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)
INMATES OF D.C. JAIL, et al., Plaintiffs, v. DELBERT C. JACKSON, et al., Defendants.	C.A. No. 75-1668 (Cases consolidated before Judge William B. Bryant)

INITIAL REMEDIAL PLAN FOR MENTAL HEALTH CARE, MEDICAL CARE AND COMPLIANCE MONITORING AT THE DISTRICT OF COLUMBIA JAIL

The Special Officer submits the following initial remedial plan pursuant to the March 16, 1994 Consent Order issued in the above-referenced matters.

I. BACKGROUND

On March 16, 1994, this Court found the defendants in contempt based on the Special Officer's Report on Medical Care at the D.C. Jail, the Special Officer's Outline of her Findings on Mental Health Care at the D.C. Jail, the Expert Reports on

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Medical and Mental Health Services at the D.C. Jail,[1] the Court's findings in its Orders of March 5, 1993 and April 20, 1993, and the defendants' acknowledgement that they had been in non-compliance with numerous material provisions of the orders entered in these consolidated matters. Consent Order of March 16, 1994 at 1-2.

The March 16, 1994 Consent Order requires the Special Officer to submit a remedial plan designed to cure the defendants' contempt and to insure that inmates incarcerated at the Jail receive medical and mental health services that meet constitutional standards. Consent Order of March 16, 1994 at 2. The Consent Order mandates that the remedial plan address all issues raised in the Special Officer's reports and in the expert reports, as well as any other issues that come to the attention of the Special Officer or the Court that adversely impact on defendants' compliance with the Court's orders or adversely impact on the delivery of medical and mental health services in a manner consistent with constitutional standards. Id. In addition, according to the terms of the Consent Order, the remedial plan must include an implementation schedule, graduated automatic fines[2] for failure to meet implementation deadlines, and a compliance reporting procedure. Id. at 2-3. The March 16,

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[1] The Special Officer's report on medical care was filed on February 2, 1994, the report on mental health care was filed on March 6, 1994, and the expert reports were filed on September 15, 1993.

[2] The parties agree that the fines set forth in this plan constitute civil fines.

1994 Consent Order also authorizes the Special Officer to file, and the defendants to implement, interim remedial plans to address conditions that should be remedied on an expedited basis. Id.[3]

The defendants are required to implement the remedial plan in accordance with the time-table established by the Special Officer unless either party can show good cause why the plan should not be implemented or should be modified. Id. at 3.

II. METHODOLOGY

In accordance with the March 16, 1994 Consent Order, the Special Officer has consulted extensively with the defendants and their counsel, with counsel for the plaintiffs, and with her own medical and mental health experts[4] in developing this remedial plan.[5] In addition, with the consent of the parties, the Special Officer has also consulted with a nationally prominent expert in jail suicides, Lindsay Hayes. Mr. Hayes was retained in order to assist the Special Officer with fashioning a suicide prevention program for the Jail because of the substantial

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[3] The Special Officer filed an interim plan to address deficiencies in the defendants' tuberculosis isolation practices on May 4, 1994. The terms of this interim plan remain in full force and effect and are incorporated by reference herein.

[4] The Special Officer's medical and mental health experts are Dr. Richard Belitsky (mental health), Dr. Robert Cohen (medical), and Dr. Goulda Downer (nutrition).

[5] At her request, the parties provided the Special Officer with written proposals which have been considered by the Special Officer and her expert consultants. Copies of these submissions are attached hereto as Exs. 1A through 1G.

increase in incidence of successful suicides and suicide attempts at the Jail during the past 17 months.[6]

III. GENERAL PRINCIPLES

The purpose of this remedial plan is to bring the defendants into compliance with this Court's Orders regarding medical and mental health care at the Jail as well as to ensure that the delivery of these services meets minimal constitutional requirements. In order to accomplish these goals, four principles have guided the development of this plan.

First, the non-compliance which this plan is designed to address has been caused by pervasive deficiencies in the medical and mental health delivery system which have been in evidence for over two decades. These deficiencies have resulted in a dysfunctional health care system which cannot be fixed overnight.

Second, this remediation effort is predicated on a building-block approach. This plan represents the first stage of a remedial process. It addresses the most urgent problems and

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[6] Between May of 1993 and October 10, 1994 there were eight successful suicides at the D.C. Jail.

A redacted copy of Mr. Hayes' report is attached hereto as Ex. 2. The parties have been provided with non-redacted copies of this report. At the request of the new Director of the Department of Corrections, Margaret Moore, both the Special Officer and Mr. Hayes met with Ms. Moore and many senior members of her staff to discuss the implementation of Mr. Hayes' recommendations. Ms. Moore endorsed virtually all of Mr. Hayes' recommendations and has instructed various members of her staff to take curative action that is consistent with Mr. Hayes' recommendations. The Special Officer is encouraged by the initiative the defendants have taken to address this problem before the issuance of an order.

provides the foundation for the remedial effort in terms of basic foundation elements such as staffing, the development and implementation of policies and procedures, training, monitoring and evaluation. Once this foundation has been established, the Special Officer and her experts will conduct an evaluation of the first stage of the remedial process.[7] Thereafter, follow-up remedial plans shall be developed in consultation with the parties.[8] The follow-up remedial plans will address the next stage of the remedial process: building on the foundation, after appropriate evaluation, in order to achieve and sustain compliance with the Court's Orders.[9]

Third, this plan establishes an implementation schedule which is reasonable but firm. The plan contemplates close collaboration between the defendants, the Special Officer and her experts and plaintiffs' counsel. The plan will only succeed if the defendants commit competent staff and appropriate resources

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[7] Ongoing monitoring of defendants' compliance with this Court's orders, as well as the provisions of this plan, will continue throughout this process.

[8] There are many compliance violations which have not been addressed in this initial remedial plan because they cannot be developed in the absence of appropriate staffing, the development of sound policies and procedures, and appropriate training of the correctional and health services staff.

[9] Although this type of building block approach was not contemplated by the March 16, 1994 Consent Order, the parties have advised the Special Officer that they do not object to this approach. The defendants, however, have advised the Special Officer that although they consent to this building block approach, defendants reserve the right to object to the scope and/or content of this plan as well as the scope and/or content of any further plans that may be filed.

to the remedial process. The defendants must monitor their own compliance with the plan and the DOC's leadership must hold staff members accountable for their work on the plan.[10]

Fourth, the terms of this plan were negotiated with the parties. A series of substantial revisions were made in order to ensure that the defendants could meet the substantive requirements as well as the deadline requirements set forth herein.[11]

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[10] The Special Officer has substantial concerns about whether the DOC's central medical leadership will be able to work collaboratively within the deadline scheduled established by this plan. These concerns are based, at least in part, on the failure of the DOC's medical leadership to work within any of the deadlines that were established and extended by the Special Officer during the process of developing the tuberculosis protocol, the emergency response protocol, and this remedial plan. For example, the Special Officer has waited for over six months for the defendants' infirmary space assessment. The defendants have allowed a succession of deadlines to lapse without providing any explanation for their dilatory conduct. Although this has not been the case with the DOC's mental health leadership, unless the medical leadership is held accountable by the DOC's executive staff, and required to perform the tasks set forth in this plan, the plan will fail.

[11] Although this plan was endorsed at the highest levels in the DOC, the Special Officer understands that the defendants may file some as yet unspecified objections to some aspects of this plan.

IV. MENTAL HEALTH PLAN[12]

The initial remedial plan for mental health services focuses on three areas: suicide prevention and psychiatric emergencies, care of inmates with the most severe forms of mental illness, and basic services for the general population.

1. Organizational Structure and Staffing

The mental health program at the D.C. Jail shall be restructured as set forth in this plan.[13]

A. Staffing[14]

All staff members hired pursuant to the staffing requirements set forth in this plan shall be hired under the exclusive budget authority and auspices of the D.C. Department of Corrections. Any staff member currently "detailed" to provide mental health services at the Jail for the DOC by DHS shall become an employee of the DOC and assigned to mental health services at the Jail only if s/he meets the eligibility requirements set forth in this plan and is affirmatively selected

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[12] It is impossible to fully separate the mental health remedial plan from the medical remedial plan. In some instances, the mental health section of this plan addresses remediation efforts that are related to medical care and the converse is true with respect to the medical plan.

[13] A copy of a revised organizational chart is attached as Ex. 3.

[14] The defendants provided the Special Officer and her expert consultant with two mental health staffing proposals. The proposals, which were helpful in fashioning the staffing requirements contained in this remedial plan, are attached hereto in Exs. 4A & 4B.

by the DOC for one of the positions required herein. The defendants shall, within 90 days, in consultation with the Special Officer and her experts, develop a plan[15] for terminating within 90 days thereafter all DHS "details" to the mental health units. [16]

All persons employed in the positions that are required in this staffing plan shall, unless indicated herein, work full-time, in the mental health program at the District of Columbia Jail. They shall not be subject to official or unofficial "details".[17]

Within 21 days, the defendants shall identify any positions required to be filled under this staffing plan which constitute

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[15] Because the remedial effort requires the development of written policies and procedures as a predicate for compliance, and because the defendants consistently have failed to meet Court ordered deadlines for drafting various protocols and policies, if the defendants fail to meet a drafting deadline that is set forth in this plan, the drafting of the policy, procedure, plan, or protocol at issue shall be completed by the Special Officer and imposed upon the defendants.

[16] The defendants shall provide copies of all drafts of all plans, protocols, policies and procedures required under this remedial plan to plaintiffs' counsel who shall be provided with a meaningful opportunity to comment on the drafts. The policies and procedures that will be developed pursuant to this remedial plan shall be filed with the Court. Defendants shall provide all drafts to the Special Officer, her experts, and plaintiffs' counsel sufficiently in advance of all deadlines so that all drafts can be finalized within the time-lines set forth in this plan.

[17] This includes part-time and full-time details to positions inside the Jail, to positions in other DOC operated institutions, and to positions at other agencies operated by the government of the District of Columbia. Although the defendants are not precluded from hiring part-time employees, all reasonable efforts should be made to fill all full-time positions with full-time staff.

positions for which competent candidates are difficult to recruit and shall prepare and implement a plan for recruiting candidates to fill such positions. The plan shall include, if appropriate, upward adjustments in pay grade in order to make salaries competitive with other District of Columbia agencies as well as other recruitment incentives.[18]

If the defendants elect to fill any positions that are mandated under this plan, including positions that are difficult to recruit, with contract employees, the proposed employment contracts shall be provided to the Special Officer and plaintiffs' counsel for review and comment prior to the ratification of the contract.[19]

The failure to hire the staff required under the terms of this plan, within the time period set forth in this plan,[20] shall result in fines of $200.00 per day per vacant position for the first thirty day period of noncompliance followed by fines of $250.00 per day per vacant position for each subsequent day of noncompliance.[21] All vacancies which occur subsequent to the

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[18] These positions shall be filled in accordance with the hiring deadlines set forth in this plan.

[19] This plan is not intended to preclude the defendants from satisfying their obligations through the "privatization" of medical and mental health services if they elect to do so.

[20] Defendants may petition the Court for an additional 60 days to comply with a hiring deadline required under this plan upon a showing that the defendants have made a substantial good faith effort to fill the position within the currently imposed deadline schedule.

[21] The total staffing required under this mental health plan is illustrated in the chart attached as Ex. 5.

filing of this plan shall be filled within a maximum of 120 days. Failure to fill such vacancies within this time-line shall result in fines of $200.00 per day per vacant position for the first thirty day period of noncompliance followed by fines of $250.00 per day per vacant position for each subsequent day of noncompliance.

(i) Supervisory Staff

Program Director: Effective immediately,[22] the DOC shall hire a program director who shall oversee all aspects of mental health services at the Jail. The program director shall report directly to the DOC Chief Psychiatrist, Dr. Henry Edwards. The program director must have the following qualifications: an advanced professional degree in a mental health clinical profession, significant experience and training in program administration, and appropriate clinical experience.

Unit Directors: Within 180 days, the DOC shall hire a unit director for each of the following units: South Two, South Three, and General Population/Intake. Each unit director shall be responsible for the oversight of unit programming and the clinical and administrative supervision of the clinical staff assigned to her/his unit. The duties of the unit director shall include, but shall not be limited to the following: the assignment of cases as well as the supervision of documentation,

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[22] The Special Officer understands that the DOC has "hired" a program director who has been "detailed" from the DHS. This detail must be abolished within the time-frame set forth in the preceding section of this plan.

clinical work and direct clinical services. The unit directors must be licensed psychologists, psychiatrists, licensed master's level social workers or licensed master's level psychiatric nurses.

Head Nurses:[23] Within 180 days, the DOC shall hire a head nurse for each mental health unit as well as for general population/intake. The head nurse shall supervise the nursing staff assigned to her/his unit, oversee scheduling and assign responsibilities. The head nurse must be a licensed Registered Nurse (R.N.) with significant psychiatric nursing experience.

(ii) Non-Supervisory Staff

Psychiatric Nursing Staff: Within 180 days, the defendants shall hire 17.4[24] experienced psychiatric nurses[25] with training in the administration of psychotropic medications. The mental health nursing staff shall be composed of a combination of licensed R.N.'s and licensed practical nurses (L.P.N.'s) and defendants shall ensure that there is an appropriate ratio of R.N.'s to L.P.N.'s in order for the L.P.N.'s to be properly supervised. Among other responsibilities, the nurses shall be responsible for providing nursing support for the psychiatric clinics in the mental health units and the general population as

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[23] The Special Officer has been advised that the DOC will continue to maintain centralized psychiatric nursing leadership.

[24] This total includes the head nurses for each mental health unit and general population/intake.

[25] The nurses must have at least one year of psychiatric nursing experience in either an in-patient or out-patient setting.

well as for the distribution and administration of all psychotropic medications.

Clinicians: Within 180 days, the defendants shall hire 16 clinicians[26] who shall be assigned to the mental health units, general population and intake screening. The clinical staff shall be comprised of licensed clinical psychologists, master's level social workers and master's level psychiatric nurses. Among other duties, the clinicians shall maintain an assigned caseload of patients, conduct group and individual counseling, and be responsible for charting.

Psychiatrists: Within 60 days,[27] the defendants shall hire 2.5 licensed psychiatrists[28] to provide psychiatric services for inmates housed on the mental health units and in the general population. Among other responsibilities, the psychiatrists shall conduct screening and medication clinics and shall be responsible for the psychiatric care of mental health patients housed in the infirmary, mental health units and general population. Four hours of on-site psychiatric coverage must be provided on weekends.

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[26] This total includes the unit directors for South Two, South Three, and General Population/Intake.

[27] The defendants currently have 84 hours of psychiatric coverage at the Jail.

[28] At least one of the psychiatrists hired pursuant to this plan shall be employed full-time at the Jail. The full-time psychiatrist may provide limited consultation regarding her/his patients who have been transferred to other DOC facilities. The other psychiatrists must be employed at the Jail for a minimum of 16 hours per week.

Psychiatric On-Call Coverage: The defendants shall establish psychiatric on-call coverage in order to ensure that a psychiatrist is on-call during the hours when a psychiatrist is not working at the Jail. Within 10 business days, the defendants shall present an on-call staffing plan for consideration by the Special Officer and counsel for the plaintiffs. The on-call staffing shall supplement the psychiatric staffing required under the preceding paragraph. The on-call psychiatric staffing plan shall be implemented within 15 business days. The plan shall state the number of psychiatrists that the defendants submit are required to maintain on-call psychiatric coverage for the Jail during weekends, holidays, and shifts that are not staffed by the 2.5 psychiatrists required under this plan.

The defendants shall require the on-call psychiatrist to respond immediately by telephone to a page or a telephone call and to respond in-person if indicated to all psychiatric emergencies in the mental health units, the general population, and the infirmary. The failure to implement this on-call plan for psychiatric coverage shall result in fines of $200.00 per incident for each incident in which a psychiatrist fails to respond appropriately under this on-call plan.

Quality Assurance Monitor: Within 120 days, the defendants shall hire a quality assurance monitor for mental health services at the Jail. The monitor shall be a licensed mental health provider with a clinical mental health background and previous training and experience in quality assurance. The monitor shall

be responsible for quality assurance monitoring of mental health services in both mental health units as well as in the general population. Within 30 days of her/his employment, the Quality Assurance Monitor shall develop an instrument for evaluating the utilization of mental health clinicians in the intake screening process.

Support Staff: Within 120 days, the defendants shall hire one office assistant, two clerk typists, and one medical records technician to support the mental health program at the Jail. One clerk/typist shall be assigned to work full-time for the Quality Assurance Monitor.

Correctional Staff: Effective immediately, the defendants shall maintain the correctional officer staffing in each mental health unit according to the following staffing plan:

Seven Day Nonsupervisory Posts

Shift:	One	Two	Three
Posts:	3	4	4

Total: 11 posts per unit

Relief Factor: 11 x 1.74 = 19.14

Total Complement of Officers for Each Mental Health Unit: 19

All posts in the mental health units shall be deemed essential posts and shall not be vacated unless the assigned officer is relieved of her/his duties by an officer assigned to the unit for this purpose. Within 120 days, the defendants shall, in consultation with the Special Officer and her expert

consultants, develop post orders for all correctional posts in each mental health unit.

B. Mental Health Program

(i) Intake Screening: Within 190 days, one mental health clinician shall be assigned exclusively to the health services intake screening process during the evening shift, Monday through Friday, excluding holidays. This clinician shall provide assistance to the medical staff assigned to intake with the identification of inmates at risk for suicide and mental illness and shall facilitate further evaluation of inmates deemed to be at risk. The clinician shall directly participate in the mental health aspect of the screening process. In addition, the clinician shall periodically review intake screening forms and provide immediate feedback to the medical staff who have filled out the screening forms.

The failure to assign a mental health clinician to intake screening within the time period set forth in this plan shall result in fines of $200.00 per day for the first 30 day period of noncompliance followed by fines of $250.00 per day for each subsequent day of noncompliance.

(ii) Mental Health Units:

Within 210 days, the mental health units shall be staffed 24 hours per day, seven days per week. Mental health staff in the mental health units shall be deployed in accordance with a deployment plan that shall be developed by the defendants, in

consultation with the Special Officer and her expert consultants, within 90 days. The failure to staff the mental health units on a 24 hour basis within 210 days shall result in fines of $250.00 for each uncovered shift.

Within 240 days, the mental health units shall provide the following services: the timely initial assessment of all new admissions to the units; the timely development of individualized treatment plans; the establishment of a reliable and competent system for the prescribing and dispensing of psychotropic medications, frequent and adequate follow-up of inmates prescribed psychotropic medications, crisis intervention, (including the ability to urgently assess inmates housed on the mental health units who are in need of emergency attention), and an effective program of individual sessions, group sessions and case management services. The defendants shall, within 90 days, in consultation with the Special Officer and her experts, develop a plan for providing these basic services. The failure to implement this plan within 240 days shall result in fines of $200.00 per day for each day of noncompliance.

(iii) General Population: Within 240 days, the mental health program at the Jail shall provide the following services for inmates housed in the general population: mental health assessments for all referrals, including self-referrals; prescription of psychotropic medication; timely monitoring of inmates who are prescribed psychotropic medication; crisis intervention, including the availability of urgent assessment;

an effective individual and group therapy program; follow-up services for inmates identified during intake screening to be at risk of mental illness but not in need of housing in the mental health units.

Within 90 days, the defendants shall, in consultation with the Special Officer and her experts, develop a plan for deployment of mental health staff in the general population as well as a plan for providing the above-specified basic mental health services to general population inmates. The failure to implement this plan within 240 days shall result in fines of $200.00 per day for each day of noncompliance.

(iv) **At Risk High Acuity Services**:

Within 30 days, the defendants shall, in consultation with the Special Officer and her experts, develop a plan to provide at risk high acuity services for all inmates housed at the Jail. The plan shall identify the staff who will provide these services on an interim basis as well as the staff who will provide these services when the mental health program is staffed up to the levels required under this plan.[29] The failure to substantially implement the plan within 60 days shall result in fines of $200.00 per day for the first 30 days of noncompliance followed by fines of $400.00 per day for each subsequent day of noncompliance.

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[29] Both the medical staff and the mental health staff should participate in the formulation of this plan.

The plan for high acuity services shall include a procedure for rapid assessment and a protocol for the provision of acute psychiatric care. In addition, the plan shall take into account that designated rooms in the infirmary shall be used for housing and treatment of inmates who are considered to be at the highest level of risk, including inmates who are medically restrained pursuant to the requirements of the November 9, 1993 Order, inmates on constant observation status, inmates at imminent risk for suicide, inmates who are engaging in serious self-destructive behavior, and inmates who a psychiatrist determines, in the exercise of her/his clinical judgment, cannot be safely managed in the mental health unit.[30] The plan shall include a protocol for appropriate documentation in the medical/mental health record of each patient housed in the infirmary.

2. Intake Screening

A. Intake Form

Within 10 business days the defendants shall, in consultation with the Special Officer and her experts, revise the health services intake screening form. The form shall be revised in order to obtain more in-depth information regarding risk of

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[30] This latter category may include, but is not limited to, inmates undergoing some forms of psychotic decompensation and inmates diagnosed with complex medical/psychiatric problems that may compromise their safety.

suicide, including but not limited to significant recent loss and future outlook.

B. Intake Policy and Procedure

Within 15 business days the defendants shall, in consultation with the Special Officer and her experts, develop a policy and procedure for the administration of the revised health services intake screening form. The policy and procedure shall include a protocol for obtaining, in a timely manner, the records of prior hospitalizations and treatments of mentally ill prisoners. In addition, among other requirements, the policy and procedure shall contain the following:

- The intake form shall only be administered by an appropriately trained physician or a trained, licensed and certified physicians' assistant;[31]
- At the time of intake, the physician or physicians' assistant who administers the form may only do so in an area specified in the procedure which ensures open discussion and confidentiality;
- At the time of intake, the physician or physicians' assistant who administers the form shall be obligated to review the inmate's prior DOC medical and mental health records in order to verify the accuracy of the information provided and in order to assist in the determination of whether the inmate is at risk for suicide and/or mental illness;
- At the time of intake, the physician or physicians' assistant who administers the form shall be obligated to review all available records from prior psychiatric

[31] A description of the training requirement is addressed in the next section of this plan.

hospitalizations and all related discharge summaries;

- If there is evidence during the intake screening which suggests that the inmate is suffering from a severe form of mental illness that would require housing in the mental health unit, or which suggests s/he is at risk for suicide, or if the intake screener requires assistance in developing her/his clinical assessment, she/he must immediately contact a member of the mental health staff who is on-site at the Jail and has been designated to assist as needed;[32]

- At the time of intake, the on-site mental health professional shall be contacted in order to ensure that all returnees from psychiatric hospitals are housed in the mental health units pending a prompt evaluation by a psychiatrist;

- All inmates who enter the Jail shall receive a full health services intake screening, regardless of their projected length of incarceration.[33]

The intake policy and procedure shall be implemented within 75 days. The failure to comply with the policy, except those provisions that are dependent on a new hire,[34] will result in fines of $250.00 per day for each day of noncompliance.

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[32] The policy and procedure must address the issue of collaboration with a mental health professional pending the full staffing of the mental health program.

[33] Inmates classified as "Lorton Recommits" must be subject to both a medical and a mental health screening upon admission to the Jail. Procedures for screening Lorton Recommits shall be developed by the defendants, in consultation with the Special Officer and her experts, within 45 days.

[34] The "new hire" is the on-site mental health professional. Once this staff member is assigned to the unit, these fines shall apply to all aspects of the policy related to the on-site mental health professional.

training. The monitoring form shall be used on an on-going basis and the raw data and analysis shall be maintained and made available to the Special Officer and counsel for the plaintiffs.

D. **Participation by Mental Health Staff**

As set forth in Section IV.1.B.(i), above, within 190 days, a mental health clinician (psychologist, social worker or psychiatric nurse) from the Jail's mental health staff shall be assigned to intake screening on the weekday evening shift, excluding holidays. One clinician shall be assigned per shift and each clinician assigned to mental health services at the Jail shall rotate through this assignment.

The mental health clinician assigned to intake shall participate in the mental health portion of the intake screening. S/he shall supervise and train the non-mental health staff on all aspects of the mental health screening and shall conduct further evaluation of inmates at risk. The assignment of a mental health clinician to this position shall be evaluated by the defendants, in consultation with the Special Officer and her experts, six months following the assignment of a mental health clinician to the intake process.

E. **Quality Assurance (QA)/Intake**

Within 20 days intake forms shall be randomly reviewed for thoroughness, completeness and accuracy and the results of these reviews, as well as all related back-up documentation,

shall be filed and made available to the Special Officer and counsel for the plaintiffs. The defendants shall review the completeness and accuracy of all intake screening forms for inmates who have been referred for an assessment of their suicidality, have made a suicide attempt, or who have been placed on suicide watch. The failure to implement this aspect of mental health quality assurance activities at the Jail within 45 days shall result in fines of $200.00 per day for the first 30 days this requirement has not been implemented and $300.00 per day for each subsequent day of noncompliance.

Within 90 days the defendants shall develop a QA monitoring form which evaluates the use of mental health clinicians in the intake process. Following the assignment of a mental health clinician to the intake process, these forms shall be used on an on-going basis and the raw data and analysis shall be maintained and made available to the Special Officer and counsel for the plaintiffs. The failure to implement this aspect of mental health quality assurance activities at the Jail within 30 days following the assignment of a mental health clinician to the intake process shall result in fines of $200.00 per day for the first 30 days this requirement has not been implemented and $300.00 per day for each subsequent day of noncompliance.

3. Mental Health Records and Medical Records

Within 10 days the defendants shall form an interdisciplinary committee comprised of representatives from the

Jail's medical records office as well as representatives from the medical, mental health, and dental programs. Within 30 days thereafter, the committee in consultation with the Special Officer and her experts, shall develop a plan for the integration of the medical, mental health and dental records into one single record for each inmate.

The plan shall address both format-related and content-related issues. The following requirements shall be included in the plan:

- The single record shall be structured so that medications and treatments are rapidly accessible and inmate care is tracked in reverse chronological order;
- A procedure shall be included for the transfer of the record throughout the DOC system in a manner which ensures the confidentiality of the record; and
- A schedule for implementation of this requirement shall also be addressed in the plan. The schedule must be consistent with the requirement that the restructured medical record system shall be in use, and all medical records, clinical, and support staff appropriately trained, within 120 days[35] following the filing of this remedial plan.

The failure to integrate the medical and mental health records within 180 days shall result in fines of $100.00 per day for each day of noncompliance.

Within 45 days the defendants shall, in consultation with the Special Officer and her experts, develop a policy and

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[35] All staff members who have not been hired within this period shall be trained within 30 days following the commencement of their employment.

procedure governing the confidentiality of medical records. The policy and procedure must ensure that the correctional staff does not have access to confidential medical and/or mental health information, including but not limited to the actual medical/mental health record and the documents contained therein. The policy shall be implemented within 90 days and all breaches of confidentiality that constitute violations of the policy shall result in fines of $500.00 per infraction which shall be suspended. Following notice[36] of a violation, the defendants shall be required to promptly investigate the reasons for the violation. Within 15 days thereafter, or such longer period as permitted by the Special Officer, the defendants shall report to plaintiffs' counsel and the Special Officer with regard to the results of the investigation. At that time the defendants shall also submit a proposed corrective action plan which shall include an implementation schedule. The corrective action plan shall be submitted by the defendants for comment by plaintiffs' counsel and for approval by the Special Officer. The failure to implement the corrective action plan, within the time-frame set forth in the plan, shall result in the imposition of the fine that was initially suspended.

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[36] The notice may be received from plaintiffs' counsel, the Special Officer, or the following employees of the DOC: the compliance office staff, the warden or one of the deputy wardens of the Jail, the Assistant Director for Health Services, the Chief Medical Officer of the Jail, the Chief Psychiatrist of the DOC, the Director of the Mental Health Program at the Jail, the Jail's Chief Pharmacist, and the Executive Deputy Director of the DOC.

4. Mental Health Units

A. **Hours of Operation**:

Within 10 business days the defendants, in consultation with the Special Officer and her experts, shall develop a plan to immediately increase the number of hours that the mental health units are staffed by members of the mental health staff in order to provide some expanded coverage on weekends and evenings pending the full staffing of the mental health units.[37] The failure to implement this plan within 45 days shall result in fines of $200.00 per shift for each shift that is not staffed pursuant to the plan.

B. **Policy and Procedure**:

Within 120 days the defendants shall, in consultation with the Special Officer, her experts, and plaintiffs' counsel, develop written policies and procedures regarding the operation of the mental health units. All staff shall receive appropriate training related to the policy and a training plan, including a training schedule, shall be addressed in the policy and procedure.

The policy and procedure governing the operation of the mental health units shall include the following requirements:

(i) **Admission Criteria**:[38]

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[37] See also §IV.1.B.(ii), above.

[38] Like other aspects of this remedial plan, admission criteria for the mental health units may be subject to

(continued...)

Only inmates in need of intermediate care services may be housed in the mental health units. This includes, but is not limited to, inmates who fall under the following categories:

- Inmates with persistent psychotic symptoms who would be at risk for exacerbation of their symptoms if they were housed in the general population;
- Inmates with unstable mood disorders who are prone to marked mood lability or severe depression;
- Inmates with severe forms of character disorders whose behavior would be significantly disruptive in the general population;
- Inmates who require a higher level of supervision for their particular medication regimens;
- Inmates who are identified as potential suicide risks;
- Inmates for whom a court has ordered, based on a forensic screening, full competency and/or full criminal responsibility examinations;[39]

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[38](...continued)
modification once mental health services for general population inmates are established and stabilized.

[39] Following the forensic evaluation process, these inmates shall be assessed by a psychiatrist, in consultation with appropriate representatives from the Bureau of Forensic Psychiatry, in order to determine whether continued housing on a mental health unit is clinically appropriate. If a clinical determination is made that the inmate can be safely managed in the general population, s/he shall be promptly discharged from the mental health unit pursuant to all applicable discharge policies.

- Inmates who are returned to the Jail following psychiatric hospitalization.[40]

(ii) **Admission Form**:

Within 60 days, the defendants in consultation with the Special Officer and her experts, shall develop a mental health unit admission form.

(iii) **Initial Nursing Assessment**:

All inmates transferred to the mental health units shall receive an initial nursing assessment which shall be completed immediately upon entry into the mental health unit and which shall be documented on the admission form.

(iv) **Full Assessment**:

All newly admitted inmates, including returnees from psychiatric hospitals, shall receive a full assessment during the first shift that is staffed by clinical staff following their admission. The full assessment shall include completion of the admission form and evaluation of the inmate by a psychiatrist.

(v) **Discharge Procedure**:

An inmate shall not be discharged from the mental health unit until s/he is cleared for discharge by the Mental Health Program Director, or her/his designee, after a finding that the inmate meets all discharge criteria. Once an inmate is cleared for discharge, s/he shall be transferred out of the mental health unit within 72 hours.

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[40] These inmates shall be housed on the mental health units pending prompt evaluation by a psychiatrist who shall, among other matters, fully assess the inmate's proper housing status.

(vi) **Special Status:**

Except to ensure public safety or to address an emergency, untrained personnel and other inmates shall not have access to inmates housed in the mental health units or the infirmary.[41]

(vii) **Initial Processing Period:**

The processing period for new admittees to the mental health unit shall not exceed one business day. Under no circumstances may an inmate housed in the mental health unit be locked down for more than one business day absent disciplinary justification, protective custody status, or an appropriate clinical or therapeutic reason.

(viii) **Treatment Plans:**

Treatment plans must be developed by the mental health treatment team for each new admittee and filed in the inmate's mental health record[42] within one week of his/her admission to the unit. They shall be reviewed by the mental health staff at two week intervals and the reviews shall be documented in the inmate's record. The treatment plan shall include the following: diagnosis, treatment interventions, identity of staff assigned to provide treatment, identification of specific problems being treated, and treatment goals.

Treatment plans shall be evaluated quarterly for appropriateness and timeliness through the quality assurance

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[41] Following the completion of the training cycle described in this remedial plan.

[42] This shall become the integrated medical/mental health record.

process. All documentation, including raw data and analysis, shall be maintained and provided to the Special Officer, and plaintiffs' counsel.

(ix) **Therapeutic Program**:

The therapeutic program provided in the mental health unit shall be described in the policy. The program will address, among other concerns, the special needs of the juveniles and women housed on the mental health units as well as a plan for providing all inmates housed on the units with regular access to outdoor recreation.

The failure to implement the policy and procedure described above within 240 days shall result in fines of $200.00 per day for each day of noncompliance.

C. **Physical Plant**

Within 45 days the defendants shall, in consultation with the Special Officer and her experts, draft a plan for upgrading the physical plant in the mental health units. The plan shall include a housekeeping program, a preventative maintenance program, an extermination program, and a schedule for reconfiguration of all office space in the unit in order to ensure that adequate space is provided for individual counseling, group counseling, team meetings, eating, recreation and other out-of-cell activity, and offices for the mental health staff.

The defendants shall steam clean and paint all ceilings and walls in all common areas, offices and cells located in the

mental health units within 75 days. The defendants shall abate all deficiencies cited by the Department of Consumer and Regulatory Affairs (DCRA) in all previous inspections within 60 days including deficiencies in the lighting of the cellblock common areas as well as the lighting of individual cells. In those situations where, despite a substantial good faith effort, the defendants cannot abate a deficiency within 60 days, they shall file on or before the conclusion of the 60 day period, a corrective action plan which identifies those deficiencies that have not been abated, the reasons why they have not been abated, and a deadline within which each deficiency will be cured. The corrective action plan shall also address those deficiencies for which a waiver shall be sought from DCRA, the date the waiver application has been or will be made, the basis for the waiver application, and the anticipated date by which a final determination will be made with respect to the waiver.
The failure to implement the plan to improve the physical plant in the mental health units will result in fines of $150.00 per day for each day of noncompliance.

5. General Population

Within 190 days, three clinicians shall be exclusively assigned to provide mental health services for inmates in the general population. They shall provide coverage on both the day and evening shifts.

Within 75 days, the defendants, in consultation with the Special Officer and her experts, shall draft a plan for providing reasonable and timely access to mental health services for inmates in the general population. The plan must include the following:

- A deployment schedule for the clinicians assigned to the general population;
- A procedure for self-referral and for referrals from the medical, correctional, or case management staff;
- A procedure for performing general mental health assessments which must be provided within 72 hours for a routine request or referral and which must be provided at the time of request or referral for emergencies;
- A procedure for the prescription of psychotropic medications and on-going monitoring of inmates who have been prescribed psychotropic medications;
- A procedure for instituting crisis intervention, including the availability of urgent assessment;
- A follow-up program for individuals identified during intake screening as at risk for mental illness; and
- A therapeutic program of individual counseling and group sessions, including eligibility and discharge criteria.

The failure to implement the plan to provide mental health services for inmates in the general population shall result in fines of $200.00 per day for each day of noncompliance.

6. Medication[43]

The defendants shall, within 75 days, in consultation with the Special Officer and her experts, develop a policy and procedure regarding medications, including medications used for the treatment of mental disorders.

The policy shall include the following requirements which shall be implemented as set forth below pending the development of the full policy:

- Within 14 days, except in an emergency, medication for the treatment of mental disorders shall be prescribed only by a psychiatrist. The psychiatrist shall review the inmate's medical record, including current medical condition, prior to prescribing such medication.

- Within five days, the defendants shall maintain a log identifying all inmates who have been prescribed medication for the treatment of mental disorders by name and DCDC number, the date of the prescription, the actual prescription, and the full name, title and provider number of the prescriber.

- Within 14 days the defendants shall establish a policy and procedure for addressing emergency situations where a non-psychiatric physician prescribes medication for the treatment of mental disorders. The policy and procedure must include a mechanism for prompt notification, review and evaluation by a psychiatrist.

- Effective immediately, all inmates who receive anti-psychotic medications must be informed of the risk of tardive dyskinesia. This shall be documented in the medical record.

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[43] Except where specifically noted, this section is intended to address all types of medication. It is not limited to medications used to treat mental disorders.

- Within 60 days, all antipsychotic medication may only be prescribed with an inmate's informed consent. Appropriate documentation shall be maintained in the medical record.

- Within 10 business days, prior to the administration of antipsychotic medication, all inmates shall be assessed for involuntary movements and appropriate clinical follow-up shall be undertaken. Appropriate documentation shall be maintained in the medical record.

- Within 45 days, the defendants shall evaluate, according to the "Abnormal Involuntary Movement Scale" (AIMS), all inmates who are receiving antipsychotic medication.

- Within 55 days the defendants shall develop a system to track all inmates receiving antipsychotic medication in order to ensure that AIMS evaluations are conducted at six month intervals for all inmates who receive antipsychotic medication.

- Within five days, the defendants shall utilize the computerized tracking system that they have developed to track all inmates who have been prescribed psychotropic medication.

- Within 10 days, inmates housed in the mental health units who have been prescribed medication for the treatment of a psychiatric disorder shall be seen and evaluated by a psychiatrist at least once per week until stabilized and thereafter a minimum of once every two weeks for continued evaluation. Within 60 days, inmates housed in the general population will be seen and evaluated according to the identical schedule unless the psychiatrist in the exercise of her/his clinical judgment determines, in those situations where the inmate has been stabilized for a significant period, that evaluation every 30 days is medically appropriate. The medical record of all inmates subject to these evaluations shall include appropriate documentation of each encounter. A schedule of appointments shall be maintained and annotated in order to document whether the appointment occurred.

The schedules shall be maintained and shall be made available to the Special Officer and counsel for the plaintiffs.

- Within 30 days, the defendants shall review the charts of all inmates who receive psychotropic medications in order to ensure that appropriate biochemical laboratory monitoring has been conducted.

- Within 10 days, the defendants shall develop a policy and procedure which establishes a system for tracking the laboratory monitoring of all inmates who receive psychotropic medication. Following implementation of the tracking system, the defendants shall develop a protocol which ensures that all inmates whose laboratory findings are abnormal, including those with subtherapeutic medication levels, are evaluated by a psychiatrist and clinically appropriate action is taken and documented in the medical record.

- Effective immediately, as part of the mental health quality assurance program, the defendants shall commence monitoring all inmates on lithium in light of the following: prescribing practices, appropriateness and timeliness of laboratory studies, lithium levels, adjustment of dosages, and monitoring of side effects. Monthly reports that reflect findings in each of these areas shall be immediately incorporated into the monthly compliance report and the defendants shall maintain all raw data for review by the Special Officer and plaintiffs' counsel upon demand. Within 60 days the defendants shall expand this effort in order to include all inmates on Tegretol.

- Within 30 days, the defendants shall develop a plan establishing an effective system for procurement of all necessary medications in order to ensure that an appropriate inventory of medications is always available. The plan shall include an implementation schedule. Pending the implementation of this system, the defendants shall, within five days, demonstrate to the Special Officer, her experts and plaintiffs' counsel that they have developed a workable system for

emergency procurement of out-of-stock medications in order to ensure that prescribed medications are promptly administered.

- Within 45 days, all medication for the treatment of mental disorders shall be administered by licensed nurses who have received training regarding the indications, effects and side effects of these medications. The training for these nurses shall include the methodology of watch-take administration. The defendants shall maintain records documenting the training of each nurse assigned to administer psychotropic medications. These records shall include the date of training, trainer, and curriculum.

- Within 10 days, all medication for the treatment of psychiatric conditions shall be administered on a watch-take basis and in liquid form. If there are medications which are not manufactured in liquid form, such medication shall be crushed and mixed with a liquid for administration. In situations where a medication cannot be effectively crushed (such as enteric coated medications), the medication shall be administered in the form in which it is manufactured on a watch-take basis.

The failure to implement the above-described policy requirements within the time-lines specified above shall result in fines of $200.00 for each violation pending the implementation of the full policy. The full policy shall be implemented within 75 days and thereafter fines in the amount of $250.00 for each violation of the policy shall be imposed.

7. Suicide Prevention

A. Training:[44]

(i) Suicide Prevention Training

The defendants shall, within 45 days, in consultation with the Special Officer and her expert consultants, develop an eight hour Jail suicide prevention training program for all staff who come into contact with inmates. This training program must include instruction concerning the following: warning signs and symptoms; potential predisposing factors; high risk suicide periods; the reasons why jails are conducive to suicidal behavior; instruction in the identification of inmate behavior that may be indicative of mental illness and the procedure for reporting such behavior, liability issues, intervention techniques, and the requirements in the revised DOC suicide prevention policy described below. In addition, all staff must receive appropriate refresher training on an annual basis. The suicide prevention training must be conducted by individuals with appropriate credentials and experience.

(ii) First Aid and CPR Training

Effective within 30 days, the defendants shall develop a training program for both standard first aid and CPR training for all staff who come into contact with inmates. The training must

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[44] All training plans required under this section shall include a procedure and deadlines for training subsequently hired/assigned staff.

be conducted by certified instructors. All staff must receive recertification training as required.

(iii) Mental Health Training

Within 60 days, the defendants, in consultation with the Special Officer and her experts, shall develop a mental health training program for all staff who come into contact with inmates.

All staff assigned to the mental health units, one correctional officer per cellblock per shift, as well as all officers assigned to the infirmary post, shall receive the initial suicide prevention training, first aid training, CPR training and mental health training within 120 days. All remaining Jail staff who come into contact with inmates shall receive the initial suicide prevention training, first aid training, CPR training and mental health training within 120 days thereafter. In scheduling the training, priority must be given to staff assigned to the mental health units or other housing areas (i.e., the infirmary) in which suicidal inmates are housed.

The defendants shall maintain a system for tracking suicide prevention training, CPR training and first aid training, and mental health training which ensures that all staff members receive the initial, refresher and recertification training in a timely fashion. The tracking system, which shall be established within 45 days, must verify each employees' status with respect to training.

The defendants shall pay fines in the amount of $200.00 per staff member for every staff member who, absent good cause, fails to complete the suicide prevention, first aid, and CPR training within the above-stated deadline schedules. These fines shall be paid on a per diem basis for each day that each staff member has not completed the training.

B. Communication:

Within 10 days, a team of correctional, medical and mental health staff shall meet with supervisory and administrative staff in order to build a more effective working relationship. Follow-up meetings shall transpire on a regular basis. The schedule, agenda and minutes for these meetings shall be generated by the Warden in consultation with appropriate correctional, medical and mental health staff.

C. Policy and Procedure:

The defendants shall, within 45 days, in consultation with the Special Officer and her expert consultants, develop a revised suicide prevention policy. The revised policy shall address the following areas: training; identification and screening; staff communication; housing; supervision; intervention; reporting; and follow-up/review. In addition, the revised policy shall incorporate the following requirements:

(i) Supervision:

(a) Observation Levels for Inmates on Suicide Watch:

The current observation levels contained in DOP 6080.2 shall be discontinued and replaced with the following:[45]

Close Observation: This observation level shall be provided for the inmate who is not actively suicidal but expresses suicidal ideation and/or has a recent prior history of self-destructive behavior. Inmates on close observation must be housed on the mental health units or the infirmary. They must be observed by correctional staff at staggered intervals that do not exceed every 15 minutes.

Constant Observation: This observation level shall be provided for the inmate who is actively suicidal. Inmates on constant observation must be housed in the infirmary and shall be observed by a staff member on a continuous and uninterrupted basis. The staff member assigned to observe this inmate shall have no other responsibilities. If an inmate requires more than eight consecutive hours of constant observation, s/he shall be transferred to an appropriate psychiatric hospital under the terms of the Court's November 9, 1993 Order.

(b) Communication of Suicide Watch Status:

Within 210 days a member of the mental health staff shall meet with all correctional staff assigned to every housing unit within which there is an inmate housed on suicide watch at the beginning of each shift. The mental health staff member shall be

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[45] Other observation aids, such as closed circuit television, may be used as a supplement to these observation levels. Under no circumstances may they be used as a substitute for close observation or constant observation.

required to brief the correctional staff about each inmate's suicide watch status in order to ensure that the officers are fully aware of the inmate's status.

Within 10 business days the defendants shall provide the Special Officer and plaintiffs' counsel with a plan for the communication of an inmate's suicide watch status to members of the correctional staff on a shift-to-shift basis pending the full mental health staffing of the mental health units.

(c) Supervision of Inmates Who Are Not on Suicide Watch:

All inmates housed in the mental health units must be physically observed by the correctional staff at 15 minute intervals. Staff must document the observation as the check occurs in each housing unit log.

All inmates housed in general population and segregation units shall be physically observed by correctional staff at regular 30 minute intervals. The correctional staff must document the observation as the check occurs in each housing unit log.

Under no circumstances shall inmates incarcerated at the Jail, including inmates on suicide watch, be permitted to append any materials to their cell doors which obstruct the view into the cell.

If the defendants fail to comply with the above-stated supervision and documentation requirements within 90 days, they shall be required to achieve compliance within 30 additional days. If the defendants remain in noncompliance at the

conclusion of this 30 day period they shall be required to develop within 30 additional days, in consultation with the Special Officer and her experts, a plan (including an implementation schedule) for the use and installation of electronic time clocks, or the functional equivalent, in the Jail's housing units. The time clocks shall be installed within 30 days after the plan is finalized.

(ii) Documentation for Close and Constant Observation:

Staff members shall be required to document the physical observation of inmates under close observation as each check occurs. The physical observation of inmates under constant observation shall be documented at 15 minute intervals. This information must be recorded on the suicide watch flow sheet which shall be filed in the medical record at the conclusion of the suicide watch. Suicide watch flow sheets must be completed and signed by all correctional staff members who have made physical observations of an inmate on suicide watch on each shift. Each shift supervisor shall be held responsible for the security checks performed by correctional officers in order to ensure that they are accurate and complete.

The head psychiatric nurse assigned to oversee each housing unit, and or his/her designee, shall be responsible for ensuring that all forms related to the suicide prevention protocol that fall under the auspices of the medical and/or mental health staff are accurate and complete.

(iii) Housing:

The defendants shall, within 60 days, in consultation with the Special Officer and her experts, develop a plan and implementation schedule for the renovation of all cells in the mental health units and the infirmary that shall house suicidal inmates. The plan must incorporate the following requirements which shall be implemented as specified below:

- Within 70 days all cells designated for the housing of suicidal inmates must be "suicide resistant" and free of all obvious protrusions. These cells must contain tamper-proof lighting fixtures, doors containing large panel heavy gauge lexan glass (or equivalent grade shatter-proof glass)[46] and ceiling air vents that are protrusion-free. Cells that house suicidal inmates may not contain the following: electrical switches or outlets, bunks with open bottoms, towel racks on desks and sinks, radiator vents, or any other object that may constitute a readily accessible anchoring device.

- Within one year, all other cells within the Jail that are used for housing inmates, or as temporary holding cells, shall contain tamper-proof light fixtures and ceiling air vents that are protrusion free.

- Effective immediately the defendants shall cease housing or holding suicidal inmates in any of the holding areas located within the third floor medical area, including but not limited to the locked walkway between the clinical side and the administrative side of the third floor, and the holding cells adjacent to the third floor control bubble.

(iv) Intervention:

Within 120 days, all housing unit officers shall be required to respond immediately to all emergencies in the housing units

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[46] The panels must be large enough to permit staff a full unobstructed view of the entire cell.

and commence life-saving measures. Correctional staff shall not wait for the arrival of medical personnel before initiating life-saving measures.

Within 10 business days, the defendants shall, in consultation with the Special Officer and her experts, develop a plan which addresses the initial correctional response to emergencies in the housing units pending completion of the CPR and first aid training that is mandated under the terms of this plan.

Effective immediately, any staff member who discovers an inmate attempting suicide shall immediately respond, survey the scene to ensure the emergency is genuine, and alert other staff to contact the Medical Emergency Response Team (M.E.R.T) pursuant to the Emergency Response Protocol filed in this case on April 12, 1994. If the staff member has been certified in first aid and/or CPR, these measures should be initiated and maintained, if indicated, until the staff member is relieved by medical personnel.

Within 15 days, the defendants shall supply all officers assigned to the mental health units and the infirmary with hand-held radios that shall be used to facilitate communication in the cellblocks and in the infirmary. All staff shall receive appropriate training in the use of the radios.

Within five business days the defendants shall survey the intercom system in each housing unit in order to determine whether the system is operational. In the event an intercom unit

in a housing unit is not operational, the defendants shall either cure the deficiency within 10 days or issue hand-held radios to the officers assigned to the housing unit pending the renovation of the intercom system. All housing unit intercoms shall be operational within 120 days.

Within five days, the defendants shall survey the first aid kits in each housing unit in order to ensure they are properly stocked and properly mounted. All first aid kits must contain an Addis Wonder Knife. An ambu bag shall be mounted in proximity to each housing unit first aid kit. All old first aid kits must be discarded.

Within 20 days, the defendants in consultation with the Special Officer and her experts, shall develop a protocol for regularly inventorying the contents of the first aid kits. The first aid kits shall be inventoried by an appropriately trained member of the medical staff. A log book of each inventory must be maintained by the Chief Medical Officer.

Within 20 days, all correctional staff who have contact with inmates shall receive instruction in the location of the first aid kit, the purpose and use of the wonder knife, and the purpose and use of the ambu bag. All trained staff shall be required to use the wonder knife, if indicated, to cut down hanging victims, and to use the ambu bag, if indicated, in order to provide respiratory resuscitation. Within 30 days the defendants shall provide documentation to the Special Officer and plaintiffs'

counsel which establishes that all staff have received the appropriate instruction.

Within 60 days, the defendants shall initiate training of all correctional, medical and mental health staff in the requirements of the Emergency Response Protocol filed with the Court on April 12, 1994. Records of the training shall be maintained in order to track the training status of all staff. The training program shall include the use of mock drills as well as initial and refresher training. Special consideration shall be given to the clinical training of medical personnel who shall be trained and tested on appropriate emergency medical techniques within 60 days. All training shall be completed within 75 days and the defendants shall develop a system for tracking the training status of all Jail staff. Within 90 days the defendants shall provide documentation to the Special Officer and plaintiffs' counsel which establishes that all staff have received appropriate training.

Within 30 days the defendants shall maintain a log of all medical emergencies. The log shall include a copy of Attachment A to the April 12, 1994 Emergency Response Protocol. The log shall be reviewed on a weekly basis by the Chief Medical Officer in order to determine whether there is any indication of deviations from the requirements of the protocol. All deviations shall be documented and a corrective action plan shall be instituted.

For the first 30 days following the training, deviations from the requirements of the Emergency Response Protocol shall be fined at the rate of $250.00 per violation. Thereafter, deviations shall be fined at the rate of $500.00 per violation.

Effective immediately, the issuance of a paper gown for a suicidal inmate should be accomplished only as a last resort for periods when the inmate is engaging in self destructive behavior. Cloth gowns with zippers shall not be issued to suicidal inmates.

(v) Reporting:

The defendants shall, within 30 days, in consultation with the Special Officer and her experts, develop a protocol, implementation schedule, and a form for reporting all significant suicide attempts and successful suicides.

(vi) Follow-up/Review:

The defendants shall, within 45 days, in consultation with the Special Officer and her experts, develop a protocol and implementation schedule for the follow-up and review of all serious suicide attempts and successful suicides. The protocol shall address, among other things, the operation of the Suicide Investigation Committee. The Suicide Investigation Committee shall be governed by the following, among other, requirements:

- The Suicide Investigation Committee shall be required to commence a full investigation of all successful suicides within one business day of their occurrence.

- The investigation must include, but shall not be limited to the following: observation of the area where the suicide or significant attempt transpired; confidential interviews with staff, inmates, and eyewitnesses; and

review of relevant documents, records and log books. The defendants shall promptly make all records and interviewees available to the Suicide Investigation Committee.

- The final report generated by the Suicide Investigation Committee shall be completed within 30 days of a Jail suicide or significant suicide attempt and shall contain recommendations which are considered by the DOC executive staff. In the event a particular recommendation is rejected, a written record must be developed citing the reasons why the recommendation has been rejected. The recommendations must be used to generate a corrective action plan and implementation schedule.

The defendants shall, within 60 days, in consultation with the Special Officer and her experts, develop a plan establishing a crisis intervention team for inmates and critical incident stress debriefings for staff.

Failure to implement the above-stated suicide prevention policy requirements, except those related to emergency response, within the time-lines specified above shall result in fines of $250.00 per infraction.

8. Restraints

Within 20 days, the defendants shall, in consultation with the Special Officer and her expert consultants, develop a policy and procedure which implements the requirements contained in the November 9, 1993 Order with respect to the use of medical restraints. All medical, mental health and correctional staff shall be trained in the policy within 30 days thereafter.

The defendants shall develop, within 30 days, a system for tracking the application of restraints. A restraint log shall be maintained and shall include the following information: the name and DCDC designator number of the inmate who has been restrained; the date and time that restraints were applied; the identity of the health care provider who ordered that restraints be applied and the reasons why the order was given; the precise restraint order; the terms of any modifications to the initial order; and the date and time when restraints were removed or the inmate was transferred to an appropriate psychiatric hospital facility.

Effective immediately, all violations of the November 9, 1993 Order regarding the use of restraints shall be fined at the rate of $500.00 per violation. After seven violations, all violations shall be fined at the rate of $1,000.00 per violation **EXCEPT** that effective immediately the defendants shall pay $3,000.00 for each instance in which an inmate is restrained in the absence of an order issued by a physician.

9. Hospitalization

A. Transfers Pursuant to the November 9, 1993 Order

Within 30 days the defendants shall, with the assistance of the Special Officer and her staff, provide to counsel for plaintiffs a list of all inmates who have been transferred pursuant to paragraph one and paragraph four of the November 9, 1993 Order. The list shall be accompanied by the following information: the date and time of the evaluation which precipitated the transfer, the date and time of the transfer, the name of the facility where the inmate was transferred, the date of return, the reason for the transfer (including the diagnosis and whether the inmate was transferred pursuant to paragraph one or paragraph four of the order), whether the inmate was on pretrial status, whether the inmate was under 18 years of age at the time of transfer, and the gender of the inmate.

Within 10 days the defendants shall maintain a log of all transfers conducted pursuant to either paragraph one or paragraph four of the November 9, 1993 Order. The log shall contain all of the categories of information listed in the preceding paragraph and shall be maintained by the Program Director of the Jail's mental health program or her/his designee. The log shall be producible to the Special Officer and plaintiffs' counsel.

Within 30 days the defendants shall deliver to the Special Officer and plaintiffs' counsel a narrative statement, signed under penalty of perjury by a supervisory official in the DOC who has personal knowledge, which specifies all steps the defendants

have taken and plan to take to supplement their psychiatric hospitalization capacity, including but not limited to the identity of the DOC employee(s) assigned to this matter, the names and affiliations of the individual(s) who were contacted with regard to this matter, the dates of each contact, the content of each contact and the result of each contact. In addition, the defendants shall produce to the Special Officer and plaintiffs' counsel all documents and records maintained by the DOC that are relevant to defendants' efforts to supplement the DOC's psychiatric hospitalization capacity.

Within 120 days, the defendants shall provide the Special Officer, her experts and plaintiffs' counsel with a detailed written assessment regarding the need to supplement the DOC's psychiatric hospital bed capacity for pre and post trial adult men and women as well as for pre and post trial juveniles who are held in the custody of the Department of Corrections.

Within 30 days following the issuance of the assessment described in the preceding paragraph, the defendants shall be required to demonstrate to the Special Officer and plaintiffs' counsel that chey have the actual capacity to provide for the psychiatric hospitalization of all inmates subject to hospitalization under the terms of the November 9, 1993 Order. Evidence of this capacity shall include but not be limited to contracts with appropriate psychiatric hospitals that provide psychiatric services and/or the establishment of an appropriate psychiatric hospital component in a facility operated by the

District of Columbia. The failure to develop an adequate psychiatric hospitalization capacity within this time-frame shall result in the imposition of fines in the amount of $3,500.00 per day, per inmate, for each day an inmate who is in need of psychiatric hospitalization pursuant to the November 9, 1993 Order is not hospitalized.

B. Policy and Procedure

Within 45 days, the defendants, in consultation with the Special Officer and her experts, shall develop a policy and procedure implementing the requirements of paragraphs one and four of the November 9, 1993 Order. The policy shall include a procedure for medical clearance of the inmate, as well as the following requirements which shall be implemented as set forth below:

> Within 10 days, in consultation with the Special Officer and her expert consultants, the defendants shall develop a form[47] that shall be used to assess an inmate's need for hospitalization under the provisions of both paragraph one and paragraph four of the Court's November 9, 1993 Order. The assessments shall commence immediately thereafter and with respect to inmates housed on the mental health units, the following schedule shall apply:
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> - All inmates receiving psychotropic medications shall be assessed with regard to the need for hospitalization under either paragraph one or paragraph four of the November 9, 1993 Order at the time of their weekly or bi-weekly psychiatric evaluations. An assessment form shall be completed by the

[47] This requirement is not intended to preclude the use of the psychiatric consult form.

psychiatrist conducting the evaluation and filed in the medical record.

- All inmates who are not receiving medication, but diagnosed as mentally ill and refusing medication, shall be assessed weekly and a copy of the assessment form shall be filed in the medical record.

- All inmates who have been diagnosed with a mental illness but medication has not been indicated, shall be assessed every two weeks. A copy of the assessment form shall be filed in the medical record.

Inmates who are not housed on the mental health units shall, within 60 days, also be subject to hospitalization assessments. An assessment form shall be completed by the psychiatrist conducting the evaluation[48] and stored in the medical record. At the time of the assessment these inmates shall also be assessed with respect to the need for transfer into the mental health unit. These inmates shall be assessed according to the following schedule:

- All inmates receiving psychotropic medication shall be assessed with regard to the need for hospitalization under either paragraph one or paragraph four of the November 9, 1993 Order at the time of their weekly, bi-weekly or monthly psychiatric evaluations.[49]

- All inmates diagnosed with a mental illness shall be assessed every 30 days with regard to the need for hospitalization, the need for housing on the mental health unit, and the need for medication.

The defendants shall, in consultation with the Special Officer and her experts, develop a system for scheduling all psychiatric hospitalization assessments within 10 business days.

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[48] Inmates who are not receiving medication may be assessed by a mental health clinician who shall consult with a psychiatrist if appropriate.

[49] See Section 6, above.

The defendants shall be fined $150.00 per occurrence for the failure to perform an assessment as set forth above. This fine shall be suspended. Following notice[50] of a violation, the defendants shall be required to promptly investigate the reasons for the violation. Within 15 days thereafter, or such longer period as permitted by the Special Officer, the defendants shall report to plaintiffs' counsel and the Special Officer with regard to the results of the investigation. At that time the defendants shall also submit a proposed corrective action plan which shall include an implementation schedule. The corrective action plan shall be submitted by the defendants for comment by plaintiffs' counsel and for approval by the Special Officer. The failure to implement the corrective action plan, within the time-frame set forth in the plan, shall result in the imposition of the fine that was initially suspended.

Within 45 days a master file of all assessments conducted shall be contemporaneously maintained. The master file shall include copies of all assessment forms that are completed pursuant to this plan. The file shall be made available to the Special Officer and counsel for the plaintiffs.

C. Plan For Sentenced Prisoners Who Contest Non-Emergency Hospitalization

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[50] The notice may be received from plaintiffs' counsel, the Special Officer, or the following employees of the DOC: the compliance office staff, the warden or one of the deputy wardens of the Jail, the Assistant Director for Health Services, the Chief Medical Officer of the Jail, the Chief Psychiatrist of the DOC, the Director of the Mental Health Program at the Jail, the Jail's Chief Pharmacist, and the Executive Deputy Director of the DOC.

The defendants, in consultation with the Special Officer and her expert consultants shall develop, within 30 days, a plan for the care, treatment, and monitoring of any sentenced inmate who interposes an objection to his/her non-emergency hospitalization and requests a jury trial pursuant to Superior Court Mental Health Rule 9. The failure to implement the plan within 45 days shall result in fines of $500.00 per infraction.

Effective immediately, pending the development and implementation of the plan, such inmates shall be housed on the mental health unit and have daily documented contact with a mental health clinician as well as, at a minimum, a weekly assessment by a psychiatrist with respect to whether there is a need for emergency hospitalization. Within five business days, a treatment plan shall be developed and implemented in order to address the inmate's therapeutic needs while housed on the mental health unit pending the ultimate disposition of the petition for hospitalization. The failure to comply with this interim procedure within the time-frame specified herein shall result in fines of $1,000.00 per infraction.

10. Quality Assurance

Within 30 days, the defendants shall, in consultation with the Special Officer and her experts, develop a plan for implementing paragraph 18 of the November 9, 1993 Order. The plan shall require implementation at the conclusion of the 30 day period. The failure to implement the plan within 10 days

thereafter shall result in fines of $200.00 per day for each day the plan is not implemented.

The mental health quality assurance monitor, in consultation with the Special Officer and her experts, shall develop a mental health quality assurance plan for the Jail within 60 days after the mental health quality assurance monitor commences employment. The plan shall include an implementation schedule. The mental health quality assurance plan shall be implemented in accordance with the implementation schedule set forth in the plan. The failure to implement the mental health quality assurance plan within the time-frame specified in the plan shall result in fines of $250.00 per day for each day the plan has not been implemented.

V. MEDICAL CARE PLAN

The initial remedial plan for medical care addresses staffing and other urgent compliance-related deficiencies such as deficiencies in pharmacy services, quality assurance, specialty clinic access, infirmary capacity, access to sick call, and care for inmates with HIV/AIDS. Other areas of non-compliance that are not the subject of this plan shall be addressed in subsequent remedial plans.

1. General Matters Related to Medical Staffing

All persons employed in the positions that are required under this staffing plan shall, unless indicated herein, work full-time in the medical program at the District of Columbia

$200.00 per day for each day that an improperly credentialed provider works at the Jail.

All medical provider positions required under this plan, except the Chief Medical Officer, Chief Pharmacist, and Chief Nurse positions, should be considered positions that shall be filled as specified for each shift. Accordingly, within 45 days, the defendants shall, in consultation with the Special Officer and her experts, develop a plan for providing coverage on shifts where a provider may be absent due to circumstances that include but are not limited to annual leave, sick leave, and leave for continuing education.

The failure to hire the staff required under the terms of this plan, within the time period set forth in this plan, shall result in fines of $200.00 per day per vacant position for the first 30 day period of noncompliance followed by fines of $250.00 per day per vacant position for each subsequent day of noncompliance. All vacancies which occur subsequent to the filing of this plan shall be filled within 120 days. Failure to fill such vacancies within this time-line shall result in fines of $200.00 per day per vacant position for the first 30 day period of noncompliance followed by fines of $250.00 per day per vacant position for each subsequent day of noncompliance.

2. Staffing Plan[52]

Within 180 days, the defendants shall hire the following medical staff, who shall be deployed as indicated below:

A. Physicians . . . . . 16.5 FTE's*

Deployment/ Week Days:

Days	Evenings	Nights
1 Chief 9 full-time	2 full-time 4 part-time	2 full-time

Deployment/ Weekends:

1.5 FTE's for physician coverage of at least one physician on each weekend shift.

B. Physicians' Assistants . . . . . 17 FTE's

Deployment/ Week Days:

Days	Evenings	Nights
1 Chief 8 full-time	3 full-time	2 full-time

Deployment/ Weekends:

3.0 FTE's for 48 coverage deployed as 2 PA's per shift on each weekend shift.

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[52] For over six months, the Special Officer has repeatedly requested that the defendants work with her and her expert consultant on the development of this medical staffing plan. Unfortunately, although the defendants promised to provide the Special Officer with staffing proposals on a number of occasions, they failed to do so. The plan presented here was developed by the Special Officer's medical expert after consultation with various members of the Jail's medical staff. In large part, although not entirely, it is identical to "suggestions" regarding staffing that were made to the DOC executive staff by the DOC medical director. These "suggestions" are contained in a document which was forwarded to the Special Officer by plaintiffs' counsel who obtained it during the course of his participation on a task force related to correctional health care. It is noteworthy that at least one of the staffing "suggestions" directly contravenes this Court's orders regarding the deployment of the tuberculosis coordinator. A copy of the DOC medical director's "suggestions" is attached as Ex. 6.

the services of a dental hygienist to inmates incarcerated at the Jail when such services are clinically indicated.

G. Pharmacy

1 Chief

5 Pharmacists

5 Pharmacy Technicians

H. Health Educator

1 full-time

I. Nursing Assistants

4 full-time

J. Tuberculosis Coordinator[53]

1 full-time

K. Quality Assurance (QA)

1 full-time medical QA monitor

1 assistant

3. Pharmacy

Effective immediately, the defendants shall take all appropriate steps to stabilize leadership in the Jail pharmacy. In this regard, the defendants shall, within 30 days, convert the

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[53] The tuberculosis coordinator shall receive adequate clerical support and support staff may be increased if the current staffing level proves inadequate.

acting chief pharmacist position to a permanent chief pharmacist position.

The defendants shall, within 75 days, in consultation with the Special Officer and her experts, develop a plan to cure deficiencies in the pharmacy system in order to ensure, among other matters, that drug utilization reviews, patient profiles, daily one-on-one medication lists, and drug inventories can be obtained on a timely basis. The failure to substantially implement this plan within 150 days shall result in the imposition of fines in the amount of $200.00 per day for each day the plan has not been implemented.

Pending the implementation of the plan described in the preceding paragraph, the defendants shall, within 20 days, in consultation with the Special Officer and her experts, develop an interim system, that is not based on the Medication Administration Records (MAR's) prepared by the nursing staff, for tracking one-on-one medications, maintaining medication compliance information, and preparing the lists necessary for dispensing medications at each medication distribution time.

4. Quality Assurance (QA)

The medical care quality assurance monitor, in consultation with the Special Officer and her experts, shall develop a medical care quality assurance plan for the Jail within 60 days after the medical care quality assurance monitor commences employment. The plan shall include an implementation schedule. The medical

quality assurance plan shall be implemented in accordance with the implementation schedule set forth in the plan. The failure to implement the QA plan in accordance with the implementation schedule set forth in the plan shall result in fines of $250.00 per day for each day of noncompliance.

5. Specialty Services

Within 90 days, the defendants shall, in consultation with the Special Officer and her experts, develop a plan which incorporates in substantial part the recommendations made by Dr. Robert L. Cohen in his September 15, 1993 report on medical services at the Jail. The plan, which shall include an implementation schedule, must ensure that all inmates receive timely access to specialty medical services. Defendants shall pay fines of $1000.00 per day for each day that they are in noncompliance with the plan.

Within 60 days, the defendants shall, in consultation with the Special Officer and her experts, develop a plan to renovate the holding cells at D.C. General Hospital in order to ensure that inmates do not remain shackled in the holding cells and/or shackled to the benches in the vestibule area while awaiting appointments in the clinics or in the emergency room. The plan shall include an implementation schedule and shall address the expansion of the holding area as well as the construction of security vestibules with handcuffs ports at the entrance to each of the holding cells. The failure to implement the renovation

plan within the time-line set forth therein shall result in fines of $500.00 per day for each day the plan is not implemented.

6. Infirmary Care

Within 30 days the defendants shall provide to the Special Officer and plaintiffs' counsel a full assessment of the DOC's infirmary space capability. The assessment shall include the average daily census of all infirmaries, including the handicapped unit at the Correctional Treatment Facility (CTF), operated by the Department of Corrections since January 1, 1992. The failure to provide this assessment within 30 days shall result in fines of $1,000.00 per day for each day the assessment is not provided.[54]

Within 75 days the defendants shall, in consultation with the Special Officer and her experts, develop a plan for the provision of infirmary care for inmates incarcerated at the Jail. The plan shall also address the use that shall be made of the current Jail infirmary facilities. The plan shall be implemented within 105 days. The failure to implement the infirmary care plan within 105 days shall result in fines in the amount of

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[54] The Special Officer requested this assessment from the defendants in March of 1994. It has not yet been received. The assessment is necessary in order to evaluate whether defendants' proposal for permanently closing the infirmary at the Jail should be endorsed. Pending the resolution of the infirmary issue, the Special Officer cannot meaningfully address through the remedial process the deficiencies in medical treatment and medical office space that continue to compromise the quality of care at the Jail.

$250.00 per inmate per day for each day an inmate is not admitted into an infirmary when such admission is medically indicated.

7. Sick Call

The defendants shall, within 30 days, in consultation with the Special Officer and her experts, develop a policy and procedure related to the operation of sick call at the Jail. The policy shall incorporate in substantial part the recommendations made by Dr. Robert L. Cohen in his September 15, 1993 report on medical services at the D.C. Jail. The policy shall be implemented within 45 days. The defendants shall pay fines in the amount of $250.00 per infraction for each violation of the sick call policy.

8. Treatment of Inmates with HIV/AIDS

The defendants shall, within 75 days, in consultation with the Special Officer and her experts, develop a plan for the appropriate care and treatment of inmates with HIV/AIDS. The plan shall incorporate in substantial part the recommendations made by Dr. Robert L. Cohen in his September 15, 1993 report on medical services at the D.C. Jail. The plan shall be implemented in accordance with an implementation schedule that is developed as part of the plan. The defendants shall pay fines in the amount of $250.00 per inmate per day that each inmate is not treated in accordance with the plan.

9. Intake Screening

Within 20 days the defendants shall, in consultation with the Special Officer and plaintiffs' counsel, develop a policy and procedure regarding the timely processing of inmates from the Reception and Diagnostic area at the Jail to the Medical Intake area at the Jail.

10. Therapeutic Diets

Within 90 days the defendants shall, in consultation with the Special Officer and her experts, develop a therapeutic diet plan for the Jail. The plan shall address staffing and include an implementation schedule. The failure to substantially comply with the plan shall result in fines of $500.00 per day for each day of noncompliance.

Within 20 days, the defendants shall develop a policy and procedure which ensures that inmates who are insulin-dependent receive their meals within 30 to 60 minutes after receiving their dosages of insulin.

11. Intake and Sick Call Procedures for Inmates with Special Needs

Within 75 days the defendants shall, in consultation with the Special Officer and her experts, develop a policy and procedure for facilitating the medical and mental health intake processing, as well as sick call care, of all inmates at the Jail who are not native english speakers, or who have speech and/or hearing impairments.

VI. COMPLIANCE MONITORING SYSTEM

A. Staffing:

Within 120 days the defendants shall hire an additional compliance monitor[55] who shall be assigned exclusively to monitoring and reporting on the defendants' compliance with the Orders that have been issued in this case. The necessity for this additional compliance monitor assigned to this case on a full-time basis shall be evaluated by the parties, in consultation with the Special Officer, within 180 days from the date the second monitor commences her/his employment.

Within 90 days the defendants shall hire an office clerk/typist who shall provide support services to the compliance monitors.

B. Office Space and Equipment:

Within 30 days the defendants shall identify suitable office space at the Jail for both compliance monitors and the office clerk/typist. The office space must include adequate filing space.

The compliance monitors shall be provided with such office equipment as is necessary for the proper performance of their duties, including but not limited to office furniture, telephones, offices supplies, appropriate computer hardware and

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[55] Indeed, as set forth in Ex. 7, the defendants have proposed the employment of an additional monitor for the Jail.

software, and facsimile equipment. They shall also be provided with a full library of all applicable medical, mental health and environmental standards as well as a full library of the Orders, expert reports, DCRA reports, and the reports of the Special Officer that have been issued in this case. The compliance monitors shall be required to familiarize themselves with these documents within 60 days following the commencement of their employment.

C. Training:

The defendants shall, within 90 days, in consultation with the Special Officer and plaintiffs' counsel, develop a compliance training curriculum for the compliance monitors and their clerk. Both monitors and the clerk shall be trained within 30 days following the commencement of the employment of the second monitor. The training curriculum shall include the substantive legal requirements in this case, all applicable environmental, medical and mental health standards, as well as the methodologies for compliance monitoring.

D. Job Descriptions:

The defendants, in consultation with the Special Officer and plaintiffs' counsel, shall, within 20 days, finalize the job descriptions for the compliance monitor positions. The compliance monitors and their clerk shall not be subject to stigmatization or retaliatory action for properly performing

their duties and shall work directly under the authority and auspices of the Director of the Department of Corrections.

VII. REPORTING

The defendants shall continue to file monthly compliance reports and to report all violations of the Court's Orders within 48 hours and as required under the terms of the November 9, 1993 Order. The failure to comply with these reporting requirements shall be fined at the rate of $250.00 per violation except that the defendants shall be fined at the rate of $1,000.00 per violation for each instance of grossly negligent and knowingly false or misleading reporting.[56] These fines shall be suspended. Following notice[57] of a violation, the defendants shall be required to promptly investigate the reasons for the violation. Within 15 days thereafter, or such longer period as permitted by the Special Officer, the defendants shall report to plaintiffs' counsel and the Special Officer with regard to the results of the investigation. At that time the defendants shall also submit a proposed corrective action plan which shall include an implementation schedule. The corrective action plan shall be

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[56] The reporting fines in the interim tuberculosis plan shall remain in full force and effect.

[57] The notice may be received from plaintiffs' counsel, the Special Officer, or the following employees of the DOC: the compliance office staff, the warden or one of the deputy wardens of the Jail, the Assistant Director for Health Services, the Chief Medical Officer of the Jail, the Chief Psychiatrist of the DOC, the Director of the Mental Health Program at the Jail, the Jail's Chief Pharmacist, and the Executive Deputy Director of the DOC.

submitted by the defendants for comment by plaintiffs' counsel and for approval by the Special Officer. The failure to implement the corrective action plan, within the time-frame set forth in the plan, shall result in the imposition of the fine that was initially suspended.

Within 90 days, the defendants, in consultation with the Special Officer and plaintiffs' counsel, shall develop a written policy and procedure for the reporting of violations as well as for the monthly compliance reports.

Within 120 days, the defendants in consultation with the Special Officer and plaintiffs' counsel shall develop a revised monthly compliance report form. The revised report must be certified under penalty of perjury by each person designated to fill out each section of the report. The reports must be reviewed and their accuracy certified under penalty of perjury by the Warden and the compliance monitors.

* * * *

At the conclusion of a 10 month period, the Special Officer and her experts will fully audit the defendants' compliance with the initial remedial plan and work with the defendants on developing any appropriate modifications to the plan. Some adjustments in staffing, as well as adjustments in other areas, may be warranted.

Given the fact that the defendants have been in noncompliance with this Court's orders for over two decades, and given the gravity of the deficiencies in medical and mental

health care at the Jail, if the defendants fail to implement the terms of this remedial plan, and persist in their violations of the interim tuberculosis isolation plan, the Special Officer will be left with only one reasonable alternative to recommend to the Court: the appointment of receiver to manage medical and mental health care at the D.C. Jail. The Special Officer and her experts will continue to work closely with the defendants in an effort to avoid such an outcome.

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Certificate of Service

I hereby certify that a copy of the foregoing draft report was hand-delivered on the 11th day of October, 1994 to the following:

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EXHIBIT LIST

Exhibit	Description
1 A	Plaintiffs' March 28, 1994 Letter Regarding Interim Mental Health Remedial Plan
1 B	Plaintiffs' Proposed Remedial Plan Regarding Mental Health Care
1 C	Plaintiffs' April 20, 1994 Letter Regarding Quality Assurance
1 D	Plaintiffs' Proposed Remedial Plan Regarding Medical Care
1 E	Defendants' Proposed Remedial Plan Regarding Medical and Mental Health Care
1 F	Defendants' Second Submission Regarding Proposed Mental Health Remedial Plan
1 G	Plaintiffs' Response to Defendants' Proposed Remedial Plan Regarding Mental Health Care
2	Lindsay Hayes' Report Regarding Suicide Prevention at the Central Detention Facility - July 13, 1994
3	Organizational Chart for Mental Health
4 A	Defendants' December 6, 1993 Letter Regarding Mental Health Staffing
4 B	Defendants' Proposed Mental Health Staffing Plan
5	Mental Health Staffing Requirements
6	Defendants' Proposed Medical Staffing Plan
7	Defendants' Draft Operational Plan Regarding Compliance Monitoring Remedial Plan