure timely mental health consultations for inmates refusing medications, safeguarding their mental health, and ensuring continuity of care.

7.1. III.A.4.d. Medication Refusal Notification and Inmate Consultation Compliance

Medication Refusal Notification & Inmate Consultation Compliance	17th Report										18th Report					17th Rpt Total	18th Rpt Total
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Ttl. Required Refusal Notifications to Psychiatrist	87	192	345	352	125	160	133	148	173	261	278	410	421	720	351	1,976	2,180
Ttl. Refusing Inmates Seen by QMHP w/on 24 Hrs. of Notice:	19	104	329	340	121	157	128	147	166	257	273	409	421	719	351	1,768	2,173
QMHP Compliance:	22%	54%	95%	97%	97%	98%	96%	99%	96%	98%	98%	100%	100%	100%	100%	85%	100%

RECOMMENDATIONS:

1. Continue clinical, process, and quality management practices that support maintaining compliance with this provision.

PROVISION III.A.7. MORTALITY & MORBIDITY REVIEWS

Subsection III.A.7.a. Morbidity Reviews: Defendants shall sustain implementation of the MDCR Mortality and Morbidity “Procedures in the Event of an Inmate Death,” updated February 2012, which requires, inter alia, a team of interdisciplinary staff to conduct a comprehensive mortality review and corrective action plan for each inmate’s death and a comprehensive morbidity review and corrective action plan for all serious suicide attempts or other incidents in which an inmate was at high risk for death. Defendants shall provide results of all mortality and morbidity reviews to the Monitor and the United States, within 45 days of each death or serious suicide attempt. In cases where the final medical examiner report and toxicology takes longer than 45 days, a final mortality and morbidity review will be provided to the Monitor and United States upon receipt.

Compliance Progress

III. A. MEDICAL AND MENTAL HEALTH CARE: 7. MORTALITY & MORBIDITY REVIEWS																			
III.A.7.Mortality & Morbidity Reviews	1st July-13	2nd May-14	3rd Oct-14	4th May-15	5th Jan-16	6th Jul-16	7th Mar-17	8th Dec-17	9th Jun-18	10th Mar-19	11th Sept-19	12th Oct-20	13th Jun-21	14th Apr-22	15th Oct-22	16th Aug-23	Update Oct-23	17th May-24	18th Oct-24
1 III.A.7.a.	Med-PC MH-PC	Med-NR MH-PC	Med-NR MH-NR	Med-NR MH-NR	Med-PC MH-NC	Med-PC MH-PC	Med-NC MH-NC	Med-PC MH-PC	Med-SC MH-PC	Med-PC MH-PC	Med-SC MH-SC	Med-SC MH-SC	Med-PC MH-PC	Med-PC MH-PC	Med-NC MH-NC	Med-SC MH-SC	Med-SC MH-SC	Med-SC MH-SC	Med-SC MH-SC

ASSESSMENT: MED: SUBSTANTIAL COMPLIANCE (SC) / MH: SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DRS. KUMAR, DUDLEY, RAY

The purpose of this requirement is to ensure that all inmate deaths, serious suicide attempts, and high-risk incidents are thoroughly investigated through comprehensive mortality and morbidity reviews, and that corrective actions are taken promptly to improve care and prevent future occurrences. This requirement promotes accountability, transparency, and system-wide learning by mandating a structured process for reviewing serious health events within the correctional system.

The requirement to follow the MDCR “Procedures in the Event of an Inmate Death,” updated in February 2012, ensures that interdisciplinary staff teams conduct detailed investigations that

address medical, mental health, and operational factors contributing to the incident. By requiring participation from multiple disciplines, the review process ensures that all aspects of care—such as clinical treatment, communication, security procedures, and staff actions—are examined holistically. This fosters collaborative problem-solving and ensures that any systemic issues or gaps in care are identified.

The requirement to produce mortality and morbidity reviews within 45 days of an incident ensures timely reporting and corrective actions, preventing delays in addressing risks. If the final medical examiner report or toxicology is delayed beyond 45 days, the policy ensures that the Monitor and the United States receive a preliminary review, with the final report submitted upon receipt of the missing information. This approach balances the need for timely responses with the need for accurate and complete reviews.

By mandating that the results of all reviews are shared with the Monitor and the United States, the requirement promotes transparency and external oversight. These reviews ensure that corrective action plans are developed and implemented to address any deficiencies in care or procedures. The goal is to improve clinical practices, operational protocols, and staff training, ensuring that future incidents are prevented, and that inmate safety and well-being are prioritized.

KEY FINDINGS: Timely and comprehensive mortality and major incident reviews continue to be completed by MDCR and CHS interdisciplinary mortality review teams and submitted to the United States and the monitoring team for review. Concurrently, the monitoring team completed comprehensive mortality medical chart reviews for each incident. These reviews were shared with the United States, MDCR and CHS officials.

MDCR and CHS performance, detailed in the 17th and 18th reports, shows a strong alignment with the requirements. Morbidity and Major Incident Review procedures require the initiation of a comprehensive review involving an interdisciplinary team for every inmate death and serious morbidity event, such as attempted suicides or incidents where the inmate was at elevated risk for death. The data confirms that the institution adhered to this requirement in all cases, as each reported death or morbidity event was followed by a thorough review involving appropriate staff collaboration. For instance, both the 17th and 18th reports show identical figures in the "Total Reviews Involving Interdisciplinary Teams" and "Total Comprehensive Mortality Reviews" columns, showing that every eligible incident underwent the mandated interdisciplinary review without exception.

The volume of incidents varied across the two reporting periods, with 10 total incidents (deaths and morbidities) reported in the 17th report and 6 incidents in the 18th report. In the 17th report, 5 deaths were documented, and morbidity cases were reported in October 2023, December 2023, and January 2024, with the highest number occurring in March 2024 (two cases). The 18th report shows a lower overall frequency, with 2 deaths and 4 morbidities. This fluctuation in incidents reflects the institution's ongoing challenge in managing inmate health risks, but it did not negatively affect compliance with the required review processes.

The institution not only completed these reviews promptly but also adhered strictly to the 45-day submission window for providing results to the Monitor and the United States, as mandated by the procedures. This is confirmed by the data where every review is listed as completed within the

required time limit, ensuring prompt reporting even during months with higher incident counts. This level of performance reflects robust operational processes that ensure compliance, even when external factors, such as delays in toxicology or medical examiner reports, might affect case closure.

Moreover, the procedures require that each mortality and morbidity review include corrective action plans designed to address systemic or clinical issues found in the review. While the data does not explicitly mention the content of these corrective actions, consistency in comprehensive reviews and interdisciplinary team involvement evidence that these action plans were an integral part of each review. This aligns with the requirement that each incident be addressed not only through analysis but also through targeted improvements to prevent future occurrences.

The institution's ability to keep 100% compliance performance across all 15 months—from June 2023 to August 2024—reflects a high degree of consistency and accountability. This perfect compliance score shows that no incidents were left unreviewed, and all necessary documentation was submitted within the required timeframe.

In conclusion, the institution’s performance aligns fully with the MDCR and CHS MIR and MnM procedures by consistently conducting comprehensive reviews with interdisciplinary team involvement, meeting the 45-day reporting requirement, and sustaining 100% compliance across both reporting periods. The slight reduction in incident volume from 10 cases in the 17th report to 6 in the 18th report is a positive indicator of improved outcomes, though the institution’s ability to keep compliance regardless of the incident load highlights its strong commitment to accountability and inmate health oversight. This level of operational discipline ensures that every death or morbidity incident is reviewed thoroughly and reported promptly, in full accordance with the required standards.

3.1 Mortality & Morbidity Reviews
III.A.7.a. Review Requirements & Time Limits Compliance

Mortality & Morbidity Review Requirements Compliance	17th Report										18th Report					17th Rpt Total	18th Rpt Total
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Ttl. Inmate Deaths:	1			1		1	1	1				1	1			5	2
Ttl. Inmate Morbidities:						1		1	1	2		2		1	1	5	4
Ttl. Inmate Deaths & Morbidities:	1			1		2	1	2	1	2		3	1	1	1	10	6
Ttl. Comprehensive Mortality Reviews: (comprehensiveness requires ICD/DOJ/Monitor concurrence)	1			1		2	1	2	1	2		3	1	1	P	10	5
Ttl. Reviews Involving Interdisciplinary Team	1			1		2	1	2	1	2		3	1	1	P	10	5
Ttl. Reviews Provided to Monitor & United States w/in 45 Days or as indicated:	1			1		2	1	2	1	2		3	1	1	P	10	5
Compliance Performance:	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Mortalities Post the 17th Report.

Four mortalities occurred in 2024, the first of these incidents was discussed in the 17th report.

1. As reported in the 17th report, on Monday, January 1, 2024, correctional staff at MWDC ADL Unit M1D2 received notification from CHS medical staff that a 68-year-old nonS/MI inmate required transportation to HCA Florida Kendall Hospital (HFKH) for a medical evaluation. Miami-Dade Fire Rescue (MDFR) facilitated his transfer to HFKH at approximately 1346 hours. Subsequently, HFKH medical staff-initiated life-saving measures upon his arrival and declared the inmate deceased on Tuesday, January 2, 2024, at 0011 hours. Following the incident, MDCR Hospital Services Unit (HSU) correctional staff secured the scene and notified the Miami-Dade Police Department (MDPD). The MDCR/MDPD Death Investigation Team investigated, with the Miami-Dade Office of the Medical Examiner (OME) later assuming responsibility. The manner of death was determined to be of natural causes.
2. On January 25, 2024, a 58-year-old S/MI inmate was booked into the Turner Guilford Knight Correctional Center (TGKCC) for False Imprisonment with No Bond. Corrections Health Services (CHS) staff evaluated him, assigning MH Level II and Custody Level Medium (MD) 4, and placed him in TGKCC's Mental Health Treatment Center, Unit K4-3. On January 30, he was reclassified to MH Level III and transferred to Metro West Detention Center (MWDC) for mental health housing.

On February 9, 2024, medical staff arranged his transfer to Jackson West Medical Center (JWMC) via American Medical Response (AMR). He remained hospitalized until March 6 when he was discharged to TGKCC's medical housing. On March 31, he was transferred to MWDC's Assisted Daily Living (ADL) Unit M1D2. On April 3, CHS medical staff ordered his return to JWMC for further evaluation, with transport facilitated by Miami-Dade Fire Rescue (MDFR).

Throughout the next month, MDCR's Legal Advisor and CHS staff notified the Court of the inmate's medical condition, though he remained in MDCR custody.

On May 4, 2024, at 1210 hours, JWMC medical staff pronounced the inmate deceased. An MDCR Hospital Services Unit officer secured the scene, and Miami-Dade Police Department (MDPD) and MDCR Security and Internal Affairs Bureau (SIAB) investigators arrived to conduct an inquiry. At 1724 hours, staff from the Medical Examiner's Office removed the remains. The death was determined to be of natural causes.

3. On February 1, 2024, a 70-year-old S/MI inmate was booked into the Turner Guilford Knight Correctional Center (TGKCC) for Indecent Exposure with a \$1 Bond and a Hold from the Florida Commission on Offender Review. Corrections Health Services (CHS) staff assessed him as MH Level II and Custody Level High Medium 3, assigning him to TGKCC's Mental Health Treatment Center, Unit K4-3. On February 4, 2024, he was reclassified to MH Level IV and moved to the general population at Metro West Detention Center (MWDC), Unit M1D1. On April 8, 2024, following a 90-Day Review, his custody level was adjusted to Medium 4, and he was relocated to Unit M2C2.

On June 13, 2024, at approximately 0955 hours, correctional staff in Unit M2C2 were notified by two inmates that the inmate was making strange noises on his bunk. Staff responded, shaking his foot and body, but he did not respond or have a pulse. A medical emergency was immediately called, and staff, along with a CHS nurse, initiated lifesaving efforts using an Automated External Defibrillator (AED) and began CPR. At 1001 hours, CHS' Rapid Response Team (RRT) applied the LUCAS device to assist in resuscitation efforts. The unit was placed on lockdown, and inmates were moved to the MWDC Chapel.

At 1020 hours, a CHS provider, in coordination with Miami-Dade Fire Rescue (MDFR), pronounced the inmate deceased. At 1043 hours, the scene was secured, and at 1206 hours, MDPD Crime Scene Investigators and MDCR Security and Internal Affairs Bureau (SIAB) officers arrived. Staff from the Miami-Dade Medical Examiner's Office removed the remains at 1248 hours. By 1350 hours, the lockdown was lifted, and the inmates were returned to Unit M2C2. The death was determined to be of natural causes.

4. On September 8, 2024, at approximately 1252 hours, a 33-year-old S/MI female was booked into the Turner Guilford Knight Correctional Center (TGKCC) for 1st Degree Arson/Attempt, with bond pending. During the intake process, Corrections Health Services (CHS) staff evaluated her for suicidal ideation three times, including a Qualified Mental Health Professional (QMHP) encounter, all with negative findings.

The individual showed psychotic symptoms and drug intoxication. Following the terms of this Agreement and policy, she was assigned a Mental Health (MH) Level II classification and placed under Minimum Custody Level. At 1734 hours, she was transferred to the Mental Health Treatment Center (MHTC), Unit K2-2, Room #K3218, where she was placed on a 15-minute close watch. Upon arrival to that unit, she was reassessed by CHS medical staff for suicidal ideation and intent, with no suicidal thoughts or intent reported.

At approximately 2248 hours, during a welfare check, correctional staff discovered the inmate in distress, hanging from the top bunk using her orange inmate uniform shirt. She was kneeling, with her feet slightly touching the floor. Staff immediately called for assistance, entered the room, untied the shirt from the top bunk, and placed the inmate on the ground. Finding no pulse, they began CPR.

At 2249 hours, additional staff arrived with an Automated External Defibrillator (AED) and an Emergency Medical Response Bag (EMRB). CHS staff called 911. The AED was applied, but no shock was advised. At 2254 hours, CHS' Rapid Response Team arrived, and the inmate was moved into the hallway for additional care. At 2258 hours, the LUCAS Chest Compression System was applied. MDFR units arrived at 2302 and 2308 hours, and at 2317 hours, the inmate was transported to Jackson West Medical Center (JWMC) Emergency Department.

On September 9, 2024, the inmate was admitted to JWMC unresponsive, with dilated, fixed pupils, and a grave prognosis. She was released by the Court on September 10, 2024. The same day, CHS' Chief of Psychiatry completed a Focused Case Review. The case was referred to the MDCR/CHS/MDPD Mortality and Morbidity Review Committee for further investigation. The death was determined to be suicide by hanging.

RECOMMENDATIONS:

- Maintain the quality mortality, morbidity, and major incident reviews.

Subsection III.A.7.b. Defendants shall address any problems identified during mortality reviews through training, policy revision, and any other developed measures within 90 days of each death or serious suicide attempt.

Compliance Progress

III. A. MEDICAL AND MENTAL HEALTH CARE: 7. MORTALITY & MORBIDITY REVIEWS																			
III.A.7.Mortality & Morbidity Reviews	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
2 III.A.7.b.	Med-NR MH-NC	Med-NR MH-PC	Med-NR MH-NR	Med-NR MH-NR	Med-NC MH-NC	Med-PC MH-NC	Med-NC MH-NC	Med-NC MH-NC	Med-SC MH-SC	Med-PC MH-PC	Med-SC MH-SC	Med-SC MH-SC	Med-PC MH-PC	Med-PC MH-PC	Med-NC MH-NC	Med-PC MH-PC	Med-SC MH-SC	Med-SC MH-SC	Med-SC MH-SC

ASSESSMENT: MED: SUBSTANTIAL COMPLIANCE (SC) / MH: SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DRS. KUMAR, DUDLEY, RAY

The purpose of this requirement is to ensure that problems found during mortality reviews or serious suicide attempt reviews are promptly addressed through corrective actions within 90 days. By setting a clear timeline, this requirement emphasizes the need for prompt responses to prevent similar incidents in the future and promote continuous improvement in healthcare and mental health services within the correctional facility.

The use of training, policy revision, or other developed measures ensures that corrective actions are comprehensive and targeted. If a mortality review finds deficiencies, such as staff training gaps, procedural failures, or inadequate clinical protocols, these issues must be addressed through proper interventions within the specified time limit. For example, staff may receive refresher training on mental health crisis management, or the organization may revise policies to close found gaps in care.

This requirement ensures that lessons from adverse events lead to concrete improvements in care delivery, rather than remaining isolated incidents. It fosters accountability and a proactive approach by requiring that corrective actions are not delayed. Additionally, it helps create a safer environment by ensuring that systemic issues identified during reviews are corrected promptly. The 90-day deadline reinforces the urgency of these measures, ensuring that the organization takes swift and decisive action to mitigate future risks and improve the quality of healthcare and suicide prevention efforts.

KEY FINDINGS: This provision keeps 100% compliance. All reviewed cases included complete and proper corrective actions, addressing policy, procedures, practices, resources, and training where applicable.

Incident #1 (as reported in the 17th report):

- CHS review: No corrective action measures were identified. We concur.

- MDCR review: Five (5) corrective measures were identified to enhance internal communication and conditions of confinement. All five (5) MDCR corrective measures were implemented.

Incident #2:

2. CHS review: Six (6) corrective measures were identified related to training documentation, protocol compliance, and therapeutic involvement. We concur. All corrective were implemented.
3. MDCR review: No corrective measures were indicated. We concur.

Incident #3:

- CHS review: Five (5) corrective measures were identified to improve staff training, onsite supervision, prompt incident notification, documentation, and preparedness. All corrective measures were implemented.
- MDCR review: Three (3) corrective measures were identified to improve response and notification promptness. All corrective measures were implemented.

Incident #4: The Mortality and Major Incident reviews are scheduled for submission to the Monitor by October 23, 2024. These reviews are expected to be thorough, with appropriate corrective action plans developed in response to the findings. However, based on our onsite and offsite case review conducted with MDCR and CHS officials, along with our review of the incident’s medical records, we have no basis to expect a downgrade in the compliance rating.

Subsection III.A.7.c. Defendants will review mortality and morbidity reports and corrective action plans bi-annually. Defendants shall implement recommendations regarding the risk management system or other necessary changes in policy based on this review. Defendants will document the review and corrective action and provide it to the Monitor.

Compliance Progress

III. A. MEDICAL AND MENTAL HEALTH CARE: 7. MORTALITY & MORBIDITY REVIEWS																			
III.A.7.Mortality & Morbidity Reviews	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
3 III.A.7.c.	Med-NR MH-NC	Med-NR MH-NC	Med-NR MH-NR	Med-NR MH-NR	Med-NC MH-NC	Med-PC MH-NC	Med-NC MH-NC	Med-NC MH-NC	Med-PC MH-PC	Med-PC MH-PC	Med-SC MH-SC	Med-SC MH-SC	Med-PC MH-PC	Med-PC MH-PC	Med-NC MH-NC	Med-PC MH-PC	Med-SC MH-SC	Med-SC MH-SC	Med-SC MH-SC

ASSESSMENT: MED: SUBSTANTIAL COMPLIANCE (SC) / MH: SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DRS. RAY, DUDLEY, KUMAR

The purpose of this requirement is to ensure that mortality and morbidity events within the correctional system are carefully reviewed and used to improve policies and procedures. By mandating a bi-annual review of mortality and morbidity reports and corrective action plans, this requirement promotes accountability, transparency, and continuous improvement in the delivery of healthcare services to inmates. The goal is to identify systemic issues or gaps in care that may contribute to adverse outcomes, such as inmate deaths or serious health events, and take action to prevent their recurrence.

The bi-annual review ensures that the healthcare system conducts regular assessments of high-risk events, including deaths and medical emergencies, to understand their causes and implications. These reviews help identify patterns and trends, such as delays in care, communication breakdowns, or inadequate protocols, which could lead to future incidents if left unaddressed. Additionally, the requirement to implement recommendations from these reviews ensures that identified risks are addressed through policy changes or improvements to the risk management system.

By requiring defendants to document the review process and provide corrective action plans to the Monitor, the system promotes transparency and oversight. This documentation ensures that external monitors can assess the effectiveness of the corrective actions and ensure that the organization is taking proactive steps to reduce risks and improve care. This requirement fosters a culture of accountability and risk mitigation, ensuring that lessons from adverse events are incorporated into policy improvements to safeguard inmate health and prevent future incidents.

KEY FINDINGS: Examination of the Mortality Review Bi-Annual Reviews and Implementation records shows that CHS and MDCR continue to consistently comply with these requirements. Both entities have established effective processes for monitoring corrective action plans, ensuring prompt and efficient resolution of identified issues. Action items are regularly assessed and updated by the leadership team until they are fully implemented, enabling continuous improvement in outcomes. These action plans encompass policy adjustments, staff training initiatives, and accountability measures specifically tailored to address the root causes of identified issues. Additionally, performance metrics are integrated into these plans to verify the successful resolution of the targeted concerns.

RECOMMENDATIONS: Stay on course.

B. SECTION III.C. MENTAL HEALTH CARE & SUICIDE PREVENTION

Defendants shall ensure constitutional mental health treatment and protection of inmates at risk for suicide or self-injurious behavior. Defendants' efforts to achieve this constitutionally adequate mental health treatment and protection from self-harm will include the following remedial measures regarding: (1) Referral Process and Access to Care; (2) Mental Health Treatment; (3) Suicide Assessment and Prevention; (4) Review of Disciplinary Measures; (5) Mental Health Care Housing; (6) Custodial Segregation; (7) Staffing and Training; (8) Suicide Prevention Training; and (9) Risk Management.

PROVISION III.C.1. REFERRAL PROCESS & ACCESS TO CARE

Subsection III.C.1.a.(1)(2)(3). CHS shall develop and implement written policies and procedures governing the levels of referrals to a Qualified Mental Health Professional. Levels of referrals are based on acuteness of need and must include "emergency referrals," "urgent referrals," and "routine referrals," as follows:

- (1) "Emergency referrals" shall include inmates identified as at risk of harming themselves or others and placed on constant observation. These referrals also include inmates determined as severely decompensated, or at risk of severe decompensation. A Qualified Mental Health Professional

must see inmates designated "emergency referrals" within two hours, and a psychiatrist within 24 hours (or the next business day), or sooner, if clinically indicated.

- (2) "Urgent referrals" shall include inmates that Qualified Mental Health Staff must see within 24 hours, and a psychiatrist within 48 hours (or two business days), or sooner, if clinically indicated.
- (3) "Routine referrals" shall include inmates that Qualified Mental Health Staff must see within five days, and a psychiatrist within the following 48 hours, when indicated for medication and/or diagnosis assessment, or sooner, if clinically indicated.

Compliance Progress

III. C. MENTAL HEALTH CARE & SUICIDE PREVENTION: 1. REFERRAL PROCESS & ACCESS TO CARE																			
III.C.1. Referral	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
Process & Access to	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
1 III.C.1.a.(1) (2) (3)	MH-PC	MH-NC	MH-NR	MH-NR	MH-NR	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-PC	MH-SC	MH-SC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT: MH – SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DRS. DUDLEY, RAY

The purpose of this requirement is to ensure that inmates with mental health needs receive prompt and appropriate care by establishing clear policies and procedures for referrals to Qualified Mental Health Professionals (QMHPs). It categorizes referrals based on the urgency and acuteness of the inmate’s condition, ensuring that those in critical need receive prompt evaluation and treatment. This structured approach helps prioritize care, prevent mental health crises, and ensure consistent, high-quality mental health services within the correctional facility.

Emergency Referrals address life-threatening situations or severe mental health deterioration, such as inmates at risk of harming themselves or others or experiencing acute psychiatric decompensation. In these cases, the requirement mandates immediate intervention, with a QMHP required to see the inmate within two hours, and a psychiatrist within 24 hours (or the next business day). This ensures that high-risk inmates receive rapid stabilization and appropriate care, reducing the risk of harm to themselves or others.

Urgent Referrals are intended for inmates who require prompt mental health intervention but are not in immediate danger. These inmates must be seen by a QMHP within 24 hours and a psychiatrist within 48 hours (or two business days), if needed. This referral tier ensures that inmates with serious but non-emergency conditions receive timely care, preventing their condition from escalating to a crisis level.

Routine Referrals provide access to regular mental health care and assessments for inmates with non-acute mental health needs. A QMHP must see inmates within five days, with a psychiatrist required to follow up within 48 hours thereafter, if needed for medication or diagnostic assessments. This ensures that inmates with ongoing mental health needs receive appropriate care within a

reasonable timeframe, preventing delays in treatment or unnecessary deterioration of their mental health.

The tiered referral structure ensures that care is provided based on clinical urgency, helping prioritize resources effectively while ensuring that all inmates, regardless of their level of need, receive timely access to mental health services. Additionally, the clear timelines and procedural requirements promote accountability and consistency in care delivery. This requirement ensures that mental health crises are managed swiftly, non-urgent conditions do not escalate, and ongoing care is provided appropriately—safeguarding inmate well-being and fostering a more stable correctional environment.

KEY FINDINGS:

1. Psychiatry Mental Health Referrals

- (1) Psychiatry mental health (MH) referral completion across distinct categories—emergent (within 24 hours), urgent (within 48 hours), and routine (within 5 days)—as well as overall compliance trends, reveals significant improvements in timeliness and completion between the 17th and 18th reporting periods (Jun 2023 to Aug 2024).
- (2) Emergent Referrals (24 Hours): The completion rate for emergent referrals shows steady improvement over time. From 64% in Jun and Jul 2023, the rate jumped to 95% in Sep 2023 and 100% in Oct 2023, maintaining perfect compliance for nearly all months through Aug 2024. A small dip to 89% in May 2024 was followed by a quick recovery to 100% by the next reporting month, Jul-Aug 2024. The average completion rate improved from 89% in the 17th report to 100% in the 18th report, reflecting considerable progress in ensuring prompt completion of high-priority referrals.
- (3) Urgent Referrals (48 Hours): Like emergent referrals, urgent referrals saw steady gains over the reporting period. Completion rates improved from 57% in Jun 2023 to 100% by Sep 2023, maintaining nearly perfect performance through most months. Minor fluctuations occurred, such as 99% compliance in Dec 2023 and Jan 2024, and 98% in Feb 2024, but the rates quickly stabilized at or near 100% for the remainder of the reporting period. The average rate increased from 90% in the 17th report to 99% in the 18th report, showing an important level of sustained improvement.
- (4) Routine Referrals (5 Days): Routine referrals, while showing more variability initially, followed a similar pattern of improvement. The rate climbed from 58% in Jun 2023 to 77% by Sep 2023 and reached 99%-100% compliance from Dec 2023 onwards, with only minor deviations in May 2024 (85%) and Feb 2024 (98%). The average completion rate increased from 85% in the 17th report to 99% in the 18th report, reflecting greater consistency in handling routine referrals within the required time limit.
- (5) Overall Referral Completion Compliance: Referral completion compliance remained high throughout the reporting period, with rates consistently at 100% from Sep 2023 onward. The earlier months (Jun-Aug 2023) showed some variability, with compliance rates ranging

from 87% to 95%, but this quickly stabilized. Both the 17th and 18th reports averaged 100% compliance, showing that referrals were being completed regardless of initial challenges with timeliness.

- (6) Referral Completion Timeliness Compliance: The timeliness compliance rate, while initially lower, improved significantly over time. Starting at 59% in Jun 2023, the rate increased to 96% by Sep 2023 and stabilized around 98-100% for most of the 18th report period, with only a slight drop to 89% in May 2024. The average timeliness compliance rose from 89% in the 17th report to 99% in the 18th report, highlighting enhanced efficiency in meeting required timeframes.
- (7) This performance indicates consistent and sustained improvements across all categories of mental health referrals, especially in timeliness. Emergent, urgent, and routine referrals saw notable increases in compliance with required timeframes, with emergent and urgent referrals nearing or achieving perfect performance in the 18th report. The referral completion compliance remained at or near 100%, while timeliness compliance improved from 89% in the 17th report to 99% in the 18th report, signaling a highly efficient referral management system by the end of the reporting period. These improvements show that the system successfully adapted to ensure timely and complete referral handling, contributing to better mental health service delivery.

**8.1. Referral Process and Access to Care III.C.1.a.
Psychiatry Mental Health Referral Compliance**

Psychiatry MH Referrals Compliance	17th Report										18th Report					17th Rpt Avg.	18th Rpt Avg.
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Referral Completion Compliance	92%	87%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%
Referral Completion Timeliness Compliance	59%	71%	70%	96%	100%	100%	99%	98%	98%	99%	99%	100%	100%	99%	98%	89%	99%

- 2. Behavioral Health mental health (MH) referral completion within required time limits, covering the 17th and 18th reporting periods (June 2023 to August 2024), shows steady improvements across emergent, urgent, and routine referral categories. Key metrics like completion compliance and timeliness compliance highlight increasing efficiency in managing referrals over time.
 - (1) Emergent referrals showed significant improvement throughout the reporting period. In June 2023, the completion rate was 66%, rising to 91% by August 2023 and peaking at 97% in November 2023. While the rate fluctuated slightly between 93% and 97% in subsequent months, it consistently stayed above 89%, with the highest value of 99% in August 2024. The average completion rate improved from 89% in the 17th report to 96% in the 18th report, reflecting an elevated level of consistency in managing these urgent cases within two hours.

- (2) Urgent referrals experienced rapid gains in completion rates, achieving near-perfect performance. From 76% in June 2023, the rate climbed to 95% by August 2023 and reached 100% compliance in September 2023. This near-perfect compliance persisted through most of the reporting period, with a small dip to 99% in July 2024, before returning to 100% in August 2024. The average completion rate improved from 96% in the 17th report to 100% in the 18th report, showing reliable performance in completing urgent referrals on time.
- (3) Routine referrals showed an elevated level of performance throughout the reporting period, with some minor variability. The rate started at 88% in June 2023, increased to 99% by July 2023, and remained between 95% and 99% through most months. In June 2024, the completion rate dipped slightly to 96%, holding steady through July and August 2024 at 96%-97%. The average rate increased from 96% in the 17th report to 97% in the 18th report, reflecting sustained efficiency in managing routine referrals.
- (4) Overall referral completion compliance remained consistently high, with rates at 100% from October 2023 through August 2024, except for a slight drop to 99% in July 2024 and 88% in May 2024. The average compliance improved from 88% in the 17th report to 100% in the 18th report, showing that referrals were being completed at a very high level of consistency.
- (5) Timeliness compliance also improved steadily over the reporting period. The rate started at 86% in June 2023, reached 96% by September 2023, and remained consistently between 96% and 99% through the rest of the period. A small dip to 95% in May 2024 was followed by a recovery to 97%-98% in the final months. The average timeliness compliance increased from 95% in the 17th report to 97% in the 18th report, reflecting an elevated level of efficiency in meeting the required time limits.
- (6) Behavioral Health has made significant improvements in the management of mental health referrals across all categories, particularly in emergent and urgent cases. Emergent referrals saw their completion rate rise from 66% in June 2023 to 99% by August 2024, with an average improvement from 89% to 96% between the 17th and 18th reports. Urgent referrals reached near-perfect compliance, maintaining 100% completion for most of the 18th report period. Routine referrals showed impressive performance, with an average increase from 96% to 97%. Overall referral completion compliance rose from 88% to 100%, while timeliness compliance improved from 95% to 97%. These trends indicate that the referral system became increasingly efficient over time, ensuring prompt responses to individuals in need and maintaining high completion standards across all categories.

**8.1. Referral Process and Access to Care III.C.1.a.
Behavioral Health Mental Health Referral Compliance**

Behavioral Health MH Referral Compliance	17th Report										18th Report					17th Rpt Avg.	18th Rpt Avg.
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Referral Completion Compliance	80%	77%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	88%	100%
Referral Completion Timeliness Compliance	86%	96%	90%	96%	97%	98%	97%	99%	97%	98%	98%	98%	96%	97%	98%	95%	97%

RECOMMENDATIONS:

1. Maintain and continue to improve upon (when indicated) clinical, process, and quality management practices to achieve sustained compliance.

PROVISION III.C.2. MENTAL HEALTH TREATMENT

Subsection III.C.2.c. Each inmate on the mental health caseload will receive a written initial treatment plan at the time of evaluation, to be implemented and updated during the psychiatric appointments dictated by the Level of Care. CHS shall keep the treatment plan in the inmate’s mental health and medical record.

Compliance Progress

III. C. MENTAL HEALTH CARE & SUICIDE PREVENTION: 2. MENTAL HEALTH TREATMENT																			
III.C.2.Mental Health Treatment	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
3 III.C.2.c.	MH-PC	MH-NR	MH-NR	MH-NR	MH-NC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC	MH-STC	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT: MH – SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DRS. DUDLEY, RAY

The purpose of this requirement is to ensure that every inmate on the mental health caseload receives timely and individualized mental health care. By mandating a written initial treatment plan at the time of evaluation, the requirement ensures that a structured approach to care begins immediately, addressing the inmate's mental health needs as early as possible. This plan serves as the foundation for ongoing psychiatric care and helps establish clear therapeutic goals and interventions tailored to the inmate’s condition.

The requirement to implement and update the treatment plan during subsequent psychiatric appointments—based on the inmate’s Level of Care (LOC)—ensures that the care remains responsive to the patient’s changing needs. As the LOC may change over time based on the severity or progress of the inmate's condition, frequent updates keep the treatment relevant and effective. This dynamic process helps to prevent gaps in care, maintain treatment continuity, and optimize outcomes.

The directive to maintain the treatment plan in both the inmate’s mental health and medical records ensures that all relevant healthcare providers have access to the same information, promoting integrated care across disciplines. This dual-record documentation also ensures accountability and

traceability, facilitating compliance monitoring, audits, and continuity of care throughout the inmate’s incarceration. The requirement promotes patient-centered care, consistency, and adherence to clinical best practices in the management of mental health issues within the correctional environment.

KEY FINDINGS: Implementation of the new individualized treatment plan into the electronic health record continues to significantly yield improvement treatment plan quality and the efficiency of quality reviews by providers and the Interdisciplinary Treatment Team (IDTT).

- 1) Initial Treatment Plans consistently achieved 100% compliance throughout both the 17th and 18th report periods. Inmates on the mental health caseload received a written initial treatment plan at the time of evaluation, demonstrating CHS’s robust processes for documenting these plans. This performance highlights the ability to meet the compliance requirement without any gaps across all months from June 2023 to August 2024.
- 2) Updated Treatment Plans showed more variability early on, with compliance dipping to 83% in June 2023 and 91% in November 2023 during the 17th report period. However, CHS steadily improved, reaching 96-97% compliance by the end of 2023. The 18th report period reflects a significant turnaround, with updated plan compliance averaging 98% and achieving 100% compliance from June to August 2024. These improvements indicates that earlier challenges, such as scheduling or follow-up issues, were effectively addressed, leading to perfect compliance in the final months.
- 3) While initial treatment plans consistently met the standard throughout both periods, updated treatment plans saw some early challenges but steadily improved. CHS’s ability to achieve 100% compliance for both initial and updated plans in the last three months of the 18th report period reflects a strong commitment to continuous improvement and sustainable high performance.

KPI 8.2. Mental Health Treatment. III. C. 2. c.
Initial & Updated Mental Health Caseload Treatment Plan Compliance

Initial and Updated Treatment Plan Documentation Compliance	17th Report										18th Report					17th Rpt Avg.	18th Rpt Avg.
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Overall Compliance	91%	96%	95%	98%	97%	98%	96%	98%	98%	98%	97%	97%	100%	100%	100%	94%	97%
Mental Health Caseload w/ Documented Intial TX Plans Compliance	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mental Health Caseload w/ Documented Updated TX Plans Compliance	83%	91%	91%	96%	93%	97%	91%	96%	96%	96%	94%	94%	100%	100%	100%	93%	98%

RECOMMENDATIONS: Continue to improve upon clinical, process, and quality management practices where indicated. Maintained compliance levels for sustained compliance.

PROVISION III.C.3. SUICIDE ASSESSMENT & PREVENTION

Subsection III.C.3.e. CHS shall ensure individualized treatment plans for suicidal inmates that include signs, symptoms, and preventive measures for suicide risk.

Compliance Progress

III. C. MENTAL HEALTH CARE & SUICIDE PREVENTION: 3. SUICIDE ASSESSMENT & PREVENTION																			
III.C.3.Suicide Assmt & Prevention	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
5 III.C.3.e.	MH-PC	MH-NC	MH-NR	MH-NR	MH-NC	MH-PC	MH-NC	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT: MH – SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DR. DUDLEY

The purpose of this requirement is to ensure that suicidal inmates receive tailored, individualized care plans that address their unique risk factors and mental health needs. By mandating that treatment plans for suicidal inmates include signs, symptoms, and preventive measures for suicide risk, the requirement emphasizes a proactive approach to preventing suicide within the correctional setting.

Including specific signs and symptoms ensures that staff are aware of the individual inmate’s risk indicators, such as changes in behavior, mood instability, or past suicide attempts. This allows healthcare and correctional staff to identify warning signs early and intervene before the inmate engages in self-harm.

The inclusion of preventive measures ensures that the plan outlines concrete steps to mitigate the risk of suicide. These measures may include increased observation, restricted access to dangerous items, or enhanced mental health support, such as regular counseling or psychiatric check-ins. Individualized preventive strategies ensure that care is tailored to the inmate's unique needs rather than relying on generalized protocols, which might overlook specific risks.

This requirement helps ensure coordinated care and communication among healthcare and custodial staff, promoting accountability and prompt interventions. It supports the broader goals of suicide prevention in correctional facilities, reducing the likelihood of self-harm, and promoting the well-being of vulnerable inmates through personalized care plans that address their specific mental health risks and needs.

Consent Agreement Appendix A outlines minimum criteria encompassing (1) screening, (2) suicide risk assessment elements, (3) triggering factors, and (4) established thresholds for identifying actual or potential suicide risks. These four (4) primary criteria serve as the foundation for crafting individualized suicide prevention treatment plans, as mandated by this section of the agreement. Individual treatment plans for suicide assessment and prevention shall include all the following criteria (verbatim for Consent Agreement):

1. Screening Factors – History, Ideation and Observation. Screening shall inquire as to the following:

- 1) Past suicidal ideation and/or attempts
- 2) Current suicidal ideation, threat, or plan
- 3) Prior mental health treatment or hospitalization
- 4) Recent significant loss - such as the death of a family member or close friend
- 5) History of suicidal behavior by family members and close friends
- 6) Suicide risk during any prior confinement
- 7) Any observations of the transporting officer, court, transferring agency, or similar individuals regarding the inmate's potential suicidal risk

2. Assessment Factors – Any of the following:

- 1) Suicide risk screening indicates moderate or high risk
- 2) Any suicide attempt in the past
- 3) Any suicidal ideations, with intent/plan within the past 30 days
- 4) Any command hallucinations to harm self within the past 30 days
- 5) Any combination of the following:
 - a) Suicidal ideations within the past year with or without intent/plan
 - b) Suicidal gestures (current and/or within past year)
 - c) One or more of the following diagnoses:
 - i. Bipolar Disorder, Depressed
 - ii. Major Depression with or Without Psychotic Features
 - iii. Schizophrenia
 - iv. Schizoaffective Disorder
 - v. Any diagnosis within the Pervasive Developmental Disorder Spectrum
 - vi. Any other factor(s) determined by the interdisciplinary team (IDT) as contributing to suicide risk (e.g., recent loss, family history of suicide, etc.)
- 6) Any history of self-injurious behavior (SIB) resulting in injury requiring medical attention within the past year

3. Trigger Events Occurring in the Jail:

- 1) Any suicide attempt
- 2) Any aggression to self resulting in major injury

4. Thresholds Reached in the Jail:

- 1) Any suicide
- 2) Any suicide attempt resulting in outside medical treatment
- 3) Two or more episodes of suicidal ideation/attempts within 14 consecutive days
- 4) Four or more episodes of suicidal ideations/ attempts within 30 consecutive days

KEY FINDINGS: CHS continues to audit 15 individualized treatment plans per month to assess compliance with this subsection. The treatment plans are examined for completeness and whether all suicide prevention and care screening, assessment, triggering events, and threshold elements are

present in each plan. Each plan is also assessed for required updates and whether those updates were implemented as written.

- 1) The compliance requirement for individualized treatment plans, which include signs, symptoms, and preventive measures for suicide risk based on risk and lethality levels, is set at 90%. Across the 17th and 18th report periods, the organization demonstrated significant improvement, achieving sustained 100% compliance in the latter period, ensuring inmates at risk of suicide receive timely and appropriate care.
- 2) During the 17th report period (June 2023 to March 2024), compliance started at 80% in June 2023, reflecting the lowest point in performance for the reporting period. However, compliance quickly improved to 93% in July 2023 and 100% by August 2023, showing progress toward meeting the required standard. Throughout the second half of 2023, compliance fluctuated between 93% and 100%, with some dips due to inmates refusing assessments or being deemed ineligible (e.g., 3 to 5 refusals from September to December 2023). Despite these challenges, the organization ended the 17th report period on a high note, achieving 100% compliance from January to March 2024. The 17th report average compliance was 96%, exceeding the 90% requirement and showing steady progress toward consistent adherence.
- 3) The 18th report period (April to August 2024) reflects sustained improvements, with 100% compliance achieved in nearly every month. During this period, the organization successfully audited 13 to 15 cases per month, even when a few inmates refused assessments in some months (e.g., 2 refusals in August 2024). The April to July 2024 months maintained perfect 100% compliance, with no lapses in individualized suicide planning, reflecting the success of earlier corrective efforts. The 18th report average compliance remained at 100%, surpassing the 90% requirement and demonstrating the organization's ability to maintain high standards over time.
- 4) The 17th report period averaged 96% compliance, with occasional dips due to refusals or non-participation, but these issues were addressed effectively by the end of the period. The 18th report showed consistent 100% compliance, reflecting a well-coordinated effort to meet the compliance standard and provide prompt, individualized suicide prevention plans. The organization's sustained success across both reporting periods highlights its commitment to continuous improvement and ensuring the safety and well-being of inmates at risk of suicide.

**8.3. Suicide Assessment and Prevention III.C.3.e.
Individualize Treatment Plan Implementation Compliance**

Individualize Suicide Treatment Plan Implementation	17th Report										18th Report					17th Rpt Avg.	18th Rpt Avg.
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Ttl. Individualized TX Plans that Include Signs, Symptoms, and Preventive Measures for Suicide Risk according to risk and lethality Levels: 15 cases / month	12	14	15	12	11	11	10	13	13	14	13	13	13	15	13	13	13
N/A or Refused Assessment	0	0	0	3	4	3	5	1	2	1	2	2	0	0	2	2	1
Compliance Performance	80%	93%	100%	100%	100%	93%	100%	93%	100%	100%	100%	100%	100%	100%	100%	96%	100%

RECOMMENDATIONS:

1. Continue to maintain and improve upon (when indicated) clinical, process, and quality management practices to achieve sustained compliance.
2. Consider doubling the number of treatment plans audited per month.

PROVISION III.C.6. CUSTODIAL SEGREGATION

Subsection III.C.6.a.(4). Inmates with SMI who are not diverted or removed from custodial segregation shall be offered a heightened level of care that includes:

- i. Qualified Mental Health Professionals conducting rounds at least three times a week to assess the mental health status of all inmates in custodial segregation and the effect of custodial segregation on each inmate's mental health to determine whether continued placement in custodial segregation is appropriate. These rounds shall be documented and not function as a substitute for treatment.

Compliance Progress

III. C. MENTAL HEALTH CARE & SUICIDE PREVENTION: 6. CUSTODIAL SEGREGATION																			
III.C.6.Custodial Segregation	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
5 III.C.6.a.(4)i	MH-PC	MH-NR	MH-NR	MH-NR	MH-PC	MH-NC	MH-NC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT: MH – SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S): DRS. DUDLEY, RAY

The purpose of this requirement is to ensure that inmates with Serious Mental Illness (SMI), who remain in custodial segregation, receive enhanced mental health care and regular monitoring to prevent the negative psychological effects associated with isolation. Custodial segregation can worsen mental health conditions, especially for inmates with pre-existing mental illnesses, so this requirement emphasizes frequent mental health assessments to ensure that their placement is still appropriate.

The requirement mandates that Qualified Mental Health Professionals (QMHPs) conduct rounds at least three times a week to monitor the mental health status of these inmates. The frequent assessments allow mental health professionals to detect early signs of deterioration, including increased anxiety, depression, or psychosis, which can result from prolonged segregation. These rounds ensure that the inmate's mental health condition is carefully monitored, and that staff have an opportunity to evaluate whether continued segregation remains suitable or whether alternative housing or treatment is necessary.

Additionally, the documentation of these rounds promotes accountability and transparency in the care provided. This documentation ensures that the mental health status of inmates is consistently tracked and that decision-making around their placement is well-documented. Importantly, this requirement makes clear that these rounds do not replace formal mental health treatment—they function as a monitoring mechanism to supplement ongoing care.

In summary, the purpose of this requirement is to ensure continuous mental health oversight for inmates with SMI in segregation, mitigate the harmful effects of isolation, and facilitate appropriate housing decisions. It ensures that mental health professionals are actively involved in monitoring inmates and that placement in segregation is reviewed regularly to mitigate risk of harm and deterioration of mental health.

KEY FINDINGS: Qualified Mental Health Professional (QMHP) staff continue to conduct clinical rounds and documentation for inmates with Serious Mental Illness (SMI) in custodial segregation, ensuring these inmates are evaluated at least three times a week. The purpose of these rounds is to monitor the mental health of inmates, identify any negative effects of segregation, and determine if alternative housing or treatment is necessary. Both the 17th and 18th report periods show the organization's commitment to exceeding the required compliance standards, with most months reflecting overperformance through frequent rounds and thorough documentation.

- (1) During the 17th report period (June 2023 – March 2024), the organization managed 1,601 required rounds but exceeded expectations by completing 2,894 rounds, achieving an average compliance of 181%. Early in the period, compliance was slightly lower, with 106% compliance in June 2023 and 96% in July 2023, indicating a brief challenge in maintaining perfect adherence. However, from August 2023 onward, compliance improved steadily, with several months—such as September through December 2023—reaching 186% to 268% compliance, far exceeding the minimum requirement. For example, November 2023 required 175 rounds, but the organization completed 468 rounds, reflecting a proactive approach to inmate monitoring. The number of SMI inmates in segregation increased over time, from 14 inmates in June 2023 to 28 inmates by December 2023, demonstrating the organization's ability to manage an expanding caseload while maintaining high compliance.
- (2) In addition to completing rounds, the documentation of segregation effects and determinations was thorough, with compliance rates averaging 131%. For example, September 2023 saw 321% compliance, ensuring that inmate assessments were documented beyond the minimum required. Across this period, the organization achieved 415 total weeks of segregation events, keeping 100% compliance in all weeks, ensuring no rounds were missed. The 17th report period concluded with an average compliance of 181% for rounds and 131% for side effect

documentation, reflecting the organization’s efforts to provide proactive care and prevent deterioration in inmates’ mental health.

- (3) The 18th report period (April 2024 – August 2024) continued this trend of high performance, with 1,120 required rounds and 1,967 rounds completed, achieving an average compliance of 176%. From April through August 2024, compliance remained consistently high, ranging from 174% to 182% for most months. For example, in April 2024, 267 rounds were required, but the organization completed 465 rounds. Similarly, in July and August 2024, compliance remained high, with 475 rounds completed in July and 330 in August, despite only 266 and 196 required rounds, respectively. These results highlight the organization’s dedication to keeping comprehensive oversight for SMI inmates.
- (4) The 18th report period also kept 100% compliance for all required weeks of segregation rounds, ensuring that no weeks were missed. Additionally, side effect documentation compliance averaged 144%, with some months, such as July 2024 (146%) and August 2024 (149%), showing thorough and detailed assessments. This consistent overperformance reflects a well-established system of mental health monitoring that ensures all inmates receive the care they need on time.
- (5) Both the 17th and 18th report periods far exceeded the 90% compliance standard for both QMHP rounds and documentation. The 17th report period averaged 181% compliance for rounds and 131% for documentation, reflecting impressive performance with some variability early in the period. The 18th report period demonstrated sustained excellence, achieving 176% compliance for rounds and 144% for documentation, with all required weeks meeting compliance. These results highlight the organization’s ability to proactively manage and monitor SMI inmates in segregation, ensuring timely interventions and thorough documentation to prevent mental health deterioration.

2.1 III. C. 6. a. (4). Custodial Segregation Rounds Performance

Custodial Segregation Rounds and Documentation Compliance	17th Report										18th Report					17th Rpt Avg.	18th Rpt Avg.
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24		
Ttl. SMI/Seg Inmates:	14	14	11	13	21	22	28	27	26	21	26	24	22	25	21	20	24
Ttl. QMHP Rounds Required:	136	158	53	126	189	175	179	226	192	167	267	208	183	266	196	1,601	1,120
Ttl. QMHP Rounds Completed:	144	151	53	271	392	468	334	426	347	308	465	379	318	475	330	2,894	1,967
Total Weeks in Seg Events:	-	-	-	-	-	-	-	-	-	-	101	79	69	97	69		415
Total Weeks in Compliance:	-	-	-	-	-	-	-	-	-	-	101	79	69	97	69		415
Ttl. Number of Documented Assessments:	-	-	-	-	-	-	-	-	-	-	378	299	250	389	292		1,608
Ttl. Seg Effects and Determinations Documented:	142	151	170	263	235	205	170	299	263	195	378	299	250	389	292	2,093	1,608
SMI Seg Rounds Compliance:	106%	96%	100%	215%	207%	268%	186%	188%	181%	184%	174%	182%	173%	179%	168%	181%	176%
% of Weeks in Seg Rounds Compliance:	-	-	-	-	-	-	-	-	-	-	100%	100%	100%	100%	100%	100%	100%
SMI Seg Side Effects Documentation Compliance:	104%	96%	321%	209%	124%	117%	95%	132%	137%	117%	142%	144%	136%	146%	149%	131%	144%

RECOMMENDATIONS:

1. Continue to maintain and improve upon clinical, process, and quality management practices (when indicated) to achieve sustained compliance with this provision.
2. Modify all forms used by QMHP to contain the assessment of effects template used in initial and follow-up segregation assessments to improve the efficiency of compliance measurement.
3. Modify the described assessment template to allow for non-text effects of segregation assessment when SMI inmates in segregation housing refuse to participate in the segregation round assessment.

III.C.6.a. ii. Documentation of all out-of-cell time, indicating the type and duration of activity.

Compliance Progress																			
Progress to Sunset	6.7%	6.7%	6.7%	6.7%	20.0%	26.7%	20.0%	26.7%	46.7%	60.0%	66.7%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
III. C. MENTAL HEALTH CARE & SUICIDE PREVENTION: 6. CUSTODIAL SEGREGATION																			
III.C.6.Custodial Segregation	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
6 III.C.6.a.(4)ii	MH-PC	MH-NR	MH-NR	MH-NR	MH-PC	MH-NC	MH-NC	MH-NC	MH-NC	MH-SC	MH-SC	MH-SC	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT MH – SUBSTANTIAL COMPLIANCE (SC)

PRIMARY MONITOR(S) DRS. DUDLEY, RAY

This Consent Agreement defines Custodial Segregation as, “...the solitary confinement of an inmate to a specific secure housing unit or single cell that is separated from the general population continuously for 15 or more hours a day. There are three forms of segregation Administrative, Disciplinary Detention and Protective Custody.”

KEY FINDINGS:

1. As shown in subsection III.C.6.a.(4) above, CHS documentation compliance far exceeds compliance requirements.
2. In addition to CHS documentation, MDCR continues to electronically document all welfare checks and out-of-cell time activity for SMI inmates housing in segregation units at all facilities.
 - (1) Examination and analysis of more than 44,000 records that have some 500,000 relevant data points found continuous compliance with stable reduction in SMI inmates being housed in segregation:
 - a) Using MDCR-report ADP, in 2023, a total of 54 unique inmates with Serious Mental Illness (SMI) were held in segregation, compared to 82 unique SMI inmates in segregation during Q3 of 2024, being a 51.9% increase. The Average Daily Population (ADP) reported by the Miami-Dade Corrections and Rehabilitation Department (MDCR) saw a slight rise from 4,619 in 2023 to 4,691 in 2024, an increase of 72 inmates

or 1.6%. Similarly, the SMI-specific ADP experienced a marginal increase of three inmates, rising from 3,494 in 2023 to 3,497 in Q3 2024, reflecting a growth of 0.09%.¹

- b) Despite the increase in unique SMI inmates in segregation, the SMI ADP in Segregation decreased slightly from 18 in 2023 to 17 in 2024, a 5.9% reduction. The proportion of segregated SMI inmates compared to the total reported ADP also declined marginally, from 0.38% in 2023 to 0.36% in 2024, showing a decrease of 0.03%. Additionally, the percentage of SMI inmates in segregation as a share of the total SMI population dropped from 0.51% in 2023 to 0.48% in 2024, reflecting another 0.03% reduction.
- c) While the number of unique SMI inmates placed in segregation increased, the overall use of segregation for SMI inmates decreased compared to both the total inmate population and the broader SMI population. This verifies sustained efforts to manage the SMI population more effectively within the general or alternative settings, despite the overall increase in the SMI population at MDCR.

Reduction SMI Inmates Housed in Segregation

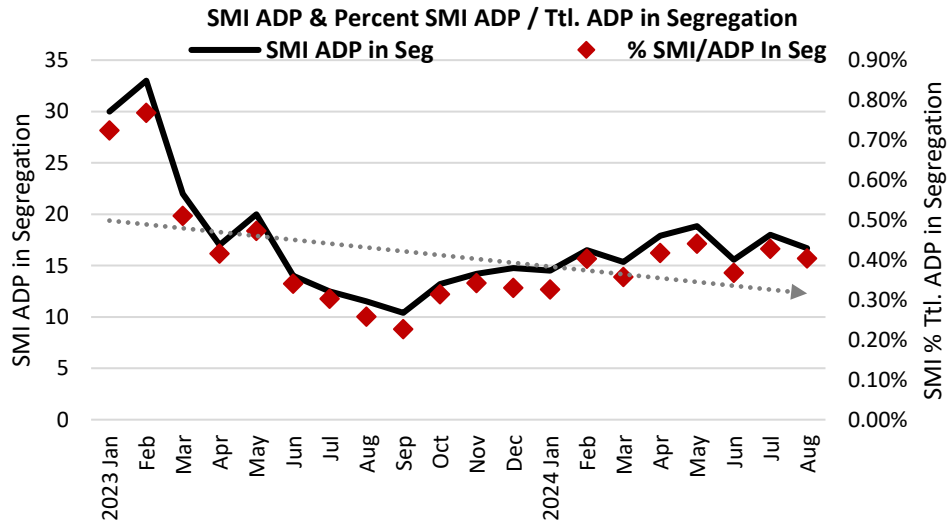
Year	Unique SMI Inmates in Seg	MDCR Reported ADP	MDCR SMI ADP	SMI / Seg ADP	% SMI Seg ADP / ADP	% SMI Seg / SMI ADP
2023	54	4,619	3,494	18	0.38%	0.51%
2024 (Q3)	82	4,691	3,497	17	0.36%	0.48%
Diff	28	72	3	-1		
% Diff	51.9%	1.6%	0.09%	-5.9%	-0.03%	-0.03%

- d) Using Florida DOC total ADP numbers, MDCR performance similarly reflects a focused effort across 2023 and 2024 to control the number of inmates with Serious Mental Illness (SMI) placed in segregation. Throughout 2023, the Total Average Daily Population (ADP) fluctuated between 4,093 in April and 4,586 in September, with a monthly average of 4,284 inmates. During the same period, the number of SMI inmates in segregation steadily declined, starting at 30 in January and reaching a low of 10 in September. By the end of 2023, the segregation count rose slightly to 15 inmates in December. The percentage of SMI segregation relative to the total ADP ranged from 0.72% in January to 0.23% in September, averaging 0.41% across the year.
- e) In the first eight months of 2024, the Total ADP remained stable, averaging 4,262 inmates per month, a slight decrease from the 2023 average. The SMI ADP in segregation fluctuated between 15 and 19 inmates, with the percentage of SMI segregation staying relatively consistent, ranging from 0.33% to 0.44%. The average SMI segregation percentage for 2024 so far is 0.39%, indicating continued efforts to limit the use of isolation for this population. The 2023 and 2024 data comparisons reveal a modest decline in both the absolute number and percentage of SMI inmates placed in segregation, reflecting a positive trend toward reducing reliance on this practice.
- f) A detailed comparison shows that the Total ADP decreased by 0.5%, from an average of 4,284 inmates in 2023 to 4,262 in 2024. The average number of SMI inmates in segregation also declined slightly, from 17.1 inmates in 2023 to 16.5 in 2024, a 3.5%

¹ This analysis uses MDCR-reported ADPs.

reduction. Furthermore, the proportion of SMI inmates in segregation relative to the total ADP dropped from 0.41% in 2023 to 0.39% in 2024, reflecting a 4.9% decrease. These findings suggest sustained progress in managing SMI inmates through alternative means rather than segregation, with minimal fluctuations in the data indicating a stabilized approach.

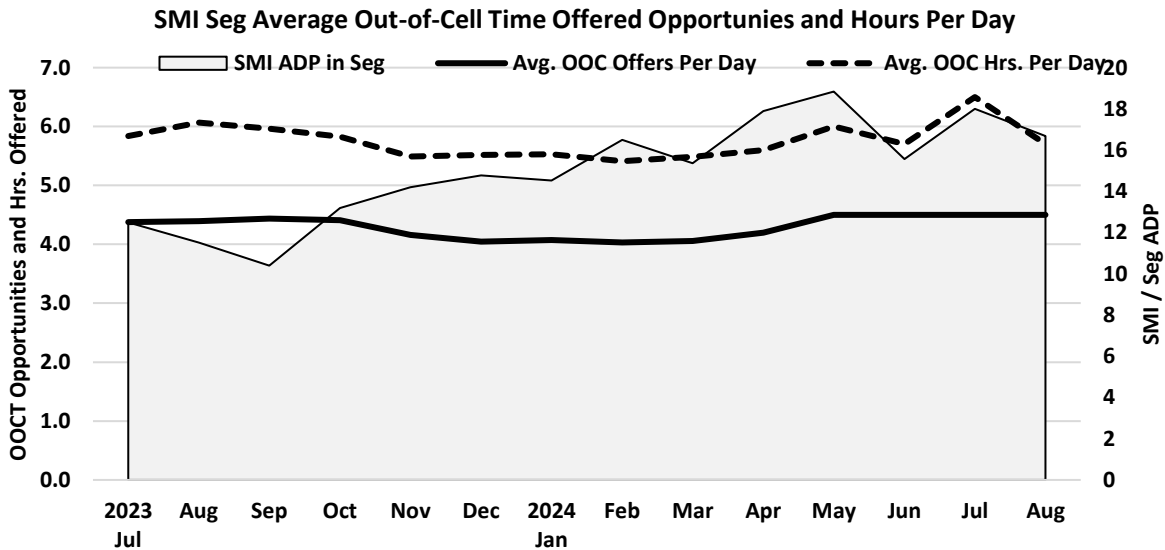
- g) The reduction in the use of segregation for SMI inmates aligns with national best practices aimed at minimizing isolation, which is known to exacerbate mental health symptoms. By shifting to alternative care models, such as mental health units and therapeutic programs, correctional facilities are better able to support the recovery of mentally ill inmates. Operationally, the small fluctuations between 2023 and 2024 suggest that the facility has found a more consistent approach to managing SMI inmates, with fewer inmates in segregation and reduced reliance on isolation as a behavioral management tool. Although slight increases in segregation occurred in July and August 2024, the overall trend shows fewer SMI inmates in isolation compared to the previous year.



- h) The decline in segregation percentages not only improves inmate mental health but also ensures better compliance with correctional standards, the intent of the Agreements, and reduces the risk of legal challenges. Lower segregation rates decrease the likelihood of mental health deterioration, self-harm, and conflicts with staff, fostering a safer environment. Maintaining these trends, however, requires ongoing investment in mental health services, staff training, and alternative housing to manage SMI inmates effectively without resorting to segregation.
- i) This comparison of 2023 and 2024 data further reveals consistent progress in reducing the use of segregation for SMI inmates, with stable Total ADP figures and a decline in both the number and proportion of SMI inmates placed in isolation. These trends reflect the facility’s commitment to more therapeutic management of SMI inmates, supporting their well-being while keeping operational efficiency and compliance with correctional standards. Moving forward, sustaining this progress will require continued access to

mental health resources, staff support, and alternative interventions to prevent a resurgence in the use of segregation.

- (2) The electronic records examination continues to demonstrate that SMI inmates in segregation are offered a considerable number of out-of-cell opportunities and hours.
 - a) The data shows that from July 2023 to August 2024, the facility provided consistent out-of-cell (OOC) time to SMI inmates in segregation, with 4.0 to 4.5 offers per day and 5.4 to 6.5 hours of OOC time daily. The most frequent (mode) offers were 4.0 or 5.0 per day, with OOC hours typically at 6.0 hours, though some dips to 2.5 hours were noted in July 2023. The inmate population in segregation gradually increased from 12 in July 2023 to 19 in May 2024, highlighting the importance of sustained engagement.
 - b) A slight decrease in offers and hours during late 2023 and early 2024. However, by mid-2024, improvements were clear, with offers stabilizing at 4.5 per day and OOC hours peaking at 6.5 hours.



- c) The positive findings show that consistent out-of-cell (OOC) opportunities for SMI inmates in segregation, despite the SMI ADP increase during this period. Continued compliance helps to sustain and support better mental health by reducing isolation's negative effects. The increase in OOC hours and offers promotes inmate well-being, improves behavior management, and reduces the likelihood of mental health crises. Operationally, these efforts contribute to a safer environment by fostering positive interactions between inmates and staff. Sustaining these practices helps the facility follow mental health standards and minimizes the risk of litigation related to inadequate care. The improvements also prove effective resource management, ensuring that even with an increase in the SMI population, inmates receive adequate engagement to support rehabilitation and stability.

RECOMMENDATIONS:

1. Continue to ensure that staff are adequately trained in the use of Watch Tour technology.
2. Continue to validate Watch Tour monthly data to ensure consistent reliability.
3. Collaborate with CHS to identify options to integrate all clinical and program out-of-cell time.
4. Continue to maintain and improve upon when indicated custody practices and processes pertaining to out-of-cell time activities and documentation.

Subsection III.C.6.a.(6) Inmates with serious mental illness shall not be placed into long-term custodial segregation, and inmates with serious mental illness currently subject to long-term custodial segregation shall immediately be removed from such confinement and referred for appropriate assessment and treatment.

Compliance Progress

III. C. MENTAL HEALTH CARE & SUICIDE PREVENTION: 6. CUSTODIAL SEGREGATION																			
III.C.6.Custodial Segregation	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	Update	17th	18th
	July-13	May-14	Oct-14	May-15	Jan-16	Jul-16	Mar-17	Dec-17	Jun-18	Mar-19	Sept-19	Oct-20	Jun-21	Apr-22	Oct-22	Aug-23	Oct-23	May-24	Oct-24
8 III.C.6.a.(6)	MH-NC	MH-NR	MH-NR	MH-NR	MH-PC	MH-PC	MH-NC	MH-NC	MH-NC	MH-PC	MH-PC	MH-PC	MH-PC	MH-PC	MH-PC	MH-PC	MH-SC	MH-SC	MH-SC

ASSESSMENT MH – SUBSTANTIAL COMPLIANCE (SC)

Primary Monitor(s) DRS. DUDLEY, RAY

KEY FINDINGS: (MDCR) continues its deliberate and substantial departure from its historical practice of placing Seriously Mentally Ill (SMI) inmates in long-term segregation. The earlier form of SMI segregation, previously established under the Consent Agreement approved by the Court remains obsolete within the MDCR, as noted in section III.C.6.a. ii. The implementation of a new inmate classification system has been pivotal in reducing the segregation of SMI inmates. This system achieves this by expanding non-segregation housing alternatives, offering a broader range of placements across the correctional system. These changes reflect the facility’s commitment to minimizing isolation for SMI inmates and promoting more integrative housing options that support their well-being and rehabilitation.

RECOMMENDATIONS

1. Preserve efforts to prevent the long-term segregation of SMI inmates.
2. Evaluate the efficacy of policies, procedures, and implemented practices related to the diversion of SMI inmates from segregation.
3. Examine the efficacy of policies, procedures, and actual practices aimed at the prompt removal of SMI inmates from segregation to a more suitable placement.

END REPORT

Exhibit 28

(Miami-Dade County, FL)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 13-cv-21570-BLOOM

UNITED STATES OF AMERICA,

Plaintiff,

v.

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

Defendants.

_____ /

PARTIES’ NOTICE OF TERMINATION OF SETTLEMENT AGREEMENT

Plaintiff, United States of America, and Defendants, Miami-Dade County, the Board of County Commissioners of Miami-Dade County, and the Public Health Trust of Miami-Dade County, hereby give notice of the following:

1. The United States and the Defendants filed a Joint Motion for Entry of Consent Agreement [ECF No. 5] and Consent Agreement (“Consent Agreement”) that was approved by the Court on May 22, 2013 [ECF No. 9].
2. The Consent Agreement pertains to inmate conditions of confinement, including the provision of medical care, mental health care, and suicide prevention.
3. On April 30, 2013, the parties also entered into a separate Settlement Agreement, which requires Defendants to take specific remedial measures in the Miami-Dade County jails in the areas of protection from harm, fire and life safety, and inmate grievances.
4. Section VII.C of the Settlement Agreement specifically provides that “an individual substantive provision in this Agreement shall terminate after DOJ finds that the County maintained sustained substantial compliance of that provision for a period of 18 months.”
5. The parties advise the Court that the following individual substantive provisions of

the Settlement Agreement have reached and maintained substantial compliance for at least eighteen (18) months, specifically since May of 2023, and therefore have achieved sustained compliance and are terminated by agreement of the parties: III.A.1.a.(2) (Safety & Supervision), III.A.1.a.(11) (Safety & Supervision), III.A.3. (Sexual Misconduct), PFH III.D.1.a.b. (Audits & Continuous Improvement), PFH III.D.2.a.b. (Audits & Continuous Improvement), and PFH IV.B. (Compliance & Quality Improvement).

6. The aforementioned provisions of the Settlement Agreement were the last remaining provisions to be terminated. Thus, the Settlement Agreement is now terminated in its entirety and there should be no further monitoring or assessment of its requirements by the Independent Monitor.

7. The Consent Agreement remains pending.

WHEREFORE, United States and Miami-Dade County, the Board of County Commissioners of Miami-Dade County, and the Public Health Trust of Miami-Dade County, notify this Court of the termination of the Settlement Agreement.

Dated: November 19, 2024

RESPECTFULLY SUBMITTED,

GERALDINE BONZON-KEENAN
Miami-Dade County Attorney
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CERTIFICATE OF SERVICE

I hereby certify that on November 19, 2024, I electronically filed the foregoing document with the Clerk of Court using CM/ECF.

/s/ Ben Simon
Benjamin D. Simon
Assistant County Attorney

SERVICE LIST

United States of America v. Miami-Dade County, et al.,
United States District Court, Southern District of Florida
Case No. 13-cv-21570-Bloom

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Exhibit 29
(Hinds County, MS)



No. 3:16-CV-489-CWR-RHWR

UNITED STATES OF AMERICA,

Plaintiff,

v.

HINDS COUNTY, ET AL.

Defendants.

THE NEW INJUNCTION

Before CARLTON W. REEVES, *District Judge.*

For the reasons explained in the *Order Amending Consent Decree*, Docket No. 168, Hinds County is hereby ordered to implement the following provisions at its Raymond Detention Center (“the Jail”):

1. Protection from Harm

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members.

41. Ensure that Jail policies and procedures provide for the “direct supervision” of all Jail housing units.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Injunction, and allow for the safe operation of the Jail.

44. Develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail.

c. “Direct supervision” training. Detention officers must receive specific pre- and post service training on “direct supervision.” Such training must include instruction on how to supervise prisoners in a “direct supervision” facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective “direct supervision.”

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail.

2. Use of Force Standards

50. Develop and implement policies and procedures to regulate the use of force, including policies and procedures to ensure timely notification, documentation, and communication

with supervisors and medical staff (including mental health staff) prior to and after any use of force.

3. Use of Force Training

52. The County must develop and implement a use of force training program.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

55. The County must update any use of force training after any revision to a use of force policy or procedure.

4. Use of Force Reporting

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible. Staff members must accurately complete all fields on a Use of Force Report.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events.

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

5. Incident Reporting and Review

63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information to respond appropriately to reportable incidents.

64. Ensure that Incident Reports include an accurate and detailed account of the events.

66. Ensure that Jail supervisors review and respond appropriately to incidents.

6. Sexual Misconduct

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;

- b. Staff training on the zero tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;
- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;
- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

7. Investigations

68. The County shall ensure that it identifies, investigates, and corrects misconduct that has or may lead to a violation of the Constitution.

a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury.

f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:

i. a brief summary of all completed investigations, by type and date;

ii. a listing of investigations referred for administrative investigation;

iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and

iv. a listing of all staff suspended, terminated, arrested or reassigned because of misconduct or violations of policy and procedures. This list must also contain the specific misconduct and/or violation.

v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.

8. Grievance and Prisoner Information Systems

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

71. All grievances must receive appropriate follow-up.

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

9. Restrictions on the Use of Segregation

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

75. The County must document the placement and removal of all prisoners to and from segregation.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary, to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner's mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness.

10. Youthful Prisoners

11. Lawful Basis for Detention

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in *Bearden v. Georgia*, 461 U.S. 660 (1983) and *Cassibry v. State*, 453 So. 2d 1298 (Miss. 1984).

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.

b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.

c. Examples of prisoners presumptively entitled to release include:

i. Individuals who have completed their sentences;

ii. Individuals who have been acquitted of all charges after trial;

- iii. Individuals whose charges have been dismissed;
- iv. Individuals who are ordered released by a court order; and
- v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

12. Continuous Improvement and Quality Assurance

13. Criminal Justice Coordinating Committee

14. Implementation, Timing, and General Provisions

121. Within 30 days of the Effective Date of this Injunction, the County must distribute copies of the Injunction to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Injunction. At minimum:

- a. A copy of the Injunction must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Injunction must be provided to prisoners upon reasonable request.

15. Policy and Procedure Review

130. The County must review all existing policies and procedures to ensure their compliance with the constitutional violations addressed in this Injunction. Where RDC does not have a policy or procedure in place that complies with this Injunction, the County must revise or draft such a policy or procedure.

16. Monitoring

This Injunction must be monitored by an individual approved by the Court. Accordingly, paragraphs 136 through 158 of the Order Amending Consent Decree, and their subparagraphs, are hereby incorporated and remain in force.

17. County Assessment and Compliance Coordinator

18. Emergent Conditions

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

SO ORDERED, this the 13th day of April, 2022.

s/ CARLTON W. REEVES
United States District Judge

Exhibit 30
(Hinds County, MS)



No. 3:16-CV-489-CWR-RHWR

UNITED STATES OF AMERICA,

Plaintiff,

v.

HINDS COUNTY, ET AL.,

Defendants.

ORDER APPOINTING RECEIVER

Before CARLTON W. REEVES, *District Judge.*

On July 29, 2022, this Court determined that a Receiver was warranted to operate the Raymond Detention Center (“RDC”) and remedy its ongoing unconstitutional conditions. Docket No. 204. This Order appoints that Receiver.

The parties submitted to the Court a total of four Receiver candidates—three from the Department of Justice, and one from the defendants. Each of the Department of Justice’s proffered candidates is well-qualified by education, training, and

experience to serve as Receiver in this jail conditions case, and the Court ended up interviewing two¹ of them for the position.² Each finalist had compelling reasons for their appointment. The Court is confident that either could have undertaken this duty with integrity and secured significant results for the people of Hinds County.

After weighing the finalists' professional experience, the Court believes that Wendell M. France, Sr., a member of the National Institute of Corrections and American Correctional Association, is best suited to be Receiver. France is a graduate of Johns Hopkins University. He currently serves as an Adjunct Professor at Bowie State University and Coppin University, both in Maryland. France's diverse experience in corrections and criminal justice system leadership equip him with the tools to ensure RDC's compliance.

France's career in law enforcement began in 1970 as an officer with the Baltimore Police Department. He served for 27 years and retired as a Commanding Officer of the Eastern District. Since 1997, France has served in roles ranging from Assistant Warden at the Baltimore Central Booking and Intake Center to Commissioner of the Pretrial Detention and Services Division, and Deputy Secretary of the State of Maryland Department of Public Safety and Correctional Services (DPSCS). As

¹ One of the candidates withdrew from consideration for personal reasons.

² By contrast, the single name submitted by the County was its then interim jail administrator. The Court had already expressed skepticism concerning his qualifications. See *United States v. Hinds County*, 2022 WL 1112223, at *9, nn. 8-9 (S.D. Miss. Apr. 13, 2022); see also Docket No. 207 at 7 ("[T]he Interim Jail Administrator (Frank Shaw) does not meet the requirements for the position because his background is in prison (not jail) operations.").

Assistant Warden, France advised the Commissioner and Secretary of DPSCS on policy development and the management of information systems. There, he was responsible for directly managing a \$22 million budget, 400 employees, and overseeing the processing and bookings of more than 80,000 arrests annually. As Deputy Secretary, France oversaw three principal divisions in DPSCS with a combined staff of 11,000 employees and an annual budget of \$1.2 billion. The division he oversaw were Pretrial Detention and Services, Corrections and Parole and Probation – experience that will benefit him in this role.

As a consultant for the United States Department of Justice, France performed on-site management studies of police departments in accordance with the Crime Control Act of 1994. He has conducted investigations and provided recommendations on correctional, criminal justice, and law enforcement issues in California, Maryland, Michigan, New York, and Washington, D.C. Through these roles, he keenly understands the challenges of institutional reform cases such as this.

The Court is satisfied that France has the experience, judgment, and talent to perform the duties and responsibilities of a receiver and act as an officer of the Court. Therefore, it is hereby ORDERED that Wendell M. France, Sr. is appointed to serve as Receiver and oversee operations at RDC.³ An Order

³ According to Hinds County's Claims Docket, Frank Shaw was receiving \$14,500 per month for services rendered. Based on his extensive experience, Mr. France will receive \$16,000 per month. This Court expects that Mr. France receive at minimum the same benefits, if any, Mr. Shaw received during his tenure.

outlining his powers and responsibilities will issue separately.

On November 1, 2022, France shall begin his transition into the receivership by cultivating relationships with County officials and developing a draft Plan of Action to achieve constitutional conditions of compliance with the Court's Orders. To effectuate a smooth transition, the Receiver's operational control over RDC shall not take effect until January 1, 2023.

SO ORDERED, this the 31st day of October, 2022.

s/ CARLTON W. REEVES
United States District Judge

Exhibit 31

(Hinds County, MS)



No. 3:16-CV-489-CWR-RHWR

UNITED STATES OF AMERICA,

Plaintiff,

v.

HINDS COUNTY, ET AL.,

Defendants.

ORDER

Before CARLTON W. REEVES, *District Judge.*

On July 29, 2022, this Court determined that a Receiver was necessary to operate the Raymond Detention Center (“RDC”) and remedy ongoing unconstitutional conditions there. This Order describes the scope of the receivership.

I.

General Powers & Duties of Receiver

The Receiver shall have all powers, authorities, rights, and privileges now possessed by the officers, managers, and interest holders of and relating to RDC, in addition to all powers and authority of a receiver at equity under all applicable state and federal law in accordance with Fed. R. Civ. P. 66.

The Receiver shall have the following powers and duties:

1. The Receiver shall hold and exercise all executive, management, and leadership powers for the defendants with respect to the custody, care, and supervision of Hinds County detainees at RDC, including the power to admit, book release, transfer, and supervise detainees at RDC in a constitutional manner.
2. The Receiver shall be in day-to-day charge of RDC operations. The Receiver shall not have day-to-day oversight of the Work Center or the Jackson Detention Center.
3. The Receiver shall remedy the unconstitutional conditions in the RDC and implement the New Injunction, Docket No. 169, and any other remedial orders that may be entered by the Court (collectively, the “Court’s Orders”) by restructuring day-to-day operations at RDC.
4. The Receiver shall have the duty to control, oversee, supervise, and direct all administrative, personnel, financial, accounting, contractual, and other operational functions for RDC.

5. The Defendants shall work closely with the Receiver to facilitate the accomplishment of the Receiver's duties under this Order.
6. The Receiver's authority and decisions are subject to review by the Court. To exercise these powers, the Receiver shall be onsite at RDC with sufficient frequency, regularity, and duration to carry out the Court's Orders.
7. The Receiver shall have the power to hire, fire, suspend, supervise, promote, transfer, discipline, and take all other personnel actions regarding employees or contract employees who perform services related to the operation of RDC.
8. The Receiver shall have the power to establish personnel policies, subject to the policy review provisions of the Court's Orders, and to create, abolish, or transfer positions related to the administration and operation of RDC.
9. The Receiver shall have the authority to negotiate agreements with the Sheriff's Department, Board of Supervisors, or other state, county, or city officials, to obtain the assistance of maintenance, administrative, or other agency staff not under the Receiver's direct control.
10. The Defendants shall cooperate with the Receiver and shall not withhold approval of such agreements except for good cause.
11. The Receiver is empowered to negotiate new contracts and to renegotiate existing contracts, in the event that

such action is necessary for the Receiver to fulfill their duties under this Order.

II.

Duty to File Plan of Action, Budget, and Reporting

1. The Receiver shall, within 120 days of the date of appointment, develop a draft Plan of Action designed to achieve constitutional conditions of confinement and compliance with the Court's Orders.
2. The Receiver shall send the draft plan to the parties for comment, and the parties may submit comments to the Receiver within 21 days of receipt.
3. The Receiver will then submit the final Plan of Action to the Court within 14 days of receiving any comments from the parties. The final Plan of Action will be filed with the Court as a public record.
4. The Plan of Action shall include a timeline for all specified remedies, indicating the responsible individuals and steps for implementation.
5. After giving the parties 21 days' notice as above, the Receiver shall update and/or modify this Plan as necessary throughout the duration of the Receivership and then file updated versions with the Court.
6. Pending development of the Plan of Action, the Receiver shall undertake short-term or interim measures designed to immediately improve the conditions of confinement at RDC and begin the process of implementing the Court's Orders.
7. The Receiver shall determine the annual RDC budget, including for staff salaries and benefits, medical and

mental health services (including the medical provider contract), physical plant improvements, fire safety, and any other remedies needed to address the constitutional deficiencies documented in this case.

8. The Receiver shall have access to all County financial, accounting, and budget records and systems so that the Receiver can ascertain what has already been budgeted and spent on RDC, including on detention officers, the medical contractor, and facility repairs.
9. The Board of Supervisors shall approve the Receiver's budget or propose an alternative budget within 30 days after the Receiver provides the Receiver's recommended annual budget. If the Sheriff or the United States does not agree with the Receiver's recommended budget or the Board's alternative budget, the Sheriff or the United States may provide their alternative budget to the other parties within 30 days after the Receiver provides the Receiver's recommended annual budget. Any alternative budgets must include a budget forecast indicating how much the County will need to spend to comply with the Receivership and the Court Orders, including any anticipated, projected increases in personnel, repair, and operational costs. In the event of a dispute with respect to the amount to be allocated for the annual budget, and if good faith negotiations fail, the matter shall be brought to the Court for final resolution.
10. If at any point the Receiver determines the amount in the annual budget is inadequate to discharge the Receiver's duties and achieve substantial compliance with the Court's Orders, the Receiver shall propose

budget modifications to the Board of Supervisors, who shall ensure funds are available within 30 days of receipt of the proposed budget modification. If the funds are not made available within 30 days, the Receiver, or any party, shall bring the matter to the Court for resolution.

11. The Receiver shall develop a system for periodically reporting on the status of the budget to the Board of Supervisors and shall ensure the transparency and accountability of budget operations.

III.

Access, Immunity, and Interference with Receiver

1. The Receiver, including staff and consultants, shall have unlimited access to all County, Jail, and contractor (including medical provider) records and files (paper and electronic), including all institutional, personnel, financial, and detainee records, as deemed necessary by the Receiver to carry out their duties under this Order.
2. The Receiver and their personnel shall have unlimited physical access to RDC. The Receiver and their personnel shall not need to give notice before entering RDC.
3. Nothing in this provision is intended to limit or prohibit the Receiver or their personnel from having reasonable access to other facilities or locations housing RDC detainees, RDC staff, RDC records, or providing services or supplies for RDC.
4. The Receiver and their personnel shall have unlimited communications access to detainees, detention officers,

RDC managers, medical and mental health staff, and maintenance staff. This access includes the authority to conduct confidential, ex parte interviews. This access also includes access to medical, mental health, and maintenance contractors, including any firms retained to renovate or replace RDC facilities.

5. The Receiver and their personnel shall have the authority to communicate ex parte, and confidentially, with each party and the party's legal representatives, as well as with the Court.
6. The Receiver and their personnel shall have the status of officers and agents of the Court, and as such shall be vested with the same immunities as vested with the Court. Defendants shall completely indemnify the Receiver and their personnel in any litigation brought against the Receiver or their personnel regarding activities conducted in the course of the Receiver's official duties.
7. The Receiver shall make all reasonable efforts to exercise their powers, as described in this Order, in a manner consistent with applicable State and local laws, regulations, and contracts.
8. In the event, however, that the Receiver finds that a State or local law, regulation, contract, or other third-party action or inaction is preventing them from carrying out the Court's Orders, the Receiver shall notify the Parties and try to resolve the issue, communicating with any third parties, including state officers and other state or local agencies, as necessary.

9. If the Receiver is still unable to resolve the issue, the Receiver shall notify the Court and request appropriate action.
10. If the Court determines that the third party is unlawfully preventing implementation of constitutionally required remedies, the Court may grant additional, appropriate relief.

IV.

Term & Compensation

1. The Receiver shall receive reasonable compensation for the Receiver's services and expenses in an amount to be approved by the Court.
2. The Receiver shall have staffing necessary to fully carry out the Receiver's duties as set forth in this Order.
3. The Receiver and their personnel may not make any public statements (at a press conference or otherwise) with regard to any act or omission of the County, or disclose information provided to the Receiver pursuant to this Receivership, except as authorized by this Order, the Court, or by joint stipulation of the parties.
4. Without leave of the Court, the Receiver and their personnel may not testify in any litigation or proceeding other than this case with regard to any act or omission of the County, or the County's agents, representatives, or employees, as those acts or omissions relate to the Court's Orders. The preceding restriction does not apply to any legal action brought by the Receiver or their personnel against the County to obtain compensation

for past services or to enforce their rights under this Order.

5. Unless called to testify by the Court or one of the parties, the Receiver and their personnel may not testify regarding any matter or subject that they may have learned as a result of their performance under this Agreement.
6. Unless such conflict is waived in writing by the County and the United States, the Receiver and their personnel must not accept employment or provide consulting services that would present a conflict of interest with their responsibilities under this Receivership, including being retained (on a paid or unpaid basis) by any current or future private litigant or claimant, or such litigant's or claimant's attorney, in connection with a claim or suit against the County or the United States, including their departments, officers, agents or employees, regarding the subject matter of this case.
7. If the parties cannot agree on whether to waive a conflict, they may seek appropriate relief from the Court. The mere fact that the Receiver or their personnel provide expert opinion or consulting services regarding civil rights or institutional reform does not itself constitute a conflict, where such opinion or services are provided regarding another jurisdiction.
8. The Receivership is not a State, County or local agency; nor is the Receiver or their personnel an agent of State, County, or local agency. Accordingly, records maintained or in the custody of the Receiver are not deemed public records subject to public inspection.

9. The Receiver shall be authorized to set reasonable compensation and terms of service for each member of the Receiver's staff and to enter into contracts with these individuals.
10. The Receiver's budget, staff compensation, staff terms of service, and other significant financial agreements are subject to approval by the Court before they may take effect.
11. Because time is of the essence, and in order to begin operations immediately, Defendants shall, within 60 days of the date of this Order, establish an initial operating fund with the Court in an amount to be agreed upon by the parties. The Receiver shall submit monthly requests to the Court for payment from this fund. Further funds for the Receiver shall be deposited to the Receiver's Fund Account.
12. The Receiver shall submit to the Court a quarterly accounting of all their receipts and expenditures and shall arrange for an independent financial audit of the Receiver's Fund Account on an annual basis.
13. Within 45 days from the date of appointment, the Receiver shall establish an interest-bearing account, with respect to which the Receiver shall be the signatory and fiduciary. This account shall be designated as the Receiver's Fund Account and shall be maintained solely for the reasonable and necessary expenses associated with the operation of the Receiver, including salaries and consulting fees. The Receiver shall arrange with Defendants a system for regularly replenishing the Receiver's Fund Account.

14. Within 75 days of the date of effective appointment, the Receiver shall establish a budget for their first year of operation. The Receiver shall also establish a budget for each subsequent year of operation, with each such budget due 90 days in advance of each budget year. The budget is separate from the Jail budget referenced above.
15. All costs and expenses incurred in the implementation of the policies, plans, and decisions of the Receiver relating to the fulfillment of the Receiver's duties under this Order shall be borne by Defendants.
16. Defendants shall also bear all costs and expenses of establishing and maintaining the Receivership, including, as necessary, budgeted rent, office supplies, reasonable travel expenses, and the compensation of the Receiver and their personnel.
17. The Receivership shall remain in place no longer than necessary to remedy the unconstitutional conditions justifying the appointment. The Receivership will end as soon as the Court finds that Defendants have remedied RDC's unconstitutional conditions and achieved substantial compliance with the Court's Orders.
18. The Court anticipates that substantial compliance will be achieved by the time RDC closes and detainees have been moved into the new Jail facility and expects remediation of other non-physical-plant-related deficiencies by that time as well.
19. The Court expects that the Receiver will transition operational responsibilities and powers over RDC back to

Defendants as Defendants demonstrate the ability to operate RDC in a constitutional manner.

20. Prior to any transfer of powers and responsibilities to the Defendants, the Receiver shall develop a Transition Plan.
21. The Transition Plan shall provide long-term management and policy recommendations as to the overall structure and funding of RDC and the Jail, and as to Defendants' responsibilities.
22. The Transition Plan also will provide specific operational guidance to Defendants so that they can sustain constitutional conditions after powers and authority have been transferred back to them.
23. All parties will have 21 days to comment on the Transition Plan before it is filed with the Court for the Court's approval.
24. The Receiver is expected to manage RDC in a manner that is professional and consistent with generally accepted management, accounting, and personnel standards.
25. In the event a party has a concern about the Receiver's management of RDC or their ability to expedite compliance with the Court's Orders, the party may petition the Court and in response, the Court may remove the Receiver for good cause.
26. If the Receiver position becomes vacant, the parties shall each propose up to three replacement candidates to the Court.

V.

Modification

Given that the Receiver position is significant in its scope and dimension, the Court finds that flexibility will be an important element in ensuring its effectiveness. Accordingly, this Order may be modified as necessary from time to time in accordance with federal law, including by motion of the parties or at the Receiver's written request, to ensure the success of the Receiver and the eventual return of RDC to the operation and control of the Defendants.

SO ORDERED, this the 31st day of October, 2022.

s/ CARLTON W. REEVES
United States District Judge

Exhibit 32

(Hinds County, MS)

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

UNITED STATES OF AMERICA,)
)
 PLAINTIFF,)
)
 v.)
)
)
 HINDS COUNTY, ET AL.,)
)
 DEFENDANTS.)
 _____)

Case No.: 3:16-cv-00489-CWR-RHWR

Court-Appointed Monitor’s Eighteenth Monitoring Report

Elizabeth E. Simpson
Court-Appointed Monitor

David M. Parrish
Corrections Operations

Dr. Richard Dudley
Corrections Mental Health

INTRODUCTION

In the 17th Monitoring Report, the difficulties in obtaining the necessary documents and information were described. The process was slightly improved with the October, 2022 site visit. The documents were provided late, with some documents being provided the day before the site visit, while the monitoring team was in transit. Some documents were not provided until after the site visit necessitating the scheduling of follow up interviews. The Compliance Officer who assumed some of the duties of the Compliance Coordinator has not taken on the full breadth of the former Compliance Coordinator's duties. As a result, there is an ongoing struggle in obtaining the needed documents. In the event that the monitoring continues, the process for providing documents should be improved.

Unlike the difficulty in obtaining documents, the County arranged the interviews both on site and remote without any problems. Individuals were available and the technology functioned well.

Prior to the filing of this final 18th Monitoring Report, defendants filed with the Court Defendants' Objections and Comments to the 18th Monitoring Report. Paragraph 149 of the Settlement Agreement, incorporated into the New Injunction provides that the parties may submit comments to the Monitor for consideration prior to the filing of the final report. The Monitor does make revisions based on the comments received. It would be more appropriate to file any objections after review of the final report. Because defendants have already filed objections and comments with the Court, the Monitor will address some of those here.

Global Objections

1. The Monitors have no hands-on experience operating a jail. This comment is inexplicable as Dave Parrish ran the Hillsborough County Jail (Tampa Bay area) for 27 years.
2. The application of partial compliance. The defendants' statement that the Monitors found no areas of substantial compliance is incorrect. The Monitor found two areas of substantial compliance. (The chart has always used the term substantial compliance; the individual paragraphs have been changed from Compliant to Substantial Compliance). The Settlement Agreement identified the categories of compliance. The New Injunction does not. Because the finding of Partial Compliance allows the Monitors to recognize some degree of progress, the Monitor has continued these categories. The Monitor suggests that the defendants request the Judge to determine how he wants compliance measured if they object to this approach. The category of Sustained Compliance has been eliminated at Defendants' request.
3. The ongoing statements that one of the Monitors was responsible for the surge of COVID in the facility. Jail records indicate that two Sheriff's Office employees and one RDC employee tested positive at the time of or shortly before the May/June site visit.

4. Crediting Major Simon with the new policy on housing detainees in booking and the completion of the Inmate Handbook. The report does not state that Major Simon implemented the new policy on housing in booking but that he announced it and it states that the policy began in July. The report is revised to state that Major Simon oversaw the *completion* of the Handbook consistent with defendants' comments.

Objections Regarding Document Commentary (addressed here as it appears to relate to comments in the Introduction)

1. The objection that the document request is too onerous. Similar document requests have been made since April, 2020 when the site visits became remote due to COVID. There were no difficulties in receiving the documents requested when the Compliance Coordinator was responsible for fulfilling those requests. Defendants chose not to replace him upon his resignation with someone with a similar breadth of duties.
2. Documents Commentary footnote 4a; The new policies waiting for signature are: 8-300 Restrictive Housing, 10-100 Housekeeping and Inspections, 14-100 Food Service Management, 15-200 Visiting, 16-400 Commissary, 19-100 Transportation. These are not the policies provided by defendants.
3. The policies don't have to be approved by the Monitoring Team but it is appropriate as part of monitoring to determine that they are consistent with the requirements of the New Injunction where applicable. Paragraph 130 is explicit on that point.

EXECUTIVE SUMMARY

Corrections Operations

Since the last Monitoring Report there have been significant changes in the operation of the Hinds County Jail System. The Interim Jail Administrator' employment ended on October 1, 2022. During the October site visit the Sheriff designated the Assistant Jail Administrator as the new Jail Administrator, holding the rank of Major. Prior to becoming the Assistant Jail Administrator he served as the Captain in charge of the Work Center (WC), a Direct Supervision facility which now houses both male inmates and the female inmates. The WC is no longer governed by the terms of the New Injunction which replaced the Settlement Agreement. The JDC no longer houses inmates, but the Transfer Waiting area on the ground floor is still operational. It holds inmates on their way to and from court since there are no holding cells in the courthouse.

The new Jail Administrator reported two significant operational and administrative improvements. First, he announced that there have been no inmates "housed" in Booking holding cells since July. That change in policy represents a significant redirection of Hinds County Sheriff's Office (HCSO) practice. Over the past six years, every promise to end the housing of inmates in

Booking has failed to materialize within weeks. The second action taken by the new Jail Administrator was the completion of an updated and revised Inmate Handbook. While it still requires some revisions before it can be published, this accomplishment represents another effort that has gone on for the full six years of the monitoring process without success—until now.

Although the WC was operating under the principles and dynamics of Direct Supervision at the time of the last tour of that facility, the Raymond Detention Center (RDC) has never been able to meet that standard, and the failure to do so has resulted in ongoing management, maintenance and (lack of) inmate supervision issues that put both inmates and staff at risk. The primary factor that results in these problems is the critical shortage of staff. Without enough officers to fill essential posts, Direct Supervision operation is impossible, as is compliance with the conditions of the New Injunction.

The most recent Revised Staffing Analysis (October 2021) calls for 258.5 positions to operate the RDC (assuming that two of A-Pod's Housing Units are kept open). In fact, all of A-Pod must stay open because the Average Daily Population (ADP) has increased to approximately 750. That means that to operate the RDC, 280.6 staff employees are required; however, only 101 are currently on board at that facility. Consequently, only 36% of the required positions are filled.

The shortage of staff is such that supervisors are unable to perform their usual duties because they must fill in for correctional officers and stand posts for them. It also means that well-being checks are not performed as required by policy. Both conditions became painfully apparent during the October site visit. Based on first hand observation, coupled with confirmation from officers and supervisors, those checks are not being done or are being recorded without proper verification. To make matters worse, the supervisors in charge of validating 15 minute watches required for inmates in holding cells in Booking and Transfer Waiting at the JDC, are not familiar with the policy-mandated 15 minute standard required for those watches.

Maintenance issues continue to go uncorrected for unreasonably lengthy time frames. This problem has been addressed in multiple prior Monitoring Reports, but little has been done to correct it. The high turnover of Sheriffs, Jail Administrators, County Administrators and Chairmen of the Board of Supervisors has added to the problem. The Sheriff's Office and County need to develop a cooperative maintenance and procurement system that provides for prompt attention to those issues. The current arrangement that has been in place for the duration of the monitoring process needs to be replaced with a functional system whereby parties responsible for the operation of facilities are given the authority and financial control to be able to handle matters without having to depend upon uninterested parties.

Defendants Objections and Comments to Executive Summary, Corrections Operations

1. Statements attributed to the Corrections Operations summary regarding the comparative condition of Pods A, B, and C do not appear in the draft 18th Monitoring Report.
2. The example given by defendants of improvements is the operation of security doors. During the October site visit, this did not appear to be an area of improvement as is described in paragraph 46 below.

Medical and Mental Health

The medical and mental health staff is skilled and extremely dedicated to providing the best possible medical and mental health care to detainees at the facility, and they make every effort to address self-identified problems with the delivery of services and/or those identified by the monitor. In addition, the reenergized, weekly Interdisciplinary Team Meetings have allowed for much improved cooperation between medical/mental health staff and jail administration and detention staff, and in turn, improvements in jail safety and security. However, there are two issues that severely compromise the ability of medical and mental health staff to provide the services they are contracted to provide. The first is staff shortages, both with regard to detention staff and mental health staff. Then, while there is an infirmary/a medical observation unit for acutely, severely physically ill detainees, there is still no comparable unit for acutely, severely mentally ill detainees, where they can be kept safe while receiving the therapeutic interventions they require (with the exception of the suicide resistant cells for actively suicidal detainees). Furthermore, following a year of planning and steps to renovate space for a mental health unit at RDC, plans to open such a unit at RDC have now been scrapped by the County.

Defendants Objections and Comments to Medical and Mental Health Summary (included under Introduction in Defendants' document but addressing the Executive Summary)

1. Executive Summary Mental Health: As has been discussed, the mental health unit is necessary for providing the mental health services required by paragraph 74 and for limiting the use of segregation for SMI detainees required by paragraph 77. The Injunction does not require a mental health unit but it does require appropriate mental health services and the implementation of restrictions on the placement of SMI detainees in segregation. Defendants can accomplish this how they choose; however, the Mental Health member of the Monitoring Team has brainstormed with QCHC staff and they have not come up with a way of accomplishing these requirements without a mental health unit.

COMPLIANCE ACTIVITIES
 October 17-21,2022 (and follow-up)

Date and Time (CT)	Lisa Simpson	Dave Parrish	Dr. Richard Dudley
Tuesday, October 18			
9:00	Chief Simon (now Major), Captains Caston and McBride	Chief Simon (now Major), Captains Caston and McBride	HSA Taylor
10:00			10:00 Head Nurse
10:30	Tour RDC	Tour RDC	
11:00			MH Coordinator
1:00	Lt. George	Tour RDC	Medical Nurse Practitioner
3:00			All Mental health staff
3:30	Gary Chamblee and Sgt. Winter	Gary Chamblee, Benchmark Construction	
Wednesday, October 19			
9:00	Inmate Interviews	Tour RDC	Segregation Rounds with MH Coordinator
10:30	Jimikia Scott (include HSA and Head Nurse for 15 minutes-1/2 hour)		
11:00		Doris Coleman, HR Director	11:30 Join Jimikia Scott interview
1:00	Lt. Childs (and IAD investigator)	Lt. Childs and IAD investigators Rholon Tucker and Mike McGee	Discharge Nurse

2:00	Tony Gaylor and County Administrator Jones	Captain Sims and CID Investigator Eric Smith	All Mental Health Staff
3:30	Credell Calhoun	Tour JDC transfer area	
4:00	Sheriff Jones	Sheriff Jones	HSA
Thursday, October 20			
9:00	Jimikia Scott	Officer Ester, IT	
10:30	Melody Clayton	Mioka Laster	
1:00	Sgt. Dotson	Rochay Johnson, Food Service Director	
3:00	Sgt. Tillman	Sgt Henderson, Booking	
4:00		Sgt Scott RDC Housing	
Friday, October 21			
9:00	Exit interview	Exit interview	Exit interview
11:00	Erika Scott	Captain Burnley, Training	
12:00	Balinda Jackson, Compliance Officer	Balinda Jackson, Compliance Officer	EMR review-remote
Monday, November 7			
11:00	Sheena Fields, PREA		
1:00	Sgt. Dotson		
2:00	Sgt. Tillman		

COMPLIANCE OVERVIEW

Site Visit Date	Sustained Compliance	Substantial Compliance	Partial Compliance	NA at this time	Non-Compliant	Total
2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92
1/26-2/2/18	0	1	29	0	62	92
5/22-25/18	0	1	30	0	61	92
9/18-21/18	1	0	37	0	54	92
1/15-18/19	1	1	44	0	46	92
5/7-10/19	1	6	42	0	43	92
9/24-29/19	1	6	47	0	38	92
1/21-24/20	1	6	49	0	36	92
6/8-12/20	1	6	51	0	34	92
10/5-21/20 (corrected)	1	6	54	0	31	92
2/8-11/21	2	6	53	1	30	92
6/7-11/21	2	2	59	1	28	92
10/4-8/21	3	0	59	1	29	92
1/24-28/22 & 1/31 to 2/3/22	3	0	59	1	29	92

NEW INJUNCTION

	Substantial Compliance	Partial Compliance	NA at this time	Non-compliant	Total
5/31-6/24		32		6	38
10/18-21/22	2	27	1	8	38

SUBSTANTIVE PROVISIONS

1. Protection from Harm

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail.

Substantial Compliance

In determining compliance with this paragraph, the Monitoring Team looked at the qualifications of the Jail Administrator and the two Captains at RDC. The sergeant and lieutenant supervisors are addressed in paragraph 39 below. On October 1, 2022, the Interim Jail Administrator's employment with the HCSO ceased. On the next to last day of the October site visit, the Sheriff announced that he was promoting the Assistant Jail Administrator (Chief Simon) to become the Jail Administrator, holding the rank of Major. Although he does not have a four-year college degree (he does have an associate degree), that requirement was not included in the New Injunction. He does have an impressive record of time as a supervisor at increasing levels with the Hinds County Sheriff's Office, and he has taken numerous on-line management courses through the National Institute of Corrections (NIC).

Since the position of Assistant Jail Administrator is now vacant, there are no other members of the Jail System's management team to vet. The facility captains and other supervisors meet the education, training and experience in management of a large jail as outlined in paragraph 39 below.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members.

Partial Compliance

Since the education requirements are no longer specified in the New Injunction, those officers who have been promoted during the last four months meet the education, credentialing, and licensing required by this paragraph. They include one lieutenant and four sergeants.

New supervisors do not receive training specific to their new duties upon promotion. That is something that should be provided. The need for it is apparent in some incident reports and in the lack of knowledge regarding standards displayed by some supervisors when questioned. The primary case on point during the October site visit was the Booking sergeant at JDC who told me that well-being checks were required hourly, instead of every 15 minutes, on inmates in the Booking holding cells.

41. Ensure that Jail policies and procedures provide for the “direct supervision” of all Jail housing units.

Non-Compliant

While policies and procedures have been developed during the monitoring process, that reflect the principles and dynamics of “Direct Supervision”, as has been previously noted in each Monitoring Report since October 2020, the implementation of that practice has been a failure at the RDC. Since Direct Supervision was not implemented when C-Pod and B-Pod were reopened (after being renovated), the fact that policies have been developed has little value, hence the finding of Non-Compliant.

The irony of the situation is that the RDC was originally designed to be, and operate as, a Direct Supervision jail. In fact, it did so, from the time that it opened in the mid 1990’s until the (then) Sheriff pulled the officers out of the housing units in 2012, and left the inmates unsupervised. They, in turn, rioted and literally destroyed a full third of the facility. Since then, C-Pod has been rebuilt twice and B-Pod once due to damage caused by the unsupervised inmates. A-Pod has never been renovated; consequently, it is in the worst shape of all three housing pods.

When C-Pod re-opened in October 2020, the County/HCSO committed to having it operate as a Direct Supervision housing area. Not only did that not happen, but the lack of staff has resulted in the current condition where the entire facility is left in the hands of the inmates and the progress that had been made toward implementing Direct Supervision has been overturned.

The lack of supervision has impacted many areas including fire safety. It should be noted that all of the fire safety issues relative to fire extinguishers and fire hose boxes that were listed in the 17th Monitoring Report remain uncorrected. This includes fire hose boxes in the “horseshoe” corridors that go around the control rooms in A and B-Pods. These are areas that are supposedly under staff control, yet the damage was done by unsupervised inmates over a period of years and it has still not been repaired.

Defendants Objections and Comments: The reference to the Fire Marshall’s report in the draft report has been eliminated.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Injunction, and allow for the safe operation of the Jail.

Non-Compliant

The critical lack of staff to operate the RDC was covered in detail in the 17th Monitoring Report. Since then, nothing has changed. The HR Director reported that there were only 175 positions filled in June 2022. In October she confirmed that there were just 176 positions filled. That figure covers the RDC, WC and JDC. Even though the JDC has not housed inmates for some time, it still serves as the transfer waiting/holding area for the courts, so some officers continue to work there.

The most recent revision of the Staffing Analysis was conducted in October 2021. It called for the following:

JDC	9.9 positions
WC	72.7 positions
RDC	236.4 positions (assuming that only B and C-Pods are operational)
	258.5 positions (assuming that two of A-Pod's Housing Units are kept open)

In reality, however, all of A-Pod has been kept open because the average daily population (ADP) is now approximately 750 inmates. That means that the actual number of positions required to operate the RDC is 280.6. Yet, according to the HR Director, only 101 staff members are actually assigned to, and working at, the RDC. Consequently, the facility is short 179.6 personnel, fully 64% below the required number of staff. In the obverse, only 36% of the required positions are filled at the RDC.

During the October site visit, the Corrections Operations Member of the Monitoring Team personally observed the impact that this shortage of staff has on the day to day operations of the RDC. On multiple inspections throughout the week, he found that the pods were routinely staffed with only one officer in each control room and just one officer on the floor, responsible for all four housing units and the two ISO units. The one exception was C-Pod, where there were generally two trainees assigned as part of the FTO program.

Post Assignment Sheets reflect that this condition was not an anomaly during the site visit. In fact, frequently, the condition is actually worse. During the first shift on October 4, 5, 8, 10, 11, 17, 18, and 25, 2022, there were no floor officers assigned in all three pods. The only officers present were the three pod control officers. In Booking, there was frequently no escort officer available to conduct well-being checks on inmates in the holding cells and often there was no officer assigned to do the same for inmates in Medical. Further, there were numerous other non-housing posts throughout the RDC that went unattended.

Of particular concern is the fact that required well-being checks are no longer being conducted due to the shortage of staff. In the past, 30-minute checks were made on inmates held in Segregation (C-4 and B-4). While the individual log sheets for each inmate were never posted by the respective cells, they were at least kept in a folder or binder so that real time entries could be recorded as the inspecting officer made rounds. Unfortunately, that system morphed into a non-system whereby any log sheets that were maintained were of no value because they were completed after the fact in the pod control rooms. During the October site visit, two control room officers independently told the Corrections Operations Member of the Monitoring Team that 30-minute well-being checks are no longer conducted; that sometimes, hourly check information is called in for inclusion in the control room officer's logbook.

Of equal concern is the fact that suicide watches are no longer conducted according to previously implemented practice. Instead of having an officer sit inside a designated suicide watch ISO unit (C-4 ISO and B-4 ISO) to provide constant supervision of the inmates held in the respective day-rooms, the officer was moved outside of the ISO unit so that he/she could look into it through a window. Worse yet, now suicide watch inmates are no longer required to be in the ISO unit day-room where they can be seen through a window; instead, they are housed in the individual ISO unit cells where it is impossible for an officer to have constant supervision. Control room officers stated that they were conducting the well-being checks by leaving their posts to enter the ISO unit and check on the welfare of the respective suicidal inmate(s) by looking into their cells. This practice is completely contrary to policy, but beyond that, it means that the control rooms are left unattended, which represents a gross breach of security.

When questioned as to who authorized the above referenced changes regarding well-being checks, both supervisors and officers stated that nothing came from "above", that they simply modified procedures because the shortage of staff made compliance with expected procedure impossible.

The lack of adequate supervision is reflected in the numerous assaults that continue to occur at RDC. From June through September there were 52 reported assaults resulting in 28 hospital transports. These assaults occurred in all three pods, in each of the housing units and two of the ISO units. The extent of the injuries is seldom listed in the reports. However, one inmate was admitted to the Intensive Care Unit as a result of his injuries. (IR# 221005) At the time of the site visit he was reported to be breathing on his own but with the expected level of recovery still unclear. Another had multiple stab wounds to the head, shoulder and back (IR# 220740); another was described as "beat pretty bad" (IR #220899). There continue to be concerns that the number of assaults is underreported. The hospital transport list included a detainee being transported as the result of an assault. An incident report regarding that detainee on that date states that while

doing wellness checks, the officer was told by several detainees that the injured detainee had a seizure and hit his head on the floor. Medical apparently determined that he had been assaulted. In addition, in interviews of detainees, one detainee stated that in September he was assaulted. There was no officer on the unit at the time. Later, he was taken to Medical. There does not appear to be an incident report regarding this alleged assault. In addition to detainees actually being assaulted, many detainees request to be moved because they “fear for their life.” There were 25 such incident reports from June through September. See, e.g., 220626, 220706, 220818, 220891, 220978.

The amount of contraband is also reflective of the lack of supervision. In the shakedown of C-2 after an assault occurred on July 13, 2022, 25 shanks were recovered. Two detainees stated that there were lots of shanks in the jail; one stated that everyone has a shank. The detainee also stated that there was an “ungodly” amount of drugs in the jail. Numerous incident reports documented the scope of the contraband problem (see IR’s 220767, 220775, 220777, 220786 and 220791). Inmates also move about within the facility. In IR# 220686 a detainee was in the horse-shoe approaching B-3 with a roll of tissue. When asked why he was off his unit, he stated he was going to give the tissue to a detainee in B-3. The officer determined that the tissue had a small amount of “weed.” In another incident, IR#220656, a detainee was being moved to the contact room when he ran out the back door and into the great hall. See, also, IR# 220756 and 220983.

Lack of consistent supervision also allows opportunity for extortion. The 16th Monitoring Report reported that detainees who did not have an assigned cell were required by other inmates to pay for the use of toilets in the cells. At the time of the May/June visit, Jail staff reported that this practice had been addressed by keeping one cell open and, in addition, at the time of the October site visit all detainees now have an assigned cell. However, not all cells have a functioning toilet. One of the detainees interviewed stated that some detainees require payment for the use of the toilet with food, canteen or commissary. Similarly, the Monitor spoke to a detainee on the tour of the facility who also confirmed that this practice exists. In CID investigation #22-1461, a detainee who had been assaulted stated that he was assaulted because he urinated in the shower which he did because he wouldn’t pay to use a toilet. Another example of extortion is found in IR #220826 where a detainee’s mother called to say her son was in danger and that other inmates wanted him to pay to stay on the unit.

As in the last monitoring period, there are indications that suicidal inmates are not promptly referred to Medical or put on suicide watch. In IR#220964 the sergeant helping with count was approached by a detainee who stated that he was suicidal. The Sergeant appropriately took the detainee to Medical but reported that the detainee stated that he had told the previous shift but they had done nothing.

In order to address the lack of staff, early in his term in office, the Sheriff prepared a new pay plan for Detention Services that included bi-weekly pay, a higher salary schedule and a step plan based on longevity and performance. This proposal was provided to the Board of Supervisors, but not as a formal request. It was reported that one reason for the delay is to consider fairness across County departments. The direct deposit has been implemented but the bi weekly pay plan has not. The other components of the plan have not been adopted. The adoption of these components should be given high priority so that Hinds County can remain competitive in the marketplace. The Sheriff's office should also assess whether other non-monetary factors are impacting retention.

At present, there is enough medical staff to fulfill the terms of this Injunction and allow for the safe operation of the Jail. Although it has continued to be difficult to hire and retain permanent nurses, seemingly at least in part related to the perception of the jail as a dangerous place to work, the use of per-diem nurses has addressed what would otherwise be a shortage of nurses. It should be noted however that many of the per-diem nurses have been at the facility for some time; so that has been a very positive thing (they have a knowledge of the population and offer a continuity of care similar to that of the regular staff nurses); but it should be noted (and further explored/reviewed) that they are reluctant to become regular staff nurses because being per-diem nurses provides them with a better salary/benefits package.

There is also a new medical nurse practitioner since the last site visit, who by all accounts is working out quite well. When the Medical/Mental Health member of the Monitoring Team met with her, it was clear that her knowledge base and her compassion for the population are impressive.

On the other hand, despite having filled the vacant QMHP position as of the beginning of October 2022, there is still a shortage of mental health staff required to fulfill the terms of this Injunction and allow for the safe operation of the Jail. At present, the mental health staff consists of one QMHP/Mental Health Coordinator, two additional QMHPs, one psychiatric nurse clinician, and one very part-time psychologist (who currently works less than one day/week).

As has been previously noted, an early 2022 mental health staffing analysis, based on what was then a caseload of 200 detainees and taking into consideration all the other tasks performed by QMHPs, revealed that in order to perform all tasks, consistent with existing policies and procedures, 179 hours of QMHP time would be required (about 4.5 FTEs/about 1.5 more FTEs than is currently budgeted). Since the time of that mental health staffing analysis, the mental health caseload has continued to grow (it is now about 266 detainees); the percentage of the mental health caseload that is SMI has also continued to grow (it is now about 196 of the 266 detainees

on the caseload who are SMI); and in addition, the number of hours required to perform all of the other tasks performed by QMHPs has continued to grow (for example, the number of previously homeless and otherwise unsupported SMI detainees has continued to grow, which has meant that a lot more time has to be spent on discharge planning). Given the shortage of QMHPs, staff is forced to prioritize the most urgent tasks (such as performing initial mental health assessments, managing suicidal detainees, and the monitoring of detainees being held in segregation), while other important tasks (such as rapidly following-up on detainees who were unable or unwilling to participate in an initial mental health assessment, treatment planning, and providing individual and group therapy sessions) are not consistently performed in a manner outlined in existing policies and procedures.

Just to be clear, in light of the current injunction under which monitoring is being performed, 216 of the current mental health caseload of 266 detainees are housed at RDC. However, since the same mental health staff members are responsible for all 266 detainees, the staffing needs requires consideration of the entire caseload. It should also be noted that the staffing shortage has a much bigger impact on RDC (vs. the WC), given that most of the SMI detainees, those on suicide watch and those on mental health observation are housed at RDC.

It is important to note that the current shortage of detention staff also impacts on the ability of medical and mental health staff to fulfill the terms of this Injunction, and allow for the safe operation of the Jail. Although Administration has made considerable effort to prioritize providing detention staff support to medical and mental health staff, medication pass is still delayed at times, especially in the evenings; there is still only one officer in the medical area (instead of two), and there are some weekends when there is no officer in the medical area; and there are still times when medical or mental health staff have to call for detention staff support, and the only available staff may be a lieutenant or a captain.

A review of specific cases identified via a review of incident reports has raised two additional issues that should be noted here, because they impact on the use of valuable staff time (including medical, mental health and detention staff time) and the quality of the medical and mental health services provided.

The first is that there were five cases reviewed where the detainee's known SMI (in some cases including an intellectual disability) had impacted on the ability of medical staff to diagnose and/or treat a serious physical health problem. These are the types of cases where medical and mental health staff should meet and jointly staff the case, in order to develop the best joint approach to the assessment and management of each detainee's medical and mental health

difficulties. Such joint staffing would not only improve medical and mental health care for this group of detainees, but would also save time for and lower the frustration level of the clinical staff.

The second is that a review of several detainees who are placed on suicide watch on a monthly basis revealed that all of those detainees suffered from intellectual disabilities. As a result, they were constantly in some type of conflict with others on their units; at such times, they were feeling the need to get off the unit as quickly as possible; and the only way they knew to quickly escape their difficult situations was to say they were suicidal. In fact, once placed on suicide watch (with all of the detention, medical and mental health staff time required to do that), they would admit to mental health staff that they were not suicidal but they knew that if they said they were they would be quickly removed from the unit. Therefore, during this site visit, the Mental Health/Medical member of the Monitoring Team and the mental health staff explored various alternatives for working with this group of inmates in an effort to decrease their use/abuse of suicide watch and the associated time demand that this use/abuse of suicide watch placed on medical, mental health and detention staff.

Defendants' Objections and Comments

1. Contrary to Defendants statement that there were no deaths in the facility for 10 years prior to 2021, there was a death of an inmate by assault in 2018. The Monitor was not monitoring prior too 2016 and cannot speak to whether there were others in this time frame.
2. The concern for fairness across County departments was included because the Monitor believes this is a legitimate concern for why the pay proposal was not acting upon yet. It is unclear to the Monitor why the Defendants object to this.

44. Develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate.

Non-Compliant

This paragraph is carried as Non-Compliant even though policies and procedures have been developed; but, as is the case with the requirement to develop procedures regarding Direct Supervision, the failure to implement them in practice does not meet the requirements of this paragraph. Paragraphs 41 and 42, above provide detailed justification for this finding.

The lack of staff to fill required posts throughout the RDC, but particularly in housing areas, makes it impossible for officers to adequately monitor and record the status of inmates in the housing units, ISO units, Medical, Booking and Transfer Waiting at the JDC. Supervisors frequently stand posts instead of acting as supervisors because there are so few officers available.

During an inspection of the JDC Transfer Waiting area, the Corrections Operations Member of the Monitoring Team found that the 15-minute well-being check forms for each inmate detained in the two holding cells were actually kept in an office in the administrative wing of the facility, not posted next to each cell, or even in the Transfer Waiting area. An examination of the forms revealed that none were current. Four had a last entry of 1300 hours when examined at 1450. Three showed that the inmates went to court from 1315 to 1345, but they were actually back in the JDC (though not logged in) when the forms were examined at 1455. When questioned about the discrepancies, the assigned officer stated that a lieutenant at the WC had told her that 30-minute entries were satisfactory. In fact, 15-minute entries are required. At the RDC the sergeant in charge of Booking also provided the Corrections Operations Member with erroneous information. She said that suicide watch and SMI (serious mental illness) inmates required 15-minute log notations, but that other inmates in the Booking holding cells had to be monitored only once per hour (15 minutes is the standard). When supervisors don't have the right answers it is little wonder that the officers do not comply with published policy.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail.

- c. "Direct supervision" training. Detention officers must receive specific pre- and post service training on "direct supervision." Such training must include instruction on how to supervise prisoners in a "direct supervision" facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective "direct supervision."

Partial Compliance

Approximately two years ago the National Institute of Corrections (NIC) provided on site Direct Supervision "Train the Trainers" orientation for command staff, supervisors and correctional officers. Unfortunately, that training was not put into practice when first C-Pod, then B-Pod, were re-opened. Although there is a Direct Supervision component in the basic recruit academy, it has no practical application at the RDC.

The most positive thing that has occurred with regard to new officer orientation is the Field Training Officer (FTO) program that was initiated by the last qualified Jail Administrator, Major Bryan. Although it was not sanctioned through the Training Bureau, it serves its purpose well. New officers work under the supervision of designated officers in C-Pod until they are able to complete their basic training.

Information regarding training was not available either prior to or during the October site visit. The lieutenant who coordinates training for Detention Services was not available due to illness,

nor was his usual report on the status of training activities accessible. The captain responsible for all HCSO training was able to confirm that in-service training is still ongoing, though at a reduced rate, by paying off duty officers for a half day of training. In addition, basic recruit training is ongoing. While information regarding individual facility commanders was not available, the newly designated Jail Administrator/Major has compiled an extensive and impressive list of on-line training courses through the NIC. Further, the Sheriff has indicated that he will support the Major's attendance at the May 2023, Annual Training Conference of the American Jail Association.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail.

Partial Compliance

As has been previously reported, supervisors are expected to monitor day to day activities within the Jail, manage compliance with approved policies, ensure that written documentation of incidents is consistent with those policies and make sure that the physical plant is maintained appropriately. In addition, they are tasked with ensuring that discrepancies are recorded and corrected within reasonable time frames.

In fact, due to the shortage of staff, supervisors also have to stand posts that should be filled by correctional officers. That means that supervisors are unable to fulfill some of their primary duties because they are working as de-facto correctional officers.

Existing policies require supervisors to review all day-to-day activities within the Jail System. They must sign off on well-being checks on a shift to shift basis and they must do the same on all incident reports. In actual practice, they do sign those documents, but they virtually never note discrepancies or recommend corrective action when well-being checks are not conducted within specified time frames or when incident reports do not provide required information. The unofficial practice of "sign and send" that has been previously noted for years in Monitoring Reports has never been corrected. Even when the officer responsible for a well-being check notes that it was not completed within the prescribed time frame due to "lack of staff", supervisors never make any amplifying comments.

Physical plant discrepancies, which are supposed to be noted and recorded by supervisors, are literally never documented. That is understandable, since their efforts have historically had no impact on the County's maintenance work. The fact that the HCSO now has a sergeant assigned to coordinate all maintenance issues with the County, via Benchmark Construction, has helped,

but the decision making process required to move ahead with such matters still leaves the Jail System operating with equipment that does not work for outrageously lengthy periods of time. The most recent Benchmark Status Report reflects the seriousness of this long-standing problem. Although not dated, it appears to be from either May or October 2022. Further, the information contained in this report is supplemented by an interview with the on-site Benchmark representative during the site visit as well as first hand observations by the Corrections Operations Member of the Monitoring Team. In addition, the Jail Administrator said that he is not provided with copies of the periodic Benchmark Status Reports. In his new capacity, he should be responsible for authorizing and prioritizing all maintenance projects, so his involvement in the Benchmark maintenance process is critical.

Go Pro cameras were ordered by the HCSO through the County in January 2020. To date they have not been received. No one working for the HCSO or County could explain why, more than two years later, the cameras are not available and in use. This is a classic example of ineptitude that has been pointed out to the parties on numerous occasions in previous Monitoring Reports. These cameras could have easily been purchased on-line in just a matter of days.

New security cameras have been installed in B-Pod, and problem cameras in C-Pod, A-Pod, Medical and other support areas have been identified for future correction. While this is a step in the right direction, it is something that should have been expeditiously addressed long ago. In addition, the 32 cameras which have been identified as being in need of repair, replacement or relocation, should be fixed, moved or replaced immediately.

Inoperable cell door locks in the Medical area were identified more than five years ago. They are currently secured with padlocks. To date, no one in authority has provided Benchmark with guidance or direction as to what should be done to correct the problem. The constant change of Sheriffs, Jail Administrators, County Administrators and Chairmen of the Board Supervisors has allowed all individuals involved to point to someone else as the responsible party.

The Booking sergeant also stated there was no key available to lock the Inmate Property Room door, which was found standing ajar and unsecured on three separate occasions during the site visit. The door does not sit squarely in its frame, so it cannot even be pulled shut.

The fact that the primary access doors from the loading dock to the kitchen, do not have a working locks, has never been mentioned in the Benchmark Reports. Instead of jail quality security locks on those double doors, a jury rigged hasp and padlock has been in place for the duration of the monitoring process (six years).

Fire hose cabinets in the housing units as well as the horseshoe corridors surrounding the pod control rooms have been identified as being inoperable in many previous Monitoring Reports. They still are.

The primary security door to HU C-3 has been inoperable for many months. In addition, the entry door to B-1 ISO is secured with a hand operated deadbolt instead of a standard key controlled security lock. This unsatisfactory solution to the problem was not corrected when B-Pod was renovated.

While other primary security doors have been repaired, the Jail staff has become so accustomed to doors that do not function properly that they do not bother to secure those doors that are operable. During the October site visit, the Corrections Member of the Monitoring Team found the doors to B-1 and B-2 propped open and, worse yet, the Great Hall door to B-Pod propped open with no officer present while an unsupervised inmate moved food carts after the luncheon meal was served. While in A-Pod he observed both key operated control room doors left open simultaneously.

At the time of the October site visit the following kiosks and inmate phones were inoperable at the RDC (this information was provided by the County subsequent to the site visit):

A-1—one phone and the kiosk

A-2—four phones

A-3—one phone and the kiosk—one phone has been removed

A-4—all operational

B-1—all operational

B-2—one phone and the kiosk

B-3—five phones

B-4—one phone and the kiosk—one phone has been removed

C-1—all operational

C-2—all operational

C-3—two phones

C-4—one phone and the kiosk—three phones have been removed (this means that there are **no** operational phones or kiosk(s) in C-4)

Under such circumstances, inmate communication with family and friends as well as submitting grievances, PREA reports and ordering commissary is unreasonably hampered via both telephone and the video visitation system.

Some good news is that all malfunctioning laundry equipment has either been replaced or repaired. That has allowed for the resumption of the standard laundry exchange schedule which had been suspended for more than four months.

Approximately three years ago it was noted in the Monitoring Report that there was no lock on the door leading to the Booking Office. Since the County maintenance staff took no corrective action, Booking personnel installed a hand operated deadbolt. While that secured the door, it meant that they had to open and close the door whenever someone needed to enter or leave the office. After bringing this to the attention of the Benchmark manager, he went to Home Depot and bought a key operated locking mechanism, something that the County maintenance staff should have done years before. Unfortunately, Jail staff is so accustomed to the old system that keys have not been issued to supervisors and Booking staff, so they still must get up from their posts to open and close the door whenever someone wishes to enter or leave.

The HVAC system in A-Pod is non-functional because, over the years, the inmates have destroyed the air duct system in each housing unit. Currently, there are no plans to correct this problem, leaving the inmates housed there to sweat in the summer and freeze in the winter for at least two or more years while a new jail is built in downtown Jackson.

Numerous showers do not function, primarily in A-Pod, but also in B and C-Pod which were recently renovated. In each instance, the plumbing has been ripped out of the wall leaving an unsightly hole.

The above entries are listed to show how the maintenance problems in the Jail System have become so ingrained that staff continues to follow outdated procedures, even when some problems have been corrected.

Shakedowns of the housing units are conducted at unspecified times as called for by the supervisors. While those actions are appropriate, the prevalence of contraband in the RDC has not been reduced. During the past reporting period there were two instances where staff was notified of inmates who had illegal cell phones in their possession by upset citizens who called the jail to complain that they were receiving harassing phone calls from within the facility (see IR's 220764 and 220768). As noted above, numerous other incident reports documented the scope of the contraband problem (see IR's 220767, 220775, 220777, 220786 and 220791).

While conducting an inspection of each housing pod, the Corrections Operations Member of the Monitoring Team counted 30 cells in A-Pod that are still welded shut. This amounts to the equivalent of an entire Housing Unit. This long-standing problem was first addressed at least a year and a half ago, but rather than correct the problem, the County has simply continued to weld cells shut. The County's approach to maintenance issues (cells that cannot be occupied because of plumbing, electrical or structural deficiencies) is to seal them up instead of fixing them.

During 2022, there has been significant progress with regard to the implementation of policies and procedures focused on improving the supervisory oversight and management of SMI detainees. A representative from Classification has been meeting with mental health staff on a regular/often daily basis to discuss the classification and placement of some of the more difficult SMI detainees. The reconstituted and re-energized Interdisciplinary Team meetings, now involving supervisory staff at the highest levels, focus on and attempt to collectively address a range of problems involving SMI detainees. However, there are two issues that compromise the effectiveness of these important efforts. The first is that in the absence of a mental health/special housing unit, there continues to be no alternative placement, other than segregation, for the most acutely ill SMIs, where they would be safe and able to receive the more intensive course of treatment they require (see paragraph 77). Placed in segregation, they remain inadequately treated and unstable. The second issue is that there continues to be a need to incorporate mental health assessments into the disciplinary review process, so that the best interdisciplinary interventions can be designed for SMI detainees charged with disciplinary infractions at that point, instead of after they have spent some time simply being held in segregation (see paragraph 77).

2. Use of Force Standards

50. Develop and implement policies and procedures to regulate the use of force, including policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to and after any use of force.

Partial Compliance

The Use of Force Policy was put in place well over two years ago, but compliance with its standards has fluctuated over time. Initially, IAD found no violation of the policy when officers used force, to include OC, in direct conflict with policy. After this was pointed out by the Monitoring Team, there was some but inconsistent improvement. The two new IAD investigators appear to be addressing the UOF appropriately.

As described below, IAD is to be commended for several excellent reports regarding the use of force. If investigations such as these can be continued, they will go far in reducing the use of excessive force. Unfortunately, they disclose that currently, there is excessive use of force and that the incident reports cannot be relied upon to accurately disclose when detainee behavior warrants the use of force and what level of force. In IR #220656 the detainee was described as showing uncontrolled behavior and clenching his fist when he was tased. The IAD review of video footage showed that he was disobeying a direct order to stop walking, but he was not showing the aggressive behavior described. In addition, four additional officers were approaching the detainee from the other direction. In IR# 220673, the detainee was described as making threats and advancing when he was tased. The IAD review of the video showed a brief moment of behavior as described but was complying with orders, hands on head and facing the wall at the time he was tased. In IR# 220550, the detainee was described as aggressive in refusing to enter a holding cell in Booking and OC spray was used. IAD found that the initial use of OC spray was justified. However, video footage showed that after the detainee was sprayed and turned to enter the cell, one officer kicked him into the cell and the supervisor sprayed OC spray into the cell after him and the door was closed. Five officers were present at that point. Another incident report of concern in this area is IR #220808. An inmate was threatening another inmate in Medical and was tased. The Lt.'s report states that the Sgt was going to tase the inmate again but the Lt. stopped him because the inmate was in handcuffs already. The Monitoring Team has questioned the UOF when the incident reports appear to have a recitation of aggressive behavior that does not seem credible. The reports described here indicate that the skepticism is warranted. IAD was commended for these reports and the Team recommended that similar still photos from the video be printed and included with the report when the officer is exonerated.

Additional concerns as has been previously expressed involve the use of OC spray or tasers to gain compliance as opposed to as a defensive measure. IR # 220763 and IR 220878 are as a coercive tool rather than a defensive measure. Disposition of the investigation in that case is still pending.

On a positive note, Rankin County officers have not been called upon to conduct shakedowns in the RDC since March 2022. The new Jail Administrator resolved problems in-house when he was the Captain at the WC and that philosophy appears to have been carried forward in his new position. Also, on a positive note is an incident that occurred during the October site visit. While waiting in A-Pod to interview the on duty sergeant, the Corrections Operations Member of the Monitoring Team observed that supervisor effectively manage a potentially violent situation with an inmate who was loud, belligerent and violent. Rather than resort to UOF with OC or taser, the sergeant managed things tactfully and controlled the inmate appropriately. His actions were exemplary.

3. Use of Force Training

52. The County must develop and implement a use of force training program.

Partial Compliance

There has been no change in the status of this paragraph. UOF training continues to be provided to new recruits, but it has not been covered in follow up in-service training. That training is typically limited to roll call training and has been limited to newly approved policies, inmate rights and PREA.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Partial Compliance

There has been little change in the status of this paragraph since the last reporting period. While UOF training includes a continuum of appropriate force responses to escalating situations, it does not yet include specific measures for managing inmates with mental illness, nor does it include scenario-based training.

55. The County must update any use of force training after any revision to a use of force policy or procedure.

Not Applicable

As was explained in the 17th Monitoring Report, the UOF Policy has not been revised since it was approved and implemented in 2020, but the increased use of tasers, since they were issued to sergeants and lieutenants, warrants a re-examination of their use. Incident Reports 220643, 220656, 220673, 220724, 220808 and 220836 reflect instances where tasers were deployed. The frequency of their use is cause for the recommended review. However, this paragraph refers to updated training after any such revision and no revision having occurred, it is not applicable at this time.

Defendants Objections and Comments

The finding on this paragraph was changed to Not Applicable based on defendants' comments.

4. Use of Force Reporting

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Partial Compliance

There has been no change in the status of this paragraph for more than two years since the UOF Policy was adopted. The initial training on its requirements has not been supplemented over time as multiple officers were promoted to supervisory positions. The long standing problem of supervisors who merely “sign and send” up through the chain of command has not been addressed or corrected. As mentioned throughout this report, numerous incident reports disclose actions inconsistent with policy with no findings or recommendations by supervisors. As described above, the inaccurate accounting of events needs to be addressed promptly and seriously. Without an accurate description of events, the supervisors do not have the information they need.

Although cameras in B-Pod have been upgraded and repaired, there are still 32 in C-Pod, A-Pod and throughout the RDC that need to be replaced or repaired. The lack of a functioning video capability makes the job of the supervisors and investigators more difficult when they try to determine what actually transpired while reviewing an incident.

Defendants’ Objections and Comments

The language in paragraph 56 was revised to indicate that findings and recommendations are not being provided when they should have been; not that they are always required.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible. Staff members must accurately complete all fields on a Use of Force Report.

Partial Compliance

There has been no significant change with regard to the status of this paragraph. The quality of UOF reports has improved over time. Supplements are often, although not always attached. See, e.g. IR# 220772, 220656, and 220616. Although the clarity of the documents is better than was the case in years past, the accuracy of the reports must be questioned given the reports described in paragraph 50 above.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events.

Partial Compliance

Paragraph 50, above describes the incomplete or false information included in some use of force reports as discovered by IAD's review of video footage. That is of great concern.

As was noted above (see paragraph 57) the quality of UOF reports has improved over time, yet they still routinely lack witness statements and they never specify the classification of the housing area where the incident occurred. The previously recommended standard—"Can your report stand alone?"—has never been met. This same recommendation was made in the 16th and 17th Monitoring Reports.

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force.

Partial Compliance

As has been highlighted in previous paragraphs, supervisors are busy doing the jobs of correctional officers, instead of supervising, because of the extreme shortage of staff. Therefore, they are unable to fulfill the requirements of this paragraph. Major Simon reported that his command staff does an in house review of use of force and assaults. However, there is no documentation of this review. It has been previously recommended that staff members conduct a "critical incidence" or "after action" review. This review should be documented with conclusions and recommendations.

Although IAD appropriately investigated the excessive use of force described in paragraph 50 above, it is questionable whether the Jail supervisors appropriately responded to the use of force. In the two investigations in which it was found that use of tasers on a non-aggressive inmate was excessive use of force both by the same lieutenant combined with false reporting to justify the force, the first investigation resulted in remedial training and the second resulted in a 5 day suspension. And the lieutenant was subsequently put in charge of the FTO training program. The use of force described as occurring in booking which also included, at best, incomplete reporting, resulted in verbal counseling. This response by supervisors is less than appropriate given the seriousness of the infraction and false reporting.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Partial Compliance

As has been highlighted in previous paragraphs, supervisors are busy doing the jobs of correctional officers, instead of supervising, because of the extreme shortage of staff. Therefore, they are unable to fulfill the requirements of this paragraph.

5. Incident Reporting and Review

63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information to respond appropriately to reportable incidents.

Partial Compliance

The status of this paragraph remains unchanged. The policy governing the preparation of Incident Reports (1-500) was approved and adopted over two years ago. Training was then initiated, and it continues in the basic academy, but there has been no follow up for existing staff due to the lack of personnel, which makes in-service training problematic. Paragraph 64 below provides examples of deficient incident reports which show that supervisors do not have sufficient information to evaluate reportable incidents.

64. Ensure that Incident Reports include an accurate and detailed account of the events.

Partial Compliance

As been stated in the previous paragraphs, an Incident Report should be able to stand alone; that is, it should not require verbal amplification or explanation. Today that is not the case. Some reports are clear and concise, but others fail to address the cause of the situation or what transpired after the fact (see IR 220811, Arson). There is no indication that any attempt was made to identify what the inmate (in C-4 Segregation) used to start the fire. In IR 220818, Suicide Observation, the report says that an inmate was placed in C-4 for suicide observation. This conflicts with established policy which directs such inmates to be housed in C-4 ISO. The inability of Medical staff to either initiate or supplement Incident Reports has also been pointed out previously as a significant weakness in the Detention Incident Reporting system which results in confusion, lack of clarity and lost information.

There appears to be an increased problem of officers not completing an initial report even though a subsequently responding officer has written a report. There are also numerous examples of responding officers not writing supplement reports. For example in IR #220578 10 detainees exited the A-4 cage. There appear to be a number of responding officers but only one report by a lieutenant that saw the incident on master control cameras. Perhaps because without supplements from

other responders, the gaps in information cannot be filled in. However, the lack of information is profound: why were the detainees in the cage, who was supervising them, how did they get out, who responded, how were they returned to the unit, where were the two detainees that refused to return to the unit, was force used, etc. Another example is IR# 220586, the reporting officer opened C-4 suicide and a detainee ran out. The officer called for assistance. That is the totality of the report which is listed as type “Clothing.” There are no supplements and no indication whether assistance arrived, how the detainee was returned to the unit, whether force was used, etc. Again, IR #220980 an inmate was banging on the window after being assaulted for stealing. The reporting officer took him to Medical. There is no information on how the officer knew the detainee was assaulted for stealing, who assaulted him, what injuries were, what other inmates had to say, etc. Other examples include IR# 220578, 220982, 220955, 220962, 220700, 220730.

66. Ensure that Jail supervisors review and respond appropriately to incidents.

Partial Compliance

As has been the case with a number of the paragraphs in this section, there has been no change in status. Although Policy 1-500, Incident Reports, was approved and adopted in April 2021, little has changed. Most officers and supervisors received orientation training on it, but the quality of many incident reports, and the lack of follow up by supervisors, indicates that additional training is required.

6. Sexual Misconduct

67. To prevent and remedy violations of prisoners’ constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;
- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;
- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;

- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Partial Compliance

This paragraph was listed as non-compliant in the 15th and 16th Monitoring Reports. The PREA Coordinator had been on leave during those reporting periods and her duties had not been adequately assumed by other individuals. The PREA Coordinator returned to her duties in January 2022 and the PREA program is getting back on track.

There are few PREA incidents reported. During this reporting period there was one inmate on staff incident that was reportedly investigated even though it is not a PREA violation. There was an inmate on inmate PREA incident in September that was investigated. The same perpetrator was involved in an incident in October. Both incidents were serious. They appear to have been properly investigated. One area of concern is that the PREA Coordinator recommended that the perpetrator not be housed with other detainees after the first incident. This recommendation was apparently not implemented and he was housed with another detainee who was the victim in the second incident. Another area of concern is that the spreadsheet provided to the Monitor did not contain the September incident and the report was not provided until its existence became known through the interview of the PREA Coordinator (no documents have been provided for October or November). It is also of concern that the spreadsheets provided to the Monitor do not match the information from the PREA Coordinator.

The PREA Coordinator provides training to on-boarding officers in the training academy. On June 28, 2022, the PREA Coordinator presented at the Academy for on-boarding officers. In June, the PREA Coordinator provided in-service training. The sign in sheets indicate that 27 officers received the training.

Not all PREA incidents are referred to the PREA Coordinator. There was a grievance in July by an inmate requesting to be moved because another inmate was "hitting on" him. This should have been referred. This indicates the need for continued in-service training of officers.

The MOU with the Mississippi Coalition Against Sexual Assault (MS CASA) is in effect and was being utilized at the time of the 13th Monitoring Report. An outside line has been implemented such that inmates can call the Coalition directly from the kiosk in the unit without charge. DOJ has highlighted a problem with reporting through the Coalition in that if the Coalition receives certain federal funds, it cannot pass on any PREA reports without a written release from the inmate. Third party reporting is still available through friends and family. PREA complaints can also be reported through the kiosk directly to the PREA Coordinator, through submitting a grievance at the kiosk or through the phone. As noted above, however, many of the kiosks and phones are not functioning and detainees on lock down have limited ability to access the kiosks and phones. An area of concern with respect to reporting is that the victim in the October incident did not report the incident for apparently two weeks. When asked why he did not report the incident earlier, he stated because the staff was very busy. The report indicates that the victim was mentally ill, but it is unclear from the report whether he did not understand that he could report via the kiosk or phone, did not know how to use those options, and/or did not have sufficient access to staff to make a report earlier.

Medical and mental health staff provides both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, whether such cases are referred to staff by the PREA Coordinator or first identified by medical and/or mental health staff (in which case they would then also be referred to the PREA Coordinator). When there is an alleged rape, the victim is immediately sent to the hospital for a full forensic medical assessment, which includes the rape kit.

The MOU with MS CASA also provides for counseling services for persons involved in sexual activity and it appears that individuals have been appropriately referred for counseling.

The PREA Coordinator has put up posters in the housing units with PREA information. She has also prepared pamphlets that are provided to new bookings. In addition, she reports that a TV has been is now being used in the ID room of Booking with a 16-minute video informing the inmates about PREA and the reporting process. This is a good step forward. In the past, the PREA Coordinator had completed education sessions with inmates by coordinating with a group being conducted by the discharge planning nurse. This may or may not have been the appropriate group of inmates if they were, in fact, close to discharge. Even so, these groups have not been continued. The PREA Coordinator reported that she goes back over the PREA information within 90 days. It appeared that this was an informal process and she stated that it did not happen very often. A more systematic format for education sessions with inmates should be considered. The education process needs to continue to be expanded.

One ongoing concern related to the ability to provide for sexual safety and adequately investigate allegations is that many cameras are still not functioning. Investigative procedures should not only include a review of medical and mental health records, but also include interviews with identified medical and mental health staff. Medical and mental health staff members often have a fuller understanding of the case than is reflected in the records.

Defendants Objections and Comments

The documents provided at the time of the site visit showed only 13 officers receiving PREA in-service training. The PREA Coordinator stated that there should be additional sign in sheets. After repeated requests for these sheets, they were provided on December 7, 2022. The paragraph has been revised to reflect the additional 14 officers receiving in-service training.

7. Investigations

68. The County shall ensure that it identifies, investigates, and corrects misconduct that has or may lead to a violation of the Constitution.

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury.
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
 - i. a brief summary of all completed investigations, by type and date;
 - ii. a listing of investigations referred for administrative investigation;
 - iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
 - iv. a listing of all staff suspended, terminated, arrested or reassigned because of misconduct or violations of policy and procedures. This list must also contain the specific misconduct and/or violation.
 - v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.

Partial Compliance

Investigations are handled by two separate units within the HCSO. Criminal Investigations (CID) handles incidents that occur within the jail facilities much as they would for offenses that happen on the street. The advantage of having dedicated investigators handle all Detention cases is that they are familiar with the operation of the facilities. Internal Affairs (IAD) handles cases

that involve the actions of officers, such as UOF incidents, to determine the appropriateness of their actions.

Since the June site visit, two new investigators have been assigned to IAD. Previously, there was only one investigator. In CID both investigators resigned and have been replaced by one new officer, but, according to the CID captain, a second one is going to be added.

During interviews with both IAD and CID personnel it came to light that the investigators did not have equal access to the camera/video system that is critical to their work. This apparently resulted from the turnover of investigators. When the discrepancy was reported to the IT representative, he immediately took action to allow all CID and IAD investigators equal and direct access to recorded videos without having to make a special request to IT in each case.

From June through July CID conducted 79 investigations. Of those cases, 16 were Assaults, six were Aggravated Assaults, 26 dealt with Contraband, one was classified as Information, one was an Attempted Rape, one was an Assault on a Law Enforcement Officer, one was Malicious Mischief, and 13 were Arsons. CID referred two cases to IAD, three internally and 25 to the Grand Jury. A breakdown of those investigations as to location within the RDC revealed that 28 occurred in A-Pod, 22 in B-Pod, 27 in C-Pod, one in Booking and one in the Transfer Waiting area of the JDC. These statistics indicate that there is inadequate inmate supervision throughout the entire jail, not just A-Pod. There were a number of very good investigations by the new investigator. However, not all assaults appeared to be referred to investigation. In August, only 8 of the 16 assaults were investigated.

From June through October 15th, IAD initiated 28 cases. They were classified as follows: 15 Use of Force, six Fact Finding, six Conduct Unbecoming and one Vehicle Accident. Of the UOF cases, six involved the use of a taser, OC was deployed in seven cases and Hands On action was used two times. Four of the UOF investigations resulted in a finding of Sustained, 10 resulted in the officer being exonerated and one is still under investigation.

Of special note is the fact that a lieutenant, who had a long history of taser use that was exonerated in the past, was held accountable by IAD for two incidents of improper taser use resulting in his suspension coupled with remedial training. The new CID investigator appears to be producing more detailed reports than were prepared by his predecessors. They involve witness interviews which reflect whether or not inmates were even willing to answer questions and/or provide information.

8. Grievance and Prisoner Information Systems

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

There has been no change in the status of this requirement. The County has installed a kiosk system that allows detainees to file grievances without the intervention of a detention officer. However, there are gaps in access to the kiosks. There are no kiosks in the ISO units. In addition, there are five housing units where the kiosks are not functioning at least one of them has been out of service reportedly for months. In addition, on the lock down units, the lack of staff has limited the detainees' out of cell time to short periods every few days. This limits the access of those detainees to the kiosk system. An instruction sheet for filing grievances is provided during the booking/classification process. However, the instruction sheet predates the kiosk system and so does not contain instructions for filing grievances through the kiosk system. It was reported that instructions for using the kiosk system were posted in the intake unit, however, upon inspection, there were no instructions posted. The instruction sheet on grievances also does not include information on what is a grievance as opposed to a request, what is an emergency, and what should be submitted as a medical grievance. Given that this is a frequent cause for grievances being rejected, this should be included in an updated grievance instruction sheet.

The grievance policy provides that an inmate may submit a written grievance and will be provided a form and an envelope that can be sealed. This can be given to the housing officer or the area supervisor when he or she is doing their rounds. This would allow an additional avenue to submit a grievance confidentially although not without some involvement of a Detention Officer. The Grievance Coordinator stated that, in addition, she goes to the housing units. At the time of the site visit, each of the three control rooms had paper grievance forms. None of them had envelopes and two of the three officers working the control rooms had difficulty locating the forms. With the staff shortage the officers are not in the housing units for long periods of time making it difficult to request and return grievance forms particularly for those in lock down. At least one detainee stated that he would be reluctant to give a paper grievance to an officer for fear of retaliation. Two detainees stated that when they requested a paper form, they were told they didn't have them. Another detainee stated that he was told he could do a written grievance but did not know he could request a form and pen-he thought he would have to write it on the back of one of his court documents. The Grievance Coordinator did have a file of paper grievances showing that some detainees knew how to file one and they did get to the Coordinator. It was approximately 2 or 3 a month.

The control room staff did not have a clear and consistent explanation for how the paper grievances got to the Grievance Coordinator from there. Paragraph 72 below requires that the grievance system accommodate individuals with cognitive, literacy or language barriers. The failure to do so impacts compliance with this paragraph in that detainees with those barriers cannot confidentially report grievances. The grievance policy requires that if there are cognitive or communication barriers, the Detention Officer refers the issue to the Area Supervisor for communication assistance or problem resolution. It does not appear that this provision of the policy has been implemented or that the inmates have been informed of it.

71. All grievances must receive appropriate follow-up.

Partial Compliance

As previously reported, the Grievance Coordinator maintains a spread sheet to track the grievances and grievance responses. Many of the fields are pulled electronically from the Securus system. However, she has to manually add the type of grievance, the date of response, and the date of an appeal. The Grievance Coordinator previously reported that some officers do not respond to grievances through the Securus system and, as a result, there is no documentation of a response to some grievances. This appears to be a significant problem. The timeliness of responses is also an issue. Standard grievances are supposed to receive a response within 7 days. Emergency and medical grievances are supposed to receive a response in 24 hours.

There continues to be a problem with grievances receiving no response or late responses. The following chart shows those numbers.

Month	Number of Grievances	No Response- Regular	Late Response Regular	No Response Medical	Late Response Medical	No Response- Emergency	Late Response- Emergency
July	136	7	9	0	3	3	15
August	165	0	6	0	3	0	12
September	189	13	16	0	14	0	14

An area of improvement to be noted is that Medical has not had any grievances that have not been responded to. There are still late responses. However, the Mental Health member of the Monitoring Team has reviewed Medical’s paper files on grievances and found the responses to be timely. In order to deal with this discrepancy, the Monitoring Team had a joint meeting with

the Grievance Coordinator and the HSA and a plan was put in place to have the electronic system accurately match Medical's responses. A problem for both Medical and the Grievance Coordinator is the weekend response time. The Grievance Coordinator and the HSA work regular business hours and will not see a medical or emergency grievance submitted in the evening or on the weekend until the next business day.

A previously stated concern has been addressed. When an inmate submits a grievance regarding a medical issue on a regular grievance form, the Grievance Coordinator cannot assign it to Medical. Although this is helpful in tracking grievances by category, it means that the inmate is told he has to resubmit on the proper form. The Grievance Coordinator now responds that the grievance needs to be submitted on the Medical Grievance form but she also prints out the grievance and gives it directly to Medical. Five of these were responded to beyond the 24 hours for medical grievances but this may be due to the discrepancy described above.

There appears to be some improvement in reducing the number of grievances that are denied as not a grievance when they should actually be considered grievances. There was one regarding the denial of rec time. However, a number of legitimate grievances had no response so it was difficult to tell what the outcome was. There are still some grievances where the adequacy of the response needs improvement but this appears to be improving. There were still a number of responses, about 10 in a two week period, stating that the officer "will look into it" or will come talk to the detainee. There is no way of knowing whether the promised action was completed. When possible, it would be better to address the grievance and then report what was done. The new grievance policy requires that the Quality Assurance Officer do a monthly audit of grievances and responses to determine the timeliness and appropriateness of the responses. This has not been implemented yet and now there is no Quality Assurance Officer but if implemented should provide some oversight in this area.

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

The grievance policy requires that if there are cognitive or communication barriers, the Detention Officer refer the issue to the Area Supervisor for communication assistance or problem resolution. The kiosks now have a Spanish language format. However, persons with disabilities do not have meaningful access to the grievance system. Two detainees interviewed appeared to have significant cognitive impairments. They reported that they do not know how to use the kiosk system and do not know how to submit a grievance separate from the kiosk system. There is no indication that the provision of the policy addressing those with cognitive impairments is being

implemented or that inmates have been informed of this option. Neither the information sheet on grievances nor the inmate handbook currently given at booking includes this information.

9. Restrictions on the Use of Segregation

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Non-Compliant

There are three areas addressed by this provision: Classification; appropriate long-term housing; and access to exercise, meals and other services.

The Classification supervisor was relatively new to the position at the time of the site visit having been promoted to the position in mid-August. However, he had worked in Classification as an officer before being promoted. It is concerning that he had not seen the policies on Classification and did not know there were any. This is not the first time an administrative supervisor was unaware of the existence of a policy(ies) regarding their area of responsibility. (The current Grievance Coordinator was similarly not trained on the Grievance policy when she started). Attention should be given to the training of supervisors and staff in the administrative areas.

The lack of familiarity with the policies may explain why some practices have developed. The Classification staff was provided access to the NCIC so that they could score the objective classification tool accurately on criminal history. They had previously been using only the JMS system so that if a detainee had a charge/conviction outside of Hinds County they would not know about it unless a hold was indicated in the JMS system. As a result, a number of forms at that time indicated that the detainee reported a serious, sometimes violent, charge that was not scored. However, at the time of the site visit, Classification staff had reverted to using the JMS system for scoring criminal history. In a subsequent interview with the Classification supervisor about two weeks later, he stated that Classification staff has returned to using the NCIC for scoring criminal history.

Another practice that reappeared was the practice of sending individuals to the Work Center based on charge rather than the objective scoring instrument. One individual was not classified but was sent to the Work Center based on charge. When this was caught in the reporting process, he was classified and was found not to be eligible for the Work Center.

Classification maintains a log showing the date of booking and the date of classification. The log indicates that not all inmates are classified within 8 hours of booking. In July, the log indicates that 27 out of 106 or 25% were classified one day or more after the date of booking. The log does not show the time of either booking or classification. It is possible that an 8 hour period could result in a booking the following day. Assuming that is the case with all of the classifications showing completion the next day, there would be 20 out of 106 or 19% classified two days or more after booking. In August, the log shows that 19 out of 83 or 23% were classified one day or more after booking. Again, assuming those that are classified the next day were still within the 8 hour time frame, there would be 13 or 16% classified 2 days or more after booking. In September, the log shows that 22 or 22% were classified one day or more after booking. Again, assuming those that are classified the next day were still within the 8 hour time frame, there would be 15 or 15% classified 2 days or more after booking. These included individuals classified up to 2 weeks after booking.

At the time of the last site visit, a check of a sample of log entries against the computer entries indicated that the log was inaccurate in a number of cases. During the October site visit, a similar check of the September log indicated that the log was mostly accurate with a few exceptions.

Classification is extremely short-staffed currently which no doubt contributes to the inability to classify detainees in the 8 hour time frame. The office is supposed to have 8 officers and one supervisor. They have three officers and one supervisor. At that staffing level despite their best efforts, Classification cannot be covered 24/7. As a result, officers move detainees to other units at times without being able to refer them to Classification. See, e.g. IR # 220758, 220891, 220897, and 220902. This can be days later as in the case of IR #220897. The Classification supervisor stated that in those cases the officers will normally move the detainee to B-1, the intake unit or B-3. However, this is not always the case. See, e.g., IR # 220982.

The Monitor requested the initial classification form for all detainees booked in the first two weeks of September. A check on some of these forms was completed. There were four forms in which the criminal history or current charge was incorrectly scored. There were a number of forms in which the Special Management section was not completed particularly when mental illness was disclosed but not checked. The Classification Supervisor stated that he thought Medical should decide whether there is a mental health issue. However, the purpose of this part of the classification process is to flag potential issues and it should be checked if there is such an indication. It should be noted that there continue to be frequent problems with access to the NCIC system for Classification staff (and Booking staff). The officers have compensated by contacting the Radio Room which uses a different system to get the NCIC report. This inefficiency should be investigated and

addressed by IT. As noted in previous reports, the staff is using an objective classification instrument, are not routinely overriding the result, and the accuracy of the scoring is much improved.

Although improvements have been made in the area of Classification, it is still not the case that an objective risk instrument is governing the long term housing placement of inmates. There continue to be gang pods. The Inmate Services Manager reported that the operation of inmate committees who reject housing placements has calmed down but still exists as evidenced by several incident reports. The Classification supervisor also reported that the committees continue to function. One of the detainees interviewed also described the function of the committee or “houseman.” A number of incident reports describe incidents where the other detainees on the unit decided that a detainee had to be moved. See, e.g. IR # 220546, 220582, 220643, 220712, 220765, 220817, 220826, 220866, and 220870. In addition, one grievance reviewed complained that inmates should not be permitted to give orders. As mentioned above, security continues to move inmates without Classification involvement and, although Classification staff review these moves, without 24/7 Classification coverage, this is often after the fact. The current lack of bed space also impacts the ability of Classifications to house detainees based on classification.

The second aspect of this provision is that, after classification, detainees should be housed in appropriate long-term housing. During the Monitoring Team’s initial interview with the Assistant Jail Administrator (now Major/Jail Administrator) on October 18th, he indicated inmates have not been “housed” in Booking since the beginning of July 2022. That statement was confirmed by a review of records and multiple inspections of the Booking area during the site visit. If this change in practice can continue, it represents a quantum leap in the right direction. For six years there have been efforts to stop the housing of inmates in Booking, but they always failed after a short period of time. What makes the change in practice even more noteworthy is that the ADP is at a recent high of approximately 750 inmates. Coupled with the fact that many cells are not usable (30 in A-Pod alone) and that the JDC is closed, except for the Transfer Waiting area for holding inmates going to and from court, the RDC and WC do not have sufficient capacity to hold the current population.

However, it must be questioned whether any of the housing units constitute appropriate long-term housing without adequate staffing to supervise. This is particularly true of A-Pod. The County has stated an intention to close A-Pod. At the current count (750) there are not nearly enough beds at RDC and the WC to move all the detainees out of A-Pod. The Sheriff reported that two counties had indicated a willingness to take some Hinds County detainees. However, no details have been discussed such as cost or eligible detainees and no agreements have been made to house detainees in other jurisdictions. A-Pod continues to have the problems previously reported: cell doors do not lock; the lighting in the cells and frequently in the day room do not

work; there are no tables; the HVAC system does not work and during hot weather detainees are sleeping on the floor; detainees frequently ask to be moved because they fear for their safety and other inmates insist on the removal of some inmates at risk of assaulting them. In the summer months, the heat is a major issue (See, e.g. IR#220649, 220676, 220575). Toilets don't work and detainees without a functioning toilet are required to pay for the use of another's toilet. CID report 22-1461.

On July 29, 2022, the previous Food Service Director resigned his position because of a conflict with the Sheriff over the adequacy of the Food Service budget. His replacement, who was hired in September, faces the same budget shortfall because the inmate population has increased significantly and inflation has driven up the cost of purchasing food. In addition, he has lost three personnel, which makes staffing problematic. At the RDC, only five of the seven authorized positions are filled. Consequently, the plan to return to serving three hot meals a day was sidelined and the hot breakfast, hot lunch and cold supper meal rotation is still in place.

Policy 14-200, Food Service Management, was approved and adopted on March 24, 2022. It calls for the master menu to be approved by an independent dietitian. While that is an appropriate standard, it has never been met. To date the Food Service Director has not been able to find a qualified independent dietitian to review and approve the master (quarterly) menu.

Inmate visitation with family and friends is held by video through the kiosk system. Based on records provided by the HCSO, which group all RDC and WC visits together without reflecting where the inmates are housed, 51 visits were scheduled during the month of September. Of those, 22 were actually completed. The remainder were not because they were unpaid, refused, cancelled by the inmate, missed by the inmate or cancelled by administration. When that number is projected out for a year, it means that only 264 inmates are able to complete a video visitation annually. With approximately 750 inmates incarcerated at the RDC and WC, it will take 2.58 years for each of them to have one visit. It would seem that something is very wrong with a system that results in such a low visitation rate.

Opportunities for outdoor recreation are supposed to be provided to inmates at the RDC in the yards that separate Housing Units 1 & 2 and 3 & 4 in each of the three pods, A, B and C. The most recent Revised Staffing Analysis (October 2021) calls for one officer to be on duty on both sides of each pod on a daily basis, on the day and evening shifts to oversee recreation. In fact, there have never been any officers specifically assigned to perform that duty for years. Instead, the floor or control room officer merely opens the door leading from one housing unit to the recreation yard for a certain amount of time, and then records that recreation was provided. In A-Pod, there are not even any secure, electronically controlled locks on the recreation yard doors.

They are simply secured with padlocks and hasps. The records provided by the HCSO, which purport to document recreation, are highly suspect. Some simply list start and stop times and shows “Rec Yard-Unit” in the section for the number of inmates. Others indicate that adjacent housing units have access to the recreation yard simultaneously instead of alternately, and some say that inmates in segregation (C-4) are let out individually. That is impossible when there is no one assigned to work in C-4 as reflected by the Post Assignment Sheets.

The laundry situation has improved since the 17th Monitoring Report. At that time, half of the laundry equipment at the RDC was inoperable and the twice weekly laundry service for each pod had been reduced to only once a week. Since then, all of the washers and dryers have been replaced or repaired and, according to the Laundry Officer, the twice weekly service has been reinstated. However, responses to grievances indicate that the Jail continues to be short of needed items such as sheets. In addition, prior grievances complained of missing laundry. Although those grievances were mostly denied, a sign of the laundry room door indicated that because of missing items, the laundry room would be closed and locked at night.

Providing access to medical and mental health services involves several issues. First of all, there must be an adequate number of and the right mix of medical and mental health staff to provide medical and mental health services to the detainee population. In this regard, see paragraph 42. Then, there must also be an adequate number of detention staff to support medical and mental health staff efforts to provide medical and mental health services. In this regard, see paragraph 42.

A third and somewhat more complicated issue is the extent to which the place where a detainee is housed supports or impedes access to the medical and mental health services that the detainee requires. Obvious examples of this include the medical observation unit and suicide resistant cells, both of which allow for access to the more intensive treatment and supervision that a detainee might require, while keeping the detainee safe until such time that he/she is more stable. It should be noted that although both a medical observation unit and suicide resistant cells do exist at the jail, consistently insuring adequate detention supervision of these units has been a challenge. A mental health unit is yet another example, focusing on providing access to more intensive mental health treatment for the most acutely ill and unstable SMIs, along with the type of supervision that will minimize the risk of harm to themselves or others. With regard to the proposed mental health unit, see paragraph 77.

75. The County must document the placement and removal of all prisoners to and from segregation.

Partial Compliance

RDC maintains two separate logs with respect to documenting the placement and removal of detainees in segregation. One is called the Segregation Monthly Report and one is the Detainee/Inmate Disciplinary Report. The Segregation Report lists all detainees in segregation because of special needs, protective custody, medical observation and occasionally administrative segregation. This does not include the date of the move into segregation and has a column for segregation end date, however, the logs reflect that these detainees rarely exit segregation unless they are released. They continue in segregation in some cases for years. One detainee listed in the log has been in segregation for over five years. Also, the Segregation log does not include individuals housed in the ISO units. The Segregation Report does not include individuals who are in segregation for disciplinary reasons. Those individuals are listed in the separate Disciplinary Report. The Disciplinary Report includes a list of all disciplinary cases and the sanction imposed. In some cases, this is a loss of canteen or other privileges and in some cases this is a sentence to segregation. This log does not include the date of placement or removal from segregation.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary, to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner's mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Partial Compliance

QMHPs perform weekly rounds of all detainees being held in segregation, with the goal of assessing their mental health status, the effects of segregation on their mental health, any need to initiate or adjust mental health treatment, and whether or not continued placement in segregation is appropriate. The findings of these assessments, along with any other relevant information about a detainee, are discussed during the weekly IDT meetings; the goal is that the IDT will take any appropriate action that might be required; but indicated interventions are not always available, such as an alternative housing placement that would allow for enhanced treatment.

It is understood that these weekly assessments are not a substitute for treatment, and so therapeutic sessions are also provided to detainees being held in segregation as indicated. It should be noted however that due to detention staff shortages, it is often difficult to have detainees removed from their cells so that they can be interviewed in a more private setting, even when this is clearly indicated (i.e., although it is always preferably to perform mental health assessments in a private setting, there are times when it is obvious/clear that the lack of privacy has impeded the assessment process). This is even more of a problem for the most acutely ill SMI detainees who actually require more frequent and more intensive involvement with mental health staff in order

to develop the type of engagement/working relationship with staff that will allow for the gathering of accurate information and in turn, the development of and the provision of the most appropriate interventions.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness.

Non-compliant

Restricting the placement of SMI detainees in segregation involves several issues. These include:

- The provision of mental health services to SMI detainees housed in general population units, so that they can remain stable enough to function on a general population unit
- The incorporation of information obtained via mental health assessments into the disciplinary review process, so that SMI detainees are not inappropriately placed in segregation
- A segregation review process whereby the mental health status of SMI detainees held in segregation is reviewed and efforts are made to identify the most appropriate placement and design the most appropriate intervention(s)
- An alternative placement (an alternative to segregation) for SMI detainees who are unable to function on a general population unit

The mental health staff members make every effort to provide mental health services to SMI detainees housed in general population units, so that they can remain stable enough to function on a general population unit. However, as noted in paragraph 42, there is not enough mental health staff to provide the range of services that are required. As staff members have said, ‘we do the best we can with what staff we have’, while recognizing that given the shortage of staff, they are unable to provide indicated interventions (for example, sufficiently frequent individual sessions, psychoeducational and therapeutic group therapy, and more intensive efforts to engage the most acutely ill and regressed detainees).

As noted in paragraph 46, policies and procedures have yet to be developed to allow for the incorporation of information obtained via mental health assessments into the disciplinary review process. Such policies and procedure would help identify, for example, SMI detainees who’s charged behavior was really a product of their mental illness and therefore need treatment instead of placement in segregation; SMI detainees who would clearly be harmed by being placed in segregation; and SMI detainees who are so seriously ill that placement in segregation is unlikely to be a benefit (i.e., recognized by them as a punishment for their behavior and/or aid in the correction of their behavior).

As noted in paragraph 46, a segregation review process has been incorporated into the weekly Interdisciplinary Team meetings. The mental health status of SMI detainees held in segregation is reviewed and efforts are made to design a more appropriate intervention(s) for each detainee. However, as also noted in paragraph 46, the alternative intervention options available to the team are limited, and so there are SMI detainees who remain in segregation despite the fact that it is an inappropriate placement for them.

The absence of an alternative placement (an alternative to segregation) for SMI detainees who are unable to function on a general population unit is a major issue here. The detainee population focused on in this regard are those SMI detainees who are so acutely ill (because they have not yet been engaged in treatment, or treatment efforts have not yet resulted in stabilization, or they continue to evidence clinically significant symptoms despite their compliance with the best available treatment) that they are either at high risk of harming other detainees or staff, at high risk of being harmed by others, and/or otherwise unable to function and care for themselves on a general population unit. A mental health unit, specifically designed and programed for this population, would provide an adequately supervised and safe alternative to placement in segregation, and provide a housing setting and the combination of mental health interventions required to stabilize them or at least maximize their ability to function.

During the last year, the mental health staff have worked to develop a program plan for a mental health unit, and worked with classification and detention staff with regard to issues such as admission and discharge criteria, detention supervision and the training of detention staff to work on that unit, and the full incorporation of detention staff into the therapeutic programming on the unit. The mental health staff also consulted with administration on the renovation of the unit that had been selected to be made into a mental health unit, and the renovations were started. At the time of the May/June site visit, it was clearly communicated to the Monitoring Team by the Jail Administrator that the plans for a Mental Health Unit would not be moving forward. As in the past, no doable alternatives for providing enhanced mental health services to this target population have been identified. A discussion about this decision and its impact on the County's compliance with the New Injunction was held at the end of the October site visit. No further commitment by the County was made. The Monitoring Team considers the implementation of a Mental Health Unit to be essential to compliance with the requirement to provide adequate mental health services.

During this site visit, each of the 17 SMI detainees being held in segregation were seen by this monitor and their cases were discussed with the mental health staff. Although at present, none of them could be safely housed on a general population unit, all but 2 of them would be more

appropriately held on a mental health unit, where they could benefit from a more intensive treatment program. More specifically, although mental health staff have made considerable efforts to engage these detainees and increase their compliance with the medication prescribed for them (in many cases, by employing long-acting injectable medication instead of oral medication), other therapeutic interventions will be required to fully stabilize them or at least maximize their ability to function (interventions that are impossible to provide while they are being held in segregation).

The detainee noted above to have been in segregation for five years does have SMI. Another SMI detainee in segregation is noted in the log to have been in segregation for four years. When an acutely ill SMI detainee is being held in segregation at Hinds County Jail, it is impossible for a mental health professional to have extensive enough, appropriate interactions with the detainee to even engage the detainee, which is the first step in rendering treatment. As a result, a detainee who might respond to treatment, remains acutely ill, locked in a cell without anything to do but engage in psychotic delusions and hallucinations, and unable to function in a less restrictive setting. Even the minimal requirements for out of cell time for detainees in segregation, which would not be sufficient to address the isolation, lack of treatment and resulting decompensation, is not provided due to lack of staffing.

In addition to detainees with SMI being routinely held in segregation, they also are placed in segregation as a result of the disciplinary process. The Disciplinary Officer reported that he confers with mental health staff when he is addressing discipline of a detainee with SMI. Mental health staff members confirm this. This practice is good but the consultation should be expanded to cover the topics recommended above and in previous Monitoring Reports. Providing required due process in the disciplinary procedure is also a safeguard on placing detainees with mental illness in segregation. The Disciplinary Officer should be provided guidance on due process requirements and a disciplinary policy incorporating those requirements should be developed and implemented. The Disciplinary Officer reported that he considers his conversation with the detainee to be the hearing. However, this does not include all of the procedural rights the detainee is entitled to. It is permissible to offer a plea before a hearing is held, but it is unclear whether the detainees are informed that they have a right to a hearing and what such a hearing would entail. The draft Inmate Handbook provides information on this process but is still in need of revision to conform to constitutional requirements. The Disciplinary Officer has made significant progress in establishing a disciplinary procedure which did not previously exist. However, additional guidance is needed.

10. Youthful Prisoners

11. Lawful Basis for Detention

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order.

Partial Compliance

There has been significant improvement in this area since the beginning of the monitoring process. Detainees are generally not booked in without appropriate paperwork with only occasional exceptions identified. There are more occasions when detainees continue to be housed in the jail after they should have been released. Several are noted in paragraph 92 below. In the 16th and 17th Monitoring Reports, the practice of booking "in and outs" was identified. This is when an officer brings an individual in for booking with an arrest report that states to release the individual after X hours. At the time of the earlier site visits, it appeared that this was done on a range of cases and without legal authority. In fact, these reports were earlier called "law enforcement holds." However, at the time of the October site visit, Jail staff stated that this was only done for misdemeanor DUI charges and an ROR is completed. The Monitor did not find any cases during this site visit for which there was not an ROR.

The Monitor identified a process to review the paperwork on incoming bookings more thoroughly. In Hinds County, a Jail employee prepares the docket for initial appearances for certain arresting agencies including the Hinds County Sheriff's office. The initial appearance according to Mississippi law is to take place within 48 hours of booking/arrest. The Monitor reviewed the bookings for a 2 week period in September (with some dates missing) with the Court Liaison to determine whether the person received an initial appearance in 48 hours and whether any delay was due to a lack of paperwork. Two individuals were released reportedly because of a lack of needed paperwork, however, this was after 5 and 6 days not 48 hours. An additional 8 people were held beyond 48 hours without an initial appearance although it is not possible to tell from the records whether this was due to a lack of paperwork or the lack of an available judge. It should be noted that the Court Liaison reports being in close communication with the judge regarding these cases and is reportedly following his direction. It is also unusual in this Monitor's experience for jail staff to be responsible for overseeing a court docket. This would be a good issue for criminal justice partners to address and bring the practice into compliance with state law.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in *Bearden v. Georgia*, 461 U.S. 660 (1983) and *Cassibry v. State*, 453 So. 2d 1298 (Miss. 1984).

Substantial Compliance

The Records Supervisor reported that individuals are not held when the only order is for the payment of fines and fees. The Monitor requested that the Records staff provide the mittimuses that came in during the monitoring period. This was done. The mittimuses that were provided were all from municipal courts and appeared to be compliant with this paragraph. However, the mittimuses that were found with other records from Justice Court have language inconsistent with this paragraph. They order a sentence and/ or fines and fees and require the defendant to be held until completion of the sentence or payment of the fines and fees. Jail staff has interpreted this to mean that the individual can be released when the sentence is completed even if fines and fees have not been paid. This is not the only possible interpretation and it would be preferable to have the orders corrected or work with Justice Court to develop a new form. Even with this interpretation, there is the potential for an individual to be held solely on fines and fees as described in the 15th Monitoring Report, when the other pending charges were resolved. Nevertheless, this paragraph has been changed to Substantial Compliance, but will continue to be monitored (if monitoring is continued) as the forms inconsistent with this paragraph are still being used and therefore there is a potential for incarceration contrary to this paragraph.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:
 - i. Individuals who have completed their sentences;
 - ii. Individuals who have been acquitted of all charges after trial;
 - iii. Individuals whose charges have been dismissed;
 - iv. Individuals who are ordered released by a court order; and
 - v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Partial Compliance

The Monitor reviews the record audits, grievances and program requests, and a random selection of the two face sheets in the inmate files. From this review, a number of inmate records are reviewed with the Records Supervisor where the Monitor has questions arising from the documents. The review is therefore not entirely at random but is not based on disclosure of over

detention. There were several apparent instances of over detention. The most troubling was the case of L. W. The report on this over detention has not yet been completed/provided. However, it appears that the detainee was entitled to release on February 1, 2022 when a bench warrant was recalled and the only remaining charge had an ROR release order. Reportedly, the court administrator told the jail to continue to hold him until a new release order was sent. No release order came in and the only court order in the system was an ROR. An email from the court on July 28th instructed the jail to release the detainee, which was already long overdue, but the detainee was still not released until October 5th. This was 264 days of over detention. A recurring problem appears to involve warrants from other jurisdictions which are not addressed until some time after the detainee is otherwise entitled to release. This was the case with M.S. who should have been release on July 11th but was not released until October 20th after he filed a grievance and T.W. held five additional days after he was otherwise entitled to release. Another recurring issue is the release of individuals charged with probation violations who do not have a warrant after 21 days. This was the case for L.G. and R.M. Then there are two cases where the 8 day delay in both cases was for no explained reason. This was M.S. and M.E.

The Monitor has recommended that technology solutions be explored for some of these errors such as the 21 day time period for probation violations. The Monitor also recommends that there be more in-depth review of releases to identify possible corrective action. The Administrative Lieutenant creates an Erroneous Release Log but these over detentions are rarely identified. It is unclear why that is. This process should be reviewed to determine how these issues of over detention can be identified and corrected by jail staff.

12. Continuous Improvement and Quality Assurance

13. Criminal Justice Coordinating Committee

14. Implementation, Timing, and General Provisions

121. Within 30 days of the Effective Date of this Injunction, the County must distribute copies of the Injunction to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Injunction. At minimum:

- a. A copy of the Injunction must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Injunction must be provided to prisoners upon reasonable request.

Partial Compliance

While a hard printed copy of the New Injunction is not provided to each inmate, an electronic copy is available for review on the inmate kiosk system. Copies of the Injunction are not posted in each housing unit (including booking/intake and medical areas). The Sheriff's legal counsel did attend roll calls and gave a printed copy of the Injunction to those officers and supervisors who were in attendance. Some staff, however, still seem to be unaware of how to access the new injunction (like the prior Settlement Agreement) or provide access to detainees. One inmate request asked for a copy of the new injunction. The staff response was that she would try to find it. She seemingly did not know how to access it herself or know that the detainee could access it on the kiosk. (However, as noted above, 5 of the 12 housing units do not have a functioning kiosk which would preclude their access).

15. Policy and Procedure Review

130. The County must review all existing policies and procedures to ensure their compliance with the constitutional violations addressed in this Injunction. Where RDC does not have a policy or procedure in place that complies with this Injunction, the County must revise or draft such a policy or procedure.

Partial Compliance

As of April 13, 2022, 38 policies had been approved and adopted. At the time of the October site visit, Jail staff reported that five additional policies have been approved and are awaiting signature. These have not been reviewed by the Monitors for purposes of determining whether they comply with the New Injunction as they have not yet been provided. Some or all of these were in the review process before DOJ and Monitor's approval of policies was deleted from the monitoring process and those policies appeared to be on the right track at that time. Numerous policies remain to be adopted and implemented relevant to the New Injunction. These include among others, Discipline, Releasing, Training, and many others.

16. Monitoring

This Injunction must be monitored by an individual approved by the Court. Accordingly, paragraphs 136 through 158 of the Order Amending Consent Decree, and their subparagraphs, are hereby incorporated and remain in force.

141. The Monitor may contract or consult with other individuals or entities to assist in the evaluation of compliance. The Monitor will pay for the services out of his/her budget. These individuals and entities must be governed and bound by the terms of this Agreement as the Monitor is governed

and bound by those terms. The Monitor may engage in ex parte communications with the County and the United States regarding this Agreement.

Partial Compliance

The Monitoring Team has been able to engage in ex parte communications with counsel for the County although with limited response and with the United States. With respect to staff of the County and the Sheriff's office, see, paragraph 145 below.

142. The Monitor and United States will have full and complete access to the Jail, Jail documents and records, prisoner medical and mental health records, staff members, and prisoners.

Partial Compliance

As reported in the 17th Monitoring Report, for the past five years the Sheriff's Office and County have made a good faith effort to provide access to the Jail, Jail documents and records, prisoner medical and mental health records, staff members and prisoners. The Compliance Coordinator served as the primary point of contact and he assured complete and timely access as required. However, that level of access changed once the County moved to be relieved from the provisions of the Settlement Agreement and the Compliance Coordinator resigned. Access to requested documents was very problematic at the time of the May/June site visit. There was some improvement at the time of the October site visit although monthly reports were delayed, requested documents for the site visit were delayed with some documents being provided the day before the site visit was scheduled to begin when the monitoring team was traveling and some not being provided until after the site visit. There seemed to be a greater intention to provide requested documents but if monitoring continues, this process needs to be much improved.

In years past it was always possible to have direct contact with the Jail Administrator and subordinate commanders and supervisors in order to stay current with conditions since the previous site visit. In anticipation of the next site visit phone calls were frequently made with the appropriate personnel. After the February hearing in federal court, access and cooperation ceased. This continues to be the case. During the site visit, staff is cooperative and communicative. However, between site visits it appears that all communications must go through attorneys who are often unresponsive and as a result communication with staff is virtually non-existent.

144. The County must maintain sufficient records to document that the requirements of this Agreement are being properly implemented and must make such records available to the United States or Monitor at all reasonable times for inspection and copying. The County must maintain, and submit upon request, records or other documents to verify that the County has taken such actions as described in any self-assessment compliance reports (e.g., census summaries, policies,

procedures, protocols, training materials and incident re-ports).

Partial Compliance

As noted in the introduction and throughout the report, access to documents although improved has continued to be problematic since the entry of the New Injunction and the resignation without full replacement of the Compliance Coordinator. Documents that were provided on a monthly basis continued to be delayed in some instances significantly. Documents requested specifically for the site visit were in some instances not provided until the day before the site visit when the monitoring team was traveling and in some instances were not provided until after the site visit and follow up interviews were necessary to schedule. If monitoring continues, the County appears to understand that this process needs to improve and hopefully will work towards that goal.

As was noted in the 17th Monitoring Report, and continues to be the case today, access to documents has been particularly problematic since the issuance of the New Injunction and resignation, without replacement, of the Compliance Coordinator. Initially, the HCSO and County attempted to shift the delivery of required documents from Google Docs to Dropbox. When that change resulted in unreasonable delays and the inability of the Monitoring Team to readily access records, the County's legal team began to post documents on their private firm's data base. The end result has been that documents required for the site visit were not provided in advance and tracking down specific records has become a cumbersome and time-consuming process.

145. The County will direct all employees, contractors, and agents to cooperate fully with the Monitor and United States.

Non-Compliant

Communication with the County and its attorneys and HCSO staff has been problematic. In addition to the difficulties described above, communication with County attorneys has been difficult. Emails requesting interviews with HCSO staff, site visit arrangements, updates on document production, etc have often been unanswered. This not only results in significant Monitoring Team time to follow up on these issues but an inability to effectively engage in the monitoring process. Contrary to the requirements of this paragraph, it appears that Jail staff has been instructed not to communicate with the monitors without going through the attorneys. Although this might be workable if there was prompt or any response from the attorneys, this has not typically been the case. Requests to communicate with staff have gone unanswered and the previous lines of communication have been shut down. It should be noted that during site visits, Jail staff has been cooperative and communicative.

Defendants' Objections and Comments

Access to employees during the site visit has not been a problem. As described in this paragraph, the difficulties have arisen when attempting to communicate with employees or obtain information between site visits. Paragraph 142 and this paragraph require full and complete access. Even with complying with defendants' request that this be arranged through defense counsel the Monitoring Team has been unable to communicate with staff in between site visits.

17. County Assessment and Compliance Coordinator

18. Emergent Conditions

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Non-Compliant

The County has generally complied with this requirement in the past. Once again with the resignation of the Compliance Coordinator and the transfer of this duty the process appears to have been lost. Rapid notifications appear to be uploaded at the end of the month at best but not in compliance with the time frame of this paragraph. That being said, immediate notifications have not been uploaded for October or November. The County has generally not provided immediate notification of over detention. The Monitors received the first such notification during the last monitoring period but several over-detentions have occurred during this monitoring period without immediate notification. The Inmate Services Manager previously stated that incident reports for over detention are not prepared because there is no incident type in the JMS system for over detention. One recommendation would be to create that category in JMS so that these can be more easily tracked and immediate notifications provided.

Exhibit 33

(Hinds County, MS)

United States Court of Appeals for the Fifth Circuit

No. 22-60203
CONSOLIDATED WITH
No. 22-60301, 22-60332, 22-60527, 22-60597

United States Court of Appeals
Fifth Circuit

FILED

October 31, 2024

Lyle W. Cayce
Clerk

UNITED STATES OF AMERICA,

Plaintiff—Appellee,

versus

THE HINDS COUNTY BOARD OF SUPERVISORS; HINDS COUNTY
SHERIFF TYREE JONES, *In his official capacity,*

Defendants—Appellants.

Appeal from the United States District Court
for the Southern District of Mississippi
USDC Nos. 3:16-CV-489, 3:16-CV-489,
3:16-CV-489, 3:16-CV-489, 3:16-CV-489

Before CLEMENT and SOUTHWICK, *Circuit Judges.*¹

EDITH BROWN CLEMENT, *Circuit Judge:*

Hinds County, Mississippi, operates several detention facilities, including the Raymond Detention Center (RDC or the Jail), whose conditions of confinement are at the center of this appeal. In 2016, the United

¹ This case is being decided by a quorum. 28 U.S.C. § 46(d).

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States Department of Justice (DOJ) sued the County under the Civil Rights of Institutionalized Persons Act, 42 U.S.C. § 1997a (CRIPA), alleging a pattern or practice of unconstitutional conditions of confinement in four of the County's detention facilities. The DOJ and County entered into a consent decree that stipulated numerous changes to conditions of confinement in the County's jail system.

But the decree did not resolve the dispute; to the contrary, a years-long battle ensued in the district court as to whether and to what extent the County was complying with the consent decree. The DOJ—citing record numbers of inmate violence and injury, among other evidence of apparently worsening conditions of confinement—argued that the County had mostly failed to comply with the consent decree and was thus in contempt of court. The County denied the contempt allegations and moved to terminate the consent decree in full. The district court twice held the County in contempt for its failure to comply with the consent decree but waited to impose a corresponding sanction until after it had resolved the termination motion. Finding that the County had only partially complied with the decree, the court declined to terminate the consent decree and instead removed some of the decree's provisions, issuing in its place a new, shorter injunction, which focused on conditions at one specific facility: RDC. As the sanction for the County's noncompliance, the court appointed a receiver with wide-ranging responsibility to oversee the County's compliance with the consent decree. The County appealed both the new injunction and the related contempt sanction of a receivership.

Because we find that some constitutional violations remain current and ongoing at RDC, we conclude that the district court did not err by declining to completely terminate the consent decree. The new injunction remains overly broad in one respect, however. *See infra* Part III.A.4. We further hold that the district court did not abuse its discretion by appointing

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a receiver or in crafting the scope of the receivership as it did, except with respect to the district court allowing the receiver to “determine the annual RDC budget, including for staff salaries and benefits, medical and mental health services (including the medical provider contract), physical plant improvements, fire safety, and any other remedies needed to address the constitutional deficiencies documented in this case.” The district court also failed to make sufficient need-narrowness-intrusiveness findings for each of the receiver’s duties as required under the Prison Litigation Reform Act, Pub. L. No. 104–134, §§ 801–10, 110 Stat. 1321, 1321–66 to –77 (codified as amended in scattered sections in 11 U.S.C., 18 U.S.C., 28 U.S.C., and 42 U.S.C.) (PLRA). We therefore affirm the district court in all respects except for those articulated in Sections III.A.4 and III.B.2 of this opinion.

I.

In 2016, the DOJ sued Hinds County, Mississippi, under the CRIPA. The DOJ alleged unconstitutional conditions of confinement in the County’s jail system, including at RDC, which is the primary adult jail facility; the so-called “Work Center,” which houses lower-security and female detainees; the Jackson Detention Center, which did not regularly house detainees when the orders on appeal were issued; and the Henley-Young-Patton Juvenile Justice Center, where the County has held youths charged as adults since 2019. RDC—the facility at the center of this case, for reasons explained below—houses over 800 individuals, including pretrial detainees, convicted prisoners, and youths accused of adult crimes.²

² Although RDC houses a mix of pretrial detainees and convicted prisoners, for ease of reference, the terms “detainees,” “inmates,” and “prisoners” will be used interchangeably. Although pretrial detainees enjoy more rights in certain respects than convicted prisoners, for reasons further explained below, our analysis in this opinion does not turn on that distinction.

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In its complaint, the DOJ alleged, *inter alia*, that the jails exhibited rampant inter-prisoner violence, inadequate staffing, the unjustified use of force by officials, dangerously deficient facilities, and over-detention. The DOJ conducted an investigation and issued formal findings that identified the following issues, among others, in Hinds County's correctional facilities: unsafe jail conditions; severe understaffing, including both inadequate numbers and qualifications of staff; lack of housing options to separate different categories of inmates; defective locks, cameras, and alarms at RDC, along with structural facility problems that allow inmates to attack each other and to leave secure areas to obtain contraband; over-detention problems; the placement of inmates with behavioral and mental health issues in booking cells, which were supposedly filthy and not designed to serve as long-term inmate housing; and a series of defective hardware, including broken smoke detectors and cameras, trash buildup, missing fire-safety equipment, poor lighting, leaks in the roof, and damaged vents, lights, and observation windows.

In July 2016, Hinds County and the DOJ agreed to a sixty-four-page consent decree, which required many changes to conditions of confinement in the County's jail system. The district court appointed a monitor to ensure compliance with the consent decree. In June 2019, however, the DOJ moved for contempt, alleging that the County had failed to adequately comply with the consent decree. In its motion, the DOJ argued that the County had achieved substantial compliance with only one of the consent decree's numerous provisions. The County avoided contempt at this point by entering into a January 2020 stipulated order, approved by the district court, that was designed to achieve compliance with the consent decree.

But conditions at RDC nonetheless worsened in several respects, with a July 2021 monitoring report reflecting record numbers of fights and assaults at the Jail, continued fires set by inmates, overdoses, and three deaths so far

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that year. In the next three months, three more RDC inmates died, prompting an emergency report from the monitoring team.³ And the casualties did not stop there. Between October 2021 and January 2022, seventy-seven assaults were reported at RDC, a figure that likely “severely understated” the “full scale of violence at RDC” given the deficiencies in reporting instances of violence. The monitoring team’s emergency report characterized the pattern of deaths as “especially alarming.” Consequently, the district court yet again ordered Hinds County to show cause as to why it should not be held in contempt and why a receivership should not be instituted. Yet, despite this wave of deaths and injuries in 2021 and early 2022, in January 2022, the County moved to terminate or modify the consent decree, relief that it was entitled to seek at that juncture under the PLRA.

In February 2022, the district court held the County in contempt for failing to comply with over two dozen provisions in the original consent decree, including provisions concerning the protection of inmates from harm, use-of-force training and supervisor reviews, incident reporting and review, sexual misconduct, grievance and prisoner-information systems, use of segregation, over-detention, and more. And, shortly thereafter, in March 2022, the district court yet again held Hinds County in contempt, this time identifying RDC’s failure to comply with the consent decree and stipulated order with respect to “A-Pod,” an especially unsafe portion of RDC. Specifically, Hinds County had previously promised to move inmates out of A-Pod, but the evidentiary hearing demonstrated that A-Pod still housed inmates and would apparently continue to do so indefinitely. The district court further found that gang-affiliated groups in effect run A-Pod, attack

³ The district court, in a subsequent order, explained in detail the circumstances surrounding each of the six deaths that occurred at RDC between January and October 2021 and each death’s relationship to RDC’s housing, staffing, supervising, reporting, and investigating practices.

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unliked detainees, direct where detainees are housed, and decide who does or does not eat. It also found that the majority of A-Pod's cell-door locks do not work, nor do many of the lights, and that A-Pod has approximately thirty "trash dumpster cells" that have been welded shut but into which inmates deposit trash through broken windows. Finally, the court found that A-Pod inmates also regularly escape through the roof and return with contraband.

The district court waited to determine the contempt sanction pending resolution of the County's PLRA termination motion, for which the district court had held a two-week evidentiary hearing in late February 2022. In April 2022, the district court declined to completely terminate the consent decree, finding a number of ongoing constitutional violations that merited keeping some of the consent decree's provisions in place. Specifically, although the County had made a few improvements in the six years since the consent decree—such as fixing some door locks and approving a pay raise for guards—most of the problems remained unfixed. As of early 2022, staffing levels were at an "all-time low," which, the district court found, was taking its toll: In the same month the County moved to terminate the consent decree, for instance, staff "discovered two inmates, covered in feces and sores, who had suffered 'considerable weight loss' since their last well-being check" as a result of mistreatment by the gangs controlling living units.

But although the district court declined to entirely terminate the consent decree, it did remove many of the decree's more detailed provisions, concluding that many of those provisions exceeded constitutional minimums. The district court then issued a new, much shorter injunction containing only the provisions that it determined were necessary to meet constitutional minimums. Among other things, the new injunction

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(i) removed the “Youthful Prisoners” provisions, which pertained only to Henley-Young—the youth facility—and (ii) concerned only the RDC.⁴

In July 2022, after a final mitigation hearing, the district court held that the appropriate sanction for the County’s contempt was to appoint a receiver to oversee the RDC. The district court did so in October 2022, therein defining the scope of the receiver’s duties. The district court neglected to expressly make the PLRA’s required findings regarding the receivership, however. The DOJ therefore moved to confirm that the district court had made the necessary findings, namely that the receivership order was “narrowly drawn, extends no further than necessary to correct the violation of the Federal right, and is the least intrusive means necessary to correct the violation of the Federal right” and would not have an “adverse impact on public safety or the operation of a criminal justice system” (so-called “need-narrowness-intrusiveness” findings). 18 U.S.C. § 3626(a). Later, on remand from this court, the district court amended its receivership orders to incorporate its need-narrowness-intrusiveness findings. The district court also amended the new injunction to reinsert certain provisions related to juvenile detainees.

The County appealed the district court’s (A) denial of the termination motion and imposition of the new injunction and (B) appointment of a

⁴ On November 2, 2022, however, the DOJ filed a motion for reconsideration that asked the district court to restore the provisions of the consent decree concerning Henley-Young that the district court had previously terminated. The case reached us on appeal, and we remanded for the limited purpose of the district court resolving that motion for reconsideration. The district court granted the Government’s request and entered a new, new injunction that reinstated the “Youthful Prisoners” provisions concerning Henley-Young. Although the “Youthful Prisoners” provisions of the new, new injunction concern Henley-Young (the juvenile facility), for ease of reference, unless this opinion indicates otherwise, references to conditions of confinement herein are presumptively to RDC. The two injunctions are identical with one another with the exception of the “Youthful Prisoners” provisions, which the County does not challenge on appeal.

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receivership as a sanction for contempt of court. This court stayed the new injunction and the receivership pending appeal.

II.

The CRIPA empowers the United States Attorney General to sue states and localities engaged in a “pattern or practice” of creating jail conditions that violate inmates’ constitutional rights. 42 U.S.C. §§ 1997a(a), c(a)(1). Under CRIPA, the Attorney General may seek “such equitable relief as may be appropriate to insure the minimum corrective measures necessary to insure the full enjoyment of [inmates’ constitutional] rights.” *Id.* § 1997a(a).

The PLRA, however, imposes strict limits on federal courts’ ability to fashion civil prospective relief to redress constitutional violations proven in a CRIPA action. 18 U.S.C. § 3626(a)(1). Under the PLRA, federal courts may neither grant nor approve prospective relief “unless the court finds that such relief is narrowly drawn, extends no further than necessary to correct the violation of the Federal right, and is the least intrusive means necessary to correct the violation of the Federal right.” *Id.*; *see also Brown v. Plata*, 563 U.S. 493, 531 (2011); *Miller v. French*, 530 U.S. 327, 347 (2000). Courts are thus cautioned against “assum[ing] the superintendence of jail administration” “under the guise of enforcing constitutional standards.” *Alberti v. Klevenhagen*, 790 F.2d 1220, 1223 (5th Cir. 1986). In making its findings, moreover, a court must “give substantial weight to any adverse impact on public safety or the operation of a criminal justice system caused by the relief.” 18 U.S.C. § 3626(a)(1)(A).

One method by which a federal court may grant civil prospective relief is via consent decree. Consent decrees concerning conditions of confinement are “terminable upon the motion of any party or intervener . . . 2 years after the date the court granted or approved the prospective relief.” *Id.* § 3626(b)(1)(A)(i). Even where two years have passed, however, the district

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court may not terminate the consent decree “if the court makes written findings based on the record that prospective relief remains necessary to correct a current and ongoing violation of the Federal right, extends no further than necessary to correct the violation of the Federal right, and that the prospective relief is narrowly drawn and the least intrusive means to correct the violation.” *Id.* § 3626(b)(3). A “current and ongoing” constitutional violation is “one that exists at the time the district court conducts the § 3626(b)(3) inquiry”—*i.e.*, “at the time termination is sought.” *Castillo v. Cameron Cnty.*, 238 F.3d 339, 353 (5th Cir. 2001) (internal quotations omitted).

“[A] district court’s decision to terminate or continue prospective relief is to be reviewed for an abuse of discretion,” but, if the court’s decision “turns on the application of § 3626(b) of the PLRA, that interpretation is reviewed de novo.” *Ruiz v. United States*, 243 F.3d 941, 950 (5th Cir. 2001) (internal quotations omitted). Any factual findings that the district court made in support of its § 3626 determination are reviewed for clear error. *Brown*, 563 U.S. at 512–13. The court’s “need-narrowness-intrusiveness” findings under § 3626(b)(3) must be particularized “on a provision-by-provision basis.” *Ruiz*, 243 F.3d at 950 (internal quotations omitted). The district court should “consider each provision of the consent decree in light of the current and ongoing constitutional violations, if there are any, and determine which aspects of the decree remain necessary to correct those violations.” *Id.* at 950–51. In so analyzing, a court may rely on illustrative incidents rather than an “exhaustive[] catalog” of the evidence to establish unconstitutional conditions. *Alberti*, 790 F.2d at 1225.

Below, we review the district court’s determinations as to whether each provision of the new injunction remains necessary to correct any current and ongoing constitutional violations at RDC.

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III.

A.

The DOJ argues that certain conditions of confinement at RDC are cruel and unusual in violation of the Eighth Amendment and that these conditions were current and ongoing at the time the County sought termination, thus justifying continued prospective relief. Because pretrial detainees retain at least those constitutional rights that courts have held are enjoyed by convicted prisoners, the Eighth Amendment standard extends to pretrial detainees, such as those at issue here, under the Fourteenth Amendment. *Aguirre v. City of San Antonio*, 995 F.3d 395, 420 (5th Cir. 2021); *Alberti*, 790 F.2d at 1223 (quoting *Rhodes v. Chapman*, 452 U.S. 337, 346 (1984)); *accord Bell v. Wolfish*, 441 U.S. 520, 545 (1979); *Hare v. City of Corinth*, 74 F.3d 633, 649 (5th Cir. 1996) (en banc).

To determine whether an Eighth Amendment violation exists, we must ask two questions. The first is whether the deprivation is “sufficiently serious” as an objective matter to constitute cruel and unusual punishment. *Farmer v. Brennan*, 511 U.S. 825, 834 (1994) (internal quotations omitted). For example, prison officials may not use “excessive physical force against prisoners.” *Id.* at 832. Similarly, jail officials must “provide humane conditions of confinement,” including by “tak[ing] reasonable measures to guarantee the safety of the inmates”—such as protecting inmates from fellow prisoners. *Id.* (internal quotations omitted); *id.* at 833. “For a claim . . . based on a failure to prevent harm, the inmate must show that he is incarcerated under conditions posing a substantial risk of serious harm.” *Id.* at 834.

The second element—the subjective component—is whether prison officials, in operating a prison whose conditions are objectively sufficiently serious to support an Eighth Amendment claim, acted with “deliberate indifference to inmate health or safety.” *Id.* (internal quotations omitted).

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Under the subjective component, a plaintiff must show that prison officials were both “aware of facts from which the inference could be drawn that a substantial risk of serious harm exists” and did actually “draw the inference.” *Id.* at 837. “[E]ven where a State may not want to subject a detainee to inhumane conditions of confinement or abusive jail practices, its intent to do so is nevertheless presumed when it incarcerates the detainee in the face of such known conditions and practices.” *Hare*, 74 F.3d at 644.

Likewise, where a plaintiff “presents evidence showing that a substantial risk of inmate attacks was longstanding, pervasive, well-documented, or expressly noted by prison officials in the past,” and circumstances suggest that the official “had been exposed to information concerning the risk and thus must have known about it, then such evidence could be sufficient to permit a trier of fact to find that the defendant-official had actual knowledge of the risk.” *Farmer*, 511 U.S. at 842–43 (internal quotation omitted). There is no Eighth Amendment violation, by contrast, where prison officials “respond[] reasonably” to risks to “inmate health or safety.” *Id.* at 844.

Here, on appeal, the County contends that the district court erred by declining to terminate the consent decree. The County principally argues that the evidence cited by the district court was not sufficiently “current” to show “current and ongoing” constitutional violations⁵ and that the DOJ

⁵ The County claims that, “[a]t the longest, ‘current and ongoing’ should extend no further back than 6 months before the last evidentiary hearing in this case, which was held on July 19, 2022.” But that position has two defects.

First, even assuming that courts are empowered to consider only the six months preceding the § 3626 hearing, that hearing occurred in February 2022—not July 2022 (the July 2022 hearing concerned the contempt proceedings). In any event, “at the time the district court conducts the § 3626(b)(3) inquiry” means “at the time termination is sought,” *Castillo*, 238 F.3d at 353 (internal quotations omitted), and here, the County filed its motion to terminate in January 2022, and the motion was heard in February 2022 and

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failed to show that the County is acting with deliberate indifference.⁶ Below, we analyze whether the district court erred in holding that Eighth Amendment violations justifying each of the provisions of the new injunction were current and ongoing as of January 2022—the time period during which Hinds County sought termination of the consent decree. *Castillo*, 238 F.3d at 353.

decided in April 2022. So, however long courts must look back to determine “current and ongoing,” the timeline would run from January 2022—not July.

Second, it is unclear exactly how far back we can, or must, look to determine “current and ongoing” constitutional violations. As mentioned above, the County argues that the answer is six months before the relevant evidentiary hearing. But it is unclear where that figure comes from or that there is any hard-and-fast numerical rule. Courts have taken wide latitude in determining how far back to look for “current and ongoing” constitutional violations in the context of a § 3626 inquiry. *See, e.g., Depriest v. Walnut Grove Corr. Auth.*, No. 3:10-cv-663, 2015 WL 3795020, at *8–9 (S.D. Miss. June 10, 2015) (collecting cases), *appeal dismissed as moot*, 669 F. App’x 209 (5th Cir. 2016). And in order to determine whether a “pattern or practice” of constitutional violations exists, a snapshot of a prison in a moment in time would be inadequate; rather, a court must look back some period of time. *See Alberti*, 790 F.2d at 1224 (collecting cases). Deliberate indifference, for example, can be established via evidence showing notice of a problem from many years ago. *See Gates v. Cook*, 376 F.3d 323, 341 (5th Cir. 2004) (holding that a failure to address a problem known to be “urgent for more than a decade” supports the finding of deliberate indifference). For purposes of our analysis, we will consider the twelve months prior to the January 2022 motion to terminate the relevant time period (hereinafter so described).

⁶ The County appears to suggest that the district court’s order and opinion establishes *ongoing* but not *current* constitutional violations. But courts often use “ongoing” as shorthand for “current and ongoing.” *See, e.g., Guajardo v. Tex. Dep’t of Crim. Just.*, 363 F.3d 392, 394–98 (5th Cir. 2004) (per curiam); *Ruiz*, 243 F.3d at 950–51 (using “ongoing” and “existing”); *Castillo*, 238 F.3d at 347. Moreover, “current” means “occurring in or existing at the present time,” *Current*, MERRIAM WEBSTER (2024 ed.), and “ongoing” means “being actually in process,” *Ongoing*, MERRIAM WEBSTER (2024 ed.). So, neither caselaw nor textual definitions support the County’s theory that the DOJ has proven one adjective but not the other.

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1. Protection from Harm

The first provision of the district court’s injunction concerns “protection from harm,” namely whether RDC’s failure to prevent violence among inmates represents a current and ongoing constitutional violation. To be sure, unchecked prisoner-on-prisoner violence can amount to an Eighth Amendment violation. When “terror reigns,” for instance, “[v]iolence and sexual assault among inmates may rise to a level rendering conditions cruel and unusual.” *Alberti*, 790 F.2d at 1224 (internal quotations omitted) (quoting *Jones v. Diamond*, 636 F.2d 1364, 1373 (5th Cir. 1981), *overruled by Int’l Woodworkers of Am., AFL-CIO & its Loc. No. 5-376 v. Champion Int’l Corp.*, 790 F.2d 1174 (5th Cir. 1986)). In weighing whether inter-prisoner violence amounts to an Eighth Amendment violation, “[q]uantitative measures” of such violence are relevant to a court’s analysis. *Id.* at 1226. “It is not necessary that every inmate be assaulted every day before a federal court may intervene”; rather, a “pattern of violence” combined with “inadequate supervision” can constitute an Eighth Amendment violation. *Id.*

Here, the district court held that RDC failed to protect inmates from harm during the relevant time period, citing the volume and nature of inmate deaths and assaults in 2021. That failure to protect, the court concluded, rose to the level of an Eighth Amendment violation under *Alberti*. In particular, the court explained, between October 2021 and January 2022, the court monitor calculated at least seventy-seven assaults, a figure that omits unreported assaults and thus likely “severely understated” the “full scale of violence at RDC” given the deficiencies in reporting instances of violence. Six detainees died in 2021, moreover, from causes including assault, suicide, overdose, and illness.

The safety issues in A-Pod alone are numerous. At the evidentiary hearing, testimony reflected as much: “It is no secret that RDC is unsafe,

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especially A-Pod.” Staff reportedly “call out sick or just [do] not show up for work” because they are “afraid to work a pod.” The inmates in A-Pod, and C-Pod, Unit 3, have established “inmate committees” or “gang committees” that “essentially run the unit and among other things . . . decide if there’s someone on the unit that they don’t want on the unit.” The committees deprive unwelcome detainees of food and “will harass, steal from, [and] assault that inmate” until the detainee requests to be moved. “There is no lighting, no way to see inside the cells from outside, and the cell doors don’t lock.” In fact, expert testimony from the monitoring team adduced at the evidentiary hearing further reflected as follows:

A-Pod is a disaster. It’s filthy; lights don’t work; locks don’t work; doors can’t be secured; cells don’t have lights inside them. Inmates since they can’t even close the doors, end up hanging blankets down in front of them to have makeshift privacy to their cells. Showers don’t work. Everything in the place is torn up. It’s just a very bad mess. There’s no fire extinguishers inside, of course, because the inmates control that place. There are no officers who work inside the housing units in Alpha. There are no fire hoses. There are not even fire hoses out in the corridors, around the control room in Alpha. That area is ill equipped across the board.

This testimony tracks the district court’s own in-person observations during its February 2022 visit to the facility. The conditions in A-Pod at the time of the § 3626 hearing remained as bad as ever in the above-described respects and contributed to inter-prisoner violence.

But the district court’s findings concerning the necessity of measures to address ongoing prisoner-violence issues were not limited to A-Pod conditions. Rather, the district court attributed much of the prisoner-violence problem to the jail’s broader staffing issues.

As of January 2022, RDC staffing was at an “all-time low,” with only 191 officers— “58% (or less) of the minimum level identified [as necessary for

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RDC] by experts.” A jailer’s “disregard” for “precautions he kn[ows] should be taken” supports a finding of deliberate indifference. *Cope v. Cogdill*, 3 F.4th 198, 209 (5th Cir. 2021) (alteration in original) (quoting *Jacobs v. W. Feliciana Sheriff’s Dep’t*, 228 F.3d 388, 397–98 (5th Cir. 2000)). Moreover, the district court found that the jail lacks a “robust rounds system” or an officer’s station in A-Pod—again, the most dangerous wing of RDC. Further still, the court found, the County had failed to retain a qualified jail administrator. In a July 2021 incident, for example, a detainee was found bleeding after he had been stabbed seventeen times, and no officer was in the housing unit when the assault occurred.

RDC’s staffing as of January 2022 was especially ill-equipped to prevent violence in view of the facility’s design. RDC was designed to be a direct-supervision jail, which “requires placing detention officers inside housing units, where such officers have continuous direct contact with prisoners and are not routinely separated from prisoners by physical barriers.” However, the Jail ceased operating as a direct-supervision facility in 2012, when a major riot occurred, after which staff were no longer placed full time in each of the units. In January 2022, for instance, for at least one weekend, RDC assigned only one officer to each housing pod, meaning that “each officer supervised about 250 detainees via video surveillance, exclusively.” The former jail administrator testified that this under-assignment happens regularly, even though protocol requires that at least five officers monitor a pod at any given time. The district court found that this lack of direct supervision contributes to gang problems and assaults at RDC and that officers are often unaware of problems within the jail—such as the October 2021 death, which an inmate brought to an officer’s attention hours after the fact. In light of all this, the district court held that it was unconstitutional for RDC not to be operated as a direct-supervision facility

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and that the County, by failing to do so, was deliberately indifferent to the direct-supervision problem.

The County, for its part, argues that it responded reasonably to the prison's problems by increasing the salary for detention officers, making other improvements in the pay system, and hiring more staff. In addition to issuing a COVID pay supplement, for instance, the County twice increased the permanent salary for detention officers—once through a 5% increase in late 2021 and again by increasing the starting salary for detention officers to \$31,000 in early 2022. In addition, the County made a series of changes to its officer-payment system, streamlining the process through which officers receive payment, approving overtime positions at the jail, and employing a recruiting coordinator.

A reasonable response to inadequate prison conditions is indeed sufficient to prevent a deliberate-indifference finding even if the County's attempts were unsuccessful or if the County did not choose the optimal approach to the problem. *See Farmer*, 511 U.S. at 844–45. However, the County had not yet implemented its above-described pay raises as of the evidentiary hearing. And, as for RDC supposedly hiring more staff, the record reflects that staffing issues have only worsened at RDC over the relevant time period, illustrated by a November 2021 staff walkout that left only a few people working inside the jail. In short, the record reflects that the County did not take reasonable steps to remedy the prison-violence issue during the relevant time period.

In view of the foregoing, we conclude that the district court correctly held that both the conditions in A-Pod and RDC's systemic staffing issues demonstrated the County's deliberate indifference toward inmate safety. The district court therefore properly retained its provisions regarding inter-prisoner violence in the new injunction. As to the specific requirement that the jail be overseen by a qualified jail administrator and that the County

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implement direct supervision, we have previously upheld a court order that enjoined equally specific staffing decisions, namely by mandating “specific numbers of guards on duty on each floor for each shift.” *Alberti*, 790 F.2d at 1227. *Alberti* was decided before the PLRA was enacted, but it still required narrow tailoring and the use of “the least intrusive remedy.” *Id.* (internal quotations omitted). In light of *Alberti*, therefore, the district court’s imposition of a jail administrator and mandated direct supervision is likewise proper.

2. Use of Force

Next, the injunction contains several provisions regarding the use of force by jail officials against inmates and how RDC prepares for and responds to such incidents.⁷ In justifying its continued injunction as to use of force, the district court cited, *inter alia*, RDC officials’ misuse of tasers, including an October 2021 incident in which officers tased a prone inmate to coerce him into submission. It is true that the October 2021 tasing was apparently a one-off incident and that establishing deliberate indifference normally requires a plaintiff to “allege a pattern of similar constitutional violations by untrained employees.” *Hutcheson v. Dallas County*, 994 F.3d 477, 482 (5th Cir. 2021) (internal quotations omitted) (citation omitted). But *Alberti* and progeny instruct that we employ a “totality of conditions” test. *Alberti*, 790 F.2d at 1224. And, looking beyond the sole reported instance of excessive force at RDC, we observe a lack, or inadequacy, of use-of-force training.

⁷ As it must, this opinion reviews each respective provision of the challenged injunction for compliance with § 3626(b)(3). *See Ruiz*, 243 F.3d at 950. We do, however, consolidate certain related provisions for ease of analysis, namely, “Use of Force Standards,” “Use of Force Training,” and “Use of Force Reporting,” all of which we analyze in a collective section titled “Use of Force.”

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For example, as the district court found in its April 2022 contempt-sanction order, new hires historically “do not receive use-of-force training prior to beginning work at RDC,” and instead receive only “roll call training”—that is, informal training that occurs *ad hoc* “when officers discuss new policies while transitioning between shifts.”⁸ Nor does the County employ any scenario-based training on the use of tasers. Yet, notwithstanding the historic lack of officer training on the use of force at RDC (either generally or taser-specific), the Jail issued a directive in January 2022 to issue tasers to supervisors.

With respect to reporting on instances of excessive force, the district court found that supervisors often fail to review incident reports concerning the use of force and that staff often fail to submit such reports. Furthermore, among the district court’s findings on actual uses of force was the following incident: “officers armed with beanbag gun[s] shot a sleeping detainee ‘in the face and in the stomach’ because he did not rise for a shakedown conducted at ‘two or three o’clock’ in the morning.”

⁸ Granted, testimony at the evidentiary hearing indicated that “[a]ll new officers now receive eight hours of [use-of-force] training in the basic recruit academy,” including “a continuum of appropriate force responses to escalating situation[s], de-escalation tactics and defensive tactics.” Testimony likewise reflected that the County’s Internal Affairs Division enforces the use-of-force policy at RDC, and documentary evidence showed that the jail requires officers, after every use of force, to complete an “accurate and detailed” use-of-force report preceding a review of the event. But the district court ultimately found that no such requirements exist in practice and noted, based on record evidence, that the actual training that new hires receive is not use-of-force training but rather roll-call training, which lasts just a few minutes. Where a district court makes findings of fact, we do not privilege record testimony over those findings unless the testimony clearly contradicts the findings. *See, e.g., United States v. Bass*, 10 F.3d 256, 259 (5th Cir. 1993) (“Because we cannot say that the district court’s credibility choices and fact findings are clearly erroneous, we must decline the defendant’s invitation to credit his testimony.”). That precept applies equally to each section of the district court’s injunction.

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Once again, each of these findings is subject to a clear-error standard. The County's proffered evidence on this subject, while relevant, does not render clearly erroneous the district court's findings, which are both thorough and supported by ample record evidence. In view of the foregoing, conditions at RDC indeed reflect a jail-wide constitutional violation with respect to use of force.

3. Incident Reporting and Review

As the district court observed, "neither the Constitution nor federal law mandates" that prisons utilize "reporting mechanisms or effective review of episodic events." Nevertheless, the district court retained some provisions regarding incident reporting and review on the basis that the failure to complete reports contributes to inmate violence at RDC. In support of that provision, the district court cited an instance where an inmate had been assaulted three times—including two stabbings—but was nevertheless returned to the same housing unit in which the violence occurred (granted, the district court did observe that officers created incident reports for the two stabbings). Although that incident appears to bear more on the facility's failure to protect than on incident reporting *per se*, the decision to return the inmate to the same unit in which the violence occurred also reflects inadequate post-incident review procedures.

Indeed, the district court found a lack of after-action reviews at RDC generally and concluded that the few after-action reviews that RDC officials did undertake revealed deficiencies in the prison's incident-reporting and -review procedures. In support of and consistent with that finding, testimony reflected that reports from RDC were described as "inept," "unintelligible," and "incomplete," with the witness adding that he had "never read worse incident reports than what [he] routinely read in Hinds County." The October 2021 death, for instance, revealed many such deficiencies and led to the firing of three officers.

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In light of the foregoing, *Alberti*'s totality-of-the-circumstances test counsels in favor of allowing the incident-reporting provisions to remain in place.

4. Sexual Assault

Next, the injunction contains provisions concerning sexual assault. The district court noted that, although the County generally has improved in its compliance with the Prison Rape Elimination Act, 34 U.S.C. § 30301 *et seq.* (PREA), the PREA coordinator went on leave for several months (from mid-July to December 2021), leaving no one to cover her responsibilities. During this time, a number of PREA incidents occurred, which largely went unreported and uninvestigated. Otherwise, the district court cited as justification for the continued injunction on sexual-assault-related conditions at RDC the generally unsafe nature of the jail, especially the A-Pod—for example, the lack of lighting, working locks, and staff—as well as one instance of sexual assault that took place at the youth center in October 2021.

The PREA coordinator did return from leave, however, in January 2022—months prior to the district court's April 2022 order—and nothing in the record reflects PREA-noncompliance outside of the window where the coordinator went on leave. Further, as explained above, much of the district court's justification for retaining its sexual-assault-related provisions in the new injunction refer to the general risk of violence at RDC, which the injunction addresses in detail, and not sexual assault specifically.

In view of the foregoing, although the record reflects PREA-related constitutional violations in the twelve months prior to January 2022, the record does not reflect that any PREA-related constitutional violations that had occurred at RDC were "current and ongoing" as of the time termination was sought. Accordingly, we reverse the injunction on these points and remand for further proceedings to remove the PREA-related provisions and set the boundaries of continued compliance monitoring.

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5. Investigations

Next, the injunction retained a provision regarding investigations by prison officials. In support of continued prospective relief on this issue, the district court cited the lack of functioning cameras necessary to aid investigations and the inadequacy of both investigatory staffing and procedures.

On the first point, the inter-prisoner violence section above, *see supra* Section III.A.1, describes the continued dearth of functional cameras in the County's prison facilities. On the second point, some background: The Hinds County Sheriff's Office has two investigative divisions. The Criminal Investigation Division (CID) "is intended to investigate criminal activity, typically involving an inmate that's being investigated." And the Internal Affairs Division (IAD) "involves investigati[on] of staff persons regarding potentially criminal activity, but also violations of policy and procedure."

Evidence adduced at the hearing reflected that the quality of RDC investigations was suspect during the relevant time period. For instance, expert testimony indicated that CID investigations "have improved over the years" but, as of the hearing, were "still not very thorough." And "[c]onsidering the significant number of assaults, the fact that none [of the investigations] resulted in a criminal indictment is unusual." This lack of follow-up action, despite the reports of widespread inter-prisoner violence, suggests that the CID's investigatory procedures remain inadequate.

As for the IAD, expert testimony revealed that "it's very difficult" for IAD to track ongoing investigations because staff "sometimes don't get any reports and sometimes get [them] very, very late." This failure to track investigations through consistent reports "certainly impacts the ability for that staff to take appropriate corrective or remedial action." To make matters worse, on November 30, 2021, the County's sole IAD investigator resigned. In his letter of resignation, he stated that he worked "long and hard to try to

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keep up with the workload,” “with tireless effort,” “even though this work should have three people to get everything done in a proper time.” As of the date of the evidentiary hearing, therefore, there was no IAD investigator, although a different employee was slated to fill that position.

As just one example of the inadequacy of IAD investigations, expert testimony indicated that in the IAD investigation of a suicide in July 2021, the report failed to mention that upon finding the inmate hanging in his cell, a sergeant and officer delayed cutting the detainee down: “Instead of going in and taking some action to cut him down, or do anything, they left him hanging there and went back to the control room in Charlie where the sergeant called up a shift commander in booking to let him know what was going on.” The expert witness explained that this fact was quite material: “[T]he first action should have been to take him down, and that was with a supervisor right there.” Yet “[t]here was nothing ever written up about that in the IAD investigation, and I questioned that. It didn’t seem to me that the supervisor was being held accountable for his lack of action.”

The district court acknowledged that prisoners do not have a due-process right to have their complaints investigated. *Geiger v. Jowers*, 404 F.3d 371, 373–74 (5th Cir. 2005). Nevertheless, it found, RDC’s failure to investigate prior reports is actionable when such failure contributes to unconstitutional conditions at the jail. The district court’s factual finding—that RDC’s lack of a full-time investigator and the tools to complete investigations, such as functioning cameras, contributes to the dire violence issues at the prison—is not clearly erroneous. In view of the foregoing, we affirm the district court’s determination that the injunction’s investigations provision remains necessary to correct a current and ongoing constitutional violation.

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6. Grievance and Prisoner-Information Systems

Next, the injunction contains provisions concerning RDC's systems for prisoners to submit grievances and receive information. In support of its continued prospective relief on this issue, the district court found that a high number of prisoner grievances still receive no response or late responses and that, instead, prisoners often set fires to prompt staff to pay attention to prisoners' complaints. The district court cited, as one example, a grievance in which an inmate reported a stabbing and conveyed his fear of being attacked again. "The Court finds that grievances like this—pleas for help and ignored requests for protective custody—provide clear indications that the recurrence of harm is obvious, predictable, and likely."

For similar reasons as the reporting and investigations requirements, the district court's conclusion that the inadequate grievance procedures contributed to the jail-wide violence problems at RDC is not clearly erroneous. Accordingly, the *Alberti* totality-of-the-circumstances framework supports the continued inclusion of this provision in the injunction.

7. Segregation

Next, we evaluate the injunction's provisions on so-called "segregation cells," which are used to house prisoners with unique issues separate and apart from the general population, and "booking cells," which are meant to be occupied only temporarily.

"Segregation, also referred to as isolation, is a single-cell housing area" comprised of high-security inmates and inmates with serious mental illnesses. Inmates in single-cell housing areas are let out of their cells for just one hour per day to shower and to use the telephone and then return to their cells for the remaining twenty-three hours. Booking cells, by contrast, "were designed to hold people for no more than eight hours." They have no recreation area or visitation space, and there is only one shower that services

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the whole area, and it is not conveniently accessible. Simply put, booking cells are “not designed for housing[.]”

Nonetheless, RDC uses booking cells as long-term housing for inmates with serious mental health issues. The district court further found that two deaths occurred in booking cells in 2021 and that welfare checks for inmates housed in these isolated units—although theoretically required every fifteen minutes in booking and every thirty minutes in segregation—are being performed inadequately, if at all. As for the segregation cells, prison officials acknowledged their concern that inmates in segregation “were not receiving their meals and access to hygiene support,” and a January 2022 report reflected that nursing staff found two seriously mentally ill detainees in segregation covered in feces and sores and having lost significant weight. In light of these conditions, and the fact that mental-health needs, like physical needs, enjoy Eighth Amendment protection, *see Gates*, 376 F.3d at 332, the consent-decree provisions retained by the district court focus on weekly mental-health rounds for prisoners in segregation units, developing and implementing restrictions on the segregation of prisoners with serious mental illness, and documenting the placement in and removal of prisoners from segregation.

We conclude that inclusion in the injunction of the provisions concerning the booking and segregation cells is proper.

8. Youth Detention

The County does not challenge the provisions relating to the youth-prisoner center.

9. Over-Detention

With respect to the injunction’s provisions on over-detention, including imprisonment without a lawful basis for detention, the district court found that “Hinds County has not reached sustained or substantial

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compliance with any of the Consent Decree provisions protecting persons from unlawful detention.” The district court cited in support of that conclusion, *inter alia*, a lack of a functional database to monitor when exactly inmates must be released and unexplained delays in executing releases. The district court further found that “persons released by the court are returned to RDC, instead of being released immediately.”

The County appears not to dispute that RDC held detainees after they became eligible for release and that this over-detention resulted from the County’s subpar information-sharing systems. The County merely argues that this over-detention constitutes negligence and not deliberate indifference. But the district court explained, citing analogous Fifth Circuit caselaw, why communication errors that cause detainees to languish in jail for months amount to Eighth Amendment violations. The County fails to explain why the district court’s finding on this matter was clearly erroneous or why the district court’s application of law was wrong.

In light of the district court’s factual findings and legal conclusions and the County’s failure to explain its challenge to the same, we affirm the district court’s decision to retain the provisions regarding over-detention.

B.

Next, we consider whether the district court’s appointment of a receiver constitutes an appropriate sanction for contempt in this case and, if so, whether the scope of that receivership is proper. We hold in the affirmative on the first question and in the negative on the second question.

We “review a district court’s appointment of a receiver for an abuse of discretion.” *Netsphere, Inc. v. Baron*, 703 F.3d 296, 305 (5th Cir. 2012). In evaluating such an appointment, we “will not substitute our judgment for that of the district court,” *United States v. City of Jackson*, 359 F.3d 727, 731 (5th Cir. 2004), and will find an abuse of discretion only if the trial court “(1) relies on clearly erroneous factual findings when deciding to grant or

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deny the [prospective relief,] (2) relies on erroneous conclusions of law when deciding to grant or deny the [prospective relief,] or (3) misapplies the factual or legal conclusions when fashioning its [prospective] relief,” *Ball v. LeBlanc*, 792 F.3d 584, 598 (5th Cir. 2015) (internal quotations omitted) (quoting *Symetra Life Ins. Co. v. Rapid Settlements, Ltd.*, 775 F.3d 242, 254 (5th Cir. 2014)); *see also Gates*, 376 F.3d at 333 (“If a constitutional violation is found, we employ an abuse of discretion standard in reviewing the equitable remedy itself.”).

“If government fails to fulfill” its responsibility to provide prisoners with “basic sustenance, including adequate medical care,” then “the courts have a responsibility to remedy the resulting Eighth Amendment violation.” *Brown*, 563 U.S. at 511. Although “[c]ourts must be sensitive to the State’s interest in punishment, deterrence, and rehabilitation, as well as the need for deference to experienced and expert prison administrators faced with the difficult and dangerous task of housing large numbers of convicted criminals,” “[c]ourts may not allow constitutional violations to continue simply because a remedy would involve intrusion into the realm of prison administration.” *Id.* To be sure, “the scope of a district court’s equitable powers” to craft a remedy for constitutional violations uncorrected by state or local authorities “is broad, for breadth and flexibility are inherent in equitable remedies.” *Swann v. Charlotte-Mecklenberg Bd. of Educ.*, 402 U.S. 1, 15 (1971); *see also Brown*, 563 U.S. at 538 (same).

1.

First, we consider the appropriateness of appointing a receiver to address the above-described constitutional violations. We conclude that receivership appointment is an appropriate sanction here to remedy the County’s repeated failures to ensure constitutional prison conditions. *See In re Bradley*, 588 F.3d 254, 265 (5th Cir. 2009) (“In *McComb*, the Court described civil contempt in broad terms, encompassing sanctions that

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prevent ‘experimentation with disobedience of the law,’ and remedial powers ‘determined by the requirements of full remedial relief,’ as necessary ‘to effect compliance with [the court’s] decree.’” (alteration in original) (quoting *McComb v. Jacksonville Paper Co.*, 336 U.S. 187, 192, 193 (1949))).

“Courts faced with the sensitive task of remedying unconstitutional prison conditions must consider a range of available options, including appointment of special masters or receivers and the possibility of consent decrees.” *Brown*, 563 U.S. at 511. A receiver is someone who is “appointed by the court to take over the day-to-day management of a prison system or a segment of it.” *Plata v. Schwarzenegger (Plata II)*, 603 F.3d 1088, 1094 (9th Cir. 2010). The Fifth Circuit has recognized the availability of receiverships “in the context of ensuring a governmental entity’s compliance with court orders.” *Baron*, 703 F.3d at 306. Nonetheless, a receivership in any context is an “extraordinary remedy that should be employed with the utmost caution.” *Id.* at 305 (quoting 12 CHARLES ALAN WRIGHT & ARTHUR R. MILLER, FEDERAL PRACTICE AND PROCEDURE § 2983 (3d ed. 2012)). The PLRA’s requirement of need-narrowness-intrusiveness findings applies to any prospective relief, which would include a receivership appointment. *See* 18 U.S.C. § 3626(a)(1)(A).

Courts have appointed receivers to administer prisons where unconstitutional conditions persist despite repeated orders to remediate. In *Plata v. Schwarzenegger (Plata I)*, for instance, the district court ordered a receiver to manage the delivery of medical services to California state prisoners. *See* No. 01-1351, 2005 WL 2932253, at *33 (N.D. Cal. Oct. 3, 2005). The Ninth Circuit affirmed this order, citing, *inter alia*, the numerous courts that have appointed receivers to oversee prison conditions in light of widespread and continued constitutional violations in prison conditions. *Plata II*, 603 F.3d at 1093–98 (citing *Inmates of D.C. Jail v. Jackson*, 158 F.3d 1357, 1359 (D.C. Cir. 1998); *Newman v. Alabama*, 466 F. Supp. 628, 635

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(M.D. Ala. 1979); *Shaw v. Allen*, 771 F. Supp. 760, 763–64 (S.D. W. Va. 1990); and *Wayne Cnty. Jail Inmates v. Wayne Cnty. Chief Exec. Officer*, 444 N.W.2d 549, 560–61 (Mich. Ct. App. 1989)); *see also Crain v. Bordenkircher*, 376 S.E.2d 140, 143–44 (W. Va. 1988) (appointing receiver to oversee closing of West Virginia penitentiary and construction of new facility).

Here, like in the above cases, the district court concluded that a receivership was necessary to remedy current and ongoing constitutional violations in the operation of state facilities and programs. In so holding, the district court relied on the seven factors outlined in *Plata I*, 2005 WL 2932253, at *23. These factors are: (1) “[w]hether there is a grave and immediate threat or actuality of harm”; (2) “[w]hether the use of less extreme measures of remediation have been exhausted or prove futile”; (3) “[w]hether continued insistence [on] compliance with the Court’s orders would lead only to confrontation and delay”; (4) “[w]hether there is a lack of leadership to turn the tide within a reasonable period of time”; (5) “[w]hether there is bad faith”; (6) “[w]hether resources are being wasted”; and (7) “[w]hether a receiver is likely to provide a relatively quick and efficient remedy.” *Id.* In applying these factors, the district court determined that they weigh in favor of appointing a receiver.

We conclude that this holding is not an abuse of discretion, *cf. Baron*, 703 F.3d at 305, for the reasons that we explored above in Section III.A. Although “federalism concerns are particularly acute in the context of prison management” and “[f]ederal judges are particularly ill-equipped to manage state prisons,” *Valentine v. Collier*, 993 F.3d 270, 294 (5th Cir. 2021) (Oldham, J., concurring), the appointment of receivers by federal courts does not automatically trigger federalism concerns, and in fact, the Supreme Court has blessed receiverships that comply with the limitations of the PLRA. *See Brown*, 563 U.S. at 511, 530–41.

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The PLRA instructs that any prospective relief must be “narrowly drawn,” “extend[] no further than necessary to correct the violation of the Federal right,” and serve as “the least intrusive means necessary to correct the violation of the Federal right.” 18 U.S.C. § 3626(a)(1)(A). We explained above, *see supra* Section III.A, the severity and immediacy of the current and ongoing constitutional violations at RDC, the failure of less extreme measures to ensure inmate safety, the need for compliance with the court’s orders, and the lack of leadership at RDC necessary to ensure compliance. Moreover, the district court considered other remedies, such as financial penalties or closing A-Pod, and concluded that financial penalties would be ineffective and that an order to close A-Pod was too extreme. There is also nothing specific to A-Pod in the new injunction, so closing A-Pod would not be well-tailored toward addressing the constitutional violations that serve as the basis for the new injunction. Given the foregoing considerations, the district court properly determined that appointing a receiver under these circumstances “extend[ed] no further than necessary to correct the violation of the Federal right of a particular plaintiff or plaintiffs.” 18 U.S.C. § 3626(a)(1)(A).

In light of those determinations, and consistent with the trial court’s thorough opinion, we conclude that the district court did not abuse its discretion by ordering a receivership.

2.

Finally, we consider whether the scope of the receivership was proper. We conclude that providing the receiver authority over the budget and related financial matters was not proper and that the district court’s need-narrowness-intrusiveness analysis was not sufficiently specific as to the different powers given to the receiver.

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Here, the district court granted the receiver broad-reaching authority over administration of the state facilities and programs at RDC. Specifically, per the governing injunction in this case, the receiver shall:

- “hold and exercise all executive, management, and leadership powers for the defendants with respect to the custody, care, and supervision of Hinds County detainees at RDC, including the power to admit, book release, transfer, and supervise detainees at RDC in a constitutional manner”;
- “be in day-to-day charge of RDC operations”;
- “have the duty to control, oversee, supervise, and direct all administrative, personnel, financial, accounting, contractual, and other operational functions for RDC”;
- “determine the annual RDC budget, including for staff salaries and benefits, medical and mental health services (including the medical provider contract), physical plant improvements, fire safety, and any other remedies needed to address the constitutional deficiencies documented in this case”; and
- “establish personnel policies” and “negotiate new contracts and to renegotiate existing contracts.”⁹

The district court also required that the County “bear all costs and expenses of establishing and maintaining the Receivership, including, as necessary, budgeted rent, office supplies, reasonable travel expenses, and the compensation of the Receiver and their personnel.” This includes “salaries and consulting fees” for an uncapped number of staff.

The receiver’s control over the budget and salaries and benefits for personnel essentially allows the receiver to dictate the state’s authority over

⁹ The district court’s order caveats that “[t]he Receiver’s authority and decisions are subject to review by the Court.”

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RDC by controlling the purse strings. *See Valentine*, 993 F.3d at 294–95 (Oldham, J., concurring). Giving the receiver power to set RDC’s budget, subject to the district court’s approval, would allow the receiver to ignore the budgetary constraints that the Hinds County Board of Supervisors has had to deal with in managing RDC. This goes beyond the limitations imposed by the PLRA. *Guajardo*, 363 F.3d at 394 (“[The PLRA’s] ‘fundamental purpose’ was to extricate [federal courts] from managing state prisons.”). Not only could this “burden . . . the government’s budget,” but it would also “assume a responsibility that should be left for the legislature.” *Valentine*, 993 F.3d at 294–95 (Oldham, J., concurring) (alteration in original) (cleaned up) (quoting *Valentine v. Collier*, 490 F. Supp. 3d 1121, 1174 (S.D. Tex. 2020), *rev’d*, 993 F.3d 270). The federal intrusion into RDC’s budget is compounded where, like here, the receivership has no end date. *Guajardo*, 363 F.3d at 394 (“The PLRA strongly disfavors continuing relief through the federal courts . . .”). The receivership “will end as soon as the Court finds that Defendants have remedied [the Jail’s] unconstitutional conditions and achieved substantial compliance with the Court’s Orders.”

Aside from the concern with the receiver’s power over the budget and financial matters, there is a related concern applicable to the scope of all of the receiver’s powers: The district court’s failure to conduct a sufficient need-narrowness-intrusiveness analysis. On October 21, 2022, the district court entered an order explaining the scope of the receivership. That order did not include any reference to the need-narrowness-intrusiveness analysis. The Government then moved for clarification that the scope of the receivership was in fact “necessary to remedy contempt and ongoing

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constitutional violations.” The district court granted the motion¹⁰ and drafted a second order.

The district court’s analysis of the need-narrowness-intrusiveness requirement, however, barely did more than its initial order: At the end of the second order, the district court summarily concluded that the receiver’s duties satisfy the PLRA’s need-narrowness-intrusiveness requirements. The court did not explain this finding in any detail, nor did it discuss whether it would be feasible to institute a receivership with more limited powers that cover only the scope of the constitutional violations. The Supreme Court “has rejected remedial orders that unnecessarily reach out to improve prison conditions other than those that violate the Constitution.” *Brown*, 563 U.S. at 531. The PLRA requires that “the scope of the order must be determined with reference to the constitutional violations established by the specific plaintiffs before the court.” *Id.* The district court asserted this finding in a conclusory manner and failed to give the necessary explanation and justification to support it.

We therefore instruct the district court on remand to reevaluate *de novo* the scope of the receivership consistent with this opinion. The district court cannot grant the receiver power over RDC’s budget and related financial matters, such as salaries and benefits, and the court should develop a new description of the receiver’s powers after conducting a need-narrowness-intrusiveness analysis and in light of the receiver’s loss of control over the budget and salaries.

¹⁰ Before the district court granted the motion, the County appealed the district court’s original order. This court remanded the case in part “to allow the district court to rule on the motions to clarify.”

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IV.

For the foregoing reasons, we **AFFIRM** in part, **REVERSE** in part, and **REMAND** for further proceedings consistent with this opinion. Specifically, we affirm the district court in all respects except for those described in Sections III.A.4 and III.B.2 of this opinion.

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LESLIE H. SOUTHWICK, *Circuit Judge*, concurring:

This appeal was assigned to a three-judge panel. On the day before oral argument, one judge of the panel recused. Argument was presented to the remaining two judges. This separate opinion addresses the validity of two judges' hearing the oral argument and then deciding the appeal.

By statute, a majority of the judges on a panel constitutes a quorum. 28 U.S.C. § 46(d). A quorum of judges may “legally transact judicial business.” *Tobin v. Ramey*, 206 F.2d 505, 507 (5th Cir. 1953) (analyzing Section 46(d)). Precisely when three may become two was discussed by the Supreme Court in an opinion that quoted our *Tobin* opinion. *Nguyen v. United States*, 539 U.S. 69, 82 n.14 (2003). I review that discussion.

The *Nguyen* Court analyzed this statutory language: circuit courts of appeals “may authorize the hearing and determination of cases and controversies by separate panels, each consisting of three judges, at least a majority of whom shall be judges of that court.” *Id.* at 82 n.16 (quotations omitted) (quoting 28 U.S.C. § 46(b)). The Court held that Section 46(b) “requires the inclusion of at least three judges in the first instance.” *Id.* at 82. Requiring three judges “in the first instance” was a phrase used in a Second Circuit opinion cited by the Court, which had quoted the phrase from the Senate Report on what became the Federal Courts Improvement Act of 1982. *Id.* at 82-83 (citing *Murray v. Nat’l Broadcasting Co.*, 35 F.3d 45, 47 (2d Cir. 1994) (quoting S. REP. NO. 97-275, at 9 (1981), *as reprinted in* 13404 U.S. CONG. SERIAL SET (1981))).¹

¹ This court often holds that legislative history, of which a Senate Report is a component, is unreliable. *See, e.g., Texas Democratic Party v. Abbott*, 978 F.3d 168, 185 (5th Cir. 2020). Nonetheless, the *Murray* court quoted this Report, and the Supreme Court took the “first instance” phrase from *Murray*. *Nguyen*, 539 U.S. at 82-83. The Report lamented: “Existing provisions in section 46 also permit appellate courts to sit in panels of

The Supreme Court agreed with the Second Circuit that “Congress apparently enacted [the 1982 revision of] § 46(b) in part ‘to curtail the prior practice under which some circuits were routinely assigning some cases to two-judge panels.’” *Id.* (quoting *Murray*, 35 F.3d at 47). The “prior practice” was that some circuit “courts have used panels of two judges for

less than three judges.” S. REP. NO. 97-275, at 27. Therefore, the bill “amends 28 U.S.C. § 46(b) to require that all decisions be reached by at least three judges.” *Id.* The Report, dated November 18, 1981, stated the amendment was in “Subsection (b) of section 204” of the bill. *Id.* The bill of that date had no Section 204(b). *See* Federal Courts Improvement Act of 1981, S. 1700, 97th Cong. (Nov. 18, 1981). The only revision to Section 46(b) in that bill was by Sections 103(b) and 205[(a)], each amending the wording that the “court may authorize the hearing and determination of cases and controversies by separate divisions, each consisting of three judges.” S. 1700, §§ 103(b), 205[(a)]; 28 U.S.C. § 46(b) (1948) (amended 1978 and 1982). The bill substituted “panels” for “divisions.” S. 1700, §§ 103(b), 205[(a)]. That change appeared in the Act. *See* Federal Courts Improvement Act of 1982, Pub. L. 97-164, § 103 (b), 96 Stat. 25 (1982).

“Divisions” was the word the Judicial Code of 1948 used to clarify the statutory phrase that “a circuit court of appeals . . . shall consist of three judges,” language adopted in 1891 when all but one circuit had only two circuit judges and a circuit justice or district judge would complete a “court”; after almost all circuits had more than three judges, it was useful to distinguish between the full “court” and a three-judge “division” that heard a case. *See* Alexandra Sadinsky, *Redefining En Banc Review in the Federal Courts of Appeals*, 82 FORDHAM L. REV. 2001, 2009, 2011 (2014); 28 U.S.C. § 46, Historical Notes. The 1981 Senate Report did not indicate that substituting “panels” for “divisions” would bar two-judge panels; instead, that change removed ambiguity in “the use of the terms ‘panel’ and ‘division,’ especially following authorization of ‘administrative divisions’ in section 6 of P[ub]. L. No. 95-486 in 1978.” S. REP. NO. 97-275, at 26.

The 1981 Report’s stating that Section 46(b) would require *at least* three judges may be a remnant of the approach of a similar but failed bill in the preceding Congress that would have added “at least” before “three judges” in Section 46(b) (and left “divisions”) and substituted “at least” for “not more than” in Section 46(c). Federal Courts Improvement Act of 1979, S. 1477, 96th Cong. §§ 112(a)–(b) (Aug. 3, 1979). Section 46(c) then and now states: “Cases and controversies shall be heard and determined by a court or panel of not more than three judges.” 28 U.S.C. § 46(c).

The 1981 Senate Report did not clearly explain what barred two-judge panels. Text controls, anyway. Section 46(b) states that cases are to be heard and decided by panels “consisting of three judges.” The requirement of three judges is clear; so is *Nguyen*.

motions and for disposition of cases in which no oral argument is permitted because the case is classified as insubstantial.” S. REP. NO. 97-275, at 9.

Conversely, the Court found it to be “clear that the statute was not intended to preclude disposition by a panel of two judges in the event that one member of a three-judge panel to which the appeal is assigned becomes unable to participate.” *Nguyen*, 539 U.S. at 83 (quotations omitted) (quoting *Murray*, 35 F.3d at 47). For that clarity, the *Murray* court quoted the Senate Report on the 1982 legislation, part of which we earlier quoted:

The circuit courts could continue to adopt local rules permitting the disposition of an appeal in situations in which one of the three judges dies or becomes disabled and the remaining two agree on the disposition; but, *in the first instance*, all cases would be assigned to . . . panel[s] of at least three judges.

Murray, 35 F.3d at 47 (emphasis added in *Murray* opinion) (quoting S. REP. NO. 97-275, at 9). *Murray* held that even though the Senate Report lists death and disability, “unavailability because of late-discovered disqualification” would be an equally justifiable basis for a quorum. *Id.* *Murray* also held that there is no reason for a “distinction between unavailability occurring before and after oral argument.” *Id.* The statutory text supports both conclusions.

In summary, this appeal was initially assigned to a three-judge panel. On the eve of oral argument, one judge determined he must recuse. Because the initial assignment was to a three-judge panel, it is proper after a recusal for a two-judge quorum of that panel to decide this case.