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Monitor

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

WESTERN DIVISION

UNITED STATES OF AMERICA, Plaintiff, v. COUNTY OF LOS ANGELES AND LOS ANGELES COUNTY SHERIFF JIM MCDONNELL, in his Official Capacity, Defendants.	CASE NO. 15-cv-05903 DDP (JEMx) **MONITOR'S THIRD REPORT**

Pursuant to the Paragraph 109 of the Joint Settlement Agreement Regarding Los Angeles County Jails, the Monitor appointed by this Court hereby submits the attached Report "describing the steps taken" by the County of Los Angeles and the Los Angeles County Sheriff during the six-month period from July 1, 2016, to December 31, 2016, "to implement the Agreement and evaluating the extent to which they have complied with this Agreement." This Report takes into consideration the advice and assistance I have received from the Subject Matter Experts appointed by this Court and the comments from the parties in accordance with Paragraph 110 of the Agreement. I am available to answer any questions the Court may have regarding my Report at such times as are convenient for the Court and the parties.

DATED: March 1, 2017

Respectfully submitted,

SCHEPER KIM & HARRIS LLP
RICHARD E. DROOYAN

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

MONITOR'S THIRD REPORT

This Third Report sets forth the Monitor's assessments of the implementation of the terms of the Settlement Agreement (the "Agreement") between the County of Los Angeles (the "County") and the United States Department of Justice ("DOJ") by the Los Angeles Sheriff's Department (the "Department") and the County's Department of Mental Health ("DMH").[1] It covers the County's reported results for the period from July 1, 2016, through December 31, 2016 (the "Third Reporting Period"), and reflects the observations and comments of the Subject Matter Experts regarding the County's compliance during that period.

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

This Third Report is based upon the Monitor's review of the policies, procedures and directives proposed and/or implemented by the Department and DMH, assessments of the Subject Matter Experts, multiple tours of the jails by the Monitor and the Subject Matter Experts, the County's Third Self-Assessment Status Report (the "Third Self-Assessment"), which was received on December 15, 2016, and the augmented Third Self-Assessment Status Report, which was received on January 23, 2017. It also takes into consideration the comments the Monitor received from the County and DOJ on the draft of this Report that was submitted to the parties on February 1, 2017, and results posted by the County after the draft was submitted.

This Third Report also reflects the results of audits by the Monitor's auditors to verify results reported by the County. The Monitor has deemed the County to be in Substantial Compliance "as of" the beginning of the quarter reported by the County if the auditors have verified that the County has met the thresholds in the Compliance Measures. If the auditors were not able to verify the results reported by the County, the twelve-month period for maintaining Substantial Compliance will commence in a future period when the County's reported results are verified by the auditors. If the County maintains Substantial Compliance with a provision for twelve consecutive months, pursuant to Paragraph 111 of the Agreement, the Monitor and Subject Matter Experts will "no longer. . .assess or report on that provision" in future reporting periods.

Some of the Substantial Compliance results reported by the County in the Third Reporting Period have not been audited by the Monitor's auditors and cannot be

[1] As a result of a reorganization, the Department of Mental Health is now part of the County's Department of Health Services ("DHS").

considered final until verified by the auditors. The County will not be deemed to be in Substantial Compliance as of the County's reported date for purposes of determining the twelve-month compliance period in the Monitor's future reports if the results are not verified by the Monitor's auditors.

During the Third Reporting Period, the Mental Health Subject Matter Expert, with the assistance of two clinicians retained by the Monitor, began to perform qualitative assessments of the County's compliance with certain of the Substantive Provisions of the Settlement Agreement. The Subject Matter Expert and the clinicians will be reviewing the methodology used by the Department in reporting its assessments of some of the mental health provisions. The Monitor expects to report the initial results of those qualitative assessments and methodology reviews in the Monitor's next report.

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

As has been the case since the beginning of the Initial Reporting Period, the County cooperated completely with the Monitor and the Subject Matter Experts during the Third Reporting Period. The Department, DMH (now DHS), and County Counsel facilitated our visits and inmate interviews, answered our questions, and responded to our requests for documents and information. We appreciate their responsiveness, transparency, professionalism, and courtesy in handling our monitoring requests.

Richard Drooyan, Monitor
March 1, 2017

EXECUTIVE SUMMARY

There are 69 provisions in the Settlement Agreement that are subject to monitoring by the Monitor and Subject Matter Experts. As of the date of this Report, the County and the Department are in Substantial Compliance with 22 provisions, in Partial Compliance with 27 provisions, and in Non-Compliance with 10 provisions. In addition, there are 6 other provisions in which the Department is in Substantial Compliance at some facilities and in Partial Compliance or Non-Compliance at other facilities, and one other provision in which the Department is in Partial Compliance at some facilities and in Non-Compliance at other facilities. There is also one provision (Paragraph 20) that is Not Currently Subject to Monitoring, one provision (Paragraph 34), that has been stayed pending litigation initiated by third party intervenors. and one provision (Paragraph 83) for which the Department is in Substantial Compliance at certain facilities and that is not currently subject to monitoring at other facilities. There are 29 provisions for which the County and the Department are in Substantial Compliance at some or all of the facilities.[2]

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

The County has provided documentation reflecting that, as of October 1, 2015, through September 30, 2016, it achieved Substantial Compliance with Paragraph 21, which requires that custody staff have active certifications in cardiopulmonary resuscitation and first aid, at the East and South facilities in the Pitchess Detention Center ("PDC"). The County also reported that the Department had achieved Substantial Compliance at North County Correctional Facility ("NCCF"), as of January 1, 2016, through December 31, 2016, at the PDC North facility, and the Inmate Reception Center ("IRC") as of January 1, 2016, through September 30, 2016, and at the Century Regional Detention Facility ("CRDF") and Twin Towers Correctional Facility ("TTCF") as of April 1, 2016, through September 30, 2016. These reported results have been verified by the Monitor's auditors. The County has now maintained Substantial Compliance for a period of twelve consecutive months at PDC East, PDC South, and NCCF as required by Paragraph 111 of the Settlement Agreement.

The County has achieved Substantial Compliance as of July 1, 2016, through December 31, 2016, with Paragraph 22, which requires the County and the Sheriff to provide instructional material on the use of arresting and booking documents to ensure the sharing of known relevant and available information on prisoners' mental health status and suicide risk.

The County has achieved Substantial Compliance as of January 1, 2017, with Paragraph 23, which requires the County and the Sheriff to create short and long term Suicide Hazard Mitigation Plans. These plans must be updated six weeks before the next two Monitor's reports are due.

[2] Under Paragraph 111 of the Agreement, the twelve-month period for which the County is required to maintain Substantial Compliance can be determined on a facility-by-facility basis.

The County has achieved Substantial Compliance as of July 1, 2016, through September 30, 2016, at CRDF with Paragraph 27, which requires the County and the Sheriff to ensure that all prisoners are privately screened by a QMHP within 12 hours to identify the need for mental health care and the risk for suicide or self-injurious behavior.

The County has provided documentation reflecting that, as of Apri1 1, 2016, through September 30, 2016, it achieved Substantial Compliance with Paragraph 30, which requires initial mental health assessments. The reported results are subject to verification by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, it achieved Substantial Compliance with Paragraph 32, which requires that a serious suicide attempt be entered in the prisoner's electronic medical record in a timely manner. The records reviewed by the Subject Matter Expert are consistent with the County's reported results, which have been verified by the Monitor's auditors through December 31, 2016. The reported results for the fourth quarter of 2016 are still subject to a qualitative assessment by the Subject Matter Expert.

The County has provided documentation reflecting that, as of July 1, 2016, and through September 30, 2016, it achieved Substantial Compliance with Paragraph 33, which requires mental health supervisors in the Jails to review electronic medical records on a quarterly basis to assess their accuracy. These results are subject to the Monitor's requests for additional source documentation and verification by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, through December 31, 2016, it achieved Substantial Compliance with Paragraph 38, which requires mental health staff or JMET teams to make weekly cell-by-cell rounds in restricted non-mental health housing modules to identify prisoners with mental illnesses and grant prisoner's requests for out-of-cell interviews. The auditors have verified the reported results, which are consistent with the observations of the Monitor and the Mental Health Subject Matter Expert during tours of MCJ, TTCF, and CRDF. The County has now maintained Substantial Compliance for a period of twelve consecutive months as required by Paragraph 111 of the Settlement Agreement.

The County has provided documentation reflecting that, as of January 1, 2016, through September 30, 2016, it achieved Substantial Compliance with Paragraph 41, which requires the Department and DMH to implement step-down protocols when prisoners are discharged from FIP after being on a suicide watch. The source documents indicate that the step-down protocols required by Paragraph 41 were followed for the two prisoners who were transferred to mental health housing at TTCF.

The County has achieved Substantial Compliance as of January 1, 2016, through December 31, 2016, with Paragraph 44, which requires the Department to install protective barriers in High Observation Housing and other mental health housing areas. The Monitor and Subject Matter Experts have observed that these barriers have been

installed as required in TTCF and CRDF. The County has now maintained Substantial Compliance for a period of twelve consecutive months as required by Paragraph 111 of the Settlement Agreement.

The County has achieved Substantial Compliance with Paragraph 45, which requires Suicide Prevention Kits and first-aid kits in control booths, as of October 1, 2015, through September 30, 2016, for all facilities other than MCJ and PDC North, and as of January 1, 2016 through December 31, 2016, for MCJ and PDC North. The County has now maintained Substantial Compliance for a period of twelve consecutive months as required by Paragraph 111 of the Settlement Agreement.

The County has achieved Substantial Compliance as of January 1, 2016, through December 31, 2016, with Paragraph 48, which requires the Department to have written housekeeping, sanitation, and inspection plans to ensure proper cleaning in accordance with California regulations. The County has now maintained Substantial Compliance for a period of twelve consecutive months as required by Paragraph 111 of the Settlement Agreement.

The County has achieved Substantial Compliance as of March 1, 2016, through December 31, 2016, with Paragraph 49, which requires the Department to have maintenance plans to respond to routine and emergency maintenance needs.

The County has achieved Substantial Compliance as of January 1, 2016, through September 30, 2016, at all facilities other than PDC South and PDC East, with Paragraph 50, which requires the Department to provide pest control in the jails. The County has achieved Substantial Compliance at PDC South and PDC East as of April 1, 2016, through September 30, 2016.

The County has provided documentation reflecting that, as of January 1, 2016, through June 30, 2016, it achieved Substantial Compliance at all facilities other than CRDF with Paragraph 51, which requires the Department to ensure that all prisoners have access to basic hygiene supplies in accordance with state regulations. The results have been verified by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, through September 30, 2016, it achieved Substantial Compliance with Paragraph 54, which requires the Department to ensure that prisoners who are not in mental health housing are “not denied privileges and programming based solely on their mental health status or prescription for psychotropic medication.” The reported results for the second and third quarters, but not for the first quarter, have been verified by the Monitor's auditors.

The County has provided documentation reflecting that, as of July 1, 2016, through December 31, 2016, it achieved Substantial Compliance at PDC North with the provision of Paragraph 55 that requires custody, medical and mental health staff meet at least once a week in Moderate Observation Housing. The reported results have been

verified by the Monitor's auditors through September 30, 2016. The County also has provided documentation reflecting that, as of October 1, 2016, through December 31, 2016, it achieved Substantial Compliance at CRDF and TCCF with the provision of Paragraph 55 that requires custody, medical and mental health staff meet daily in High Observation Housing and weekly in Moderate Observation Housing. The reported results for the fourth quarter of 2016 have not been verified by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, through September 30, 2016, it achieved Substantial Compliance with Paragraph 56, which requires custody, medical, and mental health staff to communicate regarding any change in a housing assignment following a suicide attempt or serious change in mental health condition. The reported results for January 1, 2016, through June 30, 2016, have been verified by the Monitor's auditors. The reported results for July 1, 2016, through September 30, 2016, are subject to verification by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, through September 30, 2016, it achieved Substantial Compliance at PDC South, North and East with Paragraph 58, which requires the Department to ensure that safety checks in non-mental health housing are completed and documented. The reported results have been verified by the Monitor's auditors.

The County has provided documentation reflecting that, as of January 1, 2016, through December 31. 2016, it achieved Substantial Compliance at all facilities other than TTCF and CRDF with Paragraph 68, which requires staggered contraband searches in housing units and visual inspection of HOH cells. The reported results have been verified by the Monitor's auditors. The County has maintained Substantial Compliance for twelve consecutive months at the facilities other than TTCF and CRDF as required by Paragraph 111 of the Agreement. The County also provided documentation that, as of October 1, 2016, through December 31, 2016, it achieved Substantial Compliance at CRDF. These results also have been verified by the Monitor's auditors.

The County has achieved Substantial Compliance as of September 1, 2016, through December 31, 2016, with Paragraph 70, which requires the Department to have "policies and procedures regarding the use of Security Restraints in HOH and MOH."

The County has provided documentation reflecting that, as of July 1, 2016, through September 30, 2016, it achieved Substantial Compliance with Paragraph 71, which requires the County and the Sheriff to ensure that any prisoner subjected to clinical restraints in response to a mental health crisis receives therapeutic services to remediate any effects from the episode(s) of restraint. These results have been verified by the Monitor's auditors.

The County has achieved Substantial Compliance as of September 1, 2016, through December 31, 2016, with Paragraph 74, which requires the Department to have an objective law enforcement investigation of every suicide that occurs in the jails.

The County has achieved Substantial Compliance as of September 1, 2016, through December 31, 2016, with Paragraph 76, which requires the Department to follow certain procedures whenever there is an apparent or suspected suicide.

The County has achieved Substantial Compliance as of June 1, 2016, through December 31, 2016, with Paragraph 78, which requires the Suicide Prevention Advisory Committee to meet twice a year.

The County has achieved Substantial Compliance as of July 15, 2016, through December 31, 2016, with Paragraph 82, which requires the Department to co-locate personnel responsible for collecting prisoners' grievances at CRDF.

The County has achieved Substantial Compliance with Paragraph 83, which requires it to install closed circuit security cameras throughout all of the common areas in the jails, as of July 1, 2015, through June 30, 2016, at MCJ and IRC; as of October 1, 2015, through September 30, 2016, at TTCF, and as of April 1, 2016, through December 31, 2016 at CRDF. The County has maintained Substantial Compliance at MCJ, IRC, and TTCF for over twelve consecutive months, but it needs to retain the videos for one year to achieve and maintain Substantial Compliance as required by Paragraph 111 of the Settlement Agreement.

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

The County achieved Substantial Compliance with Paragraph 86, which requires inventory policies and control of weapons, as of April 1, 2016, through December 31, 2016, at MCJ and CRDF; as of October 1, 2016, through December 31, 2016, at PDC North; and as of February 1, 2017 at PDC South and PDC East.

The County has achieved and maintained Substantial Compliance for twelve consecutive months with the following paragraphs at some or all of the jails: 21(CPR certifications) (at PDC East, PDC South, and NCCF); 38 (Weekly Rounds); 44 (Protective Barriers); 45 (Suicide and First Aid Kits); 48 (Housekeeping and Sanitation); and 68 (Contraband Searches) (at MCJ, NCCF, PDC South, PDC North, and PDC East).

The County previously achieved Substantial Compliance with Paragraphs 28, 29, 57, and 59, but not in the Third Reporting Period. The twelve-month period for maintaining Substantial Compliance pursuant to Paragraph 111 will begin to run for these provisions when the County achieves Substantial Compliance in the future.

18. Within three months of the Effective Date, the County and the Sheriff will develop, and within six months of the Effective Date will commence providing: (1) a four-hour custody-specific, scenario-based, skill development training on suicide prevention, which can be part of the eight-hour training described in paragraph 4.8 of the Implementation Plan in *Rosas* to all new Deputies as part of the Jail Operations Continuum and to all new Custody Assistants at the Custody Assistants academy; and (2) a two-hour custody-specific, scenario-based, skill development training on suicide prevention to all existing Deputies and Custody Assistants at their respective facilities, which can be part of the eight-hour training described in paragraph 4.7 of the Implementation Plan in *Rosas*, through in-service Intensified Formatted Training, which training will be completed by December 31, 2016.

These trainings will include the following topics:

(a) suicide prevention policies and procedures, including observation and supervision of prisoners at risk for suicide or self-injurious behavior;

(b) discussion of facility environments and staff interactions and why they may contribute to suicidal behavior;

(c) potential predisposing factors to suicide;

(d) high-risk suicide periods and settings;

(e) warning signs and symptoms of suicidal behavior;

(f) case studies of recent suicides and serious suicide attempts;

(g) emergency notification procedures;

(h) mock demonstrations regarding the proper response to a suicide attempt, including a hands-on simulation experience that incorporates the challenges that often accompany a jail suicide, such as cell doors being blocked by a hanging body and delays in securing back-up assistance;

(i) differentiating between suicidal and self-injurious behavior; and

(j) the proper use of emergency equipment.

STATUS (18): PARTIAL COMPLIANCE

The Monitor, in consultation with the Mental Health Subject Matter Expert, concluded in the First Reporting Period that the Department's training on suicide prevention, together with the Department's De-escalation and Verbal Resolution Training ("DeVRT"), meets the requirements of Paragraph 18. The DeVRT curriculum was approved by the *Rosas* Monitors and the Monitor, in consultation with the Mental Health Subject Matter Expert, on November 4, 2015.

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

The County's augmented Third Self-Assessment reports that all new Deputies and all new Custody Assistants since July 1, 2015, have received the "training mandated by this provision[.]" The Monitor's auditors have received training records reflecting that 95% of new deputies and new Custody Assistants hired after July 1, 2015, through December 31, 2015, received the required training. Notably, the auditors have not received any documentation from the Department reflecting the training of new deputies in 2016.

Assuming that the Department maintained Substantial Compliance for new personnel in 2016, and continues to do so in the future, Substantial Compliance under Paragraph 18 will be achieved when 85% of the existing deputies and Custody Assistants in Custody as of July 1, 2015, have received the required training. This was supposed to be completed on or before the Completion Date of December 31, 2016, but the County's Self-Assessment reports "that a significant portion of the training conducted in this reporting period used the wrong course."

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

19. Commencing July 1, 2015, the County and the Sheriff will provide:

(a) Custody-specific, scenario-based, skill development training to new Deputies during their Jail Operations training, and to existing Deputies assigned to Twin Towers Correctional Facility, Inmate Reception Center, Men's Central Jail, the Mental Health Housing Units at Century Regional Detention Facility, and the Jail Mental Evaluation Teams ("JMET") at North County Correctional Facility as follows:

(i) 32 hours of Crisis Intervention and Conflict Resolution as described in paragraphs 4.6 and 4.9 of the Implementation Plan in *Rosas* to be completed within the time frames established in that case (currently December 31, 2016). Deputies at these facilities will receive an eight-hour refresher course consistent with paragraph 4.6 of the Implementation Plan in *Rosas* every other year until termination of court jurisdiction in that case and then a four-hour refresher course every other year thereafter.

(ii) Eight hours identifying and working with mentally ill prisoners as described in paragraph 4.7 of the Implementation Plan in *Rosas* to be completed by December 31, 2016. This training requirement may be a part of the 32-hour training described in the previous subsection. Deputies at these facilities will receive a four-hour refresher course consistent with paragraph 4.7 of the Implementation Plan in *Rosas* every other year thereafter.

(b) Commencing July 1, 2015, the County and the Sheriff will ensure that new Custody Assistants receive eight hours of training in the Custody Assistant academy, and that all existing Custody Assistants receive eight hours of training related to identifying and working with mentally ill prisoners as described in paragraph 4.7 of the Implementation Plan in *Rosas*. This training will be completed by December 31, 2016. Custody Assistants will receive a four-hour refresher course consistent with paragraph 4.7 of the Implementation Plan in *Rosas* every other year thereafter.

STATUS (19): PARTIAL COMPLIANCE

As of November 4, 2015, the Monitor, in consultation with the Mental Health Subject Matter Expert and the *Rosas* Monitors, approved the curriculum for DeVRT, which provides for 32 hours of Crisis Intervention and Conflict Resolution training and includes eight hours identifying and working with mentally ill prisoners. The DeVRT curriculum meets the requirements of Paragraph 19 of the Settlement Agreement and paragraphs 4.6, 4.7 and 4.9 of the *Rosas* Implementation Plan. The Mental Health Subject Matter Expert and the *Rosas* Monitors approved the training materials developed by the Department for the DeVRT on March 4, 2016.

The County's augmented Third Self-Assessment reports that the Department has conducted 61 DeVRT courses, and has trained 1,022 existing Deputies, 821 new Deputies, and 95 new Custody Assistants. As noted in the Monitor's Second Report, a number of the Deputies and Custody Assistants attended DeVRT classes before March 4, 2016, when the training materials developed by the Department for DeVRT were finally approved by the Monitor and the *Rosas* Monitors. The Third Self-Assessment does not indicate how many Deputies and Custody Assistants attended the classes before March 4, 2016, or how many Custody Assistants have received the eight hours of training in identifying and working with mentally ill prisoners as required by Paragraph 19(b).

The Monitor's auditors have not received any training records for new deputies and Custody Assistants to determine whether the Department achieved (and has since maintained) Substantial Compliance as of October 1, 2015, which is the date that the Department's Initial Self-Assessment reported that this provision was "[r]eady for monitoring." The County reports that it anticipates it will begin to provide source documents in the second quarter of 2017.

Substantial Compliance will be achieved when 85% of the existing deputies and Custody Assistants in Custody Operations as of July 1, 2015, have received the required training, and 95% of the new deputies and Custody Assistants hired after that date have received the training, and those Deputies and Custody Assistants who attended DeVRT classes before March 4, 2016, receive the additional required DeVRT training in the first refresher course required under the *Rosas* Implementation Plan.

20. Commencing no later than July 1, 2017, the County and the Sheriff will provide:

(a) Custody-specific, scenario-based, skill development training to existing Deputies assigned to North County Correctional Facility, Pitchess Detention Center, and the non-Mental Health Housing Units in Century Regional Detention Facility as follows:

(i) 32 hours of Crisis Intervention and Conflict Resolution as described in paragraphs 4.6 and 4.9 of the Implementation Plan in *Rosas* to be completed by December 31, 2019. Deputies at these facilities will receive an eight-hour refresher course consistent with paragraph 4.6 of the Implementation Plan in *Rosas* every other year until termination of court jurisdiction in that case and then a four-hour refresher course every other year thereafter.

(ii) Eight hours identifying and working with mentally ill prisoners as described in paragraph 4.7 of the Implementation Plan in *Rosas* to be completed by December 31, 2019. This training requirement may be a part of the 32-hour training described in the previous subsection. Deputies at these facilities will receive a four-hour refresher course consistent with paragraph 4.7 of the Implementation Plan in *Rosas* every other year thereafter.

STATUS (20): NOT CURRENTLY SUBJECT TO MONITORING

As of November 4, 2015, the Monitor, in consultation with the Subject Matter Experts and the *Rosas* Monitors, approved the DeVRT curriculum for the Department's De-escalation and Verbal Resolution Training ("DeVRT"), which provides for 32 hours of Crisis Intervention and Conflict Resolution training that meets the requirements of Paragraph 20 of the Settlement Agreement. This training of Deputies assigned to the North County Correctional Facility ("NCCF"), the Pitchess Detention Center ("PDC"), and the non-Mental Health Housing Units in Century Regional Detention Facility ("CRDF") is not required before July 1, 2017.

21. Consistent with existing Sheriff's Department policies regarding training requirements for sworn personnel, the County and the Sheriff will ensure that existing custody staff that have contact with prisoners maintain active certification in cardiopulmonary resuscitation and first aid.

STATUS: **SUBSTANTIAL COMPLIANCE (as of October 1, 2015, through September 30, 2016 at PDC East and South (verified))**

SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through December 31, 2016 at NCCF (verified))

SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through September 30, 2016, at PDC North and IRC (verified))

SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through September 30, 2016, at CRDF and TTCF (verified))

NON-COMPLIANCE (at MCJ)

The Compliance Measures provide that "[t]he Department will provide semi-annual Self-Assessment reports to the Monitor and Subject Matter Experts regarding the active certification of custody staff in cardiopulmonary resuscitation and first aid. The Department will demonstrate Substantial Compliance when 95% of the designated custody staff have the required certification for 12 consecutive months."

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

The County's augmented Third Self-Assessment reports that the Department has been able to maintain Substantial Compliance at PDC North and IRC as of January 1, 2016, through September 30, 2016. The County has also reported that the Department is in Substantial Compliance at CRDF and TTCF as of April 1, 2016, through September 30, 2016. These results have been verified by the Monitor's auditors. Finally, the Department is not in compliance at MCJ.

22. Within six months of the Effective Date and at least annually thereafter, the County and the Sheriff will provide instructional material to all Sheriff station personnel, Sheriff court personnel, custody booking personnel, and outside law enforcement agencies on the use of arresting and booking documents, including the Arrestee Medical Screening Form, to ensure the sharing of known relevant and available information on prisoners' mental health status and suicide risk. Such instructional material will be in addition to the training provided to all custody booking personnel regarding intake.

STATUS: SUBSTANTIAL COMPLIANCE (as of July 1, 2016, through December 31, 2016)

The Justice Data Interface Controller ("JDIC") message the Department has been using since June 29, 2016, is sufficient to establish Substantial Compliance with Paragraph 22. The Monitor has confirmed that the Department has maintained Substantial Compliance from that date through the end of the year.

23. Within three months of the Effective Date, the County and the Sheriff will commence a systematic review of all prisoner housing, beginning with the Mental Health Unit of the Correctional Treatment Center, all High Observation Housing areas, all Moderate Observation Housing areas, single-person discipline, and areas in which safety precautions are implemented, to reduce the risk of self-harm and to identify and address suicide hazards. The County and the Sheriff will utilize a nationally-recognized audit tool for the review. From this tool, the County and the Sheriff will:

(a) develop short and long term plans to reasonably mitigate suicide hazards identified by this review; and

(b) prioritize planning and mitigation in areas where suicide precautions are implemented and seek reasonable mitigation efforts in those areas.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2017)

The Monitor has verified, with the advice of the Subject Matter Expert, that the Department's Suicide Hazard Inspection Check List tool is a nationally recognized audit tool for this review. The Department reports that it inspected all of the housing units by January 14, 2016, and it has provided the Monitor with completed checklists documenting the inspections. The County has modified and updated its Suicide Hazard Mitigation plan to address the comments of the Monitor and the Mental Health Subject Matter Expert. Although it addresses critical issues such as fixtures, parts of the plan consist of analysis or discussion rather than specific remedies with completion dates. Recognizing that the plan is not static, the Substantial Compliance finding is subject to the caveat that the plan must be updated at least six weeks before the Fourth and Fifth Reports are due, showing the status and completion of items in the plan.

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

STATUS: PARTIAL COMPLIANCE

The Department has submitted a revision to CDM 3-06/020.00 FACILITIES INSPECTIONS that requires Custody Support Services (CSS) to "review and inspect housing areas on a least an annual basis to identify suicide hazards."

On June 29, 2016, the Department provided the Monitor with a new version of the annual suicide hazard inspection tool it intends to use to identify suicide hazards. In response to comments from the Monitor and the Mental Health Subject Matter Expert, on December 13, 2016, the Department submitted a revised tool and indicated that it "is prepared to conduct an inspection once the Monitor has approved the tool." The tool was further updated on February 9, 2017.

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

25. The County and the Sheriff will ensure that any prisoner in a Sheriff's Department station jail who verbalizes or who exhibits a clear and obvious indication of current suicidal intent will be transported to IRC, CRDF, or a medical facility as soon as practicable. Pending transport, such prisoners will be under unobstructed visual observation, or in a suicide resistant location with safety checks every 15 minutes.

STATUS: NON-COMPLIANCE

The Proposed Revision of the Station Jail Manual requires that any arrestee who "displays obvious suicidal ideation or exhibits unusual behavior that clearly manifest[s] self-injurious behavior or other clear indication of mental health crisis shall be transported to the Inmate Reception Center (IRC), Century Regional Detention Facility (CRDF), or a medical facility as soon as practicable. Pending transport, such inmates . . . shall be under unobstructed visual observation or in a suicidal restraint location with safety checks every 15 minutes."

The Compliance Measures require the Department to randomly select and analyze Arrestee Medical Screening Forms from station jails identifying prisoners who verbalize or exhibit a clear and obvious indication of current suicidal intent to determine compliance with Paragraph 25 of the Agreement. The County's Third Self-Assessment reports that the Department is still working to capture the data to show when inmates arrive at a hospital.

The Monitor and Subject Matter Expert have advised the Department that each station jail should identify a location with clear visibility to observe inmates with urgent and emergent mental health needs pending transportation to IRC, CRDF, or a medical facility. The Third Self-Assessment reports that the station jails are being informed that they need to identify the specific suicide resistant locations that will be used to observe inmates with urgent or emergent mental health needs. Further, the Department has created a log for the station jails to use to document unobstructed visual observations.

26. Consistent with existing Sheriff's Department policies, the County and the Sheriff will follow established screening procedures to identify prisoners with emergent or urgent mental health needs based upon information contained in the Arrestee Medical Screening Form (SH-R-422) or its equivalent and the Medical/Mental Health Screening Questionnaire and to expedite such prisoners for mental health evaluation upon arrival at the Jail Reception Centers and prior to routine screening. Prisoners who are identified as having emergent or urgent mental health needs, including the need for emergent psychotropic medication, will be evaluated by a QMHP as soon as possible but no later than four hours from the time of identification.

STATUS: PARTIAL COMPLIANCE

Medical Service Bureau ("MSB") 201.01 RECEPTION CENTERS HEALTH SCREENING, effective February 17, 2016, DMH 20.2 RECEPTION CENTER INITIAL ASSESSMENT, Section 2.2, effective March 1, 2016, and DMH 70.7 SUICIDE PREVENTION, Section 4.1.1.2, effective July 7, 2016, address the requirements of Paragraph 26 of the Agreement.

Substantial Compliance requires (1) the Department to "review Arrestee Medical Screening Forms (SH-R-422) (or its equivalent) and the Medical/Mental Health Screening Questionnaires of 100 randomly selected prisoners during one randomly selected week per quarter at CRDF and at IRC" and (2)(i) that 95% of the forms "include the required mental health information" and (ii) 90% of the prisoners having urgent or emergent needs were "seen by a QMHP within four hours." The County's posted results reflect that 93% of the screening forms reviewed for the one randomly selected week in the Third Quarter had the required mental health information, and 50% of the prisoners were seen by a QMHP within four hours. The Monitor has noted on several visits to IRC and CRDF the steps that the Department is taking to expedite inmates with emergent or urgent mental health needs through the booking and evaluation process.[3]

[3] The Monitor and Mental Health Subject Matter Expert have authorized the County to use a subset of the screening questions to identify a universe of potential cases. The Subject Matter Expert's qualitative review will assess whether this approach is sufficient going forward.

27. Consistent with existing Sheriff's Department policies, the County and the Sheriff will ensure that all prisoners are individually and privately screened by Qualified Medical Staff or trained custody personnel as soon as possible upon arrival to the Jails, but no later than 12 hours, barring an extraordinary circumstance, to identify a prisoner's need for mental health care and risk for suicide or self-injurious behavior. The County and the Sheriff will ensure that the Medical/Mental Health Screening Questionnaire, the Arrestee Medical Screening Form (SH-R-422), or its equivalent, and/or the Confidential Medical Mental Health Transfer Form are in the prisoner's electronic medical record or otherwise available at the time the prisoner is initially assessed by a QMHP.

STATUS: SUBSTANTIAL COMPLIANCE (as of July 1, 2016, through September 30, 2016, at CRDF (verified) (subject to qualitative assessment))

PARTIAL COMPLIANCE (at IRC)

MSB 201.01, effective February 17, 2016, addresses the requirements of paragraph 27.

The Compliance Measures require the Department to review the records of "randomly selected prisoners who were processed for intake during one randomly selected week at CRDF and at IRC" to determine compliance with this provision. The County's Third Self-Assessment reports that Qualified Medical Personnel or trained custody staff filled out a Medical/Mental Health Screening Questionnaire for all of the 100 randomly selected prisoners within 12 hours of their arrivals in the jails, and that the required documents were available to QMHPs who conducted further assessments of 32 inmates identified as having mental health needs. The Monitor's auditors have verified the County's reported results for the third quarter of 2016.

The Mental Health Subject Matter Expert notes that, notwithstanding the quantitative results, the County "is not attempting to determine whether they are identifying those with mental health needs"" because it is not looking for "mentally ill prisoners who were not detected during the intake process." The qualitative assessment that the Subject Matter Expert and the clinicians are undertaking "will examine this" to determine "whether the intake process is actually detecting the mentally ill."

During site visits, the Monitor and the Mental Health Subject Matter Expert observed improvements in the processes for privately screening inmates at CRDF, but there are continuing challenges at IRC. As noted by the Subject Matter Expert, finding "a safe and private location at IRC for those who are agitated or otherwise present management problems present management challenges. . . [T]he County has identified a space in IRC that it intends to develop for this purpose, which is a reasonable solution, if fully implemented."

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

STATUS: PARTIAL COMPLIANCE

CDM 5-03/030.00 PRE-SCREENING, effective August 25, 2016, addresses the requirements of Paragraph 29 of the Settlement Agreement.

The Compliance Measures require the Department to review the records of randomly selected prisoners at CRDF and IRC who have urgent or emergent mental health needs to determine whether they were expedited through the booking process. The County's Third Self-Assessment reports that it has "identified new challenges" in attempting "[to gather] data for this provision," which it "expect[s] to discuss with the Monitor in the near future."

Notwithstanding the lack of qualitative results, the Monitor and Mental Health Subject Matter Expert believe that the County has achieved Partial Compliance based upon what they have observed at CRDF and IRC. The Monitor and Mental Health Subject Matter Expert toured CRDF and IRC on October 6 and 7, 2016, and reviewed the process for expediting prisoners identified during intake as having emergent and urgent mental health needs. At IRC, an inmate with urgent or emergent mental health needs is initially detained on a bench directly in front of the officer's station or brought to an area adjacent to the screening windows under the observation of custody personnel. He is then brought directly to the clinic where he "goes to the top of the list" to be assessed by clinicians. The inmate is under constant observation in the clinic until he is transferred to a HOH unit.

At CRDF, an inmate with urgent or emergent mental health needs is also initially detained on a bench directly in front of the officer's station before she is transferred as soon as practical to Module 1200 for an assessment by clinician. Depending on the availability of beds, the inmate may remain in 1200 or be transferred to a HOH unit.

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

STATUS: PARTIAL COMPLIANCE

Section 2.1 of DMH 20.2 RECEPTION CENTER INITIAL ASSESSMENT, effective March 1, 2016, addresses the requirements of Paragraph 29 of the Settlement Agreement.

The Compliance Measures require the Department to review randomly selected records of the prisoners who are identified in the intake nursing assessment as having non-emergent mental health needs to determine if the Department completed mental health assessment for 85% of the prisoners within the required time periods. The County's Third Self-Assessment reports that the Department achieved Partial Compliance in the third quarter of 2016 by completing mental health assessments for 75% of the inmates within the required time periods. The Monitor agrees that this is sufficient to achieve Partial Compliance.

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

STATUS: SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through September 30, 2016) (unverified)

DMH 20.2, Sections 2.3, 3.1.5, effective March 1, 2016, address the requirements of Paragraph 30 of the Settlement Agreement.

The Compliance Measures require the Department to review randomly selected initial mental health assessments and report on (1) the percentage of assessments that have all of the information required by Paragraph 30, and (2) whether the housing recommendations were followed. The County's Third Self-Assessment reports that 100% of the housing assignments reviewed in the second quarter of 2016 followed the housing recommendations in the initial treatment plans, which exceeds the 95% threshold for Substantial Compliance, and that 91% of the initial mental health assessments had the information required by Paragraph 30, which exceeds the 85% threshold. The Self-Assessments reports 98% of housing assignments and 90% of the initial assessments complied with the requirements of Paragraph 30 in the third quarter of 2016. The results are subject to verification by the Monitor's auditors.

31. Consistent with existing DMH and Sheriff's Department policies, the County and the Sheriff will maintain electronic mental health alerts in prisoners' electronic medical records that notify medical and mental health staff of a prisoner's risk for suicide or self-injurious behavior. The alerts will be for the following risk factors:

(a) current suicide risk;

(b) hoarding medications; and

(c) prior suicide attempts.

STATUS: PARTIAL COMPLIANCE

Section 3.1 of DMH 80.1 MENTAL HEALTH ALERTS, effective February 4, 2016, addresses the requirements of paragraph 31.

The Compliance Measures require the Department to review randomly selected electronic medical records for prisoners in certain at-risk groups to determine if the required mental health alerts are in 85% of the records reviewed, which is the threshold for Substantial Compliance. The County's Third Self-Assessment reports that 71% of the records reviewed contained the required mental health alerts in the third quarter of 2016, which is up from 68% in the second quarter and 61% in the first quarter. The Mental Health Subject Matter Expert notes the County methodology for "detecting hoarding cases" is "not clear," and also that "the County needs to demonstrate that the alert for prior suicide attempts is current at the time of the assessment[.]"

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

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through December 31, 2016 (verified)) (subject to qualitative assessment)

DMH 80.1, Section 3.5.1, effective February 4, 2016, and DMH 70.7, Section 4.4.5, effective July 7, 2016, address the requirements of Paragraph 32.

The Compliance Measures require the County to review the electronic medical records of all prisoners who had a serious suicide attempt in the prior quarter. The County reports that 100% of the electronic medical records of prisoners who had a serious suicide attempt in the second, third, and fourth quarters of 2016 reflect the suicide attempt and that the information was entered into the record within one day of the attempt.[4] The results exceed the 95% and 85% thresholds for Substantial Compliance.

The Department's reported results through the fourth quarter of 2016 have been verified by the Monitor's auditors. In addition, under the Monitor's supervision, the Monitor's staff reviewed the Department's documentation and confirmed that the County was in Substantial Compliance in this reporting period. The results for the fourth quarter of 2016 still need a qualitative assessment by the Subject Matter Expert using an alternative methodology to confirm the Department's results. If the County's results are confirmed, the County will be in Substantial Compliance for twelve consecutive months,[5] and this provision will no longer be subject to monitoring pursuant to Paragraph 111 of the Agreement.

[4]In one case, the medical records reflect that the information was entered in the record at the same time as the attempted suicide reflected in the County's supporting spreadsheet occurred. It appears that the County's spreadsheet may be in error as the medical records reflect that the attempt actually occurred 15 minutes before the information was recorded in the medical records.

[5] The County's Second Self-Assessment previously reported Substantial Compliance in the first quarter of 2016.

33. The County will require mental health supervisors in the Jails to review electronic medical records on a quarterly basis to assess their accuracy as follows:

(a) Supervisors will randomly select two prisoners from each clinician's caseload in the prior quarter;

(b) Supervisors will compare records for those prisoners to corroborate clinician attendance, units of service, and any unusual trends, including appropriate time spent with prisoners, recording more units of service than hours worked, and to determine whether contacts with those prisoners are inconsistent with their clinical needs;

(c) Where supervisors identify discrepancies through these reviews, they will conduct a more thorough review using a DMH-developed standardized tool and will consider detailed information contained in the electronic medical record and progress notes; and

(d) Serious concerns remaining after the secondary review will be elevated for administrative action in consultation with DMH's centralized Human Resources.

STATUS: SUBSTANTIAL COMPLIANCE (as of July 1, 2016, through September 30, 2016 (unverified))

The Compliance Measures require the County to provide the Monitor and the Subject Matter Experts with the DMH-developed standardized tool required by Paragraph 33(c), and to report the results of its analysis of the electronic medical records of two randomly selected prisoners from each clinician's caseload. The County has provided the required tool, and the County's augmented Third Self-Assessment reports Substantial Compliance for the second and third quarters of 2016. The "process" the County used to complete its review of the second quarter is not clear, and the Monitor is unable to agree or disagree with the County's conclusion for that quarter. While the simplified review process (consisting of supervisors confirming their clinician reviews) for the third quarter supports the County's conclusion for that quarter, the source documents (the actual reviews) must be reviewed, and the results are subject to verification, by the Monitor's auditors.

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

(a) For prisoners who are in Jail seven days or less, a preliminary treatment plan, including discharge information, will be developed.

(b) For prisoners who are in Jail more than seven days, a QMHP will also make available:

(i) for prisoners who are receiving psychotropic medications, a 30-day prescription for those medications will be offered either through the release planning process, through referral to a re-entry resource center, or through referral to an appropriate community provider, unless clinically contraindicated;

(ii) in-person consultation to address housing, mental health/medical/substance abuse treatment, income/benefits establishment, and family/community/social supports. This consultation will also identify specific actions to be taken and identify individuals responsible for each action;

(iii) if the prisoner has an intense need for assistance, as described in DMH policies, the prisoner will further be provided direct linkage to an Institution for Mental Disease ("IMD"), IMD-Step-down facility, or appropriately licensed hospital;

(iv) if the prisoner has a moderate need for assistance, as described in DMH policies, and as clinically appropriate to the needs of the prisoner, the prisoner will be offered enrollment in Full Service Partnership or similar program, placement in an Adult Residential Facility (“Board and Care”) or other residential treatment facility, and direct assistance accessing community resources; and

(v) if the prisoner has minimal needs for assistance, as described in DMH policies, the prisoner will be offered referrals to routine services as appropriate, such as General Relief, Social Security, community mental health clinics, substance abuse programs, and/or outpatient care/support groups.

(c) The County will provide a re-entry resource center with QMHPs available to all prisoners where they may obtain information about available mental health services and other community resources.

STATUS (34): STAYED PENDING LITIGATION

Paragraph 34 is the subject of on-going litigation as a result of a First Amended Complaint in Intervention challenging the provisions relating to discharge planning. The County's Third Self-Assessment reports that the litigation "has not been resolved" and, "[a]ccordingly, the Department has stayed its collection of compliance data with respect to this provision."

35. Consistent with existing DMH and Sheriff's Department policies, the County and the Sheriff will ensure that custody staff, before the end of shift, refer prisoners in general or special populations who are demonstrating a potential need for routine mental health care to a QMHP or a Jail Mental Evaluation Team ("JMET") member for evaluation, and document such referrals. Custody staff will utilize the Behavior Observation and Referral Form.

STATUS: NON-COMPLIANCE

The Compliance Measures require the Department to review, for a randomly selected month each quarter, the Behavior Observation and Mental Health Referral ("BOMHR") records for prisoners referred by custody staff to a QMHP or JMET member for "routine" mental health care to determine the timeliness of the referrals. Previously the results reported by the County involved emergent cases "demanding immediate response[s]," rather than routine cases of inmates who have "a potential need for routine mental health care" as required by Paragraph 35. The County's Third Self-Assessment reports that the Department has changed its computer program so that data is "maintained in a manner that will allow a more refined search" for inmates with routine mental health needs. The Department is also adjusting its practices, and using a revised BOHMR, to better capture the time of the referral to the QMHP and to determine the "end of shift." The County anticipates it "will take some time to adjust" to these changes.

36. Consistent with existing DMH policies, the County and the Sheriff will ensure that a QMHP performs a mental health assessment after any adverse triggering event, such as a suicide attempt, suicide threat, self-injurious behavior, or any clear de-compensation of mental health status. For those prisoners who repeatedly engage in such self-injurious behavior, the County will perform such a mental health assessment only when clinically indicated, and will, when clinically indicated, develop an individualized treatment plan to reduce, and minimize reinforcement of, such behavior. The County and the Sheriff will maintain an on-call system to ensure that mental health assessments are conducted within four hours following the notification of the adverse triggering event or upon notification that the prisoner has returned from a medical assessment related to the adverse triggering event. The prisoner will remain under unobstructed visual observation by custody staff until a QMHP has completed his or her evaluation.

STATUS: PARTIAL COMPLIANCE

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

The Compliance Measures require the Department to review randomly selected records of prisoners newly admitted to mental health housing from a lower level of care due to an adverse triggering event during two randomly selected weeks per quarter; conduct quarterly unannounced visits to observe inmates who had experience triggering events; and provide a staffing schedule for on-call services. The County's Third Self-Assessment reports that 87% of the assessments were completed within four hours, but there were no inmates who had experienced triggering events and were pending a QMHP evaluation during the Department's unannounced visits at TTCF and CRDF.

During tours of TTCF and CRDF, the Monitor and Subject Matter Expert visited housing areas to observe where prisoners with adverse triggering events are housed pending a QMHP evaluation. As in the case of the Department's own visits, there were no inmates who had experienced triggering events and were pending a QMHP evaluation.

The process of observing prisoners following adverse triggering events remained variable at CRDF. In a General Population dorm, deputies again reported using the dayroom or the recreation area as well as the area directly in front of the officers' station, and not necessarily handcuffing the prisoners. In one HOH module and a different General Population dorm, the deputies indicated that such prisoners were seated at a table directly adjacent to the deputies' station.

In TTCF, the Department has installed benches in housing areas directly adjacent to the deputies' stations to seat prisoners who experience a triggering event pending a QMHP mental health evaluation.

The Monitor has proposed that Compliance Measures 36.3 and 36.4(b) be modified to require the Department to install benches in close proximity to the deputies'

stations in all of the housing areas in TTCF and CRDF, but not require quarterly unannounced visits to observe inmates who had experienced triggering events since such events are random and variable. DOJ has suggested that the Department use a log or a form to document the actual monitoring, but the County does not believe that this is a "practical" solution. The Monitor and Mental Health Subject Matter Expert believe that the County needs to have some documentation to track compliance with this provision.

The County's augmented Third Self-Assessment reports Substantial Compliance at TTCF for the fourth quarter of 2016 because during an unannounced visit a prisoner who experienced a triggering event was "under unobstructed visual observation pending assessment" by a QMHP.[6] Although this addresses Compliance Measure 36.4(b), it does not address Compliance Measure 36.4(a), which requires the Department to review the records of prisoners who experienced "an adverse triggering event during two randomly selected weeks per quarter" to determine the timeliness of the QMHP's assessment. For the third quarter of 2016, the County's Third Self-Assessment "concluded that 87% -- rather than the required 95% -- of the records reviewed. . . reflected that the inmates received a QMHP assessment within four hours," but there is no report for the fourth quarter of 2016.

The Department also needs to update the posted on-call staffing schedules to show that a QMHP was assigned 24 hour a day, 7 days a week.

[6] The posted results indicate that two such inmates were observed during unannounced visits to CRDF in the fourth quarter, but neither was under unobstructed visual observation pending assessment by a QMHP

37. Sheriff's Court Services Division staff will complete a Behavioral Observation and Mental Health Referral Form and forward it to the Jail's mental health and/or medical staff when the Court Services Division staff obtains information that indicates a prisoner has displayed obvious suicidal ideation or when the prisoner exhibits unusual behavior that clearly manifests self-injurious behavior, or other clear indication of mental health crisis. Pending transport, such prisoner will be under unobstructed visual observation or subject to 15-minute safety checks.

STATUS: NON-COMPLIANCE

The Compliance Measures require the Department to randomly select nine courts from among the three Court Divisions each quarter and to review written communications and orders that refer to a suicide risk or serious mental health crisis for a prisoner; incident reports for self-injurious behavior by prisoners appearing in the selected courts; and BOMHR forms completed by the Court Services Division staff in the selected courts to determine compliance with this provision.

The County's Third Self-Assessment reports that significant problems with the use and completion of the BOMHR form by the Court Services Division continued through the third quarter of 2016. The results provided by the Department show that the staff assigned to only one court met the 90% threshold for Substantial Compliance during the second and third quarters of 2016.

38. Consistent with existing DMH policies and National Commission on Correctional Health Care standards for jails, the County and the Sheriff will ensure that mental health staff or JMET teams make weekly cell-by-cell rounds in restricted non-mental health housing modules (e.g., administrative segregation, disciplinary segregation) at the Jails to identify prisoners with mental illness who may have been missed during screening or who have decompensated while in the Jails. In conducting the rounds, either the clinician, the JMET deputy, or the prisoner may request an out-of-cell interview. This request will be granted unless there is a clear and documented security concern that would prohibit such an interview or the prisoner has a documented history of repeated, unjustified requests for such out-of-cell interviews.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through December 31, 2016 (verified))

Section 3.1.7 of DMH 70.2.3 DISCIPLINARY SEGREGATION, effective December 31, 2015, addresses the requirements of Paragraph 38.

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

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

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

The recently posted results for the fourth quarter of 2016 reflect 100% of the weekly cell-by-cell checks were completed at all the facilities to which this provision applies and that 100% of the out-of-cell interviews were granted at all the facilities in the quarter. These results also have been verified by the Monitor's auditors. Accordingly, pursuant to paragraph 111 of the Settlement Agreement, County is no longer subject to monitoring for Substantial Compliance with Paragraph 38.

39. The County and the Sheriff will continue to use a confidential self-referral system by which all prisoners can request mental health care without revealing the substance of their requests to custody staff or other prisoners.

STATUS: PARTIAL COMPLIANCE

DMH 70.10 SELF-REFERRAL/REQUESTS, issued on April 11, 2016, addresses the requirements of Paragraph 39 of the Agreement. CDM 8-03/020.00 HEALTHCARE INMATE GRIEVANCES, effective July 15, 2016, addresses priority requests for healthcare services.

During the Third Reporting Period, the Department created and started using a separate Healthcare referral form for prisoners requesting medical or mental health care. The Monitor has recommended that the form be modified slightly to make it clearer that it includes requests for mental health care as well as medical care. During tours of the jail facilities in the Third Reporting Period, the Monitor noted that the new forms and envelopes were available either in the modules or at the deputies' stations adjacent to these housing areas, and prisoners are able to ask staff for the forms and envelopes if the box is empty. In some areas in Men's Central Jail where the inmates are in single cells in rows (e.g., for K-10 inmates), the forms are in boxes outside of the rows and must be obtained from the deputies and Custody Assistants assigned to the areas.

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

Substantial Compliance requires the Department to (a) verify that housing areas have the required forms and (b) review randomly selected self-referrals for mental health care from prisoners to confirm that (i) the referrals "were forwarded to DMH" by the Department," and (ii) that "DMH documented the timeliness and nature of DMH's response to the self-referrals[.]"

The County's augmented Third Self-Assessment reports that it achieved Substantial Compliance with Paragraph 39 at PDC North in the second quarter of 2016 and at all facilities except for CRDF in the third quarter of 2016. The posted results show that more than 85% of the housing areas in all of the facilities other than CRDF had the self-referral forms required by Compliance Measure 39.4(a).

The County's Semi-Annual Report for Paragraph 39 reports that in the third quarter of 2016, 99% of the self-referrals forms from CRDF. TTCF and MCJ were forwarded to DMH as required by Compliance Measure 39.4(b), and DMH documented the timeliness and nature of its response in 98% of those referrals, as required by Compliance Measure 39.4(c). The County's report notes a number of changes to the process for handling confidential self-referrals for mental health care, and there have been significant improvements in documenting the nature of the response to requests for

mental health care. The Monitor and Subject Matter Expert have, however, identified some problems with the County's methodology. On a few occasions, the County is counting a visit with the mental health professional before the self-referral, which may be appropriate in some cases,[7] but not all. The Monitor's auditors have requested additional information regarding these cases. The Monitor also notes that the universe of self-referrals randomly selected by the County does not include any self-referrals from any facilities in the north County, and only one from CRDF.[8]

Finally, the Monitor is of the view that the "timeliness" requirement in Compliance Measure 39.4(c) requires more than the mere documentation of the time of the DMH response, and that it requires the DMH response to be timely and, by implication, to be responsive to the request.[9] Absent extenuating circumstances, which must be documented, the Monitor believes that DMH must respond to self-referrals within seven days of DMH's receipt from the Department.

[7] For example, there were instances in which a prisoner wanted different medication from what had been ordered by the mental health professional who met with the prisoner the day before. In another example, a prisoner complained of hearing voices the day after the mental health professional concluded that he was stable and suitable for general population housing. In these cases, the substance of the self-referral had been addressed by the mental health professional the day before the referral.

[8] This was because the nurse assigned to review the referrals in the randomly selected week was on vacation and there was no back-up.

[9] Thus, an initial response from a QMHP to a request regarding medications would not be timely if the QMHP simply referred the prisoner to a psychiatrist who could not see the prisoner for months.

40. The County and the Sheriff will ensure a QMHP will be available on-site, by transportation of the prisoner, or through tele-psych 24 hours per day, seven days per week (24/7) to provide clinically appropriate mental health crisis intervention services.

STATUS: PARTIAL COMPLIANCE

Section 2.2 DMH 70.2.1 MENTAL HEALTH TREATMENT PROGRAMS, Section 2.2, effective February 4, 2016, addresses the requirements of Paragraph 40 of the Agreement.

Substantial Compliance requires DMH (1) to provide the Monitor with on-call schedules for two randomly selected weeks reflecting that a QMHP was assigned 24 hours a day, seven days per week, and (2) randomly select referrals for mental health crisis intervention received by a QMHP per quarter to verify that a QMHP responded to all referrals, and 90% of the referrals within four hours. The County's posted results for the second quarter 2016 show that a QMHP was assigned 24 hours a day, 7 days per week, but that a QMHP responded to 96% of referrals and 87% of referrals were responded to within four hours. The posted results for the third quarter show that a QMHP responded 99% of the time and 82% were within four hours. Future results reporting Substantial Compliance will be subject to a qualitative assessment that the QMHP provided "clinically appropriate mental health crisis intervention services" as required by Paragraph 40.

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

(a) intermediate steps between highly restrictive suicide measures (e.g., clinical restraints and direct constant observation) and the discontinuation of suicide watch;

(b) an evaluation by a QMHP before a prisoner is removed from suicide watch;

(c) every prisoner discharged from FIP following a period of suicide watch will be housed upon release in the least restrictive setting deemed clinically appropriate unless exceptional circumstances affecting the facility exist; and

(d) all FIP discharges following a period of suicide watch will be seen by a QMHP within 72 hours of FIP release, or sooner if indicated, unless exceptional circumstances affecting the facility exist.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through September 30, 2016)

Sections 4.8 and 4.9 of revised DMH 70.7, effective July 7, 2016, address Paragraph 41 of the Agreement.

Substantial Compliance requires DMH to review the medical records of all prisoners on suicide watch in FIP for one randomly selected month each quarter, and submit a report regarding the implementation of the step-down protocols and the results of its review of the medical records. The County's Third Self-Assessment reports that it examined the records of the 10 prisoners who were (a) on suicide watch in the randomly selected month of April and (b) the one prisoner who was discharged from FIP before the end of the quarter, and the 11 prisoners who were (a) on suicide watch in the randomly selected month of July and (b) the one prisoner who was discharged from FIP before the end of the quarter. The source documents indicate that the step-down protocols required by Paragraph 41 were followed for these two prisoners. Although the size of the pool is very small, subject to reviewing the records to verify the results, the County has demonstrated Substantial Compliance for the first three quarters of 2016.

The County's augmented Third Self-Assessment reports "that there were no inmates discharged from FIP during [the fourth quarter of 2016] who were discharged from FIP after being the subject of suicide watch."[10] The Monitor is of the view that

[10] The Mental Health Subject Matter Expert questions whether the County is counting all of the prisoners on suicide watch. He notes that the County's self-assessment "seems to limit the pool of patients to those

there is no basis for concluding that the County has or has not complied with requirements of the sub-parts of Paragraph 41 in the fourth quarter since the predicate for the County's obligations did not occur.

The Monitor believes that it is appropriate to wait until at least the next quarter to determine the County's Substantial Compliance under Paragraph 111 of the Agreement. If a prisoner is discharged from FIP after being on suicide watch in the first quarter of 2017, the County can provide an interim report to the Monitor regarding its compliance with Paragraph 41. If the County achieves Substantial Compliance in the first quarter of 2017, pursuant to Paragraph 111 of the Agreement, it will no longer be subject to monitoring of Paragraph 41. The County is not "penalized for the lack of reportable data" since it gets credit for the nine months in which it achieved Substantial Compliance, but the obligation is not discharged until it demonstrates twelve months of compliance, which is what is contemplated by Paragraph 111.

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who were in restraints or on direct constant observation," and may not include patients "formally placed on any form of suicide watch/protection status: safety gown, checks, restraint, or constant observation."

42. Consistent with existing DMH policies, the County and the Sheriff will implement step-down protocols to ensure that prisoners admitted to HOH and placed on risk precautions are assessed by a QMHP. As part of the assessment, the QMHP will determine on an individualized basis whether to implement "step-down" procedures for that prisoner as follows:

(a) the prisoner will be assessed by a QMHP within three Normal business work days, but not to exceed four days, following discontinuance of risk precautions;

(b) the prisoner is counseled to ameliorate the negative psychological impact that any restrictions may have had and in ways of dealing with this impact;

(c) the prisoner will remain in HOH or be transferred to MOH, as determined on a case-by-case basis, until such assessment and counseling is completed, unless exceptional circumstances affecting the facility exist; and

(d) the prisoner is subsequently placed in a level of care/housing as determined by a QMHP.

STATUS: PARTIAL COMPLIANCE

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

Substantial Compliance requires the Department to review the medical records of prisoners in HOH on risk precautions for one randomly selected month each quarter, and to report on the implementation of the step-down protocols and the results of the medical records review. The County's Third Self-Assessment reports that for the third quarter of 2016 at CRDF, "61% -- instead of the required 90% -- of the records reflected that the QMHP determined on an individualized basis whether to implement step-down procedures" and "100% -- instead of the required 85% -- of the records reflected that step-down procedures were implemented per the QMHP assessment, where applicable." For this quarter at TTCF, "35% -- instead of the required 90% -- of the records reflected that the QMHP determined on an individualized basis whether to implement step-down procedures" and "100% -- more than the required 85% -- of the records reflected that step-down procedures were implemented per the QMHP assessment, where applicable."[11]

[11] For TTCF, the 100% is based upon one prisoner for whom the QMHP determined on an individualized assessment to implement Step-Down Procedures; in that case the procedures met the requirements of Compliance Measure 42.4(c). There were, however, 11 prisoners for whom the assessments did not reflect that the QMHP had determined on an individualized basis whether to implement the Step-Down Procedures, which is the predicate for 42.4(c). For CRDF. the results are not as stark, but in both cases the 100% rating is based upon an incomplete universe of cases. It also appears that the County is reviewing only those prisoners for whom risk precautions had been discontinued. Although this may be the appropriate universe for Compliance Measure 42.4(c), it does not appear to be the correct universe for Compliance Measures 42.4(a) and (b).

43. Within six months of the Effective Date, the County and the Sheriff will develop and implement written policies for formal discipline of prisoners with serious mental illness incorporating the following:

(a) Prior to transfer, custody staff will consult with a QMHP to determine whether assignment of a prisoner in mental health housing to disciplinary housing is clinically contraindicated and whether placement in a higher level of mental health housing is clinically indicated, and will thereafter follow the QMHP's recommendation;

(b) If a prisoner is receiving psychotropic medication and is placed in disciplinary housing from an area other than mental health housing, a QMHP will meet with that prisoner within 24 hours of such placement to determine whether maintenance of the prisoner in such placement is clinically contraindicated and whether transfer of the prisoner to mental health housing is clinically appropriate, and custody staff will thereafter follow the QMHP's recommendation;

(c) A QMHP will participate in weekly walks, as specified in paragraph 38, in disciplinary housing areas to observe prisoners in those areas and to identify those prisoners with mental health needs; and

(d) Prior to a prisoner in mental health housing losing behavioral credits for disciplinary reasons, the disciplinary decision-maker will receive and take into consideration information from a QMHP regarding the prisoner's underlying mental illness, the potential effects of the discipline being considered, and whether transfer of the prisoner to a higher level of mental health housing is clinically indicated.

STATUS: PARTIAL COMPLIANCE

Sections 3.1.1, 3.1.2 and 3.1.7 of DMH 70.2.3 DISCIPLINARY SEGREGATION, effective December 31, 2015, address requirements of Paragraph 43. CDM 5-09/050 LIMITATIONS ON DISCIPLINARY ACTIONS and CDM 5-09/080.00 LOCATION OF DISCIPLINE, effective as of March 14, 2016, address the requirements of Paragraph 43(a). In response to comments by the Monitor and DOJ, the Department is revising its discipline policies applicable to Paragraph 43. The Department met with the Monitor and the Mental Health Subject Matter Expert on January 25, 2017, to discuss the status of the revised policies. It expects to share drafts of these revised policies in the near future.

The County has reported to the Monitor and DOJ that it has "stopped the practice of moving inmates with mental illness to [disciplinary] housing." Nevertheless, the Department reports that one inmate was transferred in the second quarter at CRDF and one inmate was transferred in the third quarter at TTCF, and in both cases a QMHP was

consulted before the transfer as required by Compliance Measure 43.9(b). Although this exceeds the 95% threshold in Compliance Measure 43.9(b), the parties disagree about whether Paragraph 43(a) and Compliance Measure 43.9(b) apply to mentally ill inmates who are disciplined in place in HOH or MOH units. The County reports that the parties are trying to resolve the dispute.

The results posted by the Department for the third quarter of 2016 reflect that a QMHP met with inmates who were receiving psychotropic medication and assigned to disciplinary housing from an area outside mental health housing within 24 hours of the assignments 85% of the time at CRDF, 60% of the time at MCJ, and 56% of the time at TTCF.[12] Although these percentages are below the 90% threshold for Substantial Compliance in Compliance Measure 43.9(c), they represent a significant improvement from the second quarter for each of the facilities.

The results reported by the Department reflect that a QMHP walked through each disciplinary housing unit at least once a week at each facility in both the second and third quarters as required by Compliance Measure 43.9(d).

Finally, the County has reported that "the Department did not remove any behavioral credits from inmates with mental illness . . . in the first quarter of 2016." Consistent with the practice in the first quarter, the County did not have anything to report for the second, third, or fourth quarters with respect to Compliance Measure 43.9(e), which requires that a disciplinary decision-maker to consult with a QMHP 85% of the time before taking away behavioral credits of inmates in mental health housing for disciplinary reasons.

[12] There are no results for NCCF or PDC North. In the future, the County should confirm if there are no prisoners on psychotropic medications who were referred to disciplinary housing at NCCF and PDC.

44. Within six months of the Effective Date, the County and the Sheriff will install protective barriers that do not prevent line-of-sight supervision on the second floor tier of all High Observation Housing areas to prevent prisoners from jumping off of the second floor tier. Within six months of the Effective Date, the County and the Sheriff will also develop a plan that identifies any other areas in mental health housing where such protective barriers should be installed.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through December 31, 2016)

During the Initial Reporting Period, the Monitor and Subject Matter Experts observed that the Department had installed protective barriers on the second floor tier of High Observation Housing areas and most Moderate Observation Housing areas at TTCF and the CRDF. During that period, the Department also provided the Monitor with a plan for the installation of additional protective barriers in other areas in mental health housing as required by Paragraph 44. During multiple tours of TTCF and CRDF during the Second and Third Reporting Periods, the Monitor confirmed the second floor tier in all of the HOH and MOH areas at TTCF and CRDF have protective barriers.

The County has maintained Substantial Compliance with Paragraph 44 of the Agreement for twelve consecutive months since January 1, 2016. Pursuant to Paragraph 111 of the Settlement Agreement, the Monitor and the Subject Matter Experts will "no longer . . .assess or report on that provision."

45. Consistent with existing Sheriff's Department policies, the County and the Sheriff will provide both a Suicide Intervention Kit that contains an emergency cut-down tool and a first-aid kit in the control booth or officer's station of each housing unit. All custody staff who have contact with prisoners will know the location of the Suicide Intervention Kit and first-aid kit and be trained to use their contents.

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

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

Substantial Compliance requires the Department to verify once each quarter that each control booth or officer's station in each housing unit has both a first-aid kit and a Suicide Intervention Kit that contains an emergency cut-down tool, and to include training in the use of both the Suicide Intervention Kit and the first-aid kit in the curricula for Custody Assistants in the Academy, for new Deputy Sheriffs in the Jail Operations Continuum, and for existing deputies in the two-hours of Suicide Prevention Training. The most recent result reported by the Department show 100% compliance at all facilities other than MCJ for both the second and third quarters of 2016. The results for MCJ were 97% in the second quarter and 100% in the third quarter.

As in the past, during all visits to the jail facilities in this reporting period, and as recently as February 7 and 8, 2017, the Monitor and Subject Matter Experts inspected control booths and staff stations on a random basis and verified that each inspected control booth and station had both a first-aid kit and a Suicide Intervention Kit. On these visits, the Monitor also asked Custody staff to show him the kits, and Custody staff always knew where the kits were located. The Monitor also randomly asked Custody staff to open Suicide Intervention Kits and verified that each kit contained an emergency cut-down tool.

Training in the use of the Suicide Intervention Kit is included in the Department's Suicide Prevention Training and in comprehensive training in the Department's mandated First Aid Training.

Based upon the reported results through the third quarter of 2016, the County has maintained Substantial Compliance with Paragraph 45 of the Agreement for twelve consecutive months at all of the facilities with housing areas. These results have been verified by the auditors, and pursuant to Paragraph 111 of the Settlement Agreement, the Monitor and Subject Matter Expert will "no longer . . . assess or report on that provision."

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

STATUS: PARTIAL COMPLIANCE

Substantial Compliance requires the Department to review the documentation from randomly selected incidents involving prisoners who threaten or exhibit self-injurious behavior, and include an assessment of the timeliness and appropriateness of the Department's responses to these incidents in its semi-annual Self-Assessment. The County's Third Self-Assessment reports that for the second quarter of 2016, "86% -- rather than the required 95% -- of the records reviewed . . . reflected that the Department provided appropriate aid [and] immediately interrupted (when necessary) self-injurious behavior." The County's augmented Third Self-Assessment reports that for the third quarter of 2016, 82% of the records reviewed reflected that the aid was provided and self-injurious behavior was "immediately interrupted" when necessary.

47. The County and the Sheriff will ensure there are sufficient custodial, medical, and mental health staff at the Jails to fulfill the terms of this Agreement. Within six months of the Effective Date, and on a semi-annual basis thereafter, the County and the Sheriff will, in conjunction with the requirements of Paragraph 92 of this Agreement, provide to the Monitor and DOJ a report identifying the steps taken by the County and the Sheriff during the review period to implement the terms of this Agreement and any barriers to implementation, such as insufficient staffing levels at the Jails, if any. The County and the Sheriff will retain staffing records for two years to ensure that for any critical incident or non-compliance with this Agreement, the Monitor and DOJ can obtain those records to determine whether staffing levels were a factor in that critical incident and/or non-compliance.

STATUS: PARTIAL COMPLIANCE

The County's Third Self-Assessment sets forth what the County has done to implement each of the paragraphs of the Settlement Agreement and provides a summary of "significant changes in mental health staffing at the County's custody facilities" – essentially the completed transition of the DMH and the upcoming transition of the Medical Services Bureau to the DHS, and the mental health staffing levels assigned to the Custody facilities under the new County-wide organization.

The parties and the Monitor have agreed that Critical Incidents should include inmate deaths, inmate suicides, serious suicide attempts, assaults on staff by inmates in mental health housing units or on mental health caseloads resulting in serious injuries to staff, and Category 3 uses of force (or a statement that no such incidents occurred). The County's Third Self-Assessment reports that the County is developing a list of Critical Incidents along with "an analysis of whether staffing levels were a factor" in those incidents. This analysis should include an assessment of custody staffing and medical staffing as well as mental health staffing levels.

48. Within three months of the Effective Date, the County and the Sheriff will have written housekeeping, sanitation, and inspection plans to ensure the proper cleaning of, and trash collection and removal in, housing, shower, and medical areas, in accordance with California Code of Regulations ("CCR") Title 15 § 1280: Facility Sanitation, Safety, and Maintenance.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through December 31, 2016)

The Department's revised CDM 5-11/020.00 SANITATION issued on July 6, 2015, requires each facility to "have a written housekeeping, sanitation and inspection plan." The Department has provided Unit Orders for each facility that, for example, "establish policy and procedures for maintaining an acceptable level of cleanliness, sanitation, repair and safety through the facility." As required by the Compliance Measures, the Department provided the most recent Local Detention Health Inspection Report pursuant to California Health & Safety Code Section 101045 and Corrective Action Plans for each facility. The Monitor, after consultation with the Subject Matter Expert, certified in the Initial Report that the Department's plans satisfy the requirements of CCR Title 15, §1280 and had been implemented as of January 1, 2016.

On October 25 and 26, 2016, the Monitor and the Use of Force Subject Matter Expert inspected all of the facilities except for CRDF to assess the Department's compliance with Paragraph 48 of the Agreement. On November 14, 2016, the Monitor inspected CRDF.[13] During these inspections, the Monitor and Subject Matter Expert again conducted interviews, inspected the food service departments, medical departments, intake areas and random housing units, and found that there was "an acceptable level of cleanliness, sanitation, repair and safety" in each facility. The County also submitted the 2016 Local Detention Facility Health Inspection Report for each facility and the County's completed or scheduled corrections.

The most significant problems are in HOH units in TTCF when severely mentally ill inmates refuse to come out of their cells so that the cells can be cleaned of trash, debris, food, and sometimes human waste that has accumulated over a number of days. Although this occurs in relatively few cells, and recognizing that addressing this problem may involve cell extractions of mentally ill inmates, the Department needs to be more proactive in these situations. Overall, however, the common areas in the facilities were generally clean and relatively few of the cells had an undue buildup of trash and debris. The Department has confirmed that it has a continuing obligation to maintain "an acceptable level of cleanliness, sanitation, repair and safety" in each facility in the future.

[13] The Monitor also toured the downtown jail facilities (MCJ, TTCF, and IRC) with the other Monitors in the *Rosas* case on two occasions during this Reporting Period. The Monitor and the Mental Health Subject Matter Expert toured the mental health units at CRDF and TTCF, and IRC on October 6 and 7, 2016, and the Monitor and the Use of Force Subject Matter Expert toured the North County facilities and Downtown Jail facilities on February 7 and 8, 2017, to confirm that the Sheriff's Department is maintaining "an acceptable level of cleanliness, sanitation, and safety."

49. Within three months of the Effective Date, the County and the Sheriff will have a maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet, sink, and lighting units, and heating, ventilation, and cooling system are adequately maintained and installed. The plan will also include steps to treat large mold infestations.

STATUS: SUBSTANTIAL COMPLIANCE (as of March 1, 2016, through December 31, 2016)

CDM 4-07/020, effective January 26, 2016, requires Unit Commanders to establish plans for their facilities that address the requirements of Paragraph 49. Unit Orders for each facility have been issued, for example, to "establish policy and procedures for maintaining an acceptable level of cleanliness, sanitation, repair and safety through the facility." Unit Orders address procedures for handling maintenance requests and the eUDAL and Maximo automated systems are used to track such requests while on-site. The Unit Orders indicate that the Facilities Services Bureau ("FSB") is to be notified when there is mold, and it will be responsible for treating the problem. The Department submitted a memorandum from FSB, dated February 3, 2016, indicating what steps FSB takes to treat the problem.

Each facility has a written maintenance plan for responding to routine and emergency needs and for addressing small and large mold infestations (minor mold infestations are handled by facility staff and inmate work crews and large mold infestations are reported to FSB for handling). Each facility also has a maintenance coordinator who serves as the point person between the facility, maintenance contractors and Internal Services Departments, as well as the coordinator for inmate work crews.

On October 25 and 26, 2016, the Monitor and a Subject Matter Expert inspected each of the facilities (other than CRDF) for the purpose of assessing the Department's compliance with Paragraph 49. The Monitor inspected CRDF on November 14, 2016, also for this purpose. During the inspections we again conducted interviews and again inspected lighting systems, heating, ventilation and cooling systems for functionality and upkeep.

There are frequent plumbing problems in all of the jail facilities, but based upon our conversations with facility supervisors, it appears that the Department addresses these problems as expeditiously as possible. This is confirmed by the 2016 Local Detention Facility Health Inspection Report for each facility and the County responses showing corrections made or scheduled for each facility. We again found that the lighting systems, heating, ventilation and cooling systems in each facility were "adequately maintained and installed."

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

50. Consistent with existing Sheriff's Department policies regarding control of vermin, the County and the Sheriff will provide pest control throughout the housing units, medical units, kitchen, and food storage areas.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through September 30, 2016, at all facilities other than PDC South and PDC East (verified))

SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through September 30, 2016, at PDC South and PDC East (verified))

CDM 5-11/030.00 CONTROL OF VERMIN, effective December 14, 2015, addresses the requirements of Paragraph 50 of the Settlement Agreement. The Monitor and Subject Matter Expert inspected the facilities (other than CRDF) on October 25 and 26, and the Monitor inspected CRDF on November 14, 2016. During the inspections they again conducted interviews and inspected the food service departments, medical departments, intake areas and random housing units. There was no indication of any pest control problems in the housing units, the medical units, kitchen, food storage areas, or elsewhere in the facilities.

Substantial Compliance requires the Department to provide the Monitor and Subject Matter Experts with a copy of a contract with an outside vendor for regular pest control services at each jail facility and, on a quarterly basis, a schedule of the pest control activities at each facility in the previous quarter; a pest control compliance checklist of the pest control activities taken at each facility in the previous quarter; documentation from the outside vendor reflecting visits to each jail facility and the work performed during the visits; and a copy of the most recent report by the County Department of Public Health concerning pest control in the jail facilities.

The County's Second Self-Assessment reported that the Department had achieved Substantial Compliance at all facilities other than PDC South and East, where the Department was missing some of the required documentation for the first quarter of 2016. The Third Self-Assessment reports that the Department has maintained Substantial Compliance through the third quarter of 2016 at all facilities other than PDC South and East since January 1, 2016, and at PDC South and East since April 1, 2016. The results provided by the County have been verified by the Monitor's auditors.

51. Consistent with existing Sheriff's Department policies regarding personal care items and supplies for inmates, the County and the Sheriff will ensure that all prisoners have access to basic hygiene supplies, in accordance with CCR Title 15 § 1265: Issue of Personal Care Items.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through June 30, 2016 for all facilities other than CRDF (verified))

PARTIAL COMPLIANCE (at CRDF)

The Department issued revised CDM 5-13/090.00 PERSONAL CARE ITEMS AND SUPPLIES FOR INMATES, effective February 24, 2016, which requires that Admission Kits be provided to new prisoners and to existing prisoners upon request as required by CCR Title 15 § 1265.

During tours of the facilities in the Pitchess Detention Center on October 25, 2016, TTCF and MCJ on October 26, 2016, and CRDF on November 14, 2016, the Department provided the Monitor and Subject Matter Expert with Admission Kits for female and male inmates. The Monitor and Subject Matter Expert randomly inspected control booths and officers' stations and verified that the kits were readily available and regularly provided to the prisoners at all of the facilities.

The Second Self-Assessment reported Substantial Compliance for all facilities except CRDF and Partial Compliance for CRDF because 20 of 50 signature sheets confirming receipt of hygiene kits were signed by custody staff rather than the inmate in the first quarter of 2016. The Monitor's auditors observed that 12 out of 50 were signed by staff in the second quarter of 2016. The Substantial Compliance results at the other facilities have been verified by the auditors. The County reports that the "results for the semi-annual period of the second half of 2016 are currently being compiled[.]" The reported results will be subject to verification by the auditors.

52. The County and the Sheriff will implement policies governing property restrictions in High Observation Housing that provide:

(a) Except when transferred directly from FIP, upon initial placement in HOH:

(i) Suicide-resistant blankets, gowns, and mattresses will be provided until the assessment set forth in section (a)(ii) below is conducted, unless clinically contraindicated as determined and documented by a QMHP.

(ii) Within 24 hours, a QMHP will make recommendations regarding allowable property based upon an individual clinical assessment.

(b) Property restrictions in HOH beyond 24 hours will be based on clinical judgment and assessment by a QMHP as necessary to ensure the safety and well-being of the prisoner and documented in the electronic medical record.

STATUS: PARTIAL COMPLIANCE

The Department's ALLOWABLE INMATE PROPERTY policies – CDM 5/06.010.05 for male inmates and CDM 5/06.010.10 for female inmates – require that property restrictions for inmates in mental health housing be determined by "a mental health professional after a clinical assessment has been conducted." The County's Second Self-Assessment reported that DMH 70.7, which set forth property restrictions in HOH, was being revised in response to the Monitor's comments to require the same level of property restrictions where two inmates in mental health housing are co-housed in a single cell, but this has not been completed.

Substantial Compliance requires the Department to (1) randomly inspect the cells of prisoners placed in HOH (except from FIP) within the previous 24 hours to confirm that they have been provided with suicide-resistant blankets, gowns and mattresses unless clinically contraindicated, and document the results of the inspection; (2) randomly inspect the cells of prisoners placed in HOH (except from FIP) for more than 24 hours to confirm that they have been provided with allowable property as recommended by a QMHP; and (3) review the electronic medical records of prisoners assigned to HOH on the days of those inspections to verify compliance with the provisions of Paragraph 52. The parties and the Monitor have agreed that for each month in a quarter beginning in January 2016, the Department will randomly select and review the medical records of all inmates, up to a maximum of 100 prisoners, who were placed in HOH during that month (and not include inmates who were already assigned to HOH).

During a tour of TTCF, the Monitor, the Mental Health Subject Matter Expert and the DOJ representative noted that the property of some inmates in the HOH units did not match the allowable property reflected on the door signs. The Third Self-Assessment

reports that on October 7, 2016, the Department published a Custody Directive "establishing additional procedures for identifying allowable property for inmates housed in High Observation Housing."

The County's augmented Third Self-Assessment reports that it has not achieved Substantial Compliance at either TTCF or CRDF, which are the only facilities with an HOH. For the third quarter of 2016, the County reports that 67% and 76% of the inmates initially placed in HOH at TTCF and CRDF, rather than the required 95%, were provided the property required by Paragraph 52, and that 75% and 97% of the inmates placed in HOH "for more than 24 hours," had "allowable property as recommended by a QMHP[.]" For the fourth quarter of 2016, the County reports that 81% of the inmates initially placed in HOH at both TTCF and CRDF, rather than the required 95%, were provided the property required by Paragraph 52, and that 88% and 100 % of the inmates placed in HOH "for more than 24 hours," had "allowable property as recommended by a QMHP[.]" These results reflect continuing improvement in complying with this provision.

The County's augmented Third Self-Assessment reports the results for Compliance Measures 52.5(b) and 52.5(e), but it does not include results for 52.5(c) and (d), which are required to establish Substantial Compliance. These provisions are subject to qualitative assessments of the clinical assessments by the QMHPs.

53. If otherwise eligible for an education, work, or similar program, a prisoner's mental health diagnosis or prescription for medication alone will not preclude that prisoner from participating in said programming.

STATUS: NON-COMPLIANCE

Revised CDM 5-13/100.00 RELIGIOUS PROGRAMS, CDM 5-13/130.00 INMATE EDUCATION, and CDM 5-01/020.00 INMATE WORKER ASSIGNMENTS address the requirements of Paragraph 53 of the Settlement Agreement.

Substantial Compliance requires the Department to audit the records of prisoners who were eligible and rejected or disqualified for education and work programs to confirm that they were not rejected or disqualified because of a mental health diagnosis or prescription for medication alone. The County reports that in the third quarter of 2016, only 39% of the mentally ill prisoners who were eligible for and denied work were not denied the work because of their mental health condition or a prescription for medication alone, which is well-below the 90% threshold for Substantial Compliance.[14] Further, the County's methodology for this provision should be reviewed by the Mental Health Subject Matter Expert and the clinicians to ensure, on the one hand, that it includes the correct universe of prisoners being denied the opportunity for work, and on the other hand, that it correctly categorizes cases where the mentally ill prisoner is denied the opportunity for his or her own protection (e.g., the prisoner is suicidal) rather than because he or she is mentally ill.

[14] The County's response to the Monitor's draft of this Report notes that the County expects much improved results for the fourth quarter of 2016.

54. Prisoners who are not in Mental Health Housing will not be denied privileges and programming based solely on their mental health status or prescription for psychotropic medication.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through March 31, 2016 (unverified); as of April 1, 2016, through September 30, 2016 (verified))

Revised CDM 5-13/100.00 RELIGIOUS PROGRAMS, CDM 5-13/130.00 INMATE EDUCATION, and CDM 5-01/020.00 INMATE WORKER ASSIGNMENTS address the requirements of Paragraph 54 of the Settlement Agreement.

Substantial Compliance requires the Department to audit the records of a maximum of 100 randomly selected prisoners who were eligible and denied privileges or programs to confirm that they were not rejected or disqualified because of a mental health diagnosis or prescription for psychotropic medication alone. The County's Third Self-Assessment reports that the Department has identified problems with its data sample used for the first and second quarters of 2016; it has adopted a more accurate way of obtaining the relevant sample; and it achieved Substantial Compliance for the third quarter of 2016. It also re-submitted the data for the first and second quarters of 2016, along with the results for the third quarter of the year.[15] The reported results for the second and third quarters, but not for the first quarter, have been verified by the Monitor's auditors.

[15] The universe of prisoners "who were denied privileges or programs" in Compliance Measure 54.4 is not limited to prisoners who have a mental health issue or are taking psychotropic medication. This impacts the effectiveness of the Compliance Measures.

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

STATUS: SUBSTANTIAL COMPLIANCE (as of July 1, 2016, through September 30, 2016, at PDC North (verified); through December 31, 2016 (unverified))

SUBSTANTIAL COMPLIANCE (as of October 1, 2016, through December 31, 2016, at CRDF and TTCF (unverified))

Sections 3.5.2.3 and 3.5.3.2 of DMH Policy 70.2.1, effective February 4, 2016, require "relevant custody, medical and mental health staff" to meet in accordance with the requirements of Paragraph 55. The Monitor and a DOJ representative attended a daily HOH meeting at CRDF on November 14, 2016, which included custody, medical, and mental health personnel who appeared to be very knowledgeable about the condition and issues of individual HOH inmates. The Mental Health Subject Matter Expert also has attended a number of meetings for HOH and MOH units at both CRDF and TTCF, which were well-attended and thorough, and the staff actively participated.

The County's Third Self-Assessment reports that the Department has achieved Substantial Compliance as of the third quarter of 2016 at PDC North, which has one MOH housing dorm that is subject to the weekly meeting requirement. It reports that the required staff attended every meeting in the randomly selected month of July. These results have been verified by the Monitor's auditors.

The County's posted results show that the Department has achieved Substantial Compliance as of the fourth quarter at PDC North, CRDF, and TTCF. The County recently provided its semi-annual reports from CCSB "verifying the coordination and communication at the staff meetings" as required by Compliance Measure 55.6(c). The fourth quarter results are subject to verification by the Monitor's auditors.[16]

[16] The County has acknowledged that Paragraph 55 also applies to the Hope Dorm in MCJ, and will be submitting data for MOH meetings in that dorm.

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

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through June 30, 2016 (verified); as of July 1, 2016, through September 30, 2016 (unverified))

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

Substantial Compliance requires the Department to review in randomly selected periods the electronic medical records of (1) prisoners admitted to HOH following a suicide threat, gesture, or attempt, or other indication of an obvious and serious change in mental health condition to determine if the medical and/or mental health staff approved the placement of the prisoner in HOH; and (2) prisoners who were the subject of a suicide attempt notification to determine if the prisoners were clinically assessed and that clinical staff approved the post-incident housing.

The County's Third Self-Assessment reports that it has achieved Substantial Compliance for the second and third quarters of 2016 based upon medical records reflecting the required medical and/or mental health approvals 100% of the time in the second quarter, and over 99% of the time in third quarter. The Mental Health Subject Matter Expert concurs and notes that custody staff and medical/mental health staff "are doing fairly well with their cooperation and collaboration around placement decisions." These reported results are subject to verification by the Monitor's auditors.

57. Within three months of the Effective Date, the County and the Sheriff will revise and implement their policies on safety checks to ensure a range of supervision for prisoners housed in Mental Health Housing. The County and the Sheriff will ensure that safety checks in Mental Health Housing are completed and documented in accordance with policy and regulatory requirements as set forth below:

(a) Custody staff will conduct safety checks in a manner that allows staff to view the prisoner to assure his or her well-being and security. Safety checks involve visual observation and, if necessary to determine the prisoner's well-being, verbal interaction with the prisoner;

(b) Custody staff will document their checks in a format that does not have pre-printed times;

(c) Custody staff will stagger checks to minimize prisoners' ability to plan around anticipated checks;

(d) Video surveillance may not be used to replace rounds and supervision by custodial staff unless new construction is built specifically with constant video surveillance enhancements and could only be used to replace 15 minute checks in non-FIP housing, subject to approval by the Monitor;

(e) A QMHP, in coordination with custody (and medical staff if necessary), will determine mental health housing assignments; and

(f) Supervision of prisoners in mental health housing will be conducted at the following intervals:

(i) FIP: Custody staff will perform safety checks every 15 minutes. DMH staff will perform direct constant observation or one-to-one observation when determined to be clinically appropriate;

(ii) High Observation Housing: Every 15 minutes;

(iii) Moderate Observation Housing: Every 30 minutes.

STATUS (57): PARTIAL COMPLIANCE

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

Substantial Compliance requires the Department to audit the Title 15 Dashboard records (or UDAL records if the Title 15 scanner was not working) for all shifts for each module in each mental health housing unit in two randomly selected weeks to determine if the safety checks were staggered and conducted as required by Paragraph 57 of the Agreement, and to audit the housing records for each mental health housing unit for one randomly selected week to determine if a QMHP approved the new mental health housing assignments as required by Paragraph 57(e).

The Monitor has observed Custody staff conduct safety checks at MCJ, TTCF, CRDF, and PDC North which are the facilities that house inmates with mental illnesses. The County's Third Self-Assessment reports that it has achieved Partial Compliance in the third quarter in the MOH units at MCJ and PDC North, and the HOH and MOH units at TTCF and CRDF.

58. Within three months of the Effective Date, the County and the Sheriff will revise and implement their policies on safety checks. The County and the Sheriff will ensure that safety checks in non-mental health housing units are completed and documented in accordance with policy and regulatory requirements as set forth below:

(a) At least every 30 minutes in housing areas with cells;

(b) At least every 30 minutes in dormitory-style housing units where the unit does not provide for unobstructed direct supervision of prisoners from a security control room;

(c) Where a dormitory-style housing unit does provide for unobstructed direct supervision of prisoners, safety checks must be completed inside the unit at least every 60 minutes;

(d) At least every 60 minutes in designated minimum security dormitory housing at PDC South, or other similar campus-style unlocked dormitory housing;

(e) Custody staff will conduct safety checks in a manner that allows staff to view the prisoner to assure his or her well-being and security. Safety checks involve visual observation and, if necessary to determine the prisoner's well-being, verbal interaction with the prisoner;

(f) Custody staff will document their checks in a format that does not have pre-printed times;

(g) Custody staff will stagger checks to minimize prisoners' ability to plan around anticipated checks; and

(h) Video surveillance may not be used to replace rounds and supervision by custodial staff.

STATUS (58): **SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through September 30, 2016, at PDC South, PDC North, and PDC East (verified))**

PARTIAL COMPLIANCE (at TTCF, CRDF, and IRC)

NON-COMPLIANCE (at the MCJ and NCCF)

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

Substantial Compliance requires the Department to audit the Title 15 Dashboard records (or UDAL records) for all shifts for each module in each housing unit to determine if the safety checks were staggered and conducted as required by Paragraph 58. The County's Third Self-Assessment reports that the Department has achieved Substantial Compliance at PDC South, PDC North, and PDC East as of January 1, 2016. These results have been verified by the Monitor's auditors.

Based upon a review of the County's data, the Monitor has concluded that the County achieved Partial Compliance at CRDF, TTCF, and IRC, but not at MCJ or NCCF, where the compliance percentages were well below the percentages required by the Compliance Measures. In addition, on a recent visit to NCCF, deputies responsible for conducting safety checks stated that the checks are not staggered at NCCF. This needs to be addressed as both Subject Matter Experts have stressed the importance of staggering safety checks.

59. Consistent with existing Sheriff's Department policies regarding uniform daily activity logs, the County and the Sheriff will ensure that a custodial supervisor conducts unannounced daily rounds on each shift in the prisoner housing units to ensure custodial staff conduct necessary safety checks and document their rounds.

STATUS: PARTIAL COMPLIANCE

CDM 4/11-020.00 and CDM 4/11.030.00 address the requirements of Paragraph 59 of the Agreement.

Substantial Compliance requires the Department to audit e-UDAL records for housing units in each facility to determine if the supervisors are conducting unannounced daily rounds in accordance with Paragraph 59. In response to the Monitor's comments, the Department's e-UDAL forms have now been modified to include a specific notation that the Supervisor verified that the safety checks are being conducted. The Department has also issued a Custody Operations Directive to advise custody staff of the new form.

60. Within six months of the Effective Date, the Department of Mental Health, in cooperation with the Sheriff's Unit described in Paragraph 77 of this Agreement, will implement a quality improvement program to identify and address clinical issues that place prisoners at significant risk of suicide or self-injurious behavior.

STATUS: PARTIAL COMPLIANCE

DMH Policy 50.1 CONTINUOUS QUALITY IMPROVEMENT, effective December 31, 2015, is intended "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program" that focuses on "identifying and addressing clinical issues that place inmates at significant risk of suicide or self-injurious behavior[.]" Since the County submitted the written description of its quality improvement program, the Suicide Prevention Sub-Committee, which tracks and reviews Corrective Action Plans, has evolved into the Joint Quality Improvement Committee. This committee has a broader focus on "all areas of quality improvement monitoring by CCSB and the [Quality Management Committee], which was developed by the Jail Mental Health Services in January 2016 to identify and address clinical and systemic issues that put inmates at significant risk of suicide and self-injurious behavior[.]" The activities of the Joint Quality Improvement Committee and the Quality Management Committee have been summarized by the County in its semi-annual report provided to the Monitor and the Mental Health Subject Matter Expert.

The County also has hired a new Director of Quality & Performance Improvement for Correctional Health Services to implement "a state of the art quality assurance and quality improvement program for health care in the jails" using a model that "is a nationally validated approach to addressing events in a fair and consistent manner." The Monitor, Mental Health Subject Expert, and the clinicians met with the new Director and were impressed with his approach and plans for enhancing the County's quality improvement program.

The Monitor, after consultation with the Mental Health Subject Matter Expert, approves the County's CQI program, subject to a review of future documentation of the workings of the CQI program. The Mental Health Subject Matter Expert has the following comments on the County's Quality Improvement Program: "The County is developing its quality improvement system and is taking appropriate steps to build out its capacity. At this point, the County is overly reliant on anecdotal information owing at least in part to limited informatics. Despite these challenges, the County has been reviewing a variety of self-harm incidents and has demonstrated steadily more thorough reviews. These reviews have led to the development of a number of important Corrective Action Plans. Once the County is able to augment its incident-driven reviews with aggregated data per measure 61, the County should achieve substantial compliance on this measure."

Compliance Measures 60.2 and 3(b) require the County to prepare semi-annual reports setting forth (a) any identified clinical issues in the areas identified in Paragraph 61 that place prisoners at significant risk of suicide or self-injurious behavior; (b)

corrective actions and systemic improvements taken by DMH and the Department to address any such issues during the previous six months; and (c) an assessment of the effectiveness of steps taken by the Department to address issues identified during earlier reporting periods. The County has submitted a Semi-Annual Report that describes the Quality Improvement Program and discusses issues related to "access of care" and "elements of documentation." These areas are only discussed in very general terms, and the report does not discuss "clinical issues" or "corrective actions and systematic improvements to address these clinical issues" in the other areas of the program pertaining to "suicides and serious suicide attempts," "use of clinical restraints," and "psychotropic medications."

61. The quality improvement program will review, collect, and aggregate data in the following areas and recommend corrective actions and systemic improvements:

(a) Suicides and serious suicide attempts:

(i) Prior suicide attempts or other serious self-injurious behavior
(ii) Locations
(iii) Method
(iv) Lethality
(v) Demographic information
(vi) Proximity to court date;

(b) Use of clinical restraints;

(c) Psychotropic medications;

(d) Access to care, timeliness of service, and utilization of the Forensic In-patient Unit; and

(e) Elements of documentation and use of medical records.

STATUS: NON-COMPLIANCE

DMH 50.1 CONTINUOUS QUALITY IMPROVEMENT, effective December 31, 2015 is intended "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program." The quality improvement program the County has implemented addresses the requirements of Paragraph 61.

Substantial Compliance requires that the County's semi-annual reports (a) review, collect, and aggregate date in the areas set forth in paragraph 61; (b) recommend corrective actions and systemic improvements in those areas; and (c) assess the effectiveness of actions and improvements in prior reporting periods. The County's Third Self-Assessment reports that the "County is developing that process so that the monthly meetings that take place include the quality improvement subjects covered by this provision."

The Mental Health Subject Matter Expert has observed that the policies are "adequate," but the documentation "has yet to cover some of the key topic areas, including timeliness of access to care[.]" As noted above with respect to paragraph 60, the County has submitted a Semi-Annual Report that describes the Quality Improvement Program and discusses issues related to "access to care" and "elements of documentation." It does not, however, "review, collect, and aggregate data in the areas set forth in paragraph 61" or "recommend corrective actions and systematic improvements" in all those areas.

The Mental Health Subject Matter Expert notes that "the County is challenged to retrieve from its electronic medical record (EMR) much of the data that is needed to build robust quality improvement measures that require aggregated clinical information and the ability to track processes. The County's other databases also have limitations in tracking many salient events owing to limitations in the ability to search these databases. The County is working to modify the EMR and taking other measures to develop better ways of obtaining data and tracking important processes. The County's information systems will need to be developed and mined using a more robust, data-driven approach in order to achieve substantial compliance."

62. The County and the Sheriff's Unit described in Paragraph 77 of this Agreement will develop, implement, and track corrective action plans addressing recommendations of the quality improvement program.

STATUS: PARTIAL COMPLIANCE

DMH 50.1 CONTINUOUS QUALITY IMPROVEMENT, effective December 31, 2015, is intended "to provide Jail Mental Health Services (JMHS) staff policy and procedure for a Continuous Quality Improvement (CQI) program." CDM 2-00/070.00 CUSTODY COMPLIANCE AND SUSTAINABILITY BUREAU, effective February 4, 2016, provides that "[p]ersonnel from CCSB will conduct follow up assessments upon the completion of corrective action reports to verify that any identified deficiencies have been addressed" and "will participate in meetings with DMH to develop, implement, and track corrective action plans addressing recommendations of the quality improvement program."

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

The County has submitted a Semi-Annual Report that describes the Quality Improvement Program and discusses issues related to "access to care" and "elements of documentation,: including the development and implementation of corrective action plans to address the recommendations in those areas, but not in the other areas set forth in paragraph 61. Further, as noted by the Mental Health Subject Matter Expert, the County has not "address[ed] the implementation and tracking of the [corrective action plans] in a formal way."

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

STATUS: PARTIAL COMPLIANCE (at TTCF)

NON-COMPLIANCE (at CRDF)

The Compliance Measures require that the County's Self-Assessment set forth (a) the average daily populations in HOH and MOH units in TTCF and CRDF during the reporting period; (b) the average number of beds in those units during the reporting period; (c) the number of days in which there was a waiting list for HOH or MOH housing; and (d) the average number of step-downs per week (i) from HOH to MOH and (ii) from MOH to the least restrictive setting consistent with the prisoners' clinical needs. In addition, for two random weeks, the Department is required to review the count sheets documenting the number of occupied and available beds in the MOH and HOH units at TTCF and CRDF. Substantial Compliance requires "the immediate availability of HOH and MOH beds at TTCF and CRDF 95% of the time."

The parties and the Monitor have agreed that beds in the SAT area in TTCF (a transition module on the seventh floor of Tower 1) shall be considered to be HOH beds for inmates who remain in the SAT area for less than two days, but HOH inmates who remain in the SAT area for more than two days will be deemed to be on a waiting list for HOH housing at TTCF. Beds in CRDF 1200 are not considered to be HOH beds. Inmates in 1200 who have been determined by a clinician to need HOH housing will be deemed to be on a waiting list for HOH housing at CRDF.

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

	MOH	HOH
TTCF	100%	57%
CRDF	7%	50%

On February 9, 2017, the County reported on the average daily populations in HOH and MOH units at CRDF and at TTCF, the average number of beds, the average number of step-downs per week, but not the number of days in which there was a waiting list for HOH or MOH housing. The County also reported on the immediate availability of beds during the entire reporting period as required by the Compliance Measures as follows:

	MOH	HOH
TTCF	99.5%	89.7%
CRDF	3.8%	68.5%

With the exception of the availability of beds in MOH housing at TTCF, the percentages are below the 95% required by the Compliance Measure. The County has, however, achieved compliance "on some, but not all, of the material components" of Paragraph 63 at TTCF, but not CRDF. The County reports that the Department "will establish a corrective action plan to address the availability of MOH housing at CRDF."

64. Within six months of the Effective Date, the County and the Sheriff will develop a short-term plan addressing the following 12-month period, and within 12 months of the Effective Date, the County and the Sheriff will develop a long-term plan addressing the following five-year period, to reasonably ensure the availability of licensed inpatient mental health care for prisoners in the Jails. The County and the Sheriff will begin implementation of each plan within 90 days of plan completion. These plans will describe the projected capacity required, strategies that will be used to obtain additional capacity if it is needed, and identify the resources necessary for implementation. Thereafter, the County and the Sheriff will review, and if necessary revise, these plans every 12 months.

STATUS: PARTIAL COMPLIANCE

Substantial Compliance requires the Department to (1) develop a short-term plan that will address the availability of licensed inpatient mental health care for prisoners in an initial 12-month period; (2) commence to implement the plan within 90 days after it is developed; (3) develop a long-term plan within 12 months after the short term plan that will address the availability of licensed inpatient mental health care for prisoners in the following five-year period; and (4) commence to implement the long-term plan within 90 days after it is developed.

On January 22, 2016, the Department submitted a short-term plan to the Monitor. On March 2, 2016, it certified that it had implemented the short-term plan. On June 30, 2016, the Department submitted the long-term plan to the Monitor. The County's Third Self-Assessment reports that, in response to comments from the Mental Health Subject Matter Expert about "a 'gap' in the long-term plan," the "Department has further revised its approach to include additional inpatient beds." Specifically, the Department of Health Services "is exploring the feasibility of utilizing up to 24 licensed psychiatric inpatient community beds" at a mental health center operated by DHS. DHS also recently converted 19 beds in the medical section of the Correctional Treatment Center to 15 beds in the mental health section, and as of October 1, 2016, it has housed 81 patients in a step-down unit in module 141-F in Tower I at TTCF. Although the County's reliance upon "increased services to address the underlying mental health needs" as a basis for projecting a "decline" in the need for inpatient services is somewhat speculative, the other steps the County is taking will increase the availability of inpatient beds.

The Mental Health Subject Matter Expert is of the view that the County is "doing substantially better with generating a concrete [long-term] plan," but there is "no methodology" for the County's projection that it will need 60 licensed inpatient beds over the next twelve months (which is the same number that was in the short-term plan submitted a year ago) and 80 licensed beds over the next five years. For example, the County is projecting an increase in the need for inpatient beds from 60 to 80 over a five year period, but it does not explain how that is consistent with a projected "decline" in the need for inpatient services or what accounts for the net increase. Assuming the "adequacy of the population projections," the Subject Matter Expert believes that the long-term plan is reasonable.

65. Consistent with existing Sheriff's Department policies, the County and the Sheriff will ensure that psychotropic medications are administered in a clinically appropriate manner to prevent misuse, hoarding, and overdose.

STATUS: PARTIAL COMPLIANCE

Substantial Compliance requires the County's Self-Assessments to set forth the (1) the results of weekly medication Administration Audits documenting the visual observation of the administration of medication during the quarter; (2) unauthorized medications found as a result of cell searches during the reporting period; and (3) incidents involving confirmed prescription drug overdoses. The reported results are subject to the Monitor's conclusions, after consulting with the Subject Matter Expert, that psychotropic medications have been administered in a clinically appropriate manner.

The County's Third Self-Assessment concludes that the Department "achieved substantial compliance with this provision." This is based upon "the result[s] of Administrative Audits documenting the visual observation of the administration of medication" 94% of the time (but only 80% for inpatients in CTC). While this percentage exceeds the 85% quantitative threshold for Substantial Compliance, the significant number of times that medication was found during module or cell searches during the third quarter of 2016,[17] and the five confirmed attempted (unsuccessful) suicides by overdose, cause both the Monitor and Subject Matter Expert to question how medications are being administered so as "to prevent misuse, hording, and overdose" as required by Paragraph 65.

As in the past at other facilities, the Mental Health Subject Matter Expert observed a pill call at TTCF that was not sufficiently rigorous in conducting mouth checks to prevent the possibility of misuse, hoarding and overdose. Further, he is concerned about "the accuracy of the documentation of the medication delivery when it is not done at the time the medication is administered (for example, when the patients reside on an upper tier, the nurse brings their medications in individual envelopes and later completes the Medical Administration Record rather than completing it after each administration)."

Based upon the search results, the overdose reports, and the observations at the pill calls, the Monitor and Mental Health Subject Matter Expert do not believe that the Department has achieved Substantial Compliance with this provision.

[17] 73 unknown medications were found during 124 unannounced searches at CRDF, 368 medications were found during 41 searches at TTCF, 208 medications during 435 searches at MCJ, 144 medications during 355 searches at PDC North, and 78 medications during 448 searches at NCCF. CCSB "was unable to confirm whether the medication was returned to medical personnel," even though the Custody staff is required by CDM 5-03/050.00 to "return the found medication to medical staff" and "[p]rovide medical staff the name and booking number of the inmate[.]" The County reports that it is going to further revise CDM 5-03.050.00 to require documentation of the return.

66. Consistent with existing DMH policies, prisoners in High Observation Housing and Moderate Observation Housing, and those with a serious mental illness who reside in other housing areas of the Jails, will remain on an active mental health caseload and receive clinically appropriate mental health treatment, regardless of whether they refuse medications.

STATUS: NON-COMPLIANCE

Section 2.3 of DMH policy 70.3.7, effective August 5, 2016, has been revised to apply to all HOH and all MOH prisoners who refuse medications, not just those "having significant symptomatology due to refusing;" as revised, it address the requirements of Paragraph 66.

Substantial Compliance requires the Department to review, on a random basis, the electronic medical records of prisoners in HOH and MOH or with a Serious Mental Illness ("SMI") to assess whether they have remained on an active mental health caseload, been offered structured mental health treatment, and been seen by a QMHP at least monthly, regardless of whether they refuse medications. The County's augmented Third Self-Assessment reports that the Department "identified an error" in its assessment of this provision and it has not achieved Substantial Compliance.

67. Within three months of the Effective Date, the County and the Sheriff will implement policies for prisoners housed in High Observation Housing and Moderate Observation Housing that require:

(a) documentation of a prisoner's refusal of psychotropic medication in the prisoner's electronic medical record;

(b) discussion of a prisoner's refusal in treatment team meetings;

(c) the use of clinically appropriate interventions with such prisoners to encourage medication compliance;

(d) consideration of the need to transfer non-compliant prisoners to higher levels of mental health housing; and

(e) individualized consideration of the appropriateness of seeking court orders for involuntary medication pursuant to the provisions of California Welfare and Institutions Code sections 5332-5336 and/or California Penal Code section 2603(a).

STATUS: NON-COMPLIANCE

Section 4.5 of DMH 70.3.7, effective August 5, 2016, addresses the requirements of Paragraph 67(a) through (e) for prisoners in HOH or MOH units (and other housing units) who refuse psychotropic medications for specified periods.

Substantial Compliance requires the County to review the electronic medical records (EMR) of prisoners in HOH and MOH who refused psychotropic medication during the quarter to verify that the records reflect the documentation and consideration of the matters required by the terms of Paragraph 67. The augmented Third Self-Assessment reports that the Department has experienced "on-going challenges implementing and assessing compliance with this provision" and "has been pursuing an IT solution[.]"

68. Within six months of the Effective Date, the County and the Sheriff will develop and implement a procedure for contraband searches on a regular, but staggered basis in all housing units. High Observation Housing cells will be visually inspected prior to initial housing of inmates with mental health issues.

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

SUBSTANTIAL COMPLIANCE (as of October 1, 2016, through December 31, 2016, at CRDF (verified))

PARTIAL COMPLIANCE (at TTCF)

The revision of CDM 5-08/010.00 SEARCHES, effective July 29, 2016. requires contraband searches on a regular, but staggered basis in all housing units, and visual inspection of HOH housing units prior to housing prisoners with mental health issues in HOH units. It addresses the requirements of Paragraph 68.

Substantial Compliance requires Self-Assessments to include a summary of searches conducted in the second quarter of the last reporting period and the first quarter of the current reporting period and to randomly select and review 25 Checklist forms for HOH units to confirm that the units were visually inspected prior to initial housing of prisoners in these units. The County's Third Self-Assessment reports that the Department has maintained Substantial Compliance at MCJ, NCCF, PDC East, PDC South, and PDC North through the end of 2016. Further, the County reports that it achieved Substantial Compliance at CRDF, where 98% of the modules were searched in the fourth quarter and 96% of the HOH cells were visually inspected as required by Paragraph 68. The County did not achieve Substantial Compliance at TTCF during the fourth quarter. Although 96% of the modules were searched, which is a very significant improvement, only 92% of the HOH units were visually inspected, which is slightly below the 95% threshold. The Substantial Compliance results have been verified by the Monitor's auditors. The County has now maintained Substantial Compliance for a period of twelve consecutive months as required by Paragraph 111 of the Settlement Agreement for all facilities except CRDF and TTCF.

69. Consistent with existing DMH policies regarding use of clinical restraints, the County and the Sheriff will use clinical restraints only in the Correctional Treatment Center and only with the approval of a licensed psychiatrist who has performed an individualized assessment and an appropriate Forensic Inpatient order. Use of clinical restraints in CTC will be documented in the prisoner's electronic medical record. The documentation will include the basis for and duration of the use of clinical restraints and the performance and results of the medical welfare checks on restrained prisoners. When applying clinical restraints, custody staff will ensure a QMHP is present to document and monitor the condition of the prisoner being placed in clinical restraints.

STATUS: PARTIAL COMPLIANCE

CDM 7-03/030.00 MEDICALLY ORDERED RESTRAINT DEVICES, effective September 29, 2016, provides that the "use of medically ordered restraint devices shall be determined by medical or mental health staff."[18] DMH 100.8 CLINICAL RESTRAINTS defines a "clinical restraint" as a device that "has been ordered or approved by a licensed psychiatrist for the purpose of managing behavior that appears to be symptomatic of a mental illness." Section 2-1f (2)(e) of the CTC Policy and Procedures Manual provides a "physician shall evaluate a patient prior to writing an order for restraint or seclusion when possible," with an exception for emergency situations, in which case the physician must be notified and, it appears,[19] conduct a "face-to-face medical and behavior evaluation" within one hour of the inmate being placed in restraint.

The Subject Matter Expert believes that, in urgent situations, it is reasonable, and indeed maybe necessary, for a QMHP to call the psychiatrist, who may order the restraint over the phone based upon the psychiatrist's clinical assessment. In emergency situations, a QMHP may order restraints before calling the psychiatrist, who would then authorize the continued use of restraints or order the restraints to be removed. In the latter situations, a QMHP (including properly qualified nursing staff) must perform a clinical assessment *before* the restraint is used and before calling the psychiatrist. In both situations, the psychiatrist must still conduct an in-person assessment, which should be within one hour. Although the Manual requires "a description of the patient's behavior and the intervention used" to be documented in the patient's medical record, it does not require an initial clinical assessment by a QMHP before a restraint is used in emergency situations.

Substantial Compliance requires the Department to review the electronic medical records of all prisoners placed in clinical restraints to verify that the restraints were used, approved, and documented, and that the results of medical welfare checks on restrained prisoners were also documented, as required by Paragraph 69 of the Agreement. The County's Third Self-Assessment reports that "89% -- slightly short of the required 95% -

[18] Per agreement of the parties, with the concurrence of the Monitor and Subject Matter Expert, "a non-psychiatrist physician can order medical/clinical restraints as long as it is for medical reasons."
[19] The Manual is somewhat unclear as it requires the physician to "be notified as soon as possible, and within one hour of the initiation of restraints" and also that a "1 hour face-to-face medical and behavior evaluation" be conducted, presumably by the physician.

- of electronic medical records reviewed. . .reflected that, for inmates placed in clinical restraints for psychiatric purposes, the restraints were used, approved and documented as required." This is a significant improvement from the last reporting period.

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

(a) Security Restraints in these areas will not be used as an alternative to mental health treatment and will be used only when necessary to insure safety;

(b) Security Restraints will not be used to punish prisoners, but will be used only when there is a threat or potential threat of physical harm, destruction of property, or escape;

(c) Custody staff in HOH and MOH will consider a range of security restraint devices and utilize the least restrictive option, for the least amount of time, necessary to provide safety in these areas; and

(d) Whenever a prisoner is recalcitrant, as defined by Sheriff's Department policy, and appears to be in a mental health crisis, Custody staff will request a sergeant and immediately refer the prisoner to a QMHP.

STATUS: SUBSTANTIAL COMPLIANCE (as of September 1, 2016, through December 31, 2016)

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

71. The County and the Sheriff will ensure that any prisoner subjected to clinical restraints in response to a mental health crisis receives therapeutic services to remediate any effects from the episode(s) of restraint.

STATUS: SUBSTANTIAL COMPLIANCE (as of July 1, 2016, through September 30, 2016 (verified))

Substantial Compliance requires the Department to review the electronic medical records of all prisoners placed in clinical restraints to verify that the prisoners received therapeutic services as required by Paragraph 71. The County's Third Self-Assessment reports that "100% -- 10% over the required 90% -- of electronic medical records reviewed . . . reflected that, for inmates placed in clinical restraints, the inmates received therapeutic services as required by this provision" in the third quarter of 2016. The Mental Health Subject Matter Expert has reviewed the source documentation and concurs. The reported Substantial Compliance results have been verified by the Monitor's auditors.

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

STATUS: PARTIAL COMPLIANCE

CDM 4-10/05.00 INMATE DEATH – REPORTING AND REVIEW PROCESS, effective March 1, 2016, requires certain notifications in the event of an inmate death, along with corrective action plans as necessary. It also provides that the final written report shall include "[a] reference to the Internal Affairs Bureau or other personnel investigations, if any, and findings, if any."

CDM 4-10/060.00 CRITICAL INCIDENT REVIEW COMMITTEE – SUICIDAL INMATES, effective August 17, 2016, requires the Critical Incident Review Committee to consider, within 30 days of an incident classified as "serious suicidal behavior,"[20] "whether violations of policy or laws were a factor. The review will also consider whether improvements to policy, training, operations, programs or to the facility are warranted." Further, it provides that "Correction action plans (CAP) which identify areas in need of improvement and propose solutions will be developed and documented."

DMH 50.2 CRITICAL INCIDENT REVIEW, effective February 4, 2016, encompasses "apparent or suspected suicides" as well as "serious self-injurious behavior" in the review process which includes "determining whether staff engaged in any violations of policies, rules or laws and whether improvements to policy, training, operations or treatment programs are warranted."

In addition to approval of the above written policies and procedures, Substantial Compliance requires the Self-Assessments to report on (a) suicide review meetings and (b) CIRC meetings to review incidents that involve serious self-injurious behavior in the reporting period.

There was one suicide during the Third Reporting Period, and the Monitor attended two suicide review meetings,[21] which addressed the requirements of Paragraph 72.

The County reports that there were 15 incidents involving "serious self-injurious behavior" during the Third Reporting period that were reviewed at CIRC meetings to determine if there were staff violations and whether improvements were warranted. Although the County's Third Self-Assessment reports that 100% of the Serious Suicide

[20] This now encompasses "serious self-injurious behavior" as well as attempted suicides.
[21] These were the 48-hour and seven-day reviews for the one suicide that occurred during the reporting period.

Attempts during this reporting period were reviewed as required by Paragraph 72, the Mental Health Subject Matter Expert analyzed summaries of the CIRC meetings posted by the County and found that they do not show that the meetings are "consistently" considering or addressing, in particular, the components of Paragraph 72(b)(ii). He noted that there "were almost no instances where improvements to policy, training or treatment programs were discussed," or assessments of "how custody and mental health policies influence suicides and self-harm and can anything be done to impact their frequency." Further, the CIRC reports focus on Jail Mental Health Services and "there is almost nothing about custody action, policies, [and] rules or facilities issues."

73. Depending on the level of severity of an incident involving a prisoner who threatens or exhibits self-injurious behavior, a custody staff member will prepare a detailed report (Behavioral Observation and Mental Health Referral Form, Inmate Injury Report, and/or Incident Report) that includes information from individuals who were involved in or witnessed the incident as soon as practicable, but no later than the end of shift. The report will include a description of the events surrounding the incident and the steps taken in response to the incident. The report will also include the date and time that the report was completed and the names of any witnesses. The Sheriff's Department will immediately notify the County Office of Inspector General of all apparent or suspected suicides occurring at the Jails.

STATUS: NON-COMPLIANCE

CDM 4-05/000.00 BEHAVIORAL OBSERVATION AND MENTAL HEALTH REFERRAL REPORTS, effective December 13, 2016, and CDM 2-00/070.00 CUSTODY COMPLIANCE AND SUSTAINABILITY BUREAU, effective February 4, 2016, address the requirements of Paragraph 73.

Substantial Compliance requires the Department to review quarterly a random sample of reports of any threats or exhibitions of self-injurious behavior to verify that the reports have the information required by Paragraph 73; and to provide the Monitor with the notifications to the Inspector General of all incidents involving an apparent or suspected suicide during the reporting period. The County's Third Self-Assessment reports the "Department has had on-going challenges with incomplete BOMHRs" and it has "developed an new [sic] centralized system to maintain these forms;" "has revised policy to require personnel to scan these documents after completion;" and has "revised the form to explicitly include spaces required for compliance." The total compliance percentage for the Third Quarter of 2016 reported by the County is only 24% as there were only 4 out of 17 incidents with all of the required reports or forms.

74. The Sheriff's Department will ensure that there is a timely, thorough, and objective law enforcement investigation of any suicide that occurs in the Jails. Investigations shall include recorded interviews of persons involved in, or who witnessed, the incident, including other prisoners. Sheriff's Department personnel who are investigating a prisoner suicide or suspected suicide at the Jails will ensure the preservation of all evidence, including physical evidence, relevant witness statements, reports, videos, and photographs.

STATUS: SUBSTANTIAL COMPLIANCE (as of September 1, 2016, through December 31, 2016)

Substantial Compliance requires the Department to provide the Monitor with an Executive Suicide Death Review reflecting the results of the Department's investigation of any suicide in the Jails within six months of the suicide. The review must reflect steps taken to preserve all of the evidence; and list the interviews of persons involved in, or who witnessed, the incident, and whether the interviews were recorded.

There were two suspected suicides during the Second Reporting Period for which the Executive Suicide Death Reviews were due in the Third Reporting Period.[22] The first suicide occurred on February 29, 2016, and the Executive Suicide Death Review was due on August 28, 2016. It was timely submitted to the Monitor on August 25, 2016, and it is referenced in the Monitor's Second Report filed on September 1, 2016.

The second suicide occurred on May 8, 2016, and the Executive Suicide Death Review was due on November 8, 2016. The Department timely submitted an Executive Inmate Death Review to the Monitor on November 7, 2016. Although the second review did not include a report from the Homicide Bureau of its investigation because the Homicide report was not ready when the written report of the review was due, the parties agreed that the review book need only reference the status of the report (or an interim report) if not completed within six months of the suicide. In this case, the Homicide report was not completed within six months of the suicide due to delays at the coroner's office, but the review book contains a log that references the activities of the Homicide Division.

The Monitor subsequently received the Homicide report from the Department. It reflects that the steps taken to preserve all of the evidence; and lists the interviews of persons involved in, or who witnessed, the incident, and whether the interviews were recorded. Many of the inmates who were in the module were interviewed, but they did not see anything of note. The Homicide report does not indicate whether any of these interviews were recorded, but presumably they were not recorded since they did not provide anything of evidentiary significance.

[22] There was one suicide that occurred in the Third Reporting Period for which the review is required to be completed in the next reporting period.

75. Within three months of the Effective Date, the County and the Sheriff will review every suicide attempt that occurs in the Jails as follows:

(a) Within two working days, DMH staff will review the incident, the prisoner's mental health status known at the time of the incident, the need for immediate corrective action if any, and determine the level of suicide attempt pursuant to the Centers for Disease Control and Prevention's Risk Rating Scale;

(b) Within 30 working days, and only for those incidents determined to be a serious suicide attempt by DMH staff after the review described in subsection (a) above, management and command-level personnel from DMH and the Sheriff's Department (including Custody Division and Medical Services Bureau) will meet to review relevant information known at that time, including the events preceding and following the incident, the prisoner's incarceration, mental health, and health history, the status of any corrective actions taken, and the need for additional corrective action if necessary;

(c) The County and the Sheriff will document the findings that result from the review of serious suicide attempts described in subsection (b) above; and

(d) The County and the Sheriff will ensure that information for all suicide attempts is input into a database for tracking and statistical analysis.

STATUS: PARTIAL COMPLIANCE

Sections 4.2, 4.7.2 and 4.8 of DMH 50.2, effective February 4, 2016, and CDM 4-10/060.00 CRITICAL INCIDENT REVIEW COMMITTEE—SUICIDAL INMATES, effective February 24, 2016, address the requirements of Paragraph 75.

Substantial Compliance requires (a) DMH to review documentation of randomly selected suicide attempts during the previous quarter to verify that the prisoner's mental health status and need for immediate corrective action were considered timely by the DMH staff and that the staff determined whether the suicide attempt was serious; (b) that the Department and DMH reviewed the relevant information known at that time and the status of any corrective actions taken, and they considered the need for additional corrective action if necessary; and (c) that the information is reflected in the Department's database for tracking and statistical analysis.

The County's augmented Third Self-Assessment reports 87% of the suicide attempts and 75% of the serious suicides attempts were reviewed in the third quarter of 2016 as required by Paragraphs 75(a) and (b), which exceeds the 85% threshold in Compliance Measure 75.5(a), but is below the 95% threshold in Compliance Measure 75.5(b).

76. The County and the Sheriff will review every apparent or suspected suicide that occurs in the Jails as follows:

(a) Within no more than two working days, management and command-level personnel from DMH and the Sheriff's Department (including Custody Division and Medical Services Bureau) will meet to review and discuss the suicide, the prisoner's mental health status known at the time of the suicide, and the need for immediate corrective or preventive action if any;

(b) Within seven working days, and again within 30 working days, management and command-level personnel from DMH and the Sheriff's Department (including Custody Division and Medical Services Bureau) will meet to review relevant information known at that time, including the events preceding and following the suicide, the prisoner's incarceration, mental health, and health history, the status of any corrective or preventive actions taken, and the need for additional corrective or preventive action if necessary; and

(c) Within six months of the suicide, the County and the Sheriff will prepare a final written report regarding the suicide. The report will include:

(i) time and dated incident reports and any supplemental reports with the same Uniform Reference Number (URN) from custody staff who were directly involved in and/or witnessed the incident;
(ii) a timeline regarding the discovery of the prisoner and any responsive actions or medical interventions;
(iii) copies of a representative sample of material video recordings or photographs, to the extent that inclusion of such items does not interfere with any criminal investigation;
(iv) a reference to, or reports if available, from the Sheriff's Department Homicide Bureau;
(v) reference to the Internal Affairs Bureau or other personnel investigations, if any, and findings, if any;
(vi) a Coroner's report, if it is available at the time of the final report, and if it is not available, a summary of efforts made to obtain the report;
(vii) a summary of relevant information discussed at the prior review meetings, or otherwise known at the time of the final report, including analysis of housing or classification issues if relevant;
(viii) a clinical mortality review;
(ix) a Psychological Autopsy utilizing the National Commission on Correctional Health Care's standards; and
(x) a summary of corrective actions taken and recommendations regarding additional corrective actions if any are needed.

STATUS (76): SUBSTANTIAL COMPLIANCE (as of September 1, 2016, through December 31, 2016) (subject to qualitative assessment by Mental Health Subject Matter Expert)

CDM 4-10/050.00 DEATH REPORTING REVIEW PROCESS, issued on March 1, 2016, addresses each of the requirements of Paragraph 76. Section 4.7 of the DMH policy 50.2 CRITICAL INCIDENT REVIEW is consistent with the provisions of CDM 4-10/050.00.

There was a death of an inmate at TTCF in July 2016. The Department did not know initially if it was a suicide, but ultimately concluded that it was not considered a suicide or potential suicide.[23] Nevertheless, the Department conducted a two-day and a seven-day death review of the death.

There was also a death of an inmate the day following her release from custody that was determined to be a suicide. Although technically not within the requirements of Paragraph 76 because it did not "occur in the jails," the Department conducted a two-day and seven-day death review to assess the County's housing and treatment of the inmate while in custody.

There was a suicide at MCJ on November 18, 2016. An initial Death Review was held within two working days of the death on November 22, 2016, and the seven-day review was held on December 1, 2016. The Monitor attended both meetings, which included command-level personnel from the Department and DMH and reviewed the information known about the suicide and corrective or preventive actions taken or required by Paragraph 76. The 30-day death review, which the Monitor attended, was held on January 4, 2017.[24]

As noted in the Monitor's Second Report, there was a suicide at TTCF on May 8, 2016. Paragraph 76(c) requires the County to provide a "final written report regarding the suicide" within six months of a suicide that addresses 10 subparts of subparagraph (c). On November 8, 2016, the County timely provided an Executive Inmate Death Review report for the suicide that occurred on May 8, 2016. The Monitor reviewed the report and concluded that it meets the requirements in the ten subparts based upon the parties' agreed upon understanding of the requirements pertaining to the Homicide report.

DOJ previously expressed concern about the adequacy of the Executive Inmate Death Review in addressing 76(c)(i), which requires the preparation of "incident reports and any supplemental reports. . .from custody staff who were directly involved in and/or witnessed the incident." As was the case of a suicide on February 29, 2016, no member

[23] The Monitor agrees with the Department's conclusion.
[24] As the County notes, holidays and weekends appear to be excluded in determining the timeliness of the seven- and thirty-day reviews.

of the Custody staff witnessed the suicide that occurred on May 8, which occurred inside the inmate's cell before he was discovered by a member of the Custody staff. Assuming no Department members witness the acts resulting in the suicide, the issue is whether (c)(i) requires more than a report or reports from the member or members of the Custody staff who first discover the suicide.

After obtaining input from the parties, the Monitor is of the view that 76(c)(i) requires supplemental reports from [or interviews of] the deputies who first discovered the inmate and all deputies who participated in the rescue attempt of the inmate, including deputies who first responded and deputies who subsequently participated in, or helped with, life-saving efforts. It does not require reports from [or interviews of] deputies who merely provided security or cleared the area of inmates.

77. The County and the Sheriff will create a specialized unit to oversee, monitor, and audit the County's jail suicide prevention program in coordination with the Department of Mental Health. The Unit will be headed by a Captain, or another Sheriff's Department official of appropriate rank, who reports to the Assistant Sheriff for Custody Operations through the chain of command. The Unit will be responsible for:

(a) Ensuring the timely and thorough administrative review of suicides and serious suicide attempts in the Jails as described in this Agreement;

(b) Identifying patterns and trends of suicides and serious suicide attempts in the Jails, keeping centralized records and inputting data into a unit database for statistical analysis, trends, and corrective action, if necessary;

(c) Ensuring that corrective actions are taken to mitigate suicide risks at both the location of occurrence and throughout the concerned system by providing, or obtaining where appropriate, technical assistance to other administrative units within the Custody Division when such assistance is needed to address suicide-risk issues;

(d) Analyzing staffing, personnel/disciplinary, prisoner classification, and mental health service delivery issues as they relate to suicides and serious suicide attempts to identify the need for corrective action where appropriate; and recommend remedial measures, including policy revisions, re-training, or staff discipline, to address the deficiencies and ensure implementation; and

(e) Participating in meetings with DMH to develop, implement, and track corrective action plans addressing recommendations of the quality improvement program.

STATUS: PARTIAL COMPLIANCE

CDM 2-00/070.00 CUSTODY COMPLIANCE AND SUSTAINABILITY BUREAU ("CCSB"), effective February 4, 2016, addresses the requirements of Paragraph 78.

The Self-Assessment submitted to the Monitor on CCSB's activities for the period from June 1, 2016, through December 31, 2016, reports that there were six Critical Incident Review Committee meetings, during which 15 incidents were reviewed. For those 15 incidents, there were 38 corrective action plan items created, of which 31 have been closed. The Self-Assessment includes a summary of each of the seven administrative reviews of suicides and serious suicides attempts in the Third Reporting Period, multiple graphs and charts reflecting patterns and trends, corrective actions taken to mitigate suicide risks,[25] technical assistance provided or obtained, an "analysis of

[25] Including a new grading system for all Mental Health Inmates, more frequent, staggered security checks, a "Sterile Pod" for Mental Health Inmates at TTCF, new inmate mattress covers, Huddle meetings between

staffing, personnel/disciplinary, prisoner classification, and mental health service delivery issues as they relate to suicides and serious suicide attempts," and remedial measures, including staff discipline.

Although Paragraph 77 is, as the County notes, directed at law enforcement personnel, it requires the Department to work "in coordination with the Department of Mental Health." Further the Critical Incident Review Committee ("CIRC") that analyzes suicides and suicide attempt is, in effect, a joint committee set up pursuant to CDM 4-10/060.00 and DMH 50.2, and it includes members of Jail Mental Health Services, the Medical Services Bureau, and CCSB, and it should be assessing how "mental health service delivery issues" impact suicides and serious suicide attempts.

The Mental Health Subject Matter Expert previously expressed a concern that the CIRC reviews were "bereft of analysis of the adequacy of . . . mental health service delivery;" and lack "evidence that they have truly examined the adequacy of treatment." He notes that the County "is now looking sufficiently at the care provided to individual patients (. . .'service delivery issues')" and recent CIRC reviews "are now addressing the adequacy of the treatment provided in each case and directing remediation of clinical staff when necessary. This is much improved." The County is not, however, "sufficiently considering the impact of policies and the availability of treatment programs on suicide and self-injury." Further, while the County is looking at patterns, "there is no trend and statistical analysis" of the data.

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custody staff, nursing, and mental health personnel, and caulking of inmate bunks in TTCF by the Facility Services Bureau.

78. The County and the Sheriff will maintain a county-level Suicide Prevention Advisory Committee that will be open to representatives from the Sheriff's Department Custody Division, Court Services, Custody Support Services, and Medical Services Bureau; the Department of Mental Health; the Public Defender's Office; County Counsel's Office; the Office of the Inspector General; and the Department of Mental Health Patients' Rights Office. The Suicide Prevention Advisory Committee will meet twice per year and will serve as an advisory body to address system issues and recommend coordinated approaches to suicide prevention in the Jails.

STATUS: SUBSTANTIAL COMPLIANCE (as of June 1, 2016, through December 31, 2016)[26]

Section 4.13 of DMH 70.7, effective July 7, 2016, requires DMH and LASD to "maintain a county-level Suicide Prevention Advisory Committee" open to representatives of the entities identified in Paragraph 78. A third meeting of the Suicide Prevention Advisory Committee was held on November 10, 2016, which the Monitor attended.

Substantial Compliance requires (1) the Committee to meet twice per year and (2) "recommend coordinated approaches to suicide prevention in the Jails." At the third meeting of the Suicide Prevention Advisory Committee, Dr. J. Neil Ortego, the Chief Psychiatrist from the Department of Mental Health discussed various initiatives by DMH, with greater input from other members of the Committee as required by Paragraph 78. This was the most comprehensive meeting of the Committee to achieve the objectives of Paragraph 78.

[26] The County has scheduled the next meeting for May 10, 2017. Assuming that the Committee continues to recommend coordinated approaches, at that time it will have maintained Substantial Compliance for purposes of paragraph 111 of the Settlement Agreement.

79. (a) Unless clinically contraindicated, the County and the Sheriff will offer prisoners in mental health housing:

(i) therapeutically appropriate individual visits with a QMHP; and

(ii) therapeutically appropriate group programming conducted by a QMHP or other appropriate provider that does not exceed 90 minutes per session;

(b) The County and the Sheriff will provide prisoners outside of mental health housing with medication support services when those prisoners are receiving psychotropic medications and therapeutically appropriate individual monthly visits with a QMHP when those prisoners are designated as Seriously Mentally Ill; and

(c) The date, location, topic, attendees, and provider of programming or therapy sessions will be documented. A clinical supervisor will review documentation of group sessions on a monthly basis.

STATUS: PARTIAL COMPLIANCE

DMH 70.2.1, effective February 4, 2016, sets forth "policy and procedure for mental health treatment programs" in the jails. Sections 3.2.7 and 3.5 provide for individual visits and group programming as required by Paragraph 79(a) and (c). Section 3.5.4 addresses the requirements of Paragraph 79(b).

Substantial Compliance requires the Department to maintain records of therapeutically appropriate individual visits and group programming, and the names of the clinical supervisors who reviewed the documentation of group sessions; to provide a description of the medication support services available for prisoners who are not in mental health housing and who are receiving psychotropic medications; and to randomly select and review electronic medical records of prisoners who reside outside of mental health housing and receive psychotropic medications to confirm that medication support services were provided to these prisoners.

The County's augmented Third Self-Assessment concludes that it is in Partial Compliance, apparently because only four of seven supervisors at TTCF reviewed the documentation of group sessions in the third quarter of 2016. It is not clear, however, that this is required to achieve Substantial Compliance. The Self-Assessment reports that 90% of the electronic records of prisoners who reside outside of mental health housing and were receiving psychotropic medications were "provided medication support services," which is above the 85% threshold required by Compliance Measure 79.5(d) for Substantial Compliance. A finding of Substantial Compliance is, however, still subject to a determination by the Monitor, after consultation with the Subject Matter Expert, "that

the treatments are clinically appropriate." See Compliance Measure 79.5(c). The Mental Health Subject Matter Expert is of the view that, at this point, the County is "far from providing adequate treatment and [has] not even begun to establish a methodology for determining adequacy of treatment." This is the subject of on-going discussions among the Mental Health Subject Matter Expert, the clinicians, and the Department of Health Services.

80. (a) The County and the Sheriff will continue to make best efforts to provide appropriate out-of-cell time to all prisoners with serious mental illness, absent exceptional circumstances, and unless individually clinically contraindicated and documented in the prisoner's electronic medical record. To implement this requirement, the County and the Sheriff will follow the schedule below:

(i) By no later than six months after the Effective Date, will offer 25% of the prisoners in HOH ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week;

(ii) By no later than 12 months after the Effective Date, will offer 50% of the prisoners in HOH ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week; and

(iii) By no later than 18 months after the Effective Date, will offer 100% of the prisoners in HOH ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week.

(b) No later than six months after the Effective Date, the County and the Sheriff will record at the end of each day which prisoners in HOH, if any, refused to leave their cells that day. That data will be presented and discussed with DMH staff at the daily meeting on the following Normal business work-day. The data will also be provided to the specialized unit described in Paragraph 77 and to DMH's quality improvement program to analyze the data for any trends and to implement any corrective action(s) deemed necessary to maximize out-of-cell time opportunities and avoid unnecessary isolation.

STATUS (80): NON-COMPLIANCE

Section 3.5.2 of DMH 70.2.1, effective February 4, 2016, requires inmates in HOH areas to "be offered ten hours per week structured therapeutic or programmatic time unless individually clinically contraindicated[.]" The Department has not provided a similar provision requiring "unstructured out-of-cell recreational time" for HOH inmates, which was supposed to be provided to the Monitor "for review by the end of the third quarter."

Paragraph 80 requires that "[b]y no later than 12 months after the Effective Date, [the County] will offer 50% of the prisoners in HOH ten hours of unstructured out-of-cell recreational time and ten hours of structured therapeutic or programmatic time per week." It further requires that 100% of the prisoners received this time "no later than 18 months after the Effective Date."[27] The parties have agreed that up to five hours of the structured time can consist of education or work programs, but at least five hours of the time must be therapeutic.

The County's augmented Third Self-Assessment reports that the Department has installed Small Management Yard units to allow for out-of-cell time for individual prisoners or small groups. It also reports that DHS has "concerns about the data that is gathered to monitor therapeutic group hours for inmates housed in HOH" and it will need "a different tracking system" to monitor inmate participation required by Paragraph 80. The posted results for the third and fourth quarters of 2016 show that 56% of the HOH inmates received 10 hours of unstructured out-of-cell time at CRDF and 68.3% at TTCF, but none of the inmates at CRDF and only 3.6% of the inmates at TTCF received 10 hours of structured out-of-cell time.

[27] Although the County did not meet either of these timelines, the twelve-month period for maintaining Substantial Compliance will begin once the County achieves the 100% required by Paragraph 80(c).

81. Except as specifically set forth in Paragraphs 18-20 of this Agreement, and except as specifically identified below, the County and the Sheriff will implement the following paragraphs of the Implementation Plan in *Rosas* at all Jails facilities, including the Pitchess Detention Center and the Century Regional Detention Facility, by no later than the dates set forth in the Implementation Plan or as revised by the *Rosas* Monitoring Panel: Paragraphs 2.2-2.13 (use of force policies and practices); 3.1-3.6 (training and professional development); 4.1-4.10 (use of force on mentally ill prisoners); 5.1-5.3 (data tracking and reporting of force); 6.1-6.20 (prisoner grievances and complaints); 7.1-7.3 (prisoner supervision); 8.1-8.3 (anti-retaliation provisions); 9.1-9.3 (security practices); 10.1-10.2 (management presence in housing units); 11.1 (management review of force); 12.1-12.5 (force investigations, with the training requirement of paragraph 12.1 to be completed by December 31, 2016); 13.1-13.2 (use of force reviews and staff discipline); 14.1-14.2 (criminal referrals and external review); 15.1-15.7 (documentation and recording of force); 16.1-16.3 (health care assessments); 17.1-17.10 (use of restraints); 18.1-18.2 (adequate staffing); 19.1-19.3 (early warning system); 20.1-20.3 (planned uses of force); and 21.1 (organizational culture).

STATUS: PARTIAL COMPLIANCE

Policies approved by the *Rosas* Monitors and adopted by the Department in the First Reporting Period implemented the following provisions of the *Rosas* Implementation Plan: Paragraphs 2.2-2.13 (use of force policies and practices); 3.6 (training and professional development); 4.1-4.5 (use of force on mentally ill prisoners); 5.1-5.3 (data tracking and reporting of force); 7.1-7.3 (prisoner supervision); 8.1-8.3 (anti-retaliation provisions); 9.2-9.3 (security practices); 10.1-10.2 (management presence in housing units); 11.1 (management review of force); 12.2-12.5 (force investigations); 14.1-14.2 (criminal referrals and external review); 15.1-15.7 (documentation and recording of force); 16.1-16.3 (health care assessments); 17.1-17.10 (use of restraints); 18.1-18.2 (adequate staffing); 20.1-20.3 (planned uses of force); and 21.1 (organizational culture).

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

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

Paragraphs 4.10 and 9.1 are moot since the Settlement Agreement requires the Crisis Intervention and Conflict Resolution training to be extended to the remaining deputies and Custody Assistants, and it specifies the required cell checks in the Jails. Finally, the Early Warning System to implement Paragraphs 19.1-19.3 will be completed in future reporting periods.

In the Third Reporting Period, the Monitor and the Use of Force Subject Matter Expert reviewed 20 randomly selected completed force packages for CRDF, NCCF, PDC South, and PDC North and concluded that the Department is complying with its policies regarding the use of force and documentation of force incidents at these facilities, and that the force investigations are thorough and complete. Almost all of the incidents reviewed were captured on fixed closed circuit television cameras or with a handheld camera.

The Use of Force Subject Matter Expert noted that he "did not detect any abuse of inmates or excessive or inappropriate uses of force in my review of the use of force packages," "facility supervisors are critical in their reviews of use of force incidents and report any discrepancies they may find," and inmates are "promptly taken for medical examination and/or treatment following the force incident." He was also "very impressed by the quality and detailed work the Custody Force Review Teams are performing."

The Monitor notes that on a couple of occasions,Department personnel failed to maintain their distance from a restrained prisoner, which contributed to the need to use force to further restrain the prisoner. Considering the vast majority of force incidents reviewed, however, there was no serious issues with respect to the force used by Department personnel in these facilities.

Finally, the Monitor and Subject Matter Expert noted that on some occasions, Department personnel who were involved in the force incident also briefly escorted the prisoner to a cell or out of the area where the incident occurred, but these deviations were adequately explained in the force package.

82. With respect to paragraph 6.16 of the *Rosas* Implementation Plan, the County and the Sheriff will ensure that Sheriff's Department personnel responsible for collecting prisoners' grievances as set forth in that paragraph are also co-located in the Century Regional Detention Facility.

STATUS: SUBSTANTIAL COMPLIANCE (as of July 15, 2016, through December 31, 2016)

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

Under CDM 8-01/020.00 RESPONSIBILITIES, the Inmate Grievance Team is comprised of "a supervising deputy, a custody assistant and/or other appropriate professional staff" under the supervision of "at least one sworn supervisor of the minimum rank of sergeant who will serve as the Unit Inmate Grievance Coordinator and report to the Division Inmate Grievance Coordinator." The Monitor has confirmed that the grievance system is implemented and operational at CRDF.

83. The County and the Sheriff will install closed circuit security cameras throughout all Jails facilities' common areas where prisoners engage in programming, treatment, recreation, visitation, and intra-facility movement ("Common Areas"), including in the Common Areas at the Pitchess Detention Center and the Century Regional Detention Facility. The County and the Sheriff will install a sufficient number of cameras in Jails facilities that do not currently have cameras to ensure that all Common Areas of these facilities have security-camera coverage. The installation of these cameras will be completed no later than June 30, 2018, with TTCF, MCJ, and IRC completed by the Effective Date; CRDF completed by March 1, 2016; and the remaining facilities completed by June 30, 2018. The County and the Sheriff will also ensure that all video recordings of force incidents are adequately stored and retained for a period of at least one year after the force incident occurs or until all investigations and proceedings related to the use of force are concluded.

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

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

SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through December 31, 2016, at CRDF)

NOT CURRENTLY SUBJECT TO MONITORING (REMAINING FACILITIES)

On September 2, 2015, the Monitor and Subject Matter Experts toured TTCF, MCJ and IRC and confirmed that closed circuit security cameras had been installed and were operational in the Common Areas. On October 13, 2015, the Department provided the Monitor and Subject Matter Experts with summaries showing the number of cameras needed and installed at these facilities as of November 27, 2012, and the number of additional cameras needed and installed at MCJ as of May 12, 2014, and at TTCF as of August 11, 2014. The Department also provided a spreadsheet listing the completed work orders for the installation of the cameras installed in the Common Areas in TTCF, MCJ, and IRC.

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

On February 19, 2016, the Monitor and Subject Matter Expert toured CRDF and confirmed that closed circuit security cameras have been installed and are operational in the Common Areas, although the display screens in Central Control were not operational. On March 25, 2016, the Monitor confirmed that the display screens in Central Control at CRDF were operational and the system was fully functional. The Department also provided the Monitor and Subject Matter Experts with summaries showing the number of cameras needed and installed at CRDF as of January 7, 2016, and a spreadsheet listing the completed work orders for the installation of the cameras installed in the Common Areas in TTCF. Finally, based upon the review of the videos by the Monitor and the Monitor's staff, the Monitor has determined that the Department has maintained Substantial Compliance with Paragraph 83 at CRDF since the second quarter of 2016.

Although the Department has maintained Substantial Compliance for over 12 months at MCJ, TTCF, and IRC, Paragraph 83 also requires the Department to provide evidence that all video recordings of force incidents were adequately stored and retained for a period of at least one year after the force incident occurs. Accordingly, this requirement of Paragraph 83 is still subject to monitoring at MCJ and IRC until June 30, 2017 and at TTCF until September 30, 2017.

84. The Sheriff will continue to maintain and implement policies for the timely and thorough investigation of alleged staff misconduct related to use of force and for timely disciplinary action arising from such investigations. Specifically:

(a) Sworn custody staff subject to the provisions of California Government Code section 3304 will be notified of the completion of the investigation and the proposed discipline arising from force incidents in accordance with the requirements of that Code section; and

(b) All non-sworn Sheriff's Department staff will be notified of the proposed discipline arising from force incidents in time to allow for the imposition of that discipline.

STATUS: SUBSTANTIAL COMPLIANCE (as of January 1, 2016, through March 31, 2016 (verified))

Substantial Compliance under the Compliance Measures requires the Department to demonstrate that 95% of the investigations of force incidents in which sworn custody staff and non-sworn custody staff were found to have violated Department policy or engaged in misconduct were completed and administrative action, which could include discipline, was taken within the time frames provided for in Government Code Section 3304 and relevant Department policies. Although Paragraph 84 requires the Department to implement policies for the "timely and thorough" investigation of force incidents, the subparagraphs and the Compliance Measures are focused on the timeliness of the completion of the investigations resulting in the imposition of discipline. The Monitor's determination of the Department's compliance with Paragraph 84 will be largely based upon the timeliness of the completion of the investigations, but the Monitor will also assess the thoroughness of the investigations.

The County's augmented Third Self-Assessment reports that the Department reporting for the second and third quarters of 2016 is in progress.

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

STATUS: NON-COMPLIANCE

Substantial Compliance requires the Department to provide the Monitor and Subject Matter Experts with (1) the curriculum/syllabus for the three specialized courses given to IAB management, and (2) a list of the sworn personnel assigned to IAB and proof that such personnel successfully completed the training. The County's recently posted results show that 33% of the IAB investigators completed all three of the required courses as of December 31, 2016.

86. Within three months of the Effective Date, the County and the Sheriff will develop and implement policies and procedures for the effective and accurate maintenance, inventory, and assignment of chemical agents and other security equipment. The County and the Sheriff will develop and maintain an adequate inventory control system for all weapons, including OC spray.

STATUS: SUBSTANTIAL COMPLIANCE (as of April 1, 2016, through December 31, 2016 at MCJ and CRDF)

SUBSTANTIAL COMPLIANCE (as of October 1, 2016, through December 31, 2016 at PDC North)

SUBSTANTIAL COMPLIANCE (as of February 1, 2017 at PDC South and PDC East)

PARTIAL COMPLIANCE (at TTCF and NCCF)

CDM 7-08/080 ACCOUNTABILITY OF SPECIALWEAPONS, effective October 14, 2016, requires each facility to have units orders that "establish procedures for the storage, issuance, reissuance, accountability, maintenance, and periodic inventory of all weapons. . . stored at, or issued from, the facility," which includes detailed requirements for the "Inventory, Control, and Accountability of Aerosol Chemical Agents."

In addition to providing written policies and procedures for the effective and accurate maintenance, inventory, and assignment of chemical agents and other security equipment, Substantial Compliance requires the Department to provide the Monitor and Subject Matter Experts with up-to-date Unit Orders for each jail requiring the inventory and inspection of special weapons, and armory audit logs documenting the inventory and control of armory-level weapons.

The Monitor and Subject Matter Expert inspected the armory of each jail facility other than CRDF and reviewed the inventory logs of the weapons in the armories on October 25 and 26, 2016. The Monitor inspected the armory at CRDF on November 14, 2016. The Monitor and the Subject Matter Expert also inspected the armories at PDC North, PDC South, PDC East, NCCF, and TTCCF on February 7 and 8, 2017.

The inventory logs were checked daily in MCJ, CRDF, and PDC North armories, weekly in the PDC South armory and regularly in the PDC East armory.[28] Each facility has reasonably up-to-date unit orders and shows all weapons are accounted for during the checks. The Department submitted the required armory audit logs for all of the facilities for the second, third, and fourth quarters of 2016.

[28] Because PDC East is a fire camp with very few inmates, weapons in the armory are almost never used.

The main armory at NCCF showed significant improvements, and is checked daily, but inventories for several of the sub-armories did not match the weapons in the sub-armories, and the unit order is from 1998. The armory at TTCF showed significant improvement and the inventory accounted for all weapons at the sub-armories and throughout the facility, but the unit order was last updated in 2008.

APPENDIX

NO.	PROVISION	STATUS	SUBSTANTIAL COMPLIANCE DATES
18	Suicide Prevention Training	Partial Compliance	
19	Crisis Intervention & Conflict Resolution Training	Partial Compliance	
20	Training at NCCF, PDC and CRDF	Not Currently Subject to Monitoring	
21	CPR Certification	Substantial Compliance (NCCF, PDC East, North & South, CRDF, TTCF, & IRC) Non Compliance (MCJ)	**(10/1/15 – 9/30/16 PDC East, and South)**[1] **(1/1/16 – 12/31/16 NCCF)** (1/1/16 – 9/30/16 North and IRC) (4/1/16 – 9/30/16 CRDF)
22	Use of Arresting and Booking Documents	Substantial Compliance	(7/1/16 – 12/31/16)
23	Suicide Hazard Mitigation Plans	Substantial Compliance	(1/1/17)
24	Suicide Hazard Inspection	Partial Compliance	
25	Transportation of Suicidal Inmates	Non Compliance	
26	Identification and Evaluation of Suicidal Inmates	Partial Compliance	
27	Screening for Mental Health Care and Suicide Risk	Substantial Compliance at CRDF Partial Compliance at IRC	(7/1/26 – 9/30/16)
28	Expedited Booking of Suicidal Inmates	Partial Compliance	

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

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29	Mental Health Assessments	Partial Compliance	
30	Initial Treatment Plans	Substantial Compliance	(4/1/16 – 9/30/16)
31	Electronic Medical Records Alerts	Partial Compliance	
32	Electronic Medical Records – Suicide Attempts	Substantial Compliance	(1/1/16 – 12/31/16)[2]
33	Supervisor Reviews of Electronic Medical Records	Substantial Compliance	(7/1/16 – 9/30/16)
34	Discharge Planning	Stayed Pending Litigation	
35	Referral for Mental Health Care	Non Compliance	
36	Assessments After Triggering Events	Partial Compliance	
37	Court Services Division Referrals	Non Compliance	
38	Weekly Rounds in Restricted Housing Modules	Substantial Compliance	**(1/1/16 – 12/31/16)**
39	Confidential Self-Referral	Partial Compliance	
40	Availability of QMHPs	Partial Compliance	
41	FIP Step-Down Protocols	Substantial Compliance	(1/1/16 – 9/30/16)
42	HOH Step-Down Protocols	Partial Compliance	
43	Disciplinary Policies	Partial Compliance	
44	Protective Barriers	Substantial Compliance	**(1/1/16 – 12/31/16)**

[2] Subject to qualitative assessment by Subject Matter Expert

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

[3] The County has acknowledged that Paragraph 55 also applies to the Hope Dorm at MCJ and will be submitting data for MOH meetings in that dorm.

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57	Inmate Safety Checks in Mental Housing	Partial Compliance	
58	Inmate Safety Checks in Non-Mental Housing	Substantial Compliance (at PDC South, North and East) Partial Compliance (at TTCF, CRDF, & IRC) Non-Compliance (at MCJ and NCCF)	(1/1/16 – 9/30/16 PDC South, North and East)
59	Supervisor Rounds	Partial Compliance	
60	Implementation of Quality Improvement Program	Partial Compliance	
61	Requirements of Quality Improvement Program	Non Compliance	
62	Tracking of Corrective Action Plans	Partial Compliance	
63	Sufficient HOH and MOH Housing	Partial Compliance (at TTCF) Non Compliance (at CRDF)	
64	Plans for Availability of Inpatient Health Care	Partial Compliance	
65	Administration of Psychotropic Medication	Partial Compliance	
66	Active Mental Health Caseloads	Non Compliance	
67	Prisoner Refusals of Medication	Non Compliance	
68	Contraband Searches	Substantial Compliance (at MCJ, NCCF, PDC East, South and North & CRDF) Partial Compliance (at TTCF)	**(1/1/16 – 12/31/16 MCJ, NCCF, PDC East, South and North)** 10/1/16 – 12/31/16 CRDF)

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69	Clinical Restraints in CTC	Partial Compliance	
70	Security Restraints in HOH and MOH	Substantial Compliance	(9/1/16 – 12/31/16)
71	Therapeutic Services for Inmates in Clinical Restraints	Substantial Compliance	(7/1/16 – 9/30/16)
72	Administrative Reviews	Partial Compliance	
73	Reporting of Self-Injurious Behavior and Threats	Non Compliance	
74	Law Enforcement Investigations of Suicides	Substantial Compliance	(9/1/16 – 12/31/16)
75	Management Reviews of Suicide Attempts	Partial Compliance	
76	Management Reviews of Suicides	Substantial Compliance	(9/1/16 – 12/31/16)
77	Custody Compliance and Sustainability Bureau	Partial Compliance	
78	Suicide Prevention Advisory Committee	Substantial Compliance	(6/1/16 – 12/31/16)
79	Therapeutic Services in Mental Health Housing	Partial Compliance	
80	Out-of-Cell Time in HOH	Non Compliance	
81	Implementation of *Rosas* Recommendations	Partial Compliance	
82	Collection of Grievances at CRDF	Substantial Compliance	(7/15/16 – 12/31/16)

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83	Closed Circuit Cameras	Substantial Compliance (MCJ, TTCF, IRC, and CRDF) Not Currently Subject to Monitoring (Remaining Facilities)	(7/1/15 – 6/30/16 MCJ & IRC)[4] (10/1/15 – 9/30/16 TTCF) (4/1/16 – 12/31/16 at CRDF)
84	Investigation of Staff Misconduct	Substantial Compliance	(1/1/16 – 3/31/16)
85	Internal Affairs Bureau Training	Non Compliance	
86	Maintenance and Inventory of Security Equipment	Substantial Compliance (at MCJ, CRDF, PDC North, PDC South and PDC East) Partial Compliance (NCCF & TTCF)	(4/1/16 – 12/31/16 MCJ and CRDF) (10/1/16 – 12/31/16 PDC North) (2/1/17 PDC South and East)

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