

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA**

LASHAWN JONES, <i>et al.</i> , and)	
THE UNITED STATES OF AMERICA,)	
)	Civil Action No. 2:12-cv-00859
PLAINTIFFS,)	Section I
)	Judge Lance M. Africk
v.)	Magistrate Judge Alma Chasez
)	
MARLIN GUSMAN, Sheriff,)	
)	
)	
DEFENDANT.)	
)	

**Monitors' Report No. 2
August 26, 2014**

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August 26, 2014

Compliance Report # 2
LASHAWN JONES, et al., and the United States of America
v.
Marlin Gusman, Sheriff
Consent Judgment

August 26, 2014

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I. Executive Summary

The Consent Judgment's provisions represent massive changes in all aspects of the Orleans Parish Sheriff's Office (OPSO) and operations of the jail facilities that serve the Parish. The Consent Judgment seeks to overhaul decades of unsafe conditions, lack of basic medical and mental health care for inmates, underfunding, insufficient staffing, and the absence of a professional corrections experience. The Sheriff and the City government have not, until now, confronted the actual requirements of a Constitutional jail and the costs associated with achieving compliance with the Consent Judgment. Not only does compliance with the specific language present significant challenges, the process of organizing the compliance work, and prioritizing the many divergent activities is daunting.

The initial phases of the OPSO's compliance attempts have faltered, often with energies diverted to engage the City's government in discussions regarding resource and, most recently, in addressing the critical needs of inmates with acute mental illness. While the Monitors' acknowledge that the OPSO has engaged in compliance-related activities since Compliance Report #1, and made some progress in important areas, such as imminent contracting for inmate medical and mental health services, and provisions of care for inmates with acute mental illness, there has not been substantial changes in OPSO's compliance with the Consent Judgment since Report #1, February 2014.

Inmates and staff continue to face grave harm. There are a grossly insufficient number of corrections deputies and supervisors working in the Orleans Parish Sheriff's Office's (OPSO) various jail facilities. There has been limited improvement in incident reporting. There has been no reorganization or re-focus of the investigative processes. Policies and procedures are not complete, and as of the date of this report, only six draft policies have been forwarded to the Monitors for review. Hence, training regarding those policies cannot be initiated. The Early Intervention System has not been implemented. The process to implement a human resources infrastructure that is crucial to the hiring of critically needed line level and employees in management positions has stalled.

Medical and mental health care have, in the view of the Monitors, deteriorated since the December 2013 tour. There is hope for the immediate future if the City and Sheriff act expeditiously to contract with a qualified provider; and recognize that any protracted disagreements as to funding will further harm inmates.

Mental health care is virtually non-existent. The Sheriff and the City continue to debate how to house acutely mentally ill inmates in the long term while the inmates are held in deplorable conditions; lacking assessment to care and treatment. The Sheriff's proposal to house inmates in an alternative setting met with the City's opposition that further delayed the needed care; the City offered no other options.¹

Health and environmental sanitation in facilities are improving slightly. There is an inadequate number of qualified staffing to manage the cleaning, sanitation and fire safety, as well as repair toilets, windows and other parts of the security hardware and infrastructure. Inmate living areas are poorly maintained and unsanitary. The new food service vendor and the OPSO need to clarify responsibilities to effectively use the new kitchen facility and provide safe meals. Fire safety continues to require improvement. The Sheriff and the City have not reached a short-or-long term agreement on the renovations of the "docks" areas in the Orleans Parish Prison that will most likely continue to hold court-bound inmates after the new jail opens.

The Monitors acknowledge the Sheriff's hiring of a compliance coordinator. This position is poised to play an important role in the compliance efforts through the collection, analysis and dissemination of required information, and in helping to build a data-driven jail operation.² However, there is concern that the Chief Compliance Officer, as the position is now titled, has job responsibilities beyond that of a compliance coordinator described in the Consent Judgment. Full time attention to the duties involved in the coordination of compliance is fundamental to documenting, achieving, and sustaining compliance.

The OPSO's compliance efforts remain disorganized. There needs to be individuals with subject matter expertise to gather, analyze, and consolidate documentation – not only for the Monitors' use, but for the ongoing improvement of the jail's operations.

The Monitors are impressed with the work of the Transition Team who is preparing

¹ On August 13, 2014, the Honorable Lance M. Africk ordered (among other issues) that the City pay the costs of re-location, housing, and mental health treatment for inmates with acute mental illness at the Hunt facility (see Mental Health Working Group, below).

² Report #1 includes the Monitors' recommendations of how to achieve compliance, including identification of discrete measures. The Monitors hope this roadmap will be used by the compliance office/coordinator as this strategy is based on our collective experiences working with other jails.

the policies, procedures, and protocols for how the new jail will operate. Their work will need to be augmented by a sufficient number of line, supervisory, and leadership staff moving forward.

The Sheriff and the City need to agree on current year and future years' funding for the jail's operations; as well as the budget *process*. The current strategy of going from crisis to crisis does not further the objectives of either party, removes focus from the safe operation of the jail, and wastes the scarce resources of both parties.

Progress has been made to define and validate a new inmate classification and re-classification systems. The Monitors' acknowledge OPSO's cooperation and resources to bring this project almost to completion. However, if the systems were ready today, there is no Classification Manager in place, nor is there sufficient staff to implement the Consent Judgment requirements.

Organizationally, the OPSO must prioritize the operational mandates to support the Chief of Corrections and the jail's mission. As the Chief of Corrections is tasked with the responsibility of running the jail system, and must be provided with the commensurate authority to make necessary, timely decisions. Essentially, the OPSO's largest function is the safe and secure operation of the jail. The decisions made by the OPSO's leadership need to acknowledge and support that mission.

There has been progress with 22 paragraphs (out of 174) of the Consent Judgment; but there is substantially more work to be accomplished that is essential to the health and welfare of the inmates. The amount of work to achieve compliance is so great, that even small positive steps are overwhelmed by what is next.

The Monitors' acknowledge and thank Sheriff Gusman, Chief Ursin, and Chief Tidwell for their collaborative efforts to work with the Monitoring team. The magnitude of the work to be done is daunting. The professional correctional experience in OPSO needs to be built, and quickly.

II. Introduction

This is Compliance Report # 2 of the Monitoring team in the matter of *LaShawn Jones, et al. and the United States of America v. Marlin Gusman, Sheriff, Orleans Parish Sheriff's Office* (OPSO). This Consent Judgment was effective October 21, 2013. To prepare this report, the Monitoring team was on-site for the week of July 14, 2014 and was working on-site as indicated below.³

This report provides a compliance assessment based on the pre-tour documents provided by the Orleans Parish Sheriff's Office (OPSO), materials provided on site, information provided in the interim period between the first tour in December 2013 and the July 2014 tour, as well as observations, and interviews conducted by the Monitoring team. OPSO produced documents and reports in response to the Consent Judgment on January 21, 2014, February 21, 2014, and April 24, 2014. Some monthly reporting, particularly regarding personnel related activities were also reviewed.

On July 7, 2014, the Monitors submitted a list of documents/reports/logs to review during the on-site tour. Most of those documents were not provided by OPSO in time to use as source and reference either during the tour or as supporting evidence for this report. Clearly stated, the document request was only partially responded by OPSO as of the date the draft of Compliance Report # 2 was completed.

The Monitors asked OPSO to provide OPSO's opinion and documentation regarding compliance with any of the paragraphs on the Consent Judgment. No information was provided, and no claims made of substantial or partial compliance. In the future, the Monitors will expect production of documents in a timely manner, and also a report from OPSO regarding OPSO's position on the status of compliance.

Members of the Monitoring team were on site in New Orleans for the first six months of 2014 as follows (in addition to the tour the week of July 14th):

McC Campbell

January 14 – 15, 2014

February 10 – 11, 2014

February 25 – 26, 2014

³ Throughout this report the authors use the terms "inmates" and "prisoners" interchangeably. The term refers to individuals who are lawfully incarcerated in the jail facilities under the control of the Orleans Parish Sheriff.

March 19 – 21, 2014
April 2 – 3, 2014
June 13 – 14, 2014
June 24 – 27, 2014
Grenawitzke
January 27- 28, 2014
Patterson
February 26, 2014
June 11, 2014
June 24, 2014
Frasier
January 27-28, 2014
March 31 – April 2, 2014
April 28 – 30, 2014
Hardyman
January 21 – 24, 2014
June 3 – 6, 2014

Beginning in May, 2014, monthly conference calls are being held with all parties. An agenda is provided prior to the call, and summary notes drafted and distributed by the Lead Monitor to all parties to keep the compliance process moving forward. These calls serve to identify issues needing attention from the participants, as well as to update deadlines and problem-solve. Three such calls have been held to date, and more are scheduled through the end of this calendar year.

III. Review Process of Monitors' Draft Report #2

The draft of Compliance Report #2 was provided to all parties for review on August 8, 2014. As contained in the Consent Judgment, a review period of 14 calendar days was provided. The plaintiffs provided written comments on August 20, 2014. The Orleans Parish Sheriff's Office provided comments on August 22, 2014. In finalizing this report, the Monitors reviewed and considered all comments.

IV. Summary of Compliance

There are 174⁴ discrete provisions in the Consent Judgment. As of Report # 2, OPSO's compliance (see Section VIII., page 23) in summary:

Status	December 2013		July 2014	
	#	%	#	%
Substantial Compliance	0	-	2	1
Partial Compliance	10	6	22	13
Non-Compliance	85	50	149	85
Not Applicable/Other	76	44	1	.57
Total	171	100	174	100

IV. Activities Since Last Report by Monitors and Defendants

There has been a sustained level of activity in the last seven months. The Monitors want to be clear that there has been activity in efforts by OPSO to work toward compliance, but, in the view of the Monitors, it has not been appropriately resourced or led. The outcomes of these activities are referenced in the discussion of specific paragraphs of the Consent Judgment that follows the chart denoting compliance status.

The following are highlights of the work toward compliance since January 2014.

- A. Completion of a staffing analysis by OPSO – OPSO completed a credible and mostly comprehensive staffing analysis on February 13, 2014. A staffing plan for the support services positions necessary to maintain the physical plant (e.g. plumbers, HVAC technicians, electricians) was provided to the Monitors too late to review for this report, and will be reviewed and discussed in the coming months. The summary report is under review by all parties, including the City. This deliberation process does not detract from the hiring on-going at OPSO, but rather helps insure that the final hiring plan for OPSO is supportable through review of functional operational considerations.
- B. Mental Health Working Group - The Mental Health Working Group (MHWG) was designated by Judge Africk on May 8, 2014. The charge to the MHWG is to assist the

⁴ Section IV.A.6. of the Consent Agreement was broken out into separate subparagraphs for the purpose of reporting. This increased, therefore, the paragraphs from 171 to 174.

Monitoring Team, Orleans Parish Sheriff's Office (OPSO), and City of New Orleans, as defendants in the above referenced matter in attaining compliance with the Consent Judgment of June 6, 2013. The appointed members include three representatives from the OPSO, i.e., Blake Arcuri, Esquire, Chief Michael Tidwell, Jail Administrator, and Dr. William Lo, Psychiatrist. The working group also includes three appointees nominated by the City, i.e., Charlotte Parent, Director of Health, retired Judge Calvin Johnson, and Dr. Katherine Smith, Medical Director of Behavioral Health. In addition, Dr. John Thompson, chairman of The Tulane Department of Psychiatry, and Dr. Robert Greifinger, Medical Monitor, were also appointed as members. Dr. Raymond Patterson, Mental Health Sub-Monitor, was appointed as Chair of the working group.

The MHWG had its first meeting on June 11, 2014, prior to which the chairman distributed the Consent Judgment to the members. The meeting was attended by all appointed members with the exception of Ms. Parent, and was also attended by Tracie Washington, Compliance Coordinator for OPSO, and Drs. Carlo Musso and Walter Smith, of Correct Health, the contractor retained by OPSO to provide interim medical and mental health services until the contract for medical and mental health services can be enacted. The group had a rigorous discussion regarding the Consent Judgment, their knowledge of the mental health services provided by OPSO as well as services in the City of New Orleans, and their understanding that the MHWG is charged with assisting the Court with assessing options for the defendants' compliance with the Consent Judgment. There was also some discussion regarding the role of the community in providing mental health services to the residents of New Orleans prior to and subsequent to their incarceration in the Orleans Parish Jail System, collectively referred to as Orleans Parish Prison (OPP).

The second meeting of the MHWG was held on July 15, 2014. All appointed members attended this meeting (except Dr. Lo who is no longer providing contract services at OPSO), as well as Lead Monitor Susan McCampbell. The discussion again was quite vigorous and focused on the proposal for the provision of acute and sub-acute mental health care to detainees and inmates housed in OPP.

The MHWG discussed logistics, staffing, environmental, costs, transport, and other issues related to short term options for acute and sub-acute mental health care, but ultimately accepted and agreed with the OPSO proposal to use the Hunt Correctional Facility, as presented at the hearing on July 14, 2014. The lack of an alternative proposal by the City other than to delay implementation of the Hunt proposal was a factor in the MHWG's decision.

The hearing before Judge Africk on July 14, 2014, which focused on the OPSO proposal for utilization of the Hunt Correctional Facility in St. Gabriel, Louisiana to provide acute and sub-acute mental health care to detainees and inmates from OPP was also discussed. At the hearing, both Ms. McCampbell and Dr. Patterson testified regarding the Monitors' views and positions pertaining to the failure of the defendants to achieve compliance with the mental health requirements stipulated to in the Consent Judgment, the Hunt proposal including staffing, travel distance, projected numbers of inmates, and concerns regarding funding of the project, and any proposals for alternatives to the Hunt site. There was testimony at the hearing regarding the deplorable conditions observed by the Monitors and the Court at Templeman V (TPV), which currently houses acute and sub-acute men and women. In addition, the relocation of women for acute and sub-acute care from Templeman V to the Temporary Detention Center (TDC) had been implemented prior to the Court's hearing and this was also presented on the record. Other witnesses were also called by OPSO and one witness by the City; the court concluded the hearing on July 14, 2014.

The MHWG was apprised of the Court's order filed June 25, 2014 in which the Court ordered the OPSO and the City to present their long-term plans for housing and treatment of the acute and sub-acute mentally ill populations with submission dates by the OPSO and the City to each other by August 1, 2014, with responses to each other's plans and proposals by August 8, 2014. The MHWG is to then review and provide its recommendation of a plan endorsed by the MHWG by filing a report with the Court no later than September 8, 2014. The OPSO submitted a draft of a long-term plan as of June 20, 2014. However, because this was a draft plan, the MHWG apprised OPSO representatives that the MHWG would wait for

OPSO's submission by August 1, 2014, that could be the same submission as the June 20, 2014, or a modification.

Since the hearing on July 14, 2014, the City, OPSO, and plaintiffs have submitted their proposal for long term acute and sub-acute mental health services to the Court on August 1, 2014, and responses by the parties to these proposals are due by August 8, 2014. These proposals were provided; and the MHWG has those strategies on its agenda for review. The MHWG will meet in August and September to review and consider the proposals and submit the MHWG's recommendations to the Court by September 8, 2014. In addition, progress for development of proposals for step-down (residential and transitional) mental health services has begun, with submissions due by the parties to the Court by August 6, 2014.

- C. Work of the "Docks" Committee – The "Docks" Committee was formed by Judge Africk on February 19, 2014, following a Monitors' report of serious issues in this part of the Orleans Parish Prison that was dated December 13, 2013. Among the serious deficiencies identified included: a non-functioning fire alarm and sprinkler system, defective locking mechanism, and smoke evacuation systems in OPP, crowded conditions, lack of toilets, and lack of staffing and supervision. Many of these conditions were long standing. The objective of the committee is to develop solutions to the deficiencies in the inmate holding. Monitor Margo Frasier was designated as chair.

When OPP is no longer used to house inmates upon the opening of the new jail the "docks" area of OPP (3rd Floor) will need to remain in use to stage/hold inmates for appearances in various courtrooms in the adjourning courts building unless an alternative is developed. Inmates are brought to this holding area early in the morning (some as early as 5:30 a.m.) from all of the various facilities and remain there until they are taken to court or court is concluded for the day. On some days, depending on the courts' calendars, there can be as many as 200 inmates held in this area.

The Docks Committee met six times (in person on April 2, 2014, and April 30, 2014, and by conference call on May 14, 2014, May 22, 2014, June 18, 2014, and July 3, 2014). The committee issued reports on May 1, 2014, and June 2, 2014. A third

report is due on August 15, 2014.⁵ Repairs have been made to the fire alarm/suppression system and it has been “green tagged” (certifying it is in working order) for the first time in years. The City has also arranged for annual upkeep, inspections, testing, etc. In addition, the locks on the doors have been repaired so that chains and padlocks are no longer being used.

However, the following deficiencies remain in the Docks:

- There is no video surveillance system to support inmate, staff, and courtroom safety. The committee has reached consensus that cameras should be installed, and where cameras should be located. The costs of installation are unknown at this time. When cameras are installed, an appropriately staffed control will be required to monitor the cameras and to direct staff responses in emergencies.
- The elevators are not sized to hold EMS equipment/stretchers and the elevators are seldom operable.
- The building is not accessible nor ADA compliant. If an inmate is unable to climb the stairs, other inmates are used to carry the inmate up the stairs.
- There are an inadequate number of holding areas in which to separate inmates by classification, dangerousness and/or separate co-defendants and/or witnesses (e.g., women, men, youthful inmates, adults, witnesses, keep separates, predators, potential victims (PREA categories), vulnerable inmates, inmates with mental illness, etc.)
- The current physical plant permits comingling of inmates going to and from courtrooms, which creates a security/safety issues for inmates, staff, judges, prosecutors, defense bar, etc.
- There are insufficient numbers of toilets, including accessible toilets.
- There is insufficient seating and holding cells are so crowded that inmates are required to stand for seven hours or more.

⁵ This report was delivered; and the Court asked for more deliberation and a status update by October 3, 2014.

- There is insufficient staffing to immediately/promptly move inmates who have appeared in the courtroom back to their housing areas.

The Docks Committee reached a consensus that, ideally, the OPP would be demolished and a suitable court holding space constructed. If the demolition of the building is prohibited due to historical status, the Docks Committee reached consensus on modifications that should be made until such time as a more permanent renovation can place. The Docks Committee also had discussions about the long range plan, but chose to focus on the short term issues.

The scope of the renovations has been agreed upon. The Monitors advised the Court on July 29, 2014, that without the Court's further intervention to set a deadline for final deliberations, the Committee's work appeared to be stalled. What was holding things up was a decision on whether FEMA funds are to be used to make the renovations. A conclusion has now been reached that there are no available FEMA funds and the drawing of the plans under an existing contract can move forward. Depending on how long it appears it will take to complete the work once the drawings are complete, the Monitors are likely to recommend that a capacity limit be established for each holding cell and procedures put in place about how long inmates can be held in the Docks without being fed. It is anticipated that the limit would likely greatly reduce the number of inmates held at one time, and potentially increase the frequency of movement and hence the staffing costs of inmate transport.

- D. Creation of a Budget Working Group – The Sheriff and the City agreed to the Court's suggestion that an independent group be named to gather information and data regarding the budget related to jail operations and compliance with the Consent Judgment. This group was formally constituted on May 8, 2014. The parties agreed on Mr. Tommy Vassel to chair the working group.⁶ An initial meeting was held on June 17, 2014. A second meeting was held on July 7, 2014. The group continues to compile information, and Mr. Vassel has asked the Sheriff's Office to provide a budget for operations through the end of CY 2014, and a proposed budget for CY

⁶ The parties identified as members: from the Sheriff's Office Chief Jerry Ursin, Chief Michael Tidwell, and Elizabeth Boyer; from the City Deputy Mayor Andy Kopplin, Eric Seling and David Eichenthal.

2015. Monitor Susan McCampbell will sit-in on these meetings, but is not a member of the working group.

- E. Negotiations for critical positions in OPSO between the City and the Sheriff – On April 17, 2014, a Partial Settlement Agreement was reached between the Sheriff and the City regarding critical needs for the remainder of CY 2014. This is included as Attachment B to this report. As reported by the Lead Monitor to the Court on July 17, 2014, the Sheriff did not accomplish the tasks he agreed to do in that Partial Settlement Agreement. This inaction derailed activities designed to promote the safety of the jail and compliance with the Consent Judgment, as well as the successful opening of the new jail.
- F. Continuing work, nearing completion, on the inmate classification and re-classification instruments and associated procedures – OPSO, including the Transition Team, has participated with Dr. Hardyman in the development and testing of a new inmate classification and re-classification. This initiative is not only required to meet the requirements of the Consent Judgment, but will inform the housing plan in the new jail. While the paperwork and processes will be completed prior to the opening of the jail, there is insufficient staff to implement the classification system. As will be noted elsewhere in this report, the Classification Manager was to be hired by June 1, 2014 (as part of the Partial Settlement Agreement), but the position was not posted until July 17, 2014.⁷
- G. Continuing work by the OPSO's Transition Team to prepare for the opening in November, 2014 of the new jail – The Transition Team is working on the substantial amount of strategies required for any move into a new jail. Starting out more than 12-months late, the Team is processing in a manner consistent with accepted correctional practice. As with other aspects of safe jail operation, more assistance by knowledgeable subject matter experts will be required as the opening date nears. Some of this work will be done by Voorhis/Robertson Justice Services and some by Carter Goble Lee. For sustainability, OPSO needs to add its own staff to the efforts;

⁷ <http://discovercorrections.com/jobboard/display-job/50600/Classification-Manager.html?searchId=1407330608.7866&page=1> accessed on 8/6/14

above the resources of the Transition Team.

- H. Development of housing and care options for inmates with acute and sub-acute mental illness, both females and males; including move of the female inmates to the Temporary Detention Center – One of the continuing contentious issues facing all the parties, including the City, is the housing and care of inmates with acute mental illness. On December 16, 2013, the Monitors and the Court, served notice on the parties that the continued use of Templeman V for such housing was unacceptable. The public record and the work of the Mental Health Working Group (described above) document the absence of progress on this matter without the Court's continued involvement. Ultimately the Sheriff's Office proposed the option of moving male inmates to a vacant housing unit at the Elayn Hunt Correctional Center in St. Gabriel, Louisiana. The public rhetoric and the hearings before the Court on this matter show how difficult a problem this is to solve, while at the same time highlighting the current deplorable conditions. This forced examination of options has focused not only on short term solutions, but interim and long term solutions – matters currently under discussion and debate. Alternative housing for female inmates with acute mental illness has been accommodated in the Temporary Detention Center, at minimal cost. In the view of the Monitors, the absence of real collaboration and problem-solving by the Sheriff and the City has resulted in the Court's involvement in matters that the parties should have solved without the Court's participation. The interim and long term solutions to this issue will be reviewed by the Monitors in the framework of the requirements of the Consent Judgment.
- I. Contract to provide inmate Food service – On March 1, 2014, Aramark, a private contractor, began providing food services to inmates at OPSO. Monitor Grenawitzke provided technical assistance and suggestions to the Sheriff's Office and Aramark to improve the organization and management of the services.
- J. Negotiations to contract for the provision of inmate medical, mental health and dental services – OPSO is now negotiating with a vendor to provide these services. A request for proposal for these services was published in February, 2014. A committee comprised of four representatives of the Sheriff's Office and one City

representative reviewed the six responses, and recommended a vendor. The Monitors are very concerned about the funding for this contract, and strongly urge the parties to not delay in improving medical and mental health care.

- K. Retention of a vendor (Voorhis/Robertson Justice Services) to assist with writing policies and procedures, as well as training staff for the move to the new facility (replacing a vendors whose work did not meet the expectations of OPSO. The parties have developed a schedule for production of the work required not only by the Consent Judgment, but to operate the jail. This work is made more challenging by working simultaneously to open the new jail and the standard operating procedures, etc. necessary to safely open the new jail.
- L. Retention of a vendor (Carter Goble Lee) to assist with the logistics of the move into the new jail, including staff training – This experienced jail construction and management team is under contract to assist with the opening.
- M. Repair of the fire systems in the Orleans Parish Prison – see the discussion, above, of The “Docks” Committee.
- N. Hiring of an OPSO compliance coordinator as of June 1, 2014 - On June 1, 2014 the Sheriff’s Office Compliance Officer began work. While this is a positive, the position’s job description contains management tasks that call into question whether the Compliance Officer will perform the duties described in the Consent Judgment for the Compliance Coordinator on a full time basis. OPSO’s failure to provide the documents to the Monitors and plaintiffs ahead of, or immediately after the July 2014 tour, suggests that perhaps additional time needs to be devoted to compliance activities. The Monitors have noted that the relevant paragraph of the Consent Judgment is “substantial compliance” based on the Sheriff’s portrayal of the duties of this position.

The Monitors hope that the initiatives and substance of accomplishments of the Mental Health Working Group, the “Docks” Committee, and the Budget Working Group will serve as models for collaboration between the parties. The Monitors note that there is work underway by OPSO but not at a pace or with the sense of urgency required given the tasks at hand, the danger to the inmates and staff, and the reforms required. As is often

pointed out, the conditions in the Orleans Parish jail system have been decades in the making, and will take time to resolve. However, that time means that staff and inmates are in an extremely dangerous and unsafe environment every day. OPSO has to assure that the opening of the new jail simply does not transfer these operational and staffing deficiencies and the level of dangerousness into a new building.

VI. Challenges to Achieving Compliance

The Monitors wish to highlight these on-going challenges to compliance. The Monitors urge OPSO to hire and/or promote individuals who have the subject matter expertise in jail/corrections operations to achieve the required work:

A. On-Going Harm, Danger to Inmates – There are more than 2,000 inmates who continue to be in danger while held in the jail facilities. From the period December 1, 2013, through July 29, 2014, OPSO Special Operations Division reported 76 investigations were opened for incidents involving inmate/inmate assaults, batteries, and sexual assaults (See Appendix F). These investigations do not include those opened and/or being handled by the Internal Affairs Division. A measure of dangerousness and harm is the number of inmates who receive emergency care in local hospitals for injuries sustain while incarcerated. The data provided by the medical department of OPSO for these “routes” for the first six months of 2014 has been analyzed. Of the approximately 361 inmates requiring emergency care, 200 of those are inmates who sustained some sort of injury, fracture, or wound from inmate/inmate fights, self-harm, or as the result of an unspecified event. This figure represents 55% o the total inmates requiring emergency care. Of the 200 ‘routes’, 36 had been reported to the Monitors. Appendix G provides the data, aggregated by housing unit. The Monitors were unable to determine if there is an OPSO incident report generated for each of the 200 events.⁸

Of the 200 ‘routes’, the Monitors identified five additional names of inmates who

⁸ The other events that required emergency care included, but are not limited to conditions such as: chest pains, sickle cell crisis, hypertension, abdominal pain, mental decomposition, withdrawals from substances, seizure disorders, stroke, and complications during pregnancy. Some of these may well be conditions that would not have required emergency room intervention if there was sufficient medical care; particularly care for chronically ill inmates available in the jail system.

were reported to have been routed⁹ to the hospital, but whose names were not on the Medical Department's list.

This same data also identifies the dangerous housing locations. For example, 44% of the incidents were reported to have occurred in the Orleans Parish Prison (OPP). It is the experience of the Monitors that the lack of staffing appears to be more acute in OPP, and the need for inmate supervision more necessary. The physical layout of the OPP and inmates' ability to engage in activities out of the sight of staff are problematic. In the units where inmates with acute mental illness are held (TP5 A2, A3, A4), there were 16 incidents noted by the medical department that required emergency care, including two allegations of sexual assault.

OPSO is required to notify the Lead Monitor of significant events or incidents via email as they are reported to OPSO's leadership. For the period of December 1, 2013 to August 5, 2014, there have been 158 incidents reported to the Monitor. As noted above, of the 200 inmates 'routed' to the hospital during the first six months of 2014, the Monitors were notified of 36 of the 'routes.' The other incidents reported to the Monitors included inmate self-harm, contraband recovering, inmate on inmate assaults, uses of force, and inmates in the mental health flooding cells, etc. Just by way of comparison, in the month of March, 2014, 25 incidents were reported to the Monitor. This is not to suggest that these incidents should have initiated a SOD or IAD investigation, but, rather, points to the difficulty gauging the volume of harm.

The incidents reported to the Monitors from April 1, 2014, through August 5, 2014, included:

- 22 uses of force, at least 8 of which involved inmates on the mental health caseload;
- 15 reports that triggered shakedowns for contraband (shanks, cell phones);
- 5 allegations of sexual assaults;
- 4 attempt suicides;

⁹ Inmate N1 transported on 3/29/14; inmate N2 transported on 2/20/14; inmate N3 transported on 6/13/14; inmate N4 transported on 6/17/14; and inmate N5 transported on 6/17/14.

- 30 inmate on inmate assaults;
- 1 inmate attack on staff;
- 2 cell extractions;
- 3 “other” – slip/fall, popped security door

The Monitors know for a fact that they are not receiving notifications of all incidents in which there is serious harm to inmates (e.g. hospitalization as a result of assaults or uses of force). The Monitors are unsure even if the events are noticed by and/or reported by line staff through the required channels to the Chief of Security or the Chief of Corrections. As noted above in the discussion of “routes”, inmates go to the hospital and it is evident through a review of SOD and IA case listing that there is no discrete review of many events and/or a connection to an existing incident report. Based on the evidence, the reporting of harm to inmates is viewed by the Monitors as unreliable.

Plaintiffs receive reports from the jail regarding incidents and emergencies involving their clients. If the incident or inmate’s condition is critical, the plaintiffs notify the defendant’s counsel by email, describe what they are hearing, and ask for attention to the matter. The defendant’s counsel, in the experience of the Monitors, promptly reviews the issue and communicates back to the plaintiffs. By the Monitor’s count, the plaintiffs notified the defendants regarding concerns about 13 inmates (sometimes the same inmate several times) in the first six months of 2014.

The plaintiffs have provided to the Monitors their review of the list maintained by the Monitors of OPSO-reported serious incidents, indicating events that the plaintiffs believe are unreported. Due to the manner in which the incidents are reported to the Monitors, this review is not provided contemporaneously to when an incident takes place; making action or inquiry by the Monitors untimely. For example, the update from the plaintiffs to the Monitors for the period April – June 2014 was provided on July 8, 2014.¹⁰ The Monitors are very aware that the plaintiffs’ ability to analyze, review and document their concerns about underreporting of inmate harm is a resource issue. The Monitors wish to be abundantly clear that they are appreciative of the plaintiffs’ attention to reporting alleged harm to their clients.

¹⁰ For the period 11/29/13 to 2/19/14 – a report was received on 3/29/14; for the period 3/1/14 to 3/30/14 – a report was received on 4/19/14.

However, the gap in time between plaintiffs' learning of danger to inmates and when the Monitors are alerted has been a matter of drawn-out discussions between the plaintiffs and the Monitors. Plaintiffs are concerned they will breach their clients' confidentiality if they report the alleged incident to the Monitors. The plaintiffs report that many of their clients fear retaliation if OPSO concludes that they (the inmate/client) reported the event. The Monitors and plaintiffs have discussed several options, but the immediate notification issue except for imminent harm, is unresolved. This issue needs resolution so that the full extent of incidents, abuse, names of alleged staff abusers, and/or violence can be determined, Monitors can review/investigate allegations promptly, and the reporting systems of OPSO audited. If the Monitors had real time access to incident reports, perhaps plaintiffs could pass on information closer to the time they receive it allowing for the Monitors to confirm whether the incident has been timely reported and is being investigated.

But the fact remains that OPSO facilities are dangerous, there is an overreliance on use force to control inmate behavior, and it is very unclear if the full extent of incidents is reported.

- B. Improving/maintaining interim inmate health care and mental health care until the time that the contractor assumes this role - The OPSO needs to have a plan in place to assure basic care up until the day the new contractor takes over. Additionally, no progress has been made in complying with any part of the mental health sections of the Consent Judgment.
- C. Decisions regarding short-and-long term housing of inmates on the mental health caseload - The parties need to collaboratively resolve the issues associated with this critical care.
- D. Implementation strategies for the new inmate medical, mental health and dental care provider - Transition to a new contractor is often trying - and this will especially be the case where the vendor is completely building a medical and mental health care system from the ground up.
- E. Hiring of line correctional deputies to provide a minimal level of staffing in inmate housing units; reviewing the role and responsibilities of "reserve" deputies in providing staff - staffing of units must remain a priority. The Monitors are provided

a monthly report that tracks the work hours of “reserve” deputies working in the jail system, and the use of this resource requires review; especially in terms of how this practice transfers to the new jail.

Compliance Report #1 described in detail the substantial challenges to OPSO’s hiring. These include a non-competitive starting salary for entry-level staff compared with neighboring parish jails; the competition for the same labor pool by the New Orleans Police Department; the low unemployment rate in Louisiana; and better-paying jobs available in a variety of private sector companies. To overcome these barriers in OPSO requires, at a minimum, a competitive salary, an organized, aggressive and targeted recruitment initiative (see comments regarding the need for a human resources infrastructure in OPSO), improved workplace conditions to retain experienced workers, and a career-ladder and associated funding.¹¹

Compliance Report #2 does not devote time to discussing these issues, again, but the Monitors wish to be clear that the situation has not improved since the issuance of Report #1. In fact conditions for hiring may have worsened given the changes in the requirements for hiring at NOPD (e.g. lowering the number of college credit hours required for hire, changing the residency requirements, changing prior drug use standards). The Monitors suggest that rather than continue to “compete” for a limited labor pool, the City and the Sheriff consider collaborative recruitment approaches to identifying qualified applicants for these public safety careers.¹²

OPSO needs qualified and trained employees in order to open the new jail. There are not options to adequate staffing.

¹¹ The City’s Civil Service Department, “Commissioned Police Salary Survey”, prepared in August 2014 documents that the regional [metropolitan New Orleans] minimum salary average is \$38,098. This is more than \$10,000 less than the current starting salary at OPSO for deputies assigned to work directly with inmates in the jails.

¹² See: 8/24/14, *NOPD recruitment push attracts thousands of applicants, but many are unqualified*, http://www.nola.com/politics/index.ssf/2014/08/nopd_recruitment_push_attracts.html#incart_river accessed on 8/24/14; 6/15/14, *NOPD Struggles to Bring on New Cops as Force Dwindles*, <http://theadvocate.com/news/neworleans/9512850-148/nopd-struggles-to-bring-on>, accessed on 8/24/14; June 16, 2014, *Civil Service Commission Eases Drug Rules for NOPD Recruits*, http://www.nola.com/politics/index.ssf/2014/06/civil_service_commission_eases.html accessed on 8/24/14.

- F. Improvement in work conditions to cut employee attrition – Monitors hear from both staff and inmates about untenable conditions – due to the physical plant, but also to the internal culture of OPSO. While salary is important to new and existing workers (the research was documented in Report #1), the working conditions, the quality of supervision, and the mantle of a professional organization is also important to retaining workers.
- G. Hiring of professional staff to implement a human resources infrastructure within OPSO including the ability to, among other tasks, expedite hiring, create a salary structure, develop job descriptions – this topic will be discussed later in this report.
- H. Examination and documentation of barriers to hiring and retention (e.g. salary) - This topic will be discussed later in this report.
- I. Completion of written policies and procedures; training for supervisors and line staff – Whatever training is now taking place is based on OPSO's existing written policies and procedures which are wholly inadequate. Staff who will work in the new jail will need to be retrained not only in the new/updated policies, procedures and post orders, but also how to manage inmates in a direct supervision jail.
- J. Hiring of professional management and leadership staff with corrections/jail experience to assist the Chief of Corrections; both subject matter experts in jails and in support functions with a particular focus on classification and inmate grievance managers.¹³ OPSO needs to focus on the leadership, management, and sustainability of the initiatives. Chief Tidwell is the only person in the organization who has opened a direct supervision facility or worked in one. That needs to be corrected as soon as possible. As discussed in the report regarding staffing, there need to be additional professional management positions hired/promoted to implement what needs to be done. The OPSO needs to assure its priorities are in line with needs of the jail's operations. This matter is discussed several times in this report. There is insufficient subject matter expertise.
- K. Implementation of an organizational structure supporting the Chief of Corrections – This will be discussed in the staffing section of this report.

¹³ OPSO notified the Monitors on 8/20/14 that they had named a full-time grievance coordinator.

- L. Reorganization and re-focus of the both the Special Operations Division and Internal Affairs to support jail functions and inmate/staff safety – OPSO must consider a complete reorganization and re-focus of functions and responsibilities for these two entities, with the premium placed on a jail operational model, not a law enforcement model. In other words, the focus on investigations for the purpose of criminal prosecutions, while certainly important and needed, should not be the only aim of either entity's work – rather their investigative work must seek to analyze jail operations related to incidents with a perspective on correcting policies, procedures, training and/or supervision and safeguarding inmates and staff. This requires individuals with experience in corrections/jail operations and investigations. This also requires written policies and procedures.
- M. Organization of the compliance effort, including developing a system of collecting and analyzing documentation for the use of OPSO primarily, and the Monitors, secondarily – There are specific data reporting requirements of the Consent Judgment, and other mandates that will evolve from OPSO's policy revisions that need to be tracked by the compliance coordination process. Jails are data rich environments, and the objective is to create systems within OPSO that inform and guide operations, as well as serve as early warning systems. Jail systems in the country are engaging in accountability-based management that is driven by data. The compliance process should seek to meet the requirements of the Consent Judgment as well as set up OPSO as a jail that uses data effectively to improve operations.
- N. Provisions for the safe holding of inmates pending court in the OPP (The Docks) – See above discussion regarding the "Docks."

In addition to these challenges, the City and the Sheriff's Office must agree on a credible process for developing a budget and monitoring the budget. As this is a new process for both parties, fraught with history and politics, the Budget Working Group will be helpful in establishing the processes and brokering agreements. The City and the Sheriff should engage the stakeholders in the Parish's criminal justice system to improve not only the jail operation, but also the criminal justice system. The Sheriff is the person

who has the least control of the number of detainees entering the facilities as a result of arrest. Arrest policy, pre-trial release mechanisms, trial decisions, and prosecution, public defender, and court resources influence the composition of the population and the length of stay.

VII. Format of Monitoring Report # 2

This Report's format follows the Consent Judgment's numbering system. Chart 1 - Summary of Findings of Compliance provides the page numbers of the discussion of each provision and the name of the Monitor responsible for reviewing compliance. Monitors provided their assessment of compliance, measures of compliance, their observations and findings, and, in most cases, recommendations. The recommendations are consecutively numbered (see Attachment C). The language from the Consent Judgment is highlighted in the narrative.

Compliance is rated in the following manner: "Substantial Compliance" indicating that OPSO has achieved compliance with most or all components of the relevant provision of the Consent Judgment: "Partial Compliance" indicating that OPSO achieved compliance on some of the components of the relevant provision of the Judgment, but significant work remains; or "non-compliance" indicating that OPSO has not met most or all of the components of the Consent Judgment. There are a few paragraphs for which the activity is not required to be completed until after the July, 2014 tour; in which case those paragraphs are noted as "NA".

VII. Summary Compliance Findings

Section	Page in Report	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV. A. Protection from Harm					
IV.A. 1. Use of Force Policies and Procedures/Margo Frasier					
IV. A. 1.a.	30			7/18/14	Due 2/21/14
IV. A. 1.b.	30			7/18/14	Due 2/21/14
IV. A. 1.c.	30			7/18/14	Due 4/21/14
IV.A.2. Use of Force Training/Margo Frasier					
IV. A. 2. a.	31			7/18/14	Due 2/21/14
IV. A. 2. b.	31			7/18/14	Due 2/21/14
IV. A. 2. c.	31			7/18/14	Due 4/21/14
IV.A.3. Use of Force Reporting/Margo Frasier					
IV. A.3 a.	33			7/18/14	Due 2/21/14
IV. A.3 b.	33			7/18/14	Due 2/21/14
IV. A.3 c.	33			7/18/14	Due 2/21/14
IV. A.3 d.	33			7/18/14	Due 2/21/14
IV. A.3 e.	33			7/18/14	Due 2/21/14
IV. A.3 f.	33			7/18/14	Due 2/21/14
IV. A.3 g.	33			7/18/14	Due 2/21/14
IV. A.3 h.	33			7/18/14	Due 4/21/14
IV.A.4. Early Intervention System ("EIS") /Margo Frasier					
IV.A.4.a.	38			7/18/14	Due 4/21/14
IV.A.4.b.	38			7/18/14	Due 4/21/14
IV.A.4.c.	38			7/18/14	Due 4/21/14
IV.A.4.d.	38			7/18/14	Due 1/21/14
IV.A.4.e.	38				NA – Due 8/21/15
IV.A.5. Safety and Supervision/Margo Frasier					
IV.A.5.a.	40			7/18/14	Due 2/21/14
IV.A.5.b.	40			7/18/14	Due 2/21/14
IV.A.5.c.	40			7/18/14	Due 2/21/14
IV.A.5.d.	40			7/18/14	Due 2/21/14
IV.A.5.e.	40			7/18/14	Due 2/21/14
IV.A.5.f.	40			7/18/14	Due 2/21/14
IV.A.5.g.	40			7/18/14	Due 2/21/14
IV.A.5.h.	40			7/18/14	Due 2/21/14
IV.A.5.i.	40			7/18/14	Due 2/21/14
IV.A.5.j.	40			7/18/14	Due 2/21/14
IV.A.5.k.	40			7/18/14	Due 2/21/14

Section	Page in Report	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV.A.5.l.	40			7/18/14	Due 2/21/14
IV.A.6. Security Staffing/Susan McCampbell					
IV.A.6.a.(1)	43		7/18/14		Due 1/21/14
IV.A.6.a.(2)	43		7/18/14		Due 1/21/14
IV.A.6.a.(3)	43	12/20/14			
IV.A.6.a.(4)	43			7/18/14	
IV.A.6.b.	43			7/18/14	
IV.A.7 Incidents and Referrals/Margo Frasier					
IV.A.7.a.	50			7/18/14	Due 2/21/14
IV.A.7.b.	50			7/18/14	Due 2/21/14
IV.A.7.c.	50			7/18/14	Due 2/21/14
IV.A.7.d.	50			7/18/14	Due 2/21/14
IV.A.7.e.	50			7/18/14	Due 2/21/14
IV.A.7.f.	50			7/18/14	Due 2/21/14
IV.A.7.g.	50			7/18/14	Due 2/21/14
IV.A.7.h.	50			7/18/14	Due 2/21/14
IV.A.7.i.	50			7/18/14	Due 2/21/14
IV.A.7.j.	50			7/18/14	Due 2/21/14
IV.A.8. Investigations/Margo Frasier					
IV.A.8.a.	52			7/18/14	Due 2/21/14
IV.A.8.b.	52			7/18/14	Due 2/21/14
IV.A.8.c.	52			7/18/14	Due 2/21/14
IV.A.8.d.	52			7/18/14	Due 2/21/14
IV.A.8.e.	52			7/18/14	Due 2/21/14
IV.A.8.f.	52			7/18/14	Due 4/21/14
IV.A.9. Pretrial Placement in Alternative Settings/Susan McCampbell					
IV.A.9.a.	58		7/18/14, 12/20/13		
IV.A.9.b.	58		7/18/14, 12/20/13		
IV.A.10. Custodial Placement within OPP/Patricia Hardyman					
IV.A.10.a.	60		7/18/14	12/20/13	
IV.A.10.b.	64			7/18/14; 12/20/13	
IV.A.10.c.	64			7/18/14; 12/20/13	
IV.A.10.d.	65			7/18/14; 12/20/13	
IV.A.10.e.	65			7/18/14; 12/20/13	
IV.A.10.f.	67			7/18/14; 12/20/13	
IV.A.10.g.	68			7/18/14	
IV.A.10.h.	70			7/18/14	
IV.A.11. Prisoner Grievance Process/Susan McCampbell					
IV.A.11.a.	70		7/18/14; 12/20/13		

Section	Page in Report	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV.A.12. Sexual Abuse/Susan McCampbell					
IV.A.12.	73		7/18/14; 12/20/13		
IV.A.13. Access to Information/Susan McCampbell					
IV.A.13.	74		7/18/14; 12/20/13		
IV.B. Mental Health Care					
IV.B.1. Screening and Assessment/Raymond Patterson					
IV.B.1.a.	77			7/18/14; 12/20/13	
IV.B.1.b.	77			7/18/14; 12/20/13	
IV.B.1.c.	77			7/18/14; 12/20/13	
IV.B.1.d.	77			7/18/14; 12/20/13	
IV.B.1.e.	77			7/18/14; 12/20/13	
IV.B.1.f.	77			7/18/14; 12/20/13	
IV.B.1.g.	77			7/18/14; 12/20/13	
IV.B.1.h.	77			7/18/14; 12/20/13	
IV.B.1.i.	77			7/18/14; 12/20/13	
IV.B.1.j.	77			7/18/14; 12/20/13	
IV.B.1.k.	77			7/18/14; 12/20/13	
IV.B.1.l.	77			7/18/14; 12/20/13	
IV.B.2. Treatment/Raymond Patterson					
IV.B.2.a.	78			7/18/14; 12/20/13	
IV.B.2.b.	78			7/18/14; 12/20/13	
IV.B.2.c.	78			7/18/14; 12/20/13	
IV.B.2.d.	78			7/18/14; 12/20/13	
IV.B.2.e.	78			7/18/14; 12/20/13	
IV.B.2.f.	78			7/18/14; 12/20/13	
IV.B.2.g.	78			7/18/14; 12/20/13	
IV.B.2.h.	78			7/18/14; 12/20/13	
IV.B.3. Counseling/Raymond Patterson					
IV.B.3.a.	80			7/18/14; 12/20/13	
IV.B.3.b.	80			7/18/14; 12/20/13	
IV.B.4. Suicide Prevention Training Program/Raymond Patterson					
IV.B.4.a.	81			7/18/14; 12/20/13	
IV.B.4.b.	81			7/18/14; 12/20/13	
IV.B.4.c.	81			7/18/14; 12/20/13	
IV.B.4.d.	81			7/18/14; 12/20/13	
IV.B.4.e.	81			7/18/14; 12/20/13	
IV.B.4.f.	81			7/18/14; 12/20/13	
IV.B.4.g.	81			7/18/14; 12/20/13	
IV.B.5. Suicide Precautions/Raymond Patterson					

Section	Page in Report	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV.B.5.a.	82			7/18/14; 12/20/13	
IV.B.5.b.	82			7/18/14; 12/20/13	
IV.B.5.c.	82			7/18/14; 12/20/13	
IV.B.5.d.	82			7/18/14; 12/20/13	
IV.B.5.e.	82			7/18/14	NA at time of first report
IV.B.5.f.	82			7/18/14	NA at time of first report
IV.B.5.g.	82			7/18/14; 12/20/13	
IV.B.5.h.	82			7/18/14; 12/20/13	
IV.B.5.i.	82			7/18/14; 12/20/13	
IV.B.5.j.	82			7/18/14; 12/20/13	
IV.B.5.k.	82			7/18/14; 12/20/13	
IV.B.6. Use of Restraints/Raymond Patterson					
IV.B.6.a.	84		12/31/13	7/18/14	
IV.B.6.b.	84			7/18/14; 12/20/13	
IV.B.6.c.	84			7/18/14	
IV.B.6.d.	84			7/18/14	NA at time of first report
IV.B.6.e.	84			7/18/14	
IV.B.6.f.	84			7/18/14; 12/20/13	
IV.B.6.g.	84			7/18/14	NA at time of first report
IV.B.7. Detoxification and Training/Robert Greifinger					
IV.B.7.a.	85			7/18/14; 12/20/13	
IV.B.7.b.	85			7/18/14; 12/20/13	
IV.B.7.c.	85			7/18/14; 12/20/13	
IV.B.7.d.	85			7/18/14; 12/20/13	
IV.B.8. Medical and Mental Health Staffing/Robert Greifinger					
IV.B.8.a.	86			7/18/14; 12/20/13	
IV.B.8.b.	86			7/18/14; 12/20/13	
IV.B.9. Risk Management/Robert Greifinger					
IV.B.9.a.	87			7/18/14; 12/20/13	
IV.B.9.b.	87			7/18/14; 12/20/13	
IV.B.9.c.	87			7/18/14; 12/20/13	
IV.B.9.d.	87			7/18/14; 12/20/13	
IV.B.10.d.	87			7/18/14; 12/20/13	
IV.B.10.e.	87			7/18/14; 12/20/13	
IV.B.10.f.	87			7/18/14; 12/20/13	
IV.C. Medical Care					
IV.C.1. Quality Management and Medication Administration/Robert Greifinger					
IV.C.1.a.	91			7/18/14; 12/20/13	
IV.C.1.b.	91			7/18/14; 12/20/13	

Section	Page in Report	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV.C.1.c.	91			7/18/14; 12/20/13	
IV.C.1.d.	91			7/18/14; 12/20/13	
IV.C.2. Health Care Delivered/Robert Greifinger					
IV.C.2.a.	92			7/18/14; 12/20/13	
IV.C.2.b.	92			7/18/14; 12/20/13	
IV.C.3. Release and Transfer/Robert Greifinger					
IV.C.3.a.	92			7/18/14; 12/20/13	
IV.C.3.b.	92			7/18/14; 12/20/13	
IV.C.3.c.	92			7/18/14; 12/20/13	
IV.C.3.d.	92			7/18/14; 12/20/13	
IV.D. Sanitation and Environmental Conditions/Harry Grenawitzke					
IV. D. 1. Sanitation and Environmental Conditions					
IV.D. 1.a.	94			7/18/14; 12/20/13	
IV. D. 1.b.	97			7/18/14; 12/20/13	
IV. D. 1.c.	98			7/18/14; 12/20/13	
IV. D. 1.d.	99			7/18/14; 12/20/13	
IV. D. 1.e.	100		7/18/14	12/20/13	
IV. D. 1.f.	101			7/18/14; 12/20/13	
IV. D. 1.g.	102			7/18/14; 12/20/13	
IV. D. 1.h.	103			7/18/14; 12/20/13	
IV. D. 2. Environmental Control					
IV. D. 2.a.	103			7/18/14; 12/20/13	
IV. D. 2.b.	104			7/18/14; 12/20/13	
IV. D. 3. Food Service					
IV. D. 3.a.	104			7/18/14; 12/20/13	
IV. D. 3.b.	106			7/18/14; 12/20/13	
IV. D. 3.c.	107			7/18/14; 12/20/13	
IV. D. 4. Sanitation and Environmental Conditions Reporting					
IV. D. 4.a. 1-7	108			7/18/14	Due 2/21/14
IV. D. 4.b.	109			7/18/14	Due 2/21/14
IV.E. Fire and Life Safety					
IV. E. 1. Fire and Life Safety					
IV. E. 1.a.	110		7/18/14	12/20/13	
IV. E. 1.b.	112			7/18/14; 12/20/13	
IV. E. 1.c.	113		7/18/14; 12/31/13		
IV. E. 1.d.	114			7/18/14; 12/20/13	
IV. E. 1.e.	115			7/18/14	Due 2/21/14
IV. E. 2. Fire and Life Safety Reporting					

Section	Page in Report	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV. E. 2.a.1-3	116			7/18/14	Due 2/21/14
IV. E. 2.b.	117			7/18/14	Due 2/21/14
IV.F. Language Assistance					
IV.F.1. Timely and Meaningful Access to Services/Margo Frasier					
IV.F.1.a.	118		7/18/14		Due 4/21/14
IV.F.2. Language Assistance Policies and Procedures/Margo Frasier					
IV.F.2.a.	118		7/18/14		Due 4/21/14
IV.F.2.b.	118		7/18/14		Due 4/21/14
IV.F.3. Language Assistance Training/Margo Frasier					
IV.F.3.a.	118		7/18/14		Due 4/21/14
IV.F.4. Bilingual Staff/Margo Frasier					
IV.F.4.	118		7/18/14		Due 4/21/14
IV.G. Youthful Prisoners/Susan McCampbell					
IV.G.	120			7/18/14; 12/20/13	
VI. The New Jail Facility/Susan McCampbell					
VI. A.	123		7/18/14		
VI. B.	123		7/18/14		
VI. C.	123		7/18/14		
VI. D.	123		7/18/14		
VII. Compliance and Quality Improvement/Susan McCampbell					
VII. A.	124			7/18/14	Due 2/21/14
VI. B. (H.)	124			7/18/14	Due 4/21/14
VI. C. (I.)	124	7/18/14		12/20/13	
VI. D. (J.)	124			7/18/14	Due 4/21/14
VIII. Reporting Requirements and Right of Access/Susan McCampbell					
VIII.A.	126		7/18/14		Due 2/21/14
VIII.B.	126		7/18/14; 12/20/13		
VIII.C.	127		7/18/14; 12/20/13		

VII. SUBSTANTIVE PROVISIONS

IV. A. Protection From Harm

1. Use of Force

Consistent with constitutional standards, Defendant shall provide prisoners with a safe and secure environment and ensure their reasonable safety from harm. OPSO shall take all reasonable measures to ensure that during the course of incarceration, prisoners are not subjected to unnecessary or excessive force by OPSO staff and are protected from violence by other prisoners.

Introduction

The Defendant is in non-compliance with all of the elements in these sections of the Consent Judgment - reviewed during the tours of January 27-28, 2014, March 31-April 2, 2014, April 28-30, 2014, and July 14-18, 2014. During the tour in December, 2013, OPSO was not yet required to comply with any of the provisions in these areas. However, as noted in the February, 2014 report the lack of adequate facilities, staff, policies, and training resulted in an Orleans Parish Jail system that failed to provide inmates with a safe and secure environment. It was also noted that there was a great likelihood that inmates were being subjected to unnecessary or excessive force by OPSO staff and/or violence by other inmates.

Since December, 2013, little has changed in these areas. There have not been a sufficient number of corrections deputies hired, trained, and/or deployed to allow for sufficient staffing to properly supervise inmates. While OPSO has begun to develop some of the required policies, no policies on use of force that comply with the language of the Consent Judgment nor have those been completed and implemented, nor staff trained. OPSO has recently retained the services of a new consultant to draft policies. While this is viewed as a positive change, OPSO is still without a comprehensive policy on the use of force and training on the comprehensive use of force policy. Compliance with the comprehensive policies is crucial to making the OPSO facilities a safe place for inmates to be housed and staff to work.

Assessment Methodology

- Dates of tours
 - January 27-28, 2014
 - March 31-April 2, 2014
 - April 28-30, 2014

- July 14-18, 2014
- Materials reviewed
 - Materials reviewed include the Consent Judgment, policies and procedures, use of force reports, incident reports, investigations conducted by Special Operations Division (SOD), investigations conducted by Internal Affairs Division (IAD), news articles, expert reports from underlying litigation, shakedown logs, and post logs.
- Interviews
 - Interviews included Sheriff, Sheriff's command staff, jail supervisors, deputies assigned to housing units, deputies assigned to specialty units, supervisor of SOD, supervisor of IAD, inmates, and architect and project management staff for new jail facility.

A. 1. a. – c. Use of Force Policies and Procedures

- a. OPSO shall develop, implement, and maintain comprehensive policies and procedures (in accordance with generally accepted correctional standards) relating to the use of force with particular emphasis regarding permissible and impermissible uses of force.
- b. OPSO shall develop and implement a single, uniform reporting system under a Use of Force Reporting policy. OPSO reportable force shall be divided into two levels, as further specified in policy: Level 1 uses of force will include all serious uses of force (i.e., the use of force leads to injuries that are extensive, serious or visible in nature, including black eyes, lacerations, injuries to the mouth or head, multiple bruises, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct, and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious. Level 2 uses of force will include all escort or control holds used to overcome resistance that are not covered by the definition of Level 1 uses of force.
- c. OPSO shall assess, annually, all data collected regarding uses of force and make any necessary changes to use of force policies or procedures to ensure that unnecessary or excessive use of force is not used in OPP. The review and recommendations will be documented and provided to the Monitors, DOJ, and SPLC.

Findings:

Non-compliance – IV. A. 1. a.

Non-compliance – IV. A. 1. b.

Non-compliance – IV. A. 1. c.

Measures of compliance:

1. ¹Comprehensiveness of written policies,
2. Training, data collection and analysis,
3. Supervisory review of uses of force,
4. Review of use of force reports, review of incident reports, review of investigations by SOD, review of investigations by IAD.

Observations:

The consultant hired to draft written directives is in the process of writing a comprehensive use of force policy that will comply with the Consent Judgment as well as the required policies for reporting, data collection, and data analysis. While

OPSO has a basic of a use of force policy, including a reporting system, it is clear, after seven on-site tours that the current policy is not followed or enforced on a consistent basis. As previously noted, the current policies and procedures and the reporting system are not comprehensive nor is it in accordance with generally accepted correctional standards or the requirements of the Consent Judgment. The current policy does not contain the mechanisms to allow OPSO to provide guidance to supervisors and deputies on how it is to be implemented or to train on the policy and hold staff accountable for following the policy. It was also previously noted, in particular, that there was no mechanism to ensure that all uses of force were properly reported and investigated in accordance with the policy. This continues to be a problem.

Recommendation:

1. The drafting of use of force policies must be a top priority. While it is understandable that OPSO may wish to have the consultant make the drafting of the policies and procedures necessary for the move to the new facility a priority, harm is occurring daily to inmates housed in OPP. Only with adequate policies on the use of force and the training and enforcement of these policies in place will the danger to inmates, and staff, begin to decrease. The Monitors will review the draft when provided. The adequacy of the policies and procedures and reporting system is the key to future compliance with IV. A. 1. c. that requires OPSO to assess, annually, all data collected to make any necessary changes.

A. 2. Use of Force Training

- a. OPSO shall ensure that all correctional officers are knowledgeable of and have the knowledge, skills, and abilities to comply with use of force policies and procedures. At a minimum, OPSO shall provide correctional officers with pre-service and annual in-service training in use of force, defensive tactics, and use of force policies and procedures. The training will include the following:
 - (1) instruction on what constitutes excessive force;
 - (2) de-escalation tactics; and
 - (3) management of prisoners with mental illness to limit the need for using force.
- b. OPSO shall ensure that officers are aware of any change to policies and practices throughout their employment with OPP. At a minimum, OPSO shall provide pre-service and annual in-service use of force training that prohibits:
 - (1) use of force as a response to verbal insults or prisoner threats where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors;

- (2) use of force as a response to prisoners' failure to follow instructions where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors;
 - (3) use of force against a prisoner after the prisoner has ceased to offer resistance and is under control;
 - (4) use of force as punishment or retaliation; and
 - (5) use of force involving kicking, striking, hitting, or punching a non-combative prisoner.
- c. OPSO shall randomly test five percent of the correctional officer staff on an annual basis to determine their knowledge of the use of force policies and procedures. The testing instrument and policies shall be approved by the Monitors. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitors.

Findings:

Non-compliance - IV. A. 2. a.

Non-compliance - IV. A. 2. b.

Non-compliance - IV. A. 2. c.

Measures of compliance:

1. Comprehensiveness of lesson plans.
2. Training material, evidence of knowledge gained.
3. Review of use of force reports.
4. Review of incident reports.
5. Review of investigations by SOD.
6. Review of investigations by IAD.

Observations:

No evidence of compliance was provided for IV.A.2. in a time frame that permitted the Monitors to review or analyze the information. While it appears that OPSO has in place a mechanism to provide training on the use of force policy in that it operates its own training academy, OPSO has not provided lesson plans; much less comprehensive curricula. At best, what was provided is a very basic outline of what should be taught in a use of force class. However, what was provided does not address the provisions contained in the Consent Judgment. As there is not currently a comprehensive policy in place, it goes without saying that the training does not cover a comprehensive policy on use of force that is compliance with the Consent Judgment. Therefore, given the lack of comprehensiveness of the policies and procedures currently in effect and the shortage of staff and training, neither deputies nor supervisors are being adequately trained; initially or annually. In particular, training needs to stress what are proper uses of force and that all uses of force are to be reported and properly investigated. In addition, supervisors need to be trained on the mechanisms to ensure that all uses of force are properly reported

and investigated in accordance with the policy. All training, deputy and supervisor, should emphasize that failure to follow the policy will result in discipline.

Recommendation:

2. When the use of force policies are completed, comprehensive lesson plans and training materials will need to be developed. Given the current quality of the training material, it may be that the task of developing comprehensive lesson plans and training material will need to be outsourced (perhaps on the list for either V/R Justice Service or Carter Goble Lee). Training needs to clearly delineate when force may be used, highlight strategies to de-escalate the need to use force, and stress that all uses of force must be reported and properly investigated. In addition, supervisors need to be trained on the mechanisms to ensure that all uses of force are properly reported and investigated in accordance with the policy. All training, for both deputy and supervisor levels, must emphasize that failure to follow the policy will result in discipline. The adequacy of the policies and procedures and training is crucial to future compliance with IV. A. 2. c. which requires OPSO to randomly test five percent of the jail staff to determine their knowledge of use of force policies and procedures.

3. a. – h. Use of Force Reporting

- a. Failure to report a use of force incident by any staff member engaging in the use of force or witnessing the use of force shall be grounds for discipline, up to and including termination.
- b. OPSO shall ensure that sufficient information is collected on uses of force to assess whether staff members complied with policy; whether corrective action is necessary including training or discipline; the effectiveness of training and policies; and whether the conditions in OPP comply with this Agreement. At a minimum, OPSO will ensure that officers using or observing a Level 1 use of force shall complete a use of force report that will;
 - (1) include the names of all staff, prisoner(s), or other visual or oral witness(es);
 - (2) contain an accurate and specific account of the events leading to the use of force;
 - (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident;
 - (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use;
 - (5) be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity that prompted the use of force incident;
 - (6) describe the nature and extent of injuries sustained by anyone involved in the incident;
 - (7) contain the date and time when medical attention, if any, was requested and actually provided;
 - (8) describe any attempts the staff took to de-escalate prior to the use of force;

- (9) include an individual written account of the use of force from every staff member who witnessed the use of force;
- (10) include photographs taken promptly, but no later than two hours after a use of force incident, of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in the use of force incident;
- (11) document whether the use of force was digitally or otherwise recorded. If the use of force is not digitally or otherwise recorded, the reporting officer and/or watch commander will provide an explanation as to why it was not recorded; and
- (12) include a statement about the incident from the prisoner(s) against whom force was used.
- c. All officers using a Level 2 use of force shall complete a use of force report that will:
 - (1) include the names of staff, prisoner(s), or other visual or oral witness(es);
 - (2) contain an accurate and specific account of the events leading to the use of force;
 - (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident;
 - (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use;
 - (5) be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity that prompted the use of force incident;
 - (6) describe the nature and extent of injuries sustained by anyone involved in the incident;
 - (7) contain the date and time when medical attention, if any, was requested and actually provided; and
 - (8) describe any attempts the staff took to de-escalate prior to the use of force;
- d. OPSO shall require correctional officers to notify the watch commander as soon as practical of any use of force incident or allegation of use of force. When notified, the watch commander will respond to the scene of all Level 1 uses of force. When arriving on the scene, the watch commander shall:
 - (1) ensure the safety of everyone involved in or proximate to the incident;
 - (2) determine if any prisoner or correctional officer is injured and ensure that necessary medical care is provided;
 - (3) ensure that personnel and witnesses are identified, separated, and advised that communications with other witnesses or correctional officers regarding the incident are prohibited;
 - (4) ensure that witness and subject statements are taken from both staff and prisoner(s) outside of the presence of other prisoners and staff;
 - (5) ensure that the supervisor's use of force report is forwarded to IAD for investigation if, upon the supervisor's review, a violation of law or policy is suspected. The determination of what type of investigation is needed will be based on the degree of the force used consistent with the terms of this Agreement;
 - (6) If the watch commander is not involved in the use of force incident, the watch commander shall review all submitted use of force reports within 36 hours of the end of the incident, and shall specify his findings as to completeness and procedural errors. If the watch commander believes that the use of force may have been unnecessary or excessive, he shall immediately contact IAD for investigation consideration and shall notify the warden or assistant warden; and
 - (7) All Level 1 use of force reports, whether or not the force is believed by any party to be unnecessary or excessive, shall be sent to IAD for review. IAD shall develop and submit to the Monitors within 90 days of the Effective Date clear criteria to identify use of force incidents that warrant a full investigation, including injuries that are extensive or serious, visible in nature (including black eyes, injuries to the mouth, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct (including inappropriate relationships with prisoners), and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious.
- e. Ensure that a first-line supervisor is present during all pre-planned uses of force, such as cell extractions.

- f. Within 36 hours, exclusive of weekends and holidays, of receiving the report and review from the shift commander, in order to determine the appropriateness of the force used and whether policy was followed, the Warden or Assistant Warden shall review all use of force reports and supervisory reviews including:
- (1) the incident report associated with the use of force;
 - (2) any medical documentation of injuries and any further medical care;
 - (3) the prisoner disciplinary report associated with the use of force; and
 - (4) the Warden or Assistant Warden shall complete a written report or written statement of specific findings and determinations of the appropriateness of force.
- g. Provide the Monitors a periodic report detailing use of force by staff. These periodic reports shall be provided to the Monitors within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information:
- (1) a brief summary of all uses of force, by type;
 - (2) date that force was used;
 - (3) identity of staff members involved in using force;
 - (4) identity of prisoners against whom force was used;
 - (5) a brief summary of all uses of force resulting in injuries;
 - (6) number of planned and unplanned uses of force;
 - (7) a summary of all in-custody deaths related to use of force, including the identity of the decedent and the circumstances of the death; and
 - (8) a listing of serious injuries requiring hospitalization.
- h. OPSO shall conduct, annually, a review of the use of force reporting system to ensure that it has been effective in reducing unnecessary or excessive uses of force. OPSO will document its review and conclusions and provide them to the Monitors, SPLC, and DOJ.

Findings:

- Non-compliance - IV. A. 3. a.
- Non-compliance - IV. A. 3. b.
- Non-compliance - IV. A. 3. c.
- Non-compliance - IV. A. 3. d.
- Non-compliance - IV. A. 3. e.
- Non-compliance - IV. A. 3. f.
- Non-compliance - IV. A. 3. g.
- Non-compliance - IV. A. 3. h.

Measures of compliance:

1. C omprehensiveness of written policies.
2. Training, data collection and analysis.
3. Supervisory review of uses of force.
4. Review of use of force reports.
5. R eview of incident reports.
6. Review of investigations by SOD.
7. Review of investigations by IAD.

Observations:

The OPSO has in place the basics of a policy requiring reporting of use of force. However, there is nothing in place to ensure all uses of force are being reported and that use of force is being reported adequately and accurately. The

review of reports during the four tours since December, 2013 revealed that the same problems that were noted in the February, 2014 report still exist. In addition, it was discovered that reports are not reviewed timely in the vast majority of the cases. The use of force reports which had been signed off on by supervisors were often inadequate and/or incomplete, and contained boilerplate and conclusory language that does not allow the reader to make an evaluation of the level of resistance, the level of force used, and/or the appropriateness of the force. For instance, a report will state "appropriate force was used" without detailing what type of behavior prompted the use of force, de-escalation efforts, and the type of force used. Seldom does a report indicate whether the use of force was documented by video. The most common result of interviews of inmates is a notation that they either did not see anything or did not wish to cooperate.

OPSO reported in their April 24, 2014, report to the Monitors that they believed that the use of force reporting system was working to capture incidents. They noted that in the first month of operation (December 2013) 24 uses of force were captured by the system. The data for the first quarter of 2014 indicates that there were 40 uses of force identified in the incident reporting system. It is the Monitors' observation that without an updated policy and procedure, training for staff and supervisors, and an audit of the reporting procedure, there is no way to know if the reporting is accurate or not. In the self-reporting of incidents to the Monitors by OPSO, there are 22 reports of use of force for the period April 1, 2014, through August 5, 2014 (see Introduction). OPSO reports that all the uses of force were referred to IAD and several to SOD for investigation.

In addition, there is no automatic tracking system to ensure timely notification is being made. While completed reports are to be assigned a number, there is no follow up to make sure the reports are written and/or are reviewed within 36 hours and forwarded to the Internal Affairs Division. A review of a list of 116 use of force reports filed between October, 2013, and the date the report was generated by OPSO (July 14, 2014), indicated that only 34 of the reports had been approved. The information provided did not allow for a determination of whether the review had been done in a timely manner. However, there is now no tracking

mechanism in place to make sure each of these steps is completed timely. There is no system to alert the Warden or Assistant Warden if the shift/watch commander does not complete the initial review in a timely matter. There is no system for tracking whether the reviews are being sent to IAD and the results of the review by IAD. Given that less than one-third of the use of force reports have been “approved”, it is highly likely that over two-thirds of the reports never made it to IAD. It is clear that less than a third of the reports had been reviewed in compliance with the Consent Judgment.

No periodic reports detailing the use of force have been submitted to the Monitors as required under IV. A. 3. g. The first report was due April 21, 2014, and the second report is due August 21, 2014.

Recommendations:

3. The use of force policy revision needs to be in sufficient detail to allow for auditing of compliance, and include at a minimum:
 - a. Each time an incident involving a use of force occurs; a unique number must be generated and assigned to the incident. The assignment of the number is in most agencies generated by a central control room or dispatch center, aided by the incident reporting system that provides the next number in sequence.
 - b. Unless the situation dictates an exception is identified in the policy, the initial incident report and supplements must be completed by the end of the officer’s shift.
 - c. The shift/watch commander must ensure the report is written and then has 36 (or fewer) hours from the end of the incident to review and specify his/her findings for completeness and procedural errors.
 - d. Once the watch commander completes his/her review, the Warden or Assistant Warden must conduct a review and issue a report. This report is to be completed within 36 hours (or fewer), exclusive of weekends and holidays, of receiving the report and review from the shift/watch commander.

- e. OPSO policy/procedures should require those holding the rank of Major and above review all reports. Based on that review, additional training should be provided to supervisors who are not requiring complete and thorough reports.
- 4. It is recommended that Monitors Frasier and McCampbell be given real time off site, read-only access to the incident reporting system (VANTOS) so that incident reports can be reviewed on a contemporaneous basis. This would enable the Monitors to provide feedback on a timelier basis and assist in correcting deficiencies.
- 5. OPSO needs to timely produce the reports required by the Consent Judgment. The adequacy of the periodic reports (that are to be submitted under IV. A. 3. g.) and the usefulness of the annual review (that is to be conducted under IV. A. 3. h.) are crucial to future compliance with IV. A. 3. g. that requires OPSO to assess, annually, all data collected and make any necessary changes.
- 6. OPSO should immediately stop the practice of allowing investigators to use personal laptops or other computer equipment for OPSO investigations. Rules should also be developed regarding how records and investigations are stored and accessible. OPSO should provide those assigned to investigations with laptops and/or other computer equipment that provides the security necessary to the integrity of investigations.

4. a. – e. Early Intervention System (“EIS”)

- a. OPSO shall develop, within 120 days of the Effective Date, a computerized relational database (“EIS”) that will document and track staff members who are involved in use of force incidents and any complaints related to the inappropriate or excessive use of force, in order to alert OPSO management to any potential problematic policies or supervision lapses or need for retraining or discipline. The Chief of Operations Deputy, supervisors, and investigative staff shall have access to this information and shall review on a regular basis, but not less than quarterly, system reports to evaluate individual staff, supervisor, and housing area activity. OPSO will use the EIS as a tool for correcting inappropriate staff behavior before it escalates to more serious misconduct.
- b. Within 120 days of the Effective Date, OPSO senior management shall use EIS information to improve quality management practices, identify patterns and trends, and take necessary corrective action both on an individual and systemic level. IAD will manage and administer EIS systems. The Special Operations Division (“SOD”) will have access to the EIS. IAD will conduct quarterly audits of the EIS to ensure that analysis and intervention is taken according to the process described below. Command staff shall review the data collected by the EIS on at least a quarterly basis to identify potential patterns or trends resulting in harm to prisoners. The Use of Force Review Board will periodically review information collected regarding uses of force in order to identify the need for

- corrective action, including changes to training protocols and policy or retraining or disciplining individual staff or staff members. Through comparison of the operation of this system to changes in the conditions in OPP, OPSO will assess whether the mechanism is effective at addressing the requirements of this Agreement.
- c. OPSO shall provide, within 180 days of the implementation date of its EIS, to SPLC, DOJ, and the Monitors, a list of all staff members identified through the EIS and corrective action taken.
 - d. The EIS protocol shall include the following components: data storage, data retrieval, reporting, data analysis, pattern identification, supervisory assessment, supervisory intervention, documentation, and audit.
 - e. On an annual basis, OPSO shall review the EIS to ensure that it has been effective in identifying concerns regarding policy, training, or the need for discipline. This assessment will be based in part on the number and severity of harm and injury identified through data collected pursuant to this Agreement. OPSO will document its review and conclusions and provide them to the Monitors, who shall forward this document to DOJ and SPLC.

Finding:

- IV. A. 4. a. - Non-compliance
- IV. A. 4. b. -Non-compliance
- IV.A.4.c. – Non-compliance
- IV. A. 4.d. - Non-compliance
- IV. A. 4.e. – NA Due 8/21/15

Measures of compliance:

- 1. Comprehensiveness of policy.
- 2. Identification of patterns and trends.
- 3. Evidence of review by command staff.
- 4. Monitors' review of quarterly reports.

Observations:

No evidence of compliance was provided for IV.A.4. Although the Early Intervention system was to be in place by January 21, 2014, very little progress has been made on the completion of the policy and the process by which data is collected, analyzed, and action taken. The only document that purports to be an Early Intervention policy is, in reality, a memorandum that sets up a system that flags an employee who has three formal complaints within a certain timeframe. A credible Early Intervention or warning system collects data such as uses of force, grievances, complaints handled at the facility level, absences, etc. and causes a review, and, if necessary, remedial, documented action.

In addition, during the July, 2014 tour, Monitors learned that the alert process to prompt a review under the Early Intervention System had not been operational for almost since the beginning of 2014. The failure of the alert was only identified because the IAD Director noticed that a particular sergeant had an

exceptional number of uses of force that had failed to generate alerts. It should be noted that the reports that prompted the IAD Director to check to see if the system was working had not come to the attention of the IAD Director through normal channels. In fact, the vast majority of the use of force reports had not been approved, and, therefore, would not have triggered the Early Intervention System, even if it had been working.

Recommendations:

7. OPSO should prioritize the completion of the policy/procedure for the early warning system. The policy should include accountability mandates requiring the collection and analysis of data such as uses of force, grievances, and complaints handled at the facility level, absences, etc. Assure policies/procedures are in place to direct how the EIS is implemented, and actions to be taken by OPSO when thresholds are triggered.
8. It is recommended that the Monitors Frasier and McCampbell be given real time off site access to the Early Intervention system (VANTOS) so that data can be reviewed on a more contemporaneous basis. This would enable the Monitors to provide feedback on a timelier basis and assist in correcting deficiencies.

5. a. – I. Safety and Supervision

Recognizing that some danger is inherent in a jail setting, OPSO shall take all reasonable measures to ensure that prisoners are not subjected to harm or the risk of harm. At a minimum, OPSO shall do the following:

- a. Maintain security policies, procedures, and practices to provide a reasonably safe and secure environment for prisoners and staff in accordance with this Agreement.
- b. Maintain policies, procedures, and practices to ensure the adequate supervision of prisoner work areas and trustees.
- c. Maintain policies and procedures regarding care for and housing of protective custody prisoners and prisoners requesting protection from harm.
- d. Continue to ensure that correctional officers conduct appropriate rounds at least once during every 30-minute period, at irregular times, inside each general population housing unit and at least once during every 15-minute period of special management prisoners, or more often if necessary. All security rounds shall be documented on forms or logs that do not contain pre-printed rounding times. In the alternative, OPSO may provide direct supervision of prisoners by posting a correctional officer inside the day room area of a housing unit to conduct surveillance.
- e. Staff shall provide direct supervision in housing units that are designed for this type of supervision. Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers.
- f. Increase the use of overhead video surveillance and recording cameras to provide adequate coverage throughout the common areas of the Jail, including the Intake Processing Center, all divisions' intake

areas, mental health units, special management units, prisoner housing units, and in the divisions' common areas.

- g. Continue to ensure that correctional officers, who are transferred from one division to another, are required to attend training on division-specific post orders before working on the unit.
- h. Continue to ensure that correctional officers assigned to special management units, which include youth tiers, mental health tiers, disciplinary segregation, and protective custody, receive eight hours of specialized training regarding such units on prisoner safety and security on at least an annual basis.
- i. Continue to ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- j. Continue to ensure that staff conduct daily inspections of cells and common areas of the housing units to protect prisoners from unreasonable harm or unreasonable risk of harm.
- k. Continue to ensure that staff conduct random monthly shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband.
- l. Provide the Monitors a periodic report of safety and supervision at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will provide the following information:
 - (1) a listing of special management prisoners, their housing assignments, the basis for them being placed in the specialized housing unit, and the date placed in the unit; and
 - (2) a listing of all contraband, including weapons seized, the type of contraband, date of seizure, location, and shift of seizure.

Findings:

Non-Compliance - IV. A. 5.a.
 Non-Compliance - IV.A.5.b.
 Non-Compliance- IV.A.5.c.
 Non-Compliance - IV.A.5.d.
 Non-Compliance - IV.A.5.e
 Non-Compliance - IV.A.5.f.
 Non-Compliance - IV.A.5.g.
 Non-Compliance - IV.A.5.h.
 Non-Compliance- IV.A.5.i.
 Non-Compliant - IV.A.5.j.
 Non-Compliant - IV.A.5.k
 Non-Compliant - IV.A.5.l.

Measures of compliance

- 1. Comprehensiveness of policies and procedures
- 2. Training materials
- 3. Post orders
- 4. Review of incident reports
- 5. Installation of cameras
- 6. Documentation of training
- 7. Monitors' review of required semi-annual reports.

Observations:

No evidence of compliance was provided for IV.A.5. The level of harm and risk of harm in the Orleans Parish Jail system continues to be extremely high despite the Consent Judgment having been in place for since October 21, 2014. This danger

is evident by the number of assaults on inmates by other inmates including sexual assaults as reported to the Monitors by OPSO. Even more disturbing is that staff is often unaware that an assault is taking place due to the lack of supervision in the housing units. Observation of staffing and review of post logs reveals that deputies often did not conduct timely rounds; particularly in the special management housing units. During the July, 2014 tour, posts were found to be unstaffed. A review of the daily roster revealed that some of the staff listed on the daily roster was not on duty at that time. Due to shortage of staff, deputies are often called upon to work several tiers (on different floors) simultaneously – which is an impossible work assignment to do with any level of effectiveness. Staff does not receive specialized training required to work with some classifications of inmates. Shakedowns are not conducted with sufficient frequency as evidenced by the contraband items (particularly homemade shanks) used by inmates to assault one another and the large amount of contraband which is discovered each time shakedowns do occur. There is no effort to determine the source of the contraband and remediate the danger. There are insufficient inspections of housing units, making identifying the timely source of weapons infrequent.

Many of the problems will not be lessened without an adequate number of properly trained staff along with a sufficient number of supervisors. While the recruiting, hiring, and training of staff takes time, there needs to be a sense of urgency to increase the hiring. One of the impediments to recruiting staff appears to be the failure to hire the necessary human resource infrastructure.

Recommendations:

9. Policies regarding inmate supervision, rounds, inspections, shakedowns and communication need to be finalized.
 - a. The policy must include accountability methods for ensuring that deputies and supervisors conduct their rounds timely. Anytime an incident occurs, it must be routine practice to include examination of source data to determine whether rounds have been conducted timely in the area. The results of the determination should be documented.

- b. The policy must include a supervisory/management evaluation to determine if an employee involved in a use of force should be temporarily assigned until at least a preliminary investigation has been conducted – to safeguard both the staff and inmates.
- 10. OPSO must make the recruiting, hiring, and training of custodial staff for the jail facilities the highest priority. See Section 6. Security Staffing.
- 11. OPSO must develop and implement a risk management philosophy so that incidents are routinely reviewed by subject matter experts with a goal of determining actions needed to be taken by OPSO to avoid such incidents in the future. See Section VII. Compliance and Quality Improvement.

6. Security Staffing

a. (1) – (4) OPSO shall ensure that correctional staffing and supervision is sufficient to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Facility, consistent with constitutional standards. OPSO shall achieve adequate correctional officer staffing in the following manner:

- (1) Within 90 days of the Effective Date, develop a staffing plan that will identify all posts and positions, the adequate number and qualification of staff to cover each post and position, adequate shift relief, and coverage for vacations. The staffing plan will ensure that there is adequate coverage inside each housing and specialized housing areas and to accompany prisoners for court, visits and legal visits, and other operations of OPP and to comply with all provisions of this Agreement. OPSO will provide its plan to the Monitors, SPLC, and DOJ for approval. The Monitors, SPLC, or DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan.
- (2) Within 120 days before the opening of any new facility, submit a staffing plan consistent with subsection (1) above.
- (3) Within 90 days after completion of the staffing study, OPSO shall recruit and hire a full-time professional corrections administrator to analyze and review OPP operations. The professional corrections administrator shall report directly to the Sheriff and shall have responsibilities to be determined by the Sheriff. The professional corrections administrator shall have at least the following qualifications: (a) a bachelor's degree in criminal justice or other closely related field; (b) five years of experience in supervising a large correctional facility; and (c) knowledge of and experience in applying modern correctional standards, maintained through regular participation in corrections-related conferences or other continuing education.
- (4) Provide the Monitors a periodic report on staffing levels at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information:
 - i. a listing of each post and position needed;
 - ii. the number of hours needed for each post and position;
 - iii. a listing of staff hired and positions filled;
 - iv. a listing of staff working overtime and the amount of overtime worked by each staff member;
 - v. a listing of supervisors working overtime; and a listing of and types of critical incidents reported.

Findings:

IV. A. 6. a. (1), (2) - Partial Compliance -

IV. A. 6. a. (3) – Partial Compliance - The OPSO hired a full-time professional corrections administrator, who began work on November 11, 2013.

IV.A.6.a. (4) -Non Compliance

Measures of Compliance:

1. Written policy/procedure governing staffing, and reporting as required by consent agreement.
2. Completion of a staffing analysis per <http://static.nicic.gov/Library/016827.pdf>
3. Staffing plan (existing and new facilities); recruiting plan.
4. Daily rosters.
5. Overtime records.
6. Housing unit logs.
7. Hiring of professional corrections administrators (CV). Post order/job description/organizational chart.
8. Staffing report containing required information; conclusions; action plans, if any.

Observations (IV.A.6.a., b.):

Finding – Partial Compliance

OPSO completed the required staffing analysis on February 13, 2014, which included the new jail, the new jail's intake and processing center, Templeman V, the Temporary Detention Center, McDaniels Work Center, the OPP Docks, the kitchen/warehouse, transportation division, special operations division, training division, internal affairs, visitation, administrative services, and staff in the office of the Chief of Corrections. The work was consistent with the methodology recommended by the Monitors and agreed to by the Sheriff.¹⁴

The OPSO staffing plan calls for 1,155 employees.¹⁵ The reason this provision remains in partial compliance is that the analysis and recommendations regarding support services employees – HVAC, electricians, plumbers, etc. as noted earlier in this report was not provided in a timeframe to permit the Monitors' review.

The staffing plan remains in the draft stage as all parties continue to review it. Inasmuch as OPSO is not in a position organizationally and fiscally to hire the staff

¹⁴ *Staffing Analysis Workbook for Jails* <http://static.nicic.gov/Library/016827.pdf>

¹⁵ OPSO reported that, as of 7/13/14, there were a total of 787 employees in all divisions, with 448 in the jail and 22 in SOD.

documented in this analysis, a more deliberate review is in process with the Lead Monitor, the City, the City's consultant, and OPSO.

Other Staffing Considerations:

1. Hiring line corrections deputies

The reporting from OPSO regarding hiring and attrition for the jail is still being refined by OPSO. Based on the data that is available at the time of this report, the following emerges from OPSO data:

Date of Report	Jail Security (F/T)	# Hired for Jail	# Attrition for Jail
January 2014		19	7
February 2014		0	12
March 2014		16	12
April 2014		20	8
May 2014	410	3	15
June 2014	446	24	10
July 2014	416	1	9
August (as of 8/24/14)	438	19	8
		102	81

Source: OPSO

Hence, the net gain of new employees for this 6.5 month period is 21.

While the staffing plan for the new facility is being finalized more staff than are now hired will be needed for the new jail, plus staffing Templeman V, and the Temporary Detention Center, and providing inmate transportation. Staffing is also required for the Special Operations and Internal Affairs Divisions. There is a substantial gap between corrections staff needed and those available. The new jail hopes to open for inmates in December 2014/January 2015.

From January – July 2014, OPSO reports that the jail officers were supplemented by more than 6,900 hours from reserve deputies working in the jail.¹⁶ Monitors are not able to verify how the reserve deputies are augmenting jail staff, but OPSO has previously reported that the staffing in the jails would be substantially worse without the reserves.

¹⁶ OPSO Counsel reported that reserve deputies work 32 hours per month under the direction of the Chief of Security (jail) before they can perform any secondary (off-duty) work detail. Email from Blake Arcuri to Susan McCampbell 4/3/14.

There is not a clear picture of the number of posts now in Conchetta, Orleans Parish Prison, and the existing intake center. Projections of posts for when the new jail opens have been completed.

The hiring environment in the metropolitan area is challenging, with higher salaries (as documented in Report #1) in the region, and direct competition from the New Orleans Police Department.

The Court has advised the Sheriff that if he is able to document that officers leaving for higher paying jobs, or if individuals indicate that they are turning down offers of employment for higher paying jobs, the Court may consider options to help create a competitive hiring. The Sheriff has not advised the Court of any such documentation.

Another issue has been the intent and application of raising salaries for deputies working directly with inmates per the October 2013, agreement between the City and the Sheriff. The Sheriff maintains that this two-tiered system of pay is detrimental to retention and unfair to deputies whose current assignment might not include direct inmate contact. The discussion of how to resolve that situation continues. The Monitors are unaware of any resolution having been reached.

OPSO has not provided persuasive information to date about why employees are leaving, and no information of positions that have been offered and refused due to salary issues. This leaves the matter as speculative. The Monitors' review of the personnel files of the last 21 individuals who resigned from OPSO (as of 7/19/14) indicated:

- 4 deputies had been previously rehired, quit, and were rehired; one person 3 times.
- 7 deputies were at OPSO for less than one year (33%)
- 5 deputies were at OPSO 2 – 5 years – (24%)
- 9 deputies were at OPSO for more than 5 years, some longer than 10 (43%)
- Reasons given:
 - 6 for personal reasons
 - 1 relocating out of state
 - 1 relocating in state
 - 3 to seek new employment
 - 6 to accept new employment
 - 1 to NOPD
 - 1 to continue education

- 1 for personal reasons – but noted – “due to witnessing and working under and around unprofessional and careless co-workers”
- 1 no reason provided

It is particularly disturbing that experienced deputies are leaving.

It is critical to note that the positions included in the April 17th Partial Settlement Agreement were ones considered of the very highest priority by the Monitors. Many of the other positions are also essential, and the thinking in April, 2014, was that the human resources professionals would be engaged soon, and review the current status and develop and implement plans to hire the essential employees. This has not happened.

The OPSO must gear up for hiring for the new facility; it is absolutely critical. If that means providing documentation to the Monitors and the Court about the need to adjust the starting salaries, then that documentation must be provided without delay. As noted in Report #1, the work environment currently for employees is tough. The new jail will provide a better work environment IF the line staff is properly trained and supervised, and if there is sufficient management oversight of operations.

2. Hiring of professional correctional support staff and managers.

In the opinion of the Monitors, the OPSO lacks sufficient administrative infrastructure to be able to create and sustain an effective organization. This includes positions in: human resources, fiscal management, audit and contract monitoring, training, IT, policy development and implementation, as well as operational positions such as a classification manager, investigators, and support services/maintenance positions.¹⁷

Discussions facilitated by the Lead Monitor explored these needs and ultimately resulted in a Partial Settlement Agreement, April 17, 2014,¹⁸ in which the

¹⁷ Attachment A provides a summary of the positions that were reviewed in March, 2014, by the Monitors that, in their view, are essential to jail operations. The Monitors are not advocating filling all of these positions, but rather the attachment demonstrates how little infrastructure exists at OPSO to support operations. No analysis was made of the existing positions to determine which should remain, or which can be folded into the new/revised position descriptions. No analysis was made of the rank structure or chain-of-command, which the Monitors believe is part of the HR professional's analysis to be done of the OPSO.

¹⁸ See Attachment B

City agreed to fund the priority staffing needs through the end of the budget year. These included:

- By May 16th – HR Consultant
- By June 15th – HR Infrastructure
- By June 1st – Compliance Coordinator
- By June 1st – Classification Manager
- By August 1st – Grievance Coordinator (see previous note about designation of a grievance coordinator as of 8/20/14)
- June 1st – Policy/procedure writer (not hired; did engage vendor)

As of this date, only the Compliance Coordinator has been hired. The Sheriff's position is that there are negotiations regarding the human resources consultant, but that the other positions were not pursued as there was no guarantee of funding after the end of the current budget year. In the view of the Monitors, failing to aggressively implement the provisions of the Partial Settlement Agreement highlight the concerns of the commitment of the OPSO's leadership to the required tasks.

Observation IV.A.6.a. (4):

Finding: Non compliance

The reporting regarding staffing needs to be anchored in policy and procedure, developed by human resources professionals, and measuring what is important. The Monitors believe as the process to track staffing, vacancies, overtime, and supervisory coverage matures, this section should be reconsidered to be realistic and useful to OPSO first, and the Monitoring team second.

OPSO is providing basic information about the hiring and retention/retirement/termination of employees, but not compared to "each post and position needed" since that final determination has not been made.

Recommendations:

12. The Sheriff should provide data to the Court and the City regarding hiring difficulties, or employee retention issues, based on salary.

13. The Sheriff should fully implement the provisions of the Partial Settlement Agreement. This includes analysis, and hiring for mid-management and leadership positions from a candidate pool with jail/corrections experience.
14. OPSO's recruitment activities for line corrections deputies must highlight and focus on the skills, knowledge and abilities needed for deputies in a direct supervision environment.
15. OPSO's pre-service and in-service training must be substantially enhanced to include the soon-to-be updated policies and procedures.
16. OPSO should develop a retention plan to keep deputies and employees it worked hard to recruit, screen, and train.¹⁹
17. OPSO's staffing plan should include contingencies for circumstances in which not a sufficient number of employees can be hired, or retained.
18. OPSO should begin the process of keeping detailed data regarding recruitment, applicant screening, and attrition.
19. Working with the OPSO's human resources professionals, develop a meaningful list of benchmarks for hiring and retention, as well as to proactively problem-solve regarding overtime and supervisory oversight.

6.b. Review the periodic report to determine whether staffing is adequate to meet the requirements of this Agreement. OPSO shall make recommendations regarding staffing based on this review. The review and recommendations will be documented and provided to the Monitors.

Findings: Partial Compliance

Measures of Compliance:

1. See IV.A.6.a
2. Updated of staffing plans, and shift relief factors (every four years)
3. OPSO written recommendations regarding staffing; requests for funding.

Observations:

See IV. A. 6. d., above

Recommendations:

See IV.6. a.-d.

¹⁹ Op. Cit. Stinchcomb, et. al. page 88.

7. a. – j. Incidents and Referrals

- a. OPSO shall develop and implement policies that ensure that Facility watch commanders have knowledge of reportable incidents in OPP to take action in a timely manner to prevent harm to prisoners or take other corrective action. At a minimum, OPSO shall do the following:
- b. Continue to ensure that Facility watch commanders document all reportable incidents by the end of their shift, but no later than 24 hours after the incident, including prisoner fights, rule violations, prisoner injuries, suicide attempts, cell extractions, medical emergencies, found contraband, vandalism, escapes and escape attempts, and fires.
- c. Continue to ensure that Facility watch commanders report all suicides and deaths no later than one hour after the incident, to a supervisor, IAD, the Special Operations Division, and medical and mental health staff.
- d. Provide formal pre-service and annual in-service training on proper incident reporting policies and procedures.
- e. Implement a policy providing that it is a disciplinary infraction for staff to fail to report any reportable incident that occurred on his or her shift. Failure to formally report any observed prisoner injury may result in staff discipline, up to and including termination.
- f. Maintain a system to track all reportable incidents that, at a minimum, includes the following information:
 - (1) tracking number;
 - (2) the prisoner(s) name;
 - (3) housing classification and location;
 - (4) date and time;
 - (5) type of incident;
 - (6) injuries to staff or prisoner;
 - (7) medical care;
 - (8) primary and secondary staff involved;
 - (9) reviewing supervisor;
 - (10) external reviews and results;
 - (11) corrective action taken; and
 - (12) administrative sign-off.
- g. Ensure that incident reports and prisoner grievances are screened for allegations of staff misconduct, and, if the incident or allegation meets established criteria in accordance with this Agreement, it is referred for investigation.
- h. Provide the Monitors a periodic data report of incidents at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date; and every six months thereafter until termination of this Agreement.
- i. The report will include the following information:
 - (1) a brief summary of all reportable incidents, by type and date;
 - (2) a description of all suicides and in-custody deaths, including the date, name of prisoner, and housing unit;
 - (3) number of prisoner grievances screened for allegations of misconduct; and
 - (4) number of grievances referred to IAD or SOD for investigation.
- j. Conduct internal reviews of the periodic reports to determine whether the incident reporting system is ensuring that the constitutional rights of prisoners are respected. Review the quarterly report to determine whether the incident reporting system is meeting the requirements of this Agreement. OPSO shall make recommendations regarding the reporting system or other necessary changes in policy or staffing based on this review. The review and recommendations will be documented and provided to the Monitors.

Findings:

Non-Compliance - IV.A.7.a.

Non-Compliance - IV.A.7.b.

Non-Compliance - IV.A.7.c.
Non-Compliance - IV.A.7.d.
Non-Compliance - IV.A.7.e.
Non-Compliance - IV.A.7.f.
Non-Compliance - IV.A.7.g.
Non-Compliance - IV.A.7.h.
Non-Compliance - IV.A.7.i.
Non-Compliance - IV.A.7.j.

Measures of compliance

1. Comprehensiveness of written policies
2. Training
3. Data collection and analysis
4. Supervisory review of uses of force
5. Review of use of force reports
6. Review of incident reports, review of investigations by SOD
7. Review of investigations by IAD
8. Monitors' review of required semi-annual reports.

Observations:

No evidence of compliance was provided for IV.A.7. (See also discussion regarding IV.A.3., above). OPSO has in place the basics of a policy requiring reporting of incidents. However, there is nothing in place to ensure all reportable incidents are being documented and that the incidents are being recorded adequately and accurately. As noted previously in this report, the review of reports during the four tours since December, 2013, reveals that the same problems that were noted in the February, 2014, report still exist. As noted previously, less than 30 percent of the use of force reports are timely reviewed. While an exact percentage has not been calculated for other incident reports, it appears that the percentage is most likely fewer. As with the use of force reports, incident reports examined by the Monitors were found to be inadequate and/or incomplete, and contained boilerplate language and conclusory language that does not allow the reader to make an evaluation of what occurred, the reason for the occurrence, whether staff acted appropriately, and what steps should be taken to prevent a similar incident from occurring in the future. Such reports had been signed off on by a supervisor. As noted above, there is no automatic tracking system to ensure timely reviews and notifications are being made. While completed reports are supposed to be assigned a number, there is no follow up to make sure the reports

are written and/or are reviewed within the 24 hours required. As noted above, a review of a list of 116 use of force reports filed between October, 2013, and the date the report was generated (July 14, 2014), indicated that only 34 of the reports had been approved. The nature of the report did not allow for a determination of whether the review of some or all of the 34 reports had been done in a timely manner. However, it is clear that less than a third of the reports had been reviewed in compliance with the Consent Judgment.

No periodic reports detailing reportable incidents have been submitted to the Monitors as required under IV. A. 7. f. The first report was due April 21, 2014, and the second report is due August 21, 2014.

The adequacy of the policies and procedures and reporting system is crucial to the Monitors being able to rely on the accuracy of the periodic reports that are to be submitted under IV. A. 7. f. and g. and the sufficiency of the annual review that is to be conducted under IV. A. 7. h. which requires OPSO to assess whether the incident reporting system is meeting the requirements of the Consent Judgment.

Recommendations:

20. Develop, implement, and train on the revised policy regarding incident reporting.
 - a. In particular, the policy and the training on the policy needs to stress that all reportable incidents are to be reported and properly investigated and that failure to report will result in discipline and/or remedial training.
 - b. In addition, supervisors need to be trained on the mechanisms to ensure that all reportable incidents are properly reported and investigated in accordance with the policy.
 - c. The policies will need to set out in detail the timelines and how each step of the review process and data collection is to take place and who is responsible for enforcement of each deadline. See Section VII. and VIII.

8. a. – f. Investigations

OPSO shall ensure that it has sufficient staff to identify, investigate, and make recommendations correcting misconduct that has or may lead to a violation of the Constitution. At a minimum, OPSO shall:

- a. Maintain implementation of comprehensive policies, procedures, and practices for the timely and thorough investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement. Investigations shall:
 - (1) be conducted by persons who do not have conflicts of interest that bear on the partiality of the investigation;
 - (2) include timely, thorough, and documented interviews of all relevant staff and prisoners who were involved in or who witnessed the incident in question, to the extent practicable; and
 - (3) include all supporting evidence, including logs, witness and participant statements, references to policies and procedures relevant to the incident, physical evidence, and video or audio recordings.
- b. Continue to provide SOD and IAD staff with pre-service and annual in-service training on appropriate investigation policies and procedures, the investigation tracking process, investigatory interviewing techniques, and confidentiality requirements.
- c. Ensure that any investigative report indicating possible criminal behavior will be referred to IAD/SOD and then referred to the Orleans Parish District Attorney's Office, if appropriate.
- d. Provide the Monitors a periodic report of investigations conducted at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date; and every six months thereafter until termination of this Agreement.
- e. The report will include the following information:
 - (1) a brief summary of all completed investigations, by type and date;
 - (2) a listing of investigations referred for administrative investigation;
 - (3) a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
 - (4) a listing of all staff suspended, terminated, arrested, or reassigned because of misconduct or violations of policy and procedures. This list must also contain the specific misconduct and/or violation.
- f. OPSO shall review the periodic report to determine whether the investigation system is meeting the requirements of this Agreement and make recommendations regarding the investigation system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitors.

Findings:

- Non-compliant - IV.A.8.a.
- Non-compliant - IV.A.8.b.
- Non-compliant - IV.A.8.c.
- Non-compliant - IV.A.8.d.
- Non-compliant - IV.A.8.e.
- Non-compliant - IV.A.8.f.

Measures of compliance:

- 1. Review of incident reports,
- 2. Review of use of force reports,
- 3. Review of investigations by SOD,
- 4. Review of investigations by IAD, and
- 5. Monitors' review of required semi-annual reports.

Observations:

No evidence of compliance was provided for IV.A.8. See comments above, regarding use of force reporting and incident reporting. At this time neither the Special Operations Division (SOD) nor the Internal Affairs Division (IA) have any

written policies and procedures, and/or job descriptions/post orders governing their work.

SOD recently acquired new leadership. Both SOD and IA are led by individuals from careers in law enforcement, not jails/corrections. The Monitors acknowledge that there is a similar skill set needed for investigations in law enforcement and in a jail setting, but there is a steep learning curve for those lacking jail experience as to how the inmate culture and the jail interpersonal dynamics influence investigations. This will be an especially critical situation to SOD and IA in the investigation into allegations of sexual abuse in a jail setting. This is why PREA standards speak to specialized training for individuals in those investigative roles.

How investigations impact inmate safety is telling. Currently, if it appears that the use of force may be unnecessary or excessive; SOD will investigate the matter and refer the completed investigation to the District Attorney's Office. Only when the District Attorney's Office declines to prosecute, which occurs in the vast majority of the cases, is the case referred to IAD for the administrative investigation. Given the age of the case at that point, IAD is often required to rely on the evidence gathered and interviews conducted by SOD even though the emphasis of the SOD investigation was violation of criminal law as opposed to policy violation. In addition, this results in unnecessary delay. Such a lengthy process is particularly troublesome when the staff member involved remains on duty and in contact with inmates.

Data provided by OPSO for the period December 1, 2013, through July 29, 2014, notes that 76 investigations were opened by SOD (See Appendix F). Of these, 43% were reported to be closed, 3% as closed with open warrants, 13% open, 5% pending the prosecutor's review, and 36% pending review. The average time a case was open ranged from a few days to more than 200 days. There is no consistency on the days a case is open – that is – there is a wide range of dates. The percent of investigations “pending review” at 36% is concerning. These are only the investigations at SOD and do not include any investigations that are being handled by IAD.

The Monitors acknowledge that investigating incidents of inmate/inmate assaults, sexual assaults, staff/inmate assaults, etc. with a goal of seeking indictments is appropriate. In a jail setting, investigations play just as critical a role in terms of protecting inmates from staff, and correcting policy, practice, supervision and training. Solely approaching an investigation to seek criminal charges usually results in missed opportunities to address the root causes of violence and disorder in the jail.

A review of a sample of investigations conducted by both SOD and IA revealed that many of the investigations were inadequate and/or incomplete, but had been signed off on by supervisors. It is the Monitors' view that there does not appear to be the motivation or incentive and/or skill to conduct investigations when inmates do not cooperate. Investigators will note in the report that the inmate did not see anything or does not wish to cooperate. It is probable that the inmate's refusal to cooperate may be rooted in the frequent complaints by inmates that they fear retaliation if they report staff misconduct or are seen talking to investigators.

To further contribute to the poor and/or untimely investigations, the staff assigned to the SOD is required to fill other job duties outside of SOD and are often pulled away from investigations to other duties that result in investigations not being conducted timely. For instance, it was identified during the July, 2014, tour that SOD investigators are routinely used on the night shift as Watch Commanders due to there not being a relief factor built into the staffing formula. Such a practice not only results in SOD investigators not completing their work timely, it creates a situation where a person who is not trained to be a supervisor is required to fill that role. In addition, conflicts of interest may arise if SOD is called upon to investigate the actions of its own investigators.

The Internal Affairs Division (IAD) is also responsible for investigations. While IAD does not have the mandate to fill other job posts than their IA duties, the number of staff assigned to IAD is grossly inadequate to investigate staff misconduct if the allegations were referred timely to IAD and properly investigated. Currently, the caseload at IAD appears to be very light in comparison to that of SOD. It also appears that the facility-based staff is investigating a large percentage of the cases

involving allegations of staff misconduct. This results in the potential for inconsistent and/or incomplete investigations and discipline that might differ depending on the facility. While there have been numerous discussions between the Monitors and OPSO regarding the realigning of workload and functions of SOD and IAD since November, 2013, nothing has occurred to implement a reorganization.

As noted in the introduction to Report #1, there needs to be a fundamental redefinition of the role and responsibilities of both SOD and IA given their jobs are primarily related to jail operations, not street law enforcement. Investigations in a jail setting, whether evaluating criminal activity or administrative violations, have as a goal the prevention of the incident happening again through analysis of the policy, procedures, training, supervision, and physical plant contributors to the incident. This level of assessment requires individual who have experience in jail/corrections work.

It does not appear that SOD and IAD investigators are given the proper equipment and/or required to use it. During the July, 2014, tour and during previous tours, SOD supervisors were often not able to access many of the investigative files the Monitors requested. The excuse generally given was that the investigator had the file on his personal laptop computer or on a thumb drive that he had with him. Often information is not entered into the computer program that was purchased to support investigations. In IAD, information regarding new cases is handwritten in a logbook instead of having the system generate a unique number. This makes it difficult to keep track of who is opening cases and the timely handling of cases.

As to training, it does appear that some SOD investigators have received some training regarding PREA. In particular, one investigator has received extensive training. While law enforcement training is helpful, SOD and IAD should be required to take corrections operations specific training. This is particularly so when the heads of both SOD and IAD do not have corrections experience.

In addition to the investigators assigned to SOD and IAD, watch commanders have a role to fill. Often the watch commander will undertake interviews of inmates before calling SOD or IAD. Unfortunately, the watch commanders often lack the

investigative skills and actually hamper the ability of SOD and IAD to conduct a thorough investigation. In particular, the lack of investigative skills possessed by watch commanders, especially in regard to the investigation of sexual assaults, has the potential to further victimize inmates.

Recommendations:

21. OPSO should immediately evaluate the organizational structure, roles, mandates, responsibilities, placement in the chain-of-command, and job descriptions of both SOD and IA.
 - a. Continue to work with Monitors to determine how SOD and IA are tasked with investigating concerning what types of allegations. For instance, all staff misconduct might be assigned to IAD for investigation. However, for that to occur, procedures must be developed to protect the rights of staff members who are compelled to cooperate in the administrative investigation. The number of investigators assigned to IAD will need to increase with an emphasis towards placing investigators with correctional experience in IAD.
22. SOD and IA need to develop and implement written policies, procedures, and protocols for conducting all investigations. While the vendor responsible for developing jail-based policies and procedures may be helpful, this is a specialized area that might require additional assistance.
23. OPSO should continue to work with Monitors to periodically review and critique investigations.
24. OPSO should provide additional training to investigators; particularly regarding corrections operations, or hire/promote individuals with corrections experience to be investigators. Training for investigators needs to meet the mandates in the PREA standards.
25. OPSO needs to produce the periodic reports required by the Consent Judgment.
26. See Recommendation # 7 regarding resources, accessibility of investigations, and confidentiality.

9. Pretrial Placement in Alternative Settings

9.a. OPSO shall maintain its role of providing space and security to facilitate interviews conducted pursuant to the City's pretrial release program, which is intended to ensure placement in the least restrictive appropriate placement consistent with public safety.

Finding: Partial Compliance

Measures of Compliance:

1. Memorandum of understanding (MOU) with Pre-Trial Services.
2. Observation
3. Interview with pre-trial services staff
4. Review of files
5. Review of data regarding pre-trial diversion

Observations:

OPSO now provides space for pre-trial services, and has designated space in the new facility. The Sheriff's office provided a draft of a cooperative endeavor agreement (CEA) to Vera, who operates pre-trial services. The draft has not been executed. The program is concerned that they will not have sufficient work space (2 work stations designated, a reduction from three). OPSO maintains that the provision of 2 workstations is consistent with their previous discussions with the provider.

The booking space inside the new jail is not infinite. As the Monitors were not present for the discussions that resulted in the current dispute, all the Monitors can do is encourage the parties to reach an agreement. While having work stations and an office is optimal, many pre-trial programs operating in jails around the country do not have work stations and office space, and work with their laptops in quieter areas of the inmate booking area. As the space inside the new jail cannot be reconfigured to give pre-trial services more space, the Monitors suggest considering the possibilities, including use of quiet areas in the booking areas, adjusting work hours to be present prior to courts' opening, and whatever other workable options to which the parties can agree.

Partial compliance is noted as there is space provided, and the Consent Judgment does not dictate the amount of space. The CEA has not been executed. It

is regrettable that the parties are in dispute about the amount of space, but are encouraged to find alternatives and options to achieve the goal of this paragraph.

Recommendation:

27. Complete the execution of the written CEA regarding the operational aspects of this paragraph.

9.b. OPSO shall create a system to ensure that it does not unlawfully confine prisoners whose sole detainer is by Immigration and Customs Enforcement ("ICE"), where the detainer has expired.

Finding: Partial Compliance

Measures of Compliance:

1. Written policy/procedures regarding inmate record keeping, and release.
2. List of inmates with ICE detainees and length of time in custody.
3. Classification plan/policies/procedures
4. Review of inmate release record.

Observation:

OPSO policy 50.15, Immigration and Customs Enforcement (ICE) Procedures, dated 6/21/13 provides that voluntary ICE detainers will be declined.

This paragraph is in partial compliance pending review of files.

Recommendations:

28. Update policy 50.15 to assign accountability for periodic review of ICE detainers to ensure they not expired.
29. Demonstrate that staff working in intake/records has been trained to monitor ICE detainers.

IV. A. 10. Custodial Placement within OPP

Introduction

In sum, the OPSO is in partial-compliance with the elements of the Consent Judgment related to Custodial Placement within OPP (IV. A.10). While the current OPSO classification system is subjective and does not include risk-based initial and reclassification processes, the OPSO has undertaken a statistical validation of its custody classification system and is currently developing the automation required to implement an updated objective classification system that was designed and validated for OPSO male and

female inmates. (See Attachment D for a copy of the draft classification handbook documenting the draft classification instruments and procedures.) The automation of an initial classification instrument was pilot tested during the week of July 14 - 18th for 50+ cases. Pilot testing of the automation of a reclassification instrument is anticipated for the first week of August. OPSO staff is drafting classification-related management reports for tracking inmates due for custody assessments, bed space availability, and separations by custody level and vulnerability. Data to Monitor OSPO custody distributions by race, gender, and age (adult vs. youthful inmates) were provided for the OPSO February 24, 2014 population; however, updates of the OSPO population were not provided prior to the July, 2014, site visit. Classification staffing remains at just two individuals responsible for all initial intake assessments and housing assignments. A classification manager has not been hired; as of the close of the July, 2014, site visit, this position had not been posted.

As noted in the discussion of compliance with the Prison Rape Elimination Act of 2003 (PREA), there is a need for classification and the PREA committee to determine the process, flow, and content of these various screenings. This includes initial classification and re-classification, including re-classification if there is an inmate victim of sexual abuse, or an inmate charged through the disciplinary process with sexual abuse.

Assessment Methodology

This report was based on: 1. Work with OPSO staff to validate the current OPSO classification system and to design an objective system for OPSO inmates; 2. Pilot testing of the revised initial and reclassification instruments; and 3. Meetings with OPSO classification, transition team, and executive staff.

IV.A.10. a. OPP shall implement an objective and validated classification system that assigns prisoners to housing units by security levels, among other valid factors, in order to protect prisoners from unreasonable risk of harm. The system shall include: consideration of a prisoner's security needs, severity of the current charge, types of prior commitments, suicide risk, history of escape attempts, history of violence, gang affiliations, and special needs, including mental illness, gender identity, age, and education requirements. OPSO shall anticipate periods of unusual intake volume and schedule sufficient classification staff to classify prisoners within 24 hours of booking and perform prisoner reclassifications, assist eligible DOC prisoners with re-entry assistance (release preparation), among other duties related to case management.

Finding: Partial compliance

Measures of Compliance:

1. Written policy/procedure governing the intake, booking, classification and re-classification process.

2. Report including a statistical validation of the OPSO current custody classification system that includes statistical assessment of the risk and need factors of the inmate populations by gender and race.
3. Implementation of the identified updates via an electronic file with the completed custody assessments for OPSO population.
4. Report documenting required staffing needs.
5. Implementation of viable classification/case management staffing plans.

Observations:

As previously noted, the Inmate Classification Policy and Procedures (501.14) dated May 1, 2009, are vague indicating that inmates should be assigned to living units based on risk but do not include instructions for assessment or prioritization of the respective factors. Of note is the fact that the classification policy is dated May 1, 2009, but the classification screens used during the intake process are dated March 21, 2013. Clearly the policy has not been updated to include the forms used currently during the intake process. The OPSO classification system does not include a re-classification process that reviews an inmate's security or PREA designations according to:

- *Events* – i.e., upon receipt of new information from the courts or other law enforcement agencies, institutional incident reports, or disciplinary reports, or
- *Periodic Schedule* - examination of the risk factors and potential override factors every 120-days of incarceration.

In January of 2014, the OPSO undertook an initiative to design, validate, and implement an objective inmate classification system.²⁰ A classification work group led by Chief Tidwell and composed of OPSO security, medical, transition team, communications, classification, and intake center staff worked with the consultant to review the strengths and weaknesses of the current system, develop preliminary classification instruments, and identify the data required to test the preliminary system. Electronic data from the Jail Management System (JMS) for the 2013 OPSO inmate populations as well as disciplinary data manually retrieved from facility records were analyzed to test the proposed risk factors and to develop custody

²⁰ Hardyman, Patricia L. (January 2014). "Orleans Parish Sheriff's Office Classification Design and Validation Site Visit Report – January 21 - 22, 2014." New Marlborough, MA: Criminal Justice Institute, Inc.

scales. In February, 2014, the OPSO work group members reviewed the preliminary instruments and the OPSO JMS staff undertook the task of automating the classification instruments.

In June, 2014, the OPSO classification work group met to review and provide feedback on the draft classification instruments, to identify OPSO mandatory restrictors for inmate placement, and to pilot test the draft classification instruments.²¹ The findings from the statistical analyses of the OPSO inmate data and the design of the draft classification instruments were presented. (See Attachment E for a copy of the PowerPoint presentation of the findings and recommendations.) Based on OPSO feedback and the pilot test, a handbook documenting the OPSO classification procedures, instrument scoring, custody scales, and the offense and disciplinary severity indices was drafted. (See Attachment D). During June and July, 2014, JMS staff participated in multiple remote, electronic meetings with screen sharing to review the new classification screens and to test the automation of the instruments.²² The automation of initial classification instrument was pilot tested during the week of July 14 - 18th for 50+ cases by members of the Transition Team and classification staff. Pilot testing of the automation of reclassification instrument is anticipated for the third week of August, 2014.

Classification Staffing - Classification staffing remains at just two individuals responsible for all initial intake assessments and housing assignments. A Classification Manager has not been hired. A job description for the Classification Manager was developed; and has been posted to various organizations. The staffing plan prepared in January, 2014, by OPSO for the new facility includes a total of 18 line positions to staff the function 24/7 (which includes the shift relief factor), and a sergeant position supervising 24/7. The job descriptions for these positions have not been developed. This is a priority as the classification system cannot be implemented with a sufficient number of trained staff.

²¹ Hardyman, Patricia L. (June 2014). "Orleans Parish Sheriff's Office Classification Design and Validation Site Visit Report – June 4 - 5, 2014." New Marlborough, MA: Criminal Justice Institute, Inc.

²² A series of GoToMeeting sessions were held during which the JMS and technical provider tested the automation to score cases with various scenarios of criminal and disciplinary histories, warrants/holds, etc.

Classification-related Management Reports - Aggregate standardized reports to track inmate security designations, PREA designations, override rates by type, and housing assignments by facility by unit were not available. Although the security and PREA designations are stored for each inmate, routine classification management reports are not generated and distributed to classification staff, facility/supervisory staff, or executive staff to monitor the integrity of the classification system and ensure system safety and security.

However, it must be noted that OPSO JMS staff have been very responsive to all data requests associated with the design and testing of the new classification process and instruments. In particular Joe Simmons, OPSO Programmer Analyst, has automated the new custody scoring and designation processes. He is currently working on development of the management reports to track inmates due for custody reviews and to manage the housing assignment process.

Recommendations:

30. Implement the new objective classification system based on the risks and needs of OPSO inmate populations that include systematic initial and reclassification processes. (Provided in Appendix A is the handbook developed to document the revised objective classification process, instruments, scoring instructions, and offense and disciplinary severity indices designed for the OPSO male and female inmates.)
31. Document the development and statistical validation of an objective classification system based on the risk and needs of OPSO inmate populations.
32. Assure that there is a plan for collaboration between classification and PREA initiatives in terms of process and content going forward.
33. Develop the job descriptions and begin the process of hiring classification staff. The Transition Team should also develop post orders for all classification positions, and outline the training for the employees.

IV.A.10.b. Prohibit classifications based solely on race, color, national origin, or ethnicity.

Finding: Non-compliance

Measures of Compliance:

1. Implementation of a valid classification system based on the objective and reliable risk and need factors of the OPSO inmate populations as documented by a written report on the design/validation of the revised classification system and electronic file of custody assessments.
2. Provide a quarterly report that tracks custody distributions by housing unit, race, and gender to the Monitors.

Observations:

A statistical validation of the OPSO classification system was completed and presented to the OPSO in June 2014. (See Attachment D.) As previously noted, the OPSO is currently automating the revised classification system and developing reports to track the classification process and housing assignments. Until the system is fully implemented, timely reports of custody decisions by race, color, national origin, or ethnicity are not available.

Classification-related management reports: Standardized aggregate reports to track custody decisions by housing unit, race, and gender during the last quarter were not available.

Recommendation:

34. Create monthly statistical reports to track the custody distribution of OPSO inmates by housing unit, race, and gender during the last quarter.

IV.A.10.c. Ensure that the classification staff has sufficient access to current information regarding cell availability in each division.

Finding: Non-compliance

Measures of Compliance:

1. Develop and implement a housing unit assignment plan that outlines the mission, number of beds and custody level(s) for each OPSO housing unit.
2. Provide a report of the daily counts to the classification housing staff as to the number of occupied, vacant, and out-of-order beds per pod per housing unit with electronic copies of the daily reports provided to the Monitors.

Observations:

There appeared to be no changes to the housing assignment process. The OPSO Housing Unit Assignment Plan (HUAP) was modified to reflect the closing of the Tents in order to facilitate the construction of the new facility. The women were relocated to the Temporary Detention Center. (The women serving discipline sanctions are housed in A-2 of Templeman V.) While the women expressed some concerns about mail delivery and access to their funds, toiletries, and commissary, the newly renovated units appeared to be a substantial improvement to the living conditions for the women. As with the other OPSO housing units, the general population women are assigned to the unit; housing unit staff assigns the women to a specific bed in the open dormitories. Women with special needs are assigned to cells at the back of the units. Unclear were the mechanisms for ensuring separations of women identified by the PREA screening process as hi-risk for sexual predation and/or victimization.

Recommendations:

35. **Short-term:** Create an automated bed availability report within JMS that indicates the number and type of available beds for each of the units within OSPO facilities. At a minimum, the report should provide a count by unit and by facility.
36. **Long-term:** Develop and implement a housing unit assignment plan that outlines the mission, number of beds and custody level(s) for each OPSO housing unit. This HUAP must also incorporate adequate separation of inmates by PREA predatory and vulnerability designations.

IV.A.10. d. Continue to update the classification system to include information on each prisoner's history at OPSO.

Finding: Non-compliance

Measures of Compliance:

1. Any automated management information system will include accurate data within eight hours of the custody assessment or status change, data regarding the inmates' custody level, medical, disciplinary infractions, mental health, and custody assessment (date, risk factor scoring, override reason [if applicable], and custody level). Monitors will conduct audit of random sample of cases to determine accuracy and timely entry of data. Compliance standard will be 90% accurate and reliable.
2. The custody assessments shall be updated/reviewed every 120 days, a hearing for a disciplinary infraction for major infraction, legal status change, new information from

the court, and a major jail incident to include PREA or other major incident/investigation. Monitors will conduct audit of random sample of cases to determine accuracy and timely entry of data. Compliance standard will be 90% accurate and reliable.

Observations:

No change in the current classification reclassification process were observed or reported. Classification officers do not update information regarding the inmate's case on his/her return from court, receipt/resolution of a detainer, and/or institutional behaviors.

JMS incident data remains a concern. As part of the classification design and validation process, data from the disciplinary reports during 2012-2013 were manually entered into JMS. Unfortunately, systematic entry of the findings from the disciplinary process was not continued once the data required for the validation were input into JMS. The disciplinary data stored in VANTOS are not systematically linked or uploaded to the JMS. The reliability of the disciplinary data remains a key concern for the classification process.

Recommendations:

37. **Short-term:** Review the post orders, directives, and training provided to OPSO records, disciplinary hearing, and investigate staff to require timely input of all data regarding inmate charges, bond amount, discipline, investigations, incidents, medical/mental health needs, custody assessment, and housing assignments.
38. **Long-term:** As previously indicated, an objective classification system based on the risk and needs of OPSO inmate populations that includes systematic initial and reclassification processes is recommended. (See recommendations for IV. A. 10. a.)

IV.A.10. e. Continue competency-based training and access to all supervisors on the full capabilities of the OPSO classification and prisoner tracking system.

Finding: Non-compliance

Measures of Compliance.

1. Written directive governing training of staff assigned to classification.

2. Curriculum for competency-based training regarding the custody classification system, housing assignment process, work/community assignments, and case management. Evidence of knowledge gained.
3. Staff training roster(s) and competency tests following completion of competency-based training by current classification/case management staff.
4. Staff training roster(s) and competency tests following completion of competency-based training by all new or re-assigned staff on assignment to classification/case management duties.
5. Curriculum for classification module within the basic academy training curriculum for OPSO staff. Evidence of knowledge gained.
6. Staff training roster(s) and competency tests.

Observations:

No change from Report # 1. However, the classification officers have participated in the development and testing of the new classification instruments. This process, hopefully, has served to educate them on the principles of objective classification and to learn the new procedures and scoring instructions associated with the new system.

Recommendations:

39. **Short-term:** **a.** Provide current classification officers training on the current security and PREA instruments and process. The training should include testing with actual cases, as well as reliability testing, to ensure competency and consistence among staff. **b.** Incorporate a basic description of principles of classification into the academy training provided to the classes of new deputies and in-service training for current security staff.
40. **Long-term:** Provide competency-based training regarding the custody classification system, housing assignment process, work/community assignments, and case management to all OPSO staff.

IV.A. 10. f. Conduct internal and external review and validation of the classification and prisoner tracking system on at least an annual basis.

Finding: Non-compliance

Measures of Compliance: the OPSO information system to Monitors:

1. Custody distributions by gender, race and special populations.
2. Override rates.
3. Housing by custody level/special needs, and race.
4. PREA separations.

5. Custody re-assessments (regular and for-cause, # over-due, et al.).
6. Electronic copies of the quarterly and annual reports shall be provided to the Monitors with documentation of steps (tasks and dates) taken to address any noted inconsistencies with OPSO policies.

Observations:

Quarterly tracking reports regarding OPSO custody distributions by gender, race, and special populations; override rates; housing by custody level, special needs, and race; PREA separations; and custody re-assessments were not provided prior to the site visit or while on site. Subsequent inquiries with JMS staff indicated standardized classification reports do not exist at this time; however, the data are available and the reports could be created.

Recommendations:

41. **Short-term:** Create queries for simple classification-related management reports within the JMS. These reports should be reviewed at least monthly to assess trends. However, classification staff should review the reports on PREA separations and housing by custody level daily to ensure that any discrepancies are corrected immediately. Note: the reports should include columns for noting the date and type(s) of corrective actions required addressing any discrepancies or problematic trends.
42. **Long-term:** Once the classification system has been updated to include a reclassification process, management reports to track custody re-assessments should be developed.

IV.A.10. g. Provide the Monitors a periodic report on classification at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date and every six months, thereafter, until termination of this Agreement. Each report will include the following information:

- (1) number of prisoner-on-prisoner assaults;
- (2) number of assaults against prisoners with mental illness;
- (3) number of prisoners who report having gang affiliations;
- (4) most serious offense leading to incarceration;
- (5) number of prisoners classified in each security level;
- (6) number of prisoners placed in protective custody; and
- (7) number of misconduct complaints.

Finding: Non-compliance

Measures of Compliance:

1. Annual and bi-annual tracking reports within the OPSO information system to Monitors number/rates during the last 12 months and for the stock population:

- number of inmate-on-inmate assaults/custody level by gender;
- number of assaults against inmates with mental illness by gender;
- number of inmates who report having gang affiliations by gang affiliation;
- most serious current offense leading to incarceration by gender;
- number of inmates currently classified in each security level;
- number of inmates placed in protective custody;
- number of inmates in administrative segregation; and
- number of major and minor misconduct complaints.

Observations:

As indicated in the “Document Request for Monitors” Tour July 14 –18, 2014; Request for Information On Compliance” (dated July 29, 2014) submitted by Susan W. McCampbell, Lead Monitor, the following data on the number/rates during the last 12 months and for the stock population have not been provided to the Monitors:

- number of inmate-on-inmate assaults/custody level by gender;
- number of assaults against inmates with mental illness by gender;
- number of inmates who report having gang affiliations by gang affiliation;
- most serious current offense leading to incarceration by gender;
- number of inmates currently classified in each security level;
- number of inmates placed in protective custody;
- number of inmates in administrative segregation; and
- number of major and minor misconduct complaints.

Recommendation:

43. **Long-term:** Create queries for simple classification and incident-related management reports within the JMS report module. These reports should be reviewed at least monthly to assess trends. However, classification staff should review the reports on general population, protective custody, disciplinary, and administrative segregation housing by custody level daily to ensure that any discrepancies are corrected immediately. Note: the reports should include columns for noting the date and type(s) of corrective actions required addressing any discrepancies or problematic trends. Optional formats for exporting the reports are important for facilitating analyses and developing charts to track behaviors over time. Options should include: Excel, .pdf, and/or .csv (comma separated values).

IV.A.10. h. OPSO shall review the periodic data report and make recommendations regarding proper placement consistent with this Agreement or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitors.

Finding: Non-compliance

Measure of compliance:

1. Report to the Monitors with recommended change and rationale/data regarding any policy changes.

Observations:

As part of the design of the new classification system, OPSO classification work group members and Chief Tidwell reviewed the current classification system, housing restrictions, and procedures. Modified were the custody risk factors, mandatory restrictors (to determine the least restrictive custody level given specific legal and criminal history factors), and criteria and process for discretionary overrides. These modifications have been documented in the revised classification handbook, and, where possible, built into the automation of the classification screens. The classification policy has not been updated to reflect the new classification system. Drafts of the revised classification policy have not been circulated to the Monitors.

Recommendation:

44. **Short-term:** Revise the Inmate Classification Policy and Procedures (501.14) to reflect the new inmate classification system. This policy should be written and approved prior to implementation of the new classification system.

11. Prisoner Grievance Process

11.a. (1)-(6) OPSO shall ensure that prisoners have a mechanism to express their grievances, resolve disputes, and ensure that concerns regarding their constitutional rights are addressed. OPSO shall, at a minimum, do the following:

- (1) Continue to maintain policies and procedures to ensure that prisoners have access to an adequate grievance process and to ensure that grievances may be reported and filed confidentially, without requiring the intervention of a correctional officer. The policies and procedures should be applicable and standardized across all the Facility divisions.
- (2) Ensure that each grievance receives appropriate follow-up, including providing a timely written response and tracking implementation of resolutions.
- (3) Ensure that grievance forms are available on all units and are available in Spanish and Vietnamese and that there is adequate opportunity for illiterate prisoners and prisoners who have physical or cognitive disabilities or language barriers to access the grievance system.

- (4) Separate the process of “requests to staff” from the grievance process and prioritize grievances that raise issues regarding prisoner safety or health.
- (5) Ensure that prisoner grievances are screened for allegations of staff misconduct and, if an incident or allegation warrants per this Agreement, that it is referred for investigation.
- (6) A member of the management staff shall review the grievance tracking system quarterly to identify areas of concerns. These reviews and any recommendations will be documented and provided to the Monitors.

Finding: Partial Compliance

Measures of Compliance:

1. Written policy and procedures governing inmate grievances, and grievance appeals. Directive shall include but not be limited to availability of grievance forms in required language, ability of inmates to secure forms upon request and deposit into secured boxes, prohibition against retaliation against inmates who file grievances, time deadlines on responses, assistance to inmates to file grievances (including assistance to inmates with mental illness, low functioning, non-English speaking).
2. Written policies and procedures that designates a position/post responsible for assuring the collection and response to grievances, including maintenance of records, trends, and analysis of grievance data.
3. An electronic tracking system.
4. Written orientation to inmates regarding the grievance process.
5. Inmate handbook.
6. Curriculum/lesson plans to train staff (pre-service and in-service) regarding their roles and responsibilities regarding the inmate grievance process.
7. Observation of inmate grievance boxes.
8. Interviews with inmates.
9. Interviews with employees.
10. Observation of staff training.
11. Observation of inmate orientation.
12. Written policies/procedures governing the inmate request process.
13. Inmate request forms.
14. Review of referrals for investigation resulting from inmate grievances.
15. Review of original inmate grievances and responses.
16. Monitors’ review of grievance logs, grievances, analysis of grievances conducted by OPSO.

Observations:

There has been no full implementation of an inmate grievance process in OPSO. OPSO agreed to hire a Grievance Coordinator by August 1, 2014. As noted earlier in this report, OPSO notified the Monitors on August 20, 2014 that a full-time grievance coordinator had been named. Additionally there were some technological issues with the kiosks (“Tiger”) that provide some grievance coverage that allowed some inmates to access the Internet. The grievance process is one of the directives scheduled for completion with the new vendor.

Data was provided about the grievances filed using the kiosks with the report filed with the Monitors by OPSO on April 21, 2014. Although the dates for which the

information is provided is not noted, there were 1,159 grievances filed, the majority of which were regarding medical care (34%); with the next largest category regarding intake and processing (23%). No other data has been provided.

This section is in partial compliance because there are kiosks in all but OPP that allow inmates to enter grievances.

Recommendations:

45. Complete the grievance written directive/policy. Include in the policy categories of grievances that are meaningful and in sufficient detail to allow for review, analysis, and improvement of operations.
46. Provide adequate resources, including a laptop, to the Grievance Coordinator; complete the job description; determine organizational placement of the position.
47. Assure that paragraph (6) is addressed in terms of reports to the Monitors regarding inmate grievances.
48. Refine the record keeping ensuring that the most prevalent grievances topics are documented, including trends.
49. Ensure that medical and mental health contract provider's procedures are consistent with OPSO policies, and that there is consultation regarding grievances related to medical/mental health/dental care.
50. Ensure that all employees are trained regarding the grievance process, and their role.
51. Revise the policy to assure that, for the purposes of PREA compliance, there is no time limit imposed on inmates wishing to file grievances regarding sexual harassment, sexual assault, etc.
52. Revise the inmate handbook to better explain the grievance and grievance appeal process.
53. Revise the policy to provide for assistance to inmates in filing a grievance, due to LEP, mental illness or disabilities, or when an inmate requests assistance.
54. Assure that there are grievance forms in Vietnamese, per the Consent Judgment.

12. Sexual Abuse

OPSO will develop and implement policies, protocols, trainings, and audits, consistent with the requirements of the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, including but not limited to, preventing, detecting, reporting, investigating, and collecting sexual abuse data, including prisoner-on-prisoner and staff-on-prisoner sexual abuse, sexual harassment, and sexual touching.

Finding: Partial Compliance

Measures of Compliance:

1. Checklist of policies and procedures
<http://www.prearesourcecenter.org/sites/default/files/library/checklistofdocumentationfinal2.pdf>
2. Auditor Compliance Tool
<http://www.prearesourcecenter.org/sites/default/files/library/auditorcompliancetoolfinal2.pdf>
3. Completion of Jail Toolkit <http://static.nicic.gov/Library/026880.pdf>
4. Written policies and procedures, protocols, memorandum of agreement/understanding, training curriculum required by the standards.
5. Memorandum of agreement, sexual assault treatment center
6. Review of investigations.
7. Interviews with employees and inmates.
8. Referrals for prosecution
9. Qualifications of instructors.

Observations:

OPSO's PREA Coordinator, Deputy Hazel Bowser, has completed the PREA Auditor Training offered by the Bureau of Justice Assistance and the PREA Resource Center.²³ OPSO has not completed PREA policies and procedures. Although Deputy Bowser has developed some training modules using the information from the PREA Resource Center, until the OPSO policy is completed, the training will be insufficient. Deputy Bowser reports that the PREA committee meets monthly and is working toward completion of the directive and implementation. This group is also prepared to act as the committee to review the needs of any transgender inmate in the jail system. SOD and IAD must complete their companion investigative policies to the OPSO-wide PREA policy, as well as gain training for their investigators as specified by the PREA standards.

The social worker hired through OPSO's BJA grant is now part-time. OPSO is not aware if they will receive second year funding from the PREA Resource Center to support required PREA initiatives.

²³ <http://www.prearesourcecenter.org/audit/auditor-trainings>

OPSO is working to conclude an arrangement with a third party to provide the inmate telephone “hot-line”, Via Link. The policies and procedures need to be implemented regarding how information is transferred from Via Link to SOD when an inmate reports sexual abuse and is willing to have the information given to SOD.

The inmate classification and re-classification procedures and strategies are now being finalized. An important part of that process is the screening of inmates regarding whether they present a risk to be a victim, or a sexual predator. There has not been sufficient coordination between these two initiatives in terms of process and content. This needs to be a priority.

Recommendations:

55. Continue to work on implementation and the results of the PREA-self audit.
56. Collaborate with SOD and IAD regarding their investigative policies.
57. Arrange for training for SOD and IAD investigators.
58. Complete implementation with VIA Link for the “hot-line” including education and orientation of inmates on the use of the line.
59. Provide resources, including a laptop, to the PREA coordinator.
60. Assure that there is a plan for collaboration between classification and PREA initiatives in terms of process and content going forward.

13. Access to Information

OPSO will ensure that all newly admitted prisoners receive information, through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding Facility disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse or assault; accessing medical and mental health care; emergency procedures; and sending and receiving mail; understanding the visitation process; and accessing the grievance process.

Findings: Partial compliance

Measures of Compliance:

1. Written policy/procedure governing inmate orientation, including but not limited to inmates with LEP, developmental disabilities, mental illness, etc.
2. Inmate handbook; orientation videos in English, Spanish, Vietnamese.
3. Observation of inmate orientation.
4. Inmate interviews.
5. Lesson plans, employee training, evidence of knowledge gained.
6. Review of grievances.
7. Post orders.

Observations:

There has not been progress on revamping the inmate handbook. Partial compliance is given because OPSO does have an outdated handbook.

Recommendations:

61. Develop an inmate orientation process in English, Spanish, and Vietnamese (written, video, and/or peer) that includes all elements of this paragraph, as well as the information required by the PREA standards.
62. Assure that the materials are at a grade appropriate level, and in Spanish and Vietnamese. Assure procedures for orientation of inmates who are illiterate, LEP, low functioning and/or have mental illness.

IV.B. Mental Health Care

Introduction

This report is based on a review of the documents provided by OPSO, June 24-25, 2014, and July 14-16, 2014, on-site tours of the Orleans Parish Jail facilities and the proposed Hunt Correctional Facility, as well as discussions with representations of the City, plaintiffs' counsel, and OPSO administrative, custody, and contractual mental health and medical staff, and review of approximately ten medical records. Dr. Robert Greifinger, Monitor for Medical Services, and Dr. Raymond Patterson, Monitor for Mental Health Services, reviewed together a number of the areas listed in the Consent Judgment. This report contains a brief introduction, the assess comments regarding specific elements of the Consent Judgment that pertain to mental health, and a summary of the findings. This 2nd report constitutes the ongoing assessment of the mental health services provided at OPSO correctional facilities.

Consistent with Compliance Report #1, the OPSO has not demonstrated compliance with any paragraphs of the Consent Judgment regarding mental health services. The requirements of the Consent Judgment for mental health services may be generally divided into the following categories:

1. Staffing
2. Access to mental health care
3. Assessment of the mental health needs of inmates
4. A continuum of treatment services for inmates with mental health needs
5. Quality management including identification of performance indicators and measurement of those indicators to demonstrate the level of compliance with specific elements. While there was one specific element that is in partial compliance based on the review and reports by OPSO staff, the other elements are not in full compliance or partial compliance. The information in this report was shared at several meetings during the site visit, which included meetings with Judge Africk and the newly appointed Mental Health Working Group as well as plaintiffs' counsel, representatives of the City and the Sheriff and his administrative staff, and in

discussions with the interim contractual medical and mental health provider, and other clinical and custody staff.

The OPSO has not developed or implemented adequate (1) policies and procedures, (2) mental health staffing, (3) screening and assessments, (4) treatment planning and treatment services, (5) counseling, (6) suicide prevention training, or (7) use of restraints. Indeed, the previous partial compliance in two areas of use of restraints has been determined as noncompliant currently. The provisional partial compliance in the Monitors' Compliance Report #1 was because of the verbal report by the then OPSO's medical director and assurances that policies and procedures and quality assurance measures would be developed and implemented. Since the change in the provision of medical services to an interim contractual provider, no policies and procedures or quality assurance measures have been developed or implemented and the contractual physicians had no knowledge of the use of restraints or their responsibilities regarding prior approval of use of restraints or suicide precautions.

IVB 1. Screening and Assessment:

- a. Develop and maintain comprehensive policies and procedures for appropriate screening and assessment of prisoners with mental illness. These policies should include definitions of emergent, urgent, and routine mental health needs, as well as timeframes for the provision of services for each category of mental health needs.
- b. Develop and implement an appropriate screening instrument that identifies mental health needs, and ensures timely access to a mental health professional when presenting symptoms require such care. The screening instrument should include the factors described in Appendix B. The screening instrument will be validated by a qualified professional approved by the Monitors within 180 days of the Effective Date and every 12 months thereafter, if necessary
- c. Ensure that all prisoners are screened by Qualified Medical Staff upon arrival to OPP, but no later than within eight hours, to identify a prisoner's risk for suicide or self-injurious behavior. No prisoner shall be held in isolation prior to an evaluation by medical staff.
- d. Implement a triage policy that utilizes the screening and assessment procedures to ensure that prisoners with emergent and urgent mental health needs are prioritized for services.
- e. Develop and implement protocols, commensurate with the level of risk of suicide or self-harm, to ensure that prisoners are protected from identified risks for suicide or self-injurious behavior. The protocols shall also require that a Qualified Mental Health Professional perform a mental health assessment, based on the prisoner's risk.
- f. For prisoners with emergent or urgent mental health needs, search the prisoner and Monitors him/her with constant supervision until the prisoner is transferred to a Qualified Mental Health Professional for assessment.
- g. Ensure that a Qualified Mental Health Professional conducts appropriate mental health assessments within the following periods from the initial screen or other identification of need:
 - 1) 14 days, or sooner, if medically necessary, for prisoners with routine mental health needs;

- 2) 48 hours, or sooner, if medically necessary, for prisoners with urgent mental health needs; and
- 3) immediately, but no later than two hours, for prisoners with emergent mental health needs.
- h. Ensure that a Qualified Mental Health Professional performs a mental health assessment no later than the next working day following any adverse triggering event (i.e., any suicide attempt, any suicide ideation, and any aggression to self resulting in serious injury)
- i. Ensure that a Qualified Mental Health Professional, as part of the prisoner's interdisciplinary treatment team, maintains a risk profile for each prisoner on the mental health case load based on the Assessment Factors identified in Appendix B, and develops and implements a treatment plan to minimize the risk of harm to each of these prisoners.
- j. Ensure adequate and timely treatment for prisoners whose assessments reveal mental illness and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate.
- k. Ensure crisis services are available to manage psychiatric emergencies. Such services include licensed in-patient psychiatric care, when clinically appropriate.
- l. On an annual basis, assess the process for screening prisoners for mental health needs to determine whether prisoners are being appropriately identified for care. Based on this assessment, OPSO shall recommend changes to the screening system. The assessment and recommendations will be documented and provided to the Monitors.

Finding: IV. B. 1. a. – l. Non-compliance

Observations: (Unchanged from Compliance Report #1)

None of the items in the Screening Assessment Section for Mental Health Care are in compliance with the Consent Judgment. The deficiencies are in the development and implementation of policies and screening instruments, and validation that the medical staff is indeed qualified to conduct screenings for risk of suicide or self-injurious behavior. Additionally, the definitions required as well as policies and the utilization of a qualified mental health professional (QMHP) have not been achieved. Therefore, OPSO is not in compliance with these requirements.

IV. B.2. Treatment

- a. Review, revise, and supplement its existing policies in order to implement a policy for the delivery of mental health services that includes a continuum of services, provides for necessary and appropriate mental health staff, includes a treatment plan for prisoners with serious mental illness and collects data and contains mechanisms sufficient to measure whether care is being provided in a manner consistent with the Constitution.
- b. Ensure that treatment plans adequately address prisoners' serious mental health needs and that the treatment plans contain interventions specifically tailored to the prisoners' diagnoses and problems.
- c. Provide group or individual therapy services by an appropriately licensed provider where necessary for prisoners with mental health needs.
- d. Ensure that mental health evaluations that are done as part of the disciplinary process include recommendations based on the prisoner's mental health status.
- e. Ensure that prisoners receive psychotropic medications in a timely manner and that prisoners have proper diagnoses and/or indications for each psychotropic medication they receive.

- f. Ensure that psychotropic medications are administered in a clinically appropriate manner as to prevent misuse, overdose, theft or violence related to the medication.
- g. Ensure that prescriptions for psychotropic medications are reviewed by a Qualified Mental Health Professional on a regular, timely basis and prisoners are properly monitored.
- h. Ensure that standards are established for the frequency of review and associated charting of psychotropic medication Monitoring, including Monitoring for metabolic effects of second generation psychotropic medications.

Finding: IV. B.2. a. – h. Non-compliance

Observations: (Unchanged from Compliance Report #1)

None of the elements in the Treatment Section for mental health services is in compliance with the Consent Judgment. More specifically, there is not a continuum of mental health services, there is not a provision for necessary and appropriate mental health staff, and the treatment plans do not adequately address inmate's serious mental health needs and do not contain interventions specifically tailored to the inmate's diagnoses and problems. In addition, there is no multidisciplinary treatment planning process and there is no policy regarding the timeliness of treatment plans at any level of care including the "acute psychiatric unit", "step-down psychiatric unit", or for mentally ill inmates in general population. There are inadequate individual therapy services for inmates with mental health needs, and it appears there are no group therapy services. Mental health evaluations are not conducted as part of the disciplinary process.

For inmates receiving psychotropic medications, there are delays in the provision of psychotropic medications based on inadequate or untimely assessments of the inmate's mental health needs and/or staff inattentiveness/disregard for the inmate's self-report of mental health diagnoses as well as past use of psychotropic medications. The maintenance of inmates in the acute psychiatric and/or step-down units on 23-hour lockdown, with no medications being provided for several weeks to months despite opportunities to evaluate the mental health needs of these inmates and obtain past medical records and the availability of psychotropic medications is not adequate assessment or treatment. In addition, psychotropic medication orders are written for 180 days, which is well beyond the appropriate standard for psychotropic medication orders, which are typically written for no more than 90 days. In the case of many medications which are to be started at low dosages and then titrated to the inmate's specific needs, such 180 day prescriptions are well beyond acceptable

timeframes and well below acceptable standards. E-mails and memoranda were reviewed requiring that psychotropic medications be administered under Direct Observation Therapy (DOT) protocol rather than Keep On Person (KOP) protocols. These changes appear to have begun in September, 2013; however, prior to that time, psychotropic medications were KOP and constituted a true and persistent risk for abuse and misuse, not only for the inmate for whom the medications were prescribed but also for other inmates in the environment who may have taken medications from vulnerable mentally ill inmates and misused them.

Lastly, there are no standards established for the frequency of review and associated charting of psychotropic medication monitoring including evaluating for metabolic effects of second generation psychotropic medications as well as timely review of blood levels for medications such as mood stabilizers, which require timely blood level monitoring.

IV. B.3. Counseling

- a. OPSO shall develop and implement policies and procedures for prisoner counseling in the areas of general mental health/therapy, sexual-abuse counseling, and alcohol and drug counseling. This should, at a minimum, include some provision for individual services.
- b. Within 180 days of the Effective Date, report all prisoner counseling services quarterly to the Monitors, which should include:
 - 1) the number of prisoners who report having participated in general mental health/therapy counseling at OPP;
 - 2) the number of prisoners who report having participated in alcohol and drug counseling services at OPP;
 - 3) the number of prisoners who report having participated in sexual-abuse counseling at OPP; and
 - 4) the number of cases with an appropriately licensed practitioner and related one-to-one counseling at OPP.

Finding: IV.B.a., b. Non-compliance

Observations: (Unchanged from Compliance Report #1)

This information has not been reported and given the staffing of the facility, i.e., one social worker providing mental health and substance abuse counseling services, and an additional social worker hired for PREA requirements to provide sexual abuse counseling, the staffing numbers are inadequate for the population of inmates held under the custody of OPSO.

The counseling services provided at OPSO are not in compliance with the Consent Judgment. In addition, there are requirements that mental health services

and counseling be provided as appropriate for youth (inmates under the age of 18 and charged as adults) under the custody of OPSO which are also not being provided or reported to the Monitors.

IV. B. 4. Suicide Prevention Training Program

- a. OPSO shall ensure that all staff who supervise prisoners have the adequate knowledge, skill, and ability to address the needs of prisoners at risk for suicide. Within 180 days of the Effective Date, OPSO shall review and revise its current suicide prevention training curriculum, to include, the following topics:
 - 1) suicide prevention policies and procedures (as revised consistent with this Agreement);
 - 2) analysis of facility environments and why they may contribute to suicidal behavior;
 - 3) potential predisposing factors to suicide;
 - 4) high-risk suicide periods;
 - 5) warning signs and symptoms of suicidal behavior;
 - 6) case studies of recent suicides and serious suicide attempts;
 - 7) mock demonstrations regarding the proper response to a suicide attempt;
 - 8) differentiating between suicidal and self-injurious behavior; and
 - 9) the proper use of emergency equipment.
- b. Ensure that all correctional, medical, and mental health staff are trained on the suicide screening instrument and the medical intake tool.
- c. Ensure that multi-disciplinary in-service training to include training on updated policies, procedures, and techniques is completed annually by all correctional, medical, and mental health staff. The training will be reviewed and approved by the Monitors.
- d. Ensure that staff is trained in observing prisoners on suicide watch and step-down unit status.
- e. Ensure that all staff that have contact with prisoners are certified in cardiopulmonary resuscitation ("CPR").
- f. Ensure that an emergency response bag that includes a first aid kit and emergency rescue tool shall be in close proximity to all housing units. All staff that has contact with prisoners shall know the location of this emergency response bag and be trained to use its contents.
- g. Randomly test five percent of relevant staff on an annual basis to determine their knowledge of suicide prevention policies. The testing instrument and policies shall be approved by the Monitors. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitors.

Finding: IV. B. 4. A.- g. Non-Compliance

Observations:

There is no multidisciplinary in-service training that is completed annually for OPSO staff, and the deputy staff members who had been responsible for the observation of inmates on direct observation and suicide watch were not properly trained and the procedure is not properly conducted. The OPSO has recently changed their process for direct observation being conducted by certified nursing assistants (CNA's) rather than deputies, however the physical plant in TP5 and all other requirements for suicide prevention training remain unchanged. To accomplish adequate training requires

adequate curricula and instructors, adequate numbers of clinical and security staffing (which are not present), an adequate physical plant which would allow for competent observations and treatment, as well as suicide resistant cells and relevant supplies including mattresses and suicide blankets which have not yet been adequately provided. During this site visit, Monitors did not verify the location and contents of the emergency response bags or that all staff having contact with inmates is certified in CPR. There was no testing of five percent of relevant staff on an annual basis to determine their knowledge of suicide prevention policies or the provision of the testing instrument and policies to be approved by the Monitors. OPSO is in non-compliance with the elements of this Consent Judgment requirement in those areas that were reviewed. Monitors will review the emergency response bags and CPR provisions as well as the curricula, testing, instruments, and policies and procedures, that OPSO intends to use prior to and during the next site visit.

IV. B. 5. Suicide Precautions

- a. OPSO shall implement a policy to ensure that prisoners at risk of self harm are identified, protected, and treated in a manner consistent with the Constitution.
- b. Ensure that suicide prevention procedures include provisions for constant direct supervision of actively suicidal prisoners and close supervision of special needs prisoners with lower levels of risk (at a minimum, 15 minute checks). Correctional officers shall document their checks in a format that does not have pre-printed times.
- c. Ensure that prisoners on suicide watch are immediately searched and monitored with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.
- d. Ensure that all prisoners discharged from suicide precautions receive a follow-up assessment within three to eight working days after discharge, as clinically appropriate, in accordance with a treatment plan developed by a Qualified Mental Health Care Professional. Upon discharge, the Qualified Mental Health Care Professional shall conduct a documented in-person assessment regarding the clinically appropriate follow-up intervals.
- e. Implement a step-down program providing clinically appropriate transition from suicide precautions for prisoners discharged from suicide precautions.
- f. Develop and implement policies and procedures for suicide precautions that set forth the conditions of the watch, incorporating a requirement of an individualized clinical determination of allowable clothing, property, and utensils. These conditions shall be altered only on the written instruction of a Qualified Mental Health Professional, except under emergency circumstances or when security considerations require.
- g. Ensure that cells designated by OPSO for housing suicidal prisoners are retrofitted to render them suicide-resistant (e.g., eliminating bed frames/holes, sprinkler heads, water faucet lips, and unshielded lighting or electrical sockets).
- h. Ensure that every suicide or serious suicide attempt is investigated by appropriate mental health and correctional staff, and that the results of the investigation are provided to the Sheriff and the Monitors.

- i. Direct observation orders for inmates placed on suicide watch shall be individualized by the ordering clinician based upon the clinical needs of each inmate, and shall not be more restrictive than is deemed necessary by the ordering clinician to ensure the safety and well being of the inmate.
- j. Provide the Monitors a periodic report on suicide and self-harm at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include the following:
 - 1) all suicides;
 - 2) all serious suicide or self-harm attempts; and
 - 3) all uses of restraints to respond to or prevent a suicide attempt .
- k. Assess the periodic report to determine whether prisoners are being appropriately identified for risk of self harm, protected, and treated. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitors.

Finding: IV. B. 5. a. – k. Non-compliance

Observations:

Several of these issues have been addressed in previous responses. In summary, the suicide precautions implemented at OPSO are not in compliance with the requirements of the Consent Judgment. The assessment process is seriously flawed, does not include a face-to-face assessment by a QMHP for each inmate prior to placement on the acute psychiatric unit or the step-down unit, but rather telephone consultation from the LPN in the IPC to the Medical Director (contractual) or Chief Psychiatrist (OPSO staff) for placement in these units and for the level of supervision of inmates by staff. The level of supervision is not adequate and not appropriately conducted and the training does not address these issues. The policies and procedures have not been developed and will require review. The documentation of telephone orders for placement of inmates on suicide watches including the conditions of watch and the allowable items to be issued to inmates on suicide precaution is lacking, and analysis of the effectiveness of suicide watches and treatment is not measured or analyzed. The cells utilized in TP5 are not suicide resistant and are unsafe and not therapeutic. It is unclear how the suicides or serious suicide attempts are investigated but since the change in the medical provider from the OPSO Medical Director to a contractual medical provider, no mortality and morbidity reviews or psychological autopsies have been reported. There does not appear to be a mechanism in place for self-critical analysis of the individual inmate's care and treatment while on suicide management or policies and procedures for adequate mortality and morbidity reviews.

IV. B. 6. Use of Restraints

- a. OPSO shall prevent the unnecessary or excessive use of physical or chemical restraints on prisoners with mental illness.
- b. Maintain comprehensive policies and procedures for the use of restraints for prisoners with mental illness consistent with the Constitution.
- c. Ensure that approval by a Qualified Medical or Mental Health Professional is received and documented prior to the use of restraints on prisoners living with mental illness or requiring suicide precautions.
- d. Ensure that restrained prisoners with mental illnesses are monitored at least every 15 minutes by Custody Staff to assess their physical condition.
- e. Ensure that Qualified Medical or Mental Health Staff document the use of restraints, including the basis for and duration of the use of restraints and the performance and results of welfare checks on restrained prisoners.
- f. Provide the Monitors a periodic report of restraint use at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report shall include:
 - 1) A list of prisoners who were restrained;
 - 2) A list of any self-injurious behavior observed or discovered while restrained; and
 - 3) A list of any prisoners who were placed in restraints on three or more occasions in a thirty (30) day period or whom were kept in restraints for a period exceeding twenty-four (24) hours.
- g. Assess the periodic report to determine whether restraints are being used appropriately on prisoners with mental illness. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitors.

Finding: IV.B. 6. a. – g. Non Compliance

Observations:

With regard to the use of restraints, the OPSO medical director previously reported OPSO had abolished their previous policy of placing inmates on suicide precautions or watch in five-point restraints. In Compliance Report #1, partial compliance on Items 6a and 6c was provisionally allowed because of assurances that restraints for medical or psychiatric purposes had not been used in 2013. However, since the change in medical services to a contractual provider, no such assurances were provided. OPSO has not provided a policy and procedure on Use of Restraints, documentation of analysis of incident reports or quality assurance measures to demonstrate the proper use of restraints or that suicide precautions are ordered by a qualified medical or mental health professional prior to the use of restraints or suicide precautions. The Monitors did not see use of restraints in incident reports or medical records the Monitors reviewed. The Monitors did not receive any documents or updated policies regarding the use of medical or psychiatric restraints, which is required, nor did any of the current contractual medical or mental health providers have any knowledge of the use of restraints or suicide precautions or provide any documentation regarding

the proper or improper use or approval of restraints, suicide precautions prior to their use.

IV. B. 7. a. – d. Detoxification and Training

Finding: Non-compliance

Measures of compliance:

1. Document review of course outline, lesson plan, and training records.

Observations:

According to the Health Services Administrator, there has been no training of custody or health care staff on detoxification and withdrawal. There are no training records and no oversight.

The receiving screening tool has not been modified to assess degree of risk for potentially life threatening withdrawal. There has been no effort to train intake staff to increase the sensitivity of the current intake questionnaire to identify a higher proportion of those at risk.

Although OPSO policy requires the use of the CIWA-AR tool to monitor withdrawal, health care staff is not aware of this tool and there is no documentation that it is used.

An annual review has not been performed.

Recommendations (verbatim from Compliance Report #1):

63. OPSO should track and trend initial and annual training on withdrawal and detoxification for custody staff and medical and mental health staff and provide sufficient oversight to assure compliance.
64. OPSO should add inquiry into the degree of risk of withdrawal and should require initial measurement of vital signs, in addition to periodic monitoring following the CIWA-AR protocol mentioned in Appendix B of the Consent Order. Further, the OPSO should test the validity and reliability of nurses' performance on the initial screening and appropriate follow-up, according to policy and physician orders.

IV. B. 8. a. –b. Medical and Mental Health Staffing

Finding: Non-compliance

Observation:

OPSO has been unable to recruit and retain a sufficient number of health care professionals. Through a contract with Correct Health, there is an interim medical director position, staffed by two half-time physicians. While these physicians are available for direct patient care and some administrative duties, there is scant supervision of the mid-level nurse practitioners. Staffing remains insufficient to provide timely access to an appropriate level of care. According to the OPSO Medical Department, the vacancy rate for medical and mental health services is 32% (38 of 118 positions), including 33% of RNs (17 of 51 positions) 25% of physician/nurse practitioners.

Although OPSO has made a commitment to use registered nurses for intake screening, the screening is currently done by less qualified licensed practical nurses.

The OPSO staffing plan for the proposed Hunt unit for patients with acute psychiatric needs is insufficient for the medical nursing and physician components.

Recommendations (verbatim from Compliance Report #1):

65. OPSO should increase professional staffing to provide sufficient access to qualified health professionals for patients with serious medical needs; increase support staffing to provide for constructive and meaningful clinical performance measurement to advise medical management of areas for intervention and to track performance in these areas over time; intensify training and supervision of nursing staff perform their duties in a timely and professional manner.
66. OPSO should validate its screening instrument for mental health needs and assure that the actual need is met for mental health therapeutic interventions.

IV. B. 9. a. – f. Risk Management

Finding: Non-compliance

Observations:

OPSO has yet to develop a program to measure and monitor clinical performance. There are no mechanisms in place to identify system barriers to care, and, thereby, no mechanisms to develop remedies.

The mortality review process has not been integrated into the quality management process and there is no system in place to revise mortality reviews when final autopsy findings come available. The risk management system for suicide prevention remains weak. There is no quality management plan.

OPSO has hired a registered nurse to collect data for a quality assurance purposes, the sole activity of this position has been to count time lags for access to care and diagnostics, the summaries produced are incomprehensible and there is no qualitative or quantitative analysis of the data. There is no analysis of grievance data. Approximately 95% of the grievances are determined to be “unfounded.” Considering the acknowledged deficiencies in staffing and unreliability of following physicians’ orders for medication and diagnostic testing, the magnitude of “unfounded” grievances is highly suspicious.

Recommendations (verbatim from Compliance Report #1):

67. OPSO should Improve tracking systems for follow-up appointments, medication orders, and laboratory testing and develop systems for documenting all care in a single, unit medical record, whether it be paper or electronic.
68. Develop quantitative and qualitative data analysis for clinical data, including performance measuring, mortality review, grievance analysis, etc. Use these analyses to drive constructive change in medical care policies and practices.
69. OPSO should develop, implement, and maintain a system to ensure that trends and incidents involving avoidable suicides and self-injurious behavior are identified and corrected in a timely manner.

70. OPSO should enhance its morbidity and mortality reviews to incorporate information received subsequent to the initial review and should amend corrective action plans therein.

C. Medical Care

Introduction

This is a report on compliance with the medical care aspects of the Consent Judgment, including the treatment of intoxication and withdrawal. The Defendants are not in compliance with any of the elements reviewed during the Monitors' tour the week of July 14, 2014. At the Orleans Parish Jail system, there is a continuing risk of serious harm to inmates with serious medical needs. The facilities have insufficient health professional staffing; insufficient policies; inadequate training and supervision; confusing and disorganized medical-record keeping practices; insufficient performance measurement and self-critical analysis; and inattention to sanitation and public health practices as described in my findings, below. There are a series of recommendations that follow findings.

Assessment Methodology

- July 14-16, 2014 on-site.
- Materials reviewed included Consent Judgment and other Orders; OPSO documents produced by Defendants since the prior site visit; OPSO documents produced on-site by the Health Services Administrator; staffing report; grievance report; wait time report; interviews including jail administration and Sheriff's staff; Carlo Musso, MD, Correct Health CEO; Paul Ginn, PhD, Correct Health Chief Mental Health; Walter Smith, MD and Philip Nowlin, MD co-medical directors; Dr. Moore, psychiatrist; Celeste Lewis, RN, psychiatric nurse practitioner; Marianne Benitez, RN, Health Services Administrator; Darryle Jackson, RN, Director of Nursing; Melinda Parker, RN, QI nurse; Nurse Practitioners Preston and Walker

Finding: Non-compliance

Measures of compliance:

1. Quality management documents,
2. Inmate complaints and grievances,

3. Medical records.

Observations:

OPSO has not yet ensured constitutionally adequate treatment of inmates' medical needs. The Monitors spent the major portion of their time on this visit interviewing staff. The Monitors did not perform a comprehensive review of medical records, though the Monitors did review several records of inmates referred by plaintiffs.

Safety and Hygiene – The Monitors toured two of the three new housing units for women with mental illness. The clinical examination room on 3E was soiled. There were unsecured soiled sharps within easy reach of inmates and the medication cabinet was unlocked.

Medical Recordkeeping - Medical records remain disorganized and difficult to review. OPSO continues to maintain a separate medical record for each booking, making it difficult to provide continuity of care. The notes written by Dr. Smith, one of the co-medical directors, are consistently illegible. The original medical records for patients who have died are maintained in the medical administration area, instead of being secured by the OPSO to prevent despoliation.

Utilization Management – The Utilization Management program remains cryptic, with no formal criteria for clinical decision-making. The lack of rational criteria poses a risk of harm for patients and makes medical management quite challenging for the Medical Director of the OPSO. The LA DOC understandably denied care for one inmate with an expanding mass on his scalp, because OPSO clinical staff did not measure the mass and report the size to the LA DOC.²⁴ In 2013, the mass was reported to be dime-sized; nursing staff measured the mass at my request on July 15, 2014. It measured 7 cm by 6.5 cm by 2 cm. This is a significant increase and merits a surgical consultation.

²⁴ 2347758

Another patient has been passing blood from his rectum for two months, yet OPSO has been passively waiting for an LA DOC decision as to whether he will get a GI consultation for this potentially life threatening condition.²⁵

Confidentiality - OPSO has developed a new mechanism for language translation, but the health care staff has no method to track or to evaluate use of this language line. There are no data to document that the service is being used.

Access to Acute Care – Access remains a problem. The Monitors found serious delays in access to an appropriate level of care for patients with serious medical needs.²⁶ A patient with diabetes and a history of stomach cancer reported persistent vomiting in June, 2014, yet he has not had an evaluation for this condition that might be due to either his stomach condition or his diabetes.²⁷

Care for patients with diabetes falls far below the standard of correctional health care. The Monitors reviewed the records of five patients with diabetes and found four of them to be deficient.²⁸ Two of these had serious episodes of hypoglycemia resulting in a hospital visit for one of them.²⁹ These episodes of life threatening illness were likely related to poor timing of insulin dosage and meals; a problem that health care staff recognizes.

Referrals by the nurse practitioners to the physician can fall through the cracks or can be untimely. For example, one inmate was referred to the physician within two days for a mass on his leg, yet it took 32 days for him to be seen.³⁰

Another patient claimed that he had a court order for medication to treat his HIV infection, yet there was no documentation of this order and no treatment for his HIV during his two-month incarceration beginning on February 14, 2014.³¹

²⁵ 2345052

²⁶ A serious medical need is a valid health condition that, without timely medical intervention, will cause (1) unnecessary pain, (2) measurable deterioration in function (including organ function), (3) death, or (4) substantial risk to the public health. (Greifinger RB. Health Care Quality Through Care Management, M. Puisis (ed). *Clinical Practice in Correctional Medicine, Second Edition*. St. Louis. Mosby 2006: p. 512)

²⁷ 2384800

²⁸ 2384800, 2384233, 2375285, 2387245, 2390858

²⁹ 2384233, 2375285

³⁰ 2388480

³¹ 2380359

Taking Inmate Grievances Seriously – The Monitors found no improvement in this area.

OPSO charges a \$3 co-payment for filing a sick call request, regardless of whether the assessment ever happens. Considering that many requests for care go unheeded, some inmates are released from custody before they are seen, and others have problems that resolve themselves, the \$3 charge to file a request for care is unfair.

Recommendations (verbatim from Compliance Report #1, with additions in italics):

71. OPSO should assure medical care facilities that are clean, safe, and secure.
72. OPSO should provide clean linens for inmates and disinfection of mattresses between users.
73. OPSO should assure that the utilization management system used for off-site services meets nationally-accepted criteria for medical necessity.
74. OPSO should arrange for professional language interpretation services so as to provide confidentiality of medical information, tracking usage and evaluating performance.
75. OPSO should monitor timely access to care for patients with acute health care needs and for patients who need continuity of care and/or medications.
76. OPSO should review and respond to grievances with a self-critical attitude and should track and trend health services grievances as part of its quality management program.
77. OPSO should assure that health care staff conforms to standards of professional ethics in general; including assuring that health care and custody roles are clearly delineated and separated.
78. OPSO should revise the co-payment policy to charge inmates for actual visits that occur, instead of charging for requests for care that may go unheeded.

IV. C. 1. a. – d. Quality Management of Medication Administration

Findings: Non-compliance

Measures of compliance:

1. Quality management documents

2. Inmate complaints and grievances
3. Medical records.

Observations:

OPSO staff report that nurses have had one training session, but there are no policies and procedures; no documentation of this training; and no measurement of performance in this area.

Recommendations (verbatim from Compliance Report #1):

79. OPSO should have documented expectations for medication practices, with a lesson plan, training, and training records.
80. OPSO should develop and implement a policy for reporting serial medication refusals to the prescribing clinician to ascertain the reason for non-adherence and to develop a medication plan that will improve adherence.
81. OPSO should track the time to first dose of prescribed medication and implement a system to eliminate time lags.

IV. C. 2. a. – b. Health Care Delivered

Recommendation:

The Monitor continues to recommend that the Monitors meet with the Parties to revise this section of the Order to make the reporting more constructive.

IV. C. 3. a. – d. Release and Transfer

Finding: Non-compliance

Measures of compliance:

1. Interview

Observation:

OPSO has not developed a mechanism to notify qualified staff of impending releases. As a result, bridge supplies of medication and prescriptions are not supplied.

Recommendation (verbatim from Compliance Report #1):

82. OPSO should develop and implement a mechanism to notify qualified health care staff of impending releases so as to provide bridge supplies of medication and prescriptions, as medically appropriate.

IV. D. Sanitation and Environmental Conditions

Introduction

The purpose of this second tour was to assess the conditions of confinement related to the provisions of the Consent Judgment for sanitation, and environmental conditions, environmental controls, food service, and fire and life safety to identify compliance. The conditions observed during this second tour included, but were not limited to general sanitation, maintenance and preventative maintenance, housekeeping conditions and practices, laundry, food service, control and use of potentially hazardous cleaning chemicals, waste handling storage and disposal, fire and life safety practices, training, and staffing levels, all to assure the safety and public health.

Prior to and during the tour, the Monitors reviewed several documents provided by OPSO to demonstrate improvements or compliance with the Consent Judgment. These materials, along with interviews with employees and inmates, and direct observation provide the foundation for this report. Time constraints did not permit the Monitors to visit every building, every cell, dayroom or dormitory. The Monitors toured housing areas of Templeman V, Conchetta, Orleans Parish Prison (OPP), Temporary Detention Center (TDC), Tents, Docks in OPP, Intake Processing Center, Kitchen/Warehouse, Maintenance Building, and the new jail presently under construction. It is acknowledged that several facilities currently being used to house inmates will be closing when the new jail opens.

Assessment Methodology

During the tour, the Monitors met with OPSO management staff, representatives of contractors for both food service and pest control, interviewed employees and inmates to understand OPSO processes, practices and issues, and spoke with the plaintiffs. A daily summary of findings was provided as well as the exit briefing.

This is a list of key staff and contractors interviewed during the tour:

Michael Tidwell, Chief of Corrections
Capt. Sidney Holt, Transition Team Leader
Sgt. Nicole Harris, Transition Team
Col. Melvin Howard, Field Operations
Major Winfield, OPP
Sgt. Tyler Jones, Food Service

Robert Martin, Dir. Facilities Management
Deputy Michael Holliday, Transition Team
Jamie Lampard, Fire Safety Officer
Charles Reed, Dep. Director Facilities Mgt.
Lt. Darryl Washington, OPP
Major Gerrard Spinney, Templeman V

Capt. Joseph, Intake and Processing Center
 Major C. Lougue, Conchetta
 Warden TDC
 Larry Nagy, Acct. Mgr. Orkin
 District Manager Aramark

Col. Roy Austin, Intake and Processing Ctr.
 Tracie Washington, Compliance Coordinator
 Andrew Condren, Service Mgr. Orkin
 Pam Thomas, Aramark Services

Summary of Findings

As a result of this tour, two of the provisions changed from non-compliance to partial compliance. Specifically, provision IV.D.1.e, the requirement for adequate pest control throughout the housing units has improved with the retention of a service contract. The second provision is IV.4.1.a, ensuring that necessary fire and life safety equipment is properly maintained and inspected at least quarterly. OPSO has initiated quarterly inspections and all fire and life safety systems for all facilities with the exception of the Tents, which remain under Fire Watch, have been repaired and are now functioning as designed.

To date, no Sanitation and Environmental Conditions or the Fire and Life Safety Provisions are substantially compliant with the Consent Judgment and only three of the 22 provisions are in partial compliance. While many of these provisions present challenges to OPSO, the Monitors strongly believe that the compliance process begins with the development of well written accurate, thorough, easy-to-understand policies, procedures, and schedules that include a process of effective employee training and regular evaluating and verification to assure that staff are implementing the policies as written.

D. 1. Sanitation and Environmental Conditions

IV. D. 1. a. OPSO shall provide oversight and supervision of routine cleaning of housing units, showers, and medical areas. Such oversight and supervision will include meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units to be documented at least once a week but to occur more frequently.

Finding: Non-Compliance

Measures of Compliance:

1. Written policies and procedures for cleaning and disinfecting, monitoring process with responsibility and accountability assigned developed in collaboration with Monitors.
2. List of controlled inventory of acceptable cleaning and disinfecting chemicals.
3. Development and implementation of an effective weekly [or more frequently] auditing process with assigned responsibility and accountability and documentation.
4. Monitors' onsite verification of implementation of both the policy(s) and the auditing

process and report, along with corrective action when non-conformities to the policy/procedures are documented.

5. Observation of conditions along with interviews with inmates and staff.

Observations:

In the facilities toured, there was some improvement in cleanliness and reduction in clutter throughout inmate housing areas in most OPSO facilities including Templeman V, TDC, and OPP. The change to reusable trays and portion control for meals has resulted in inmates keeping far less excess food within their cells and dormitories. In the housing areas where inmates have been provided personal property bags, there was improved controlled storage of commissary items, books, and paper. However, not all inmates have access to personal property bags; including parts of Templeman V and all of Conchetta. As a result, those inmate housing units were not being effectively maintained clean and free of clutter. Numerous inmates complained that they were not provided cleaning chemicals and rags at any regular frequency with which clean and disinfect cells and dayrooms. Showers and toilet areas in Conchetta had large accumulations of soap scum, dirt, stained walls, and exposed oxidation/rust on ceilings, making it virtually impossible to effectively clean.

Rubber mats leading into the showers in Conchetta were not maintained clean. Upon questioning, employees could not remember the last time they had been cleaned, disinfected, or replaced. Inmates walking into and out of the shower have to walk across the unclean and unsanitary floor mats to dry and get dressed.

These symptoms are indicative of a facility with no documented cleaning and disinfecting policy, procedure, or schedule that officers can consistently administer. Further, housing unit deputies are not requiring inmates to maintain cleanliness in common areas. There was no evidence of effective chemical use or safety procedures for deputies who actually supervise inmate workers.

As identified during the first tour, there continues to be no inventory system to control chemicals and their use. With no chemical control process and little supervision of inmates use of chemicals could result in misuse of chemicals. Policy 701.6, Storage, Control, and Disposal of Hazardous Materials, requires each facility

to “establish a system for the control, handling, storing and use of flammable, toxic and caustic materials.” Only in TPV were chemicals stored in designated and orderly shelves. However, they too did not have a process to sign in/out chemicals leaving the storeroom for a specific housing unit or being returned.

During the initial tour, OPSO represented that a new inspection procedure was being initiated. OPSO provided five completed copies “Living Unit Sanitation Inspection Forms: one each from OPP A-1 (7/2/14), TDC B-3 East/West (6/29/14), TPV A-Side Module (6/30/14), Tent 3 (6/30/14), and McDaniel’s 1st floor (6/16/14). None were provided for Conchetta. The inspection forms, if being used, are ineffective as they do not address cleanliness or disinfection. The inspection forms have check boxes for the inspector to complete with a small note section at the bottom. The form requires the inspector to identify various types of maintenance issues. There is not one question or box regarding cleanliness of cells, dayrooms, showers, toilets, bedding, mattresses, etc. Even on the maintenance issue, there is no process to document corrective actions taken to resolve any issue.

Draft Policy 1101.1 requires weekly housekeeping inspections and monthly Warden and Weekly Watch Commander inspections. It requires that the Warden or his/her designee will ensure that, “all areas are clean and orderly, that no fire, safety or health hazards, exist, no curtains, screens, paper, cellophane, or cardboard, etc. shall be hung in the cell or on cell doors because of the fire hazard and that the floor deputy shall inspect cells and living areas daily and report any infraction of these orders to his/her immediate Supervisor. It further requires that inspections shall be conducted of all institution areas by Shift Supervisors.”

The Consent Judgment requires OPSO to provide oversight and supervision of routine cleaning of housing units, showers, and medical areas, including meaningful inspection process and documentation, and routine cleaning requirements for toilets, showers, and housing units that are to be documented at least once a week, but to occur more frequently. The provision is not being met

Recommendations:

83. Revise or redraft the Housekeeping Procedures and Inspection Policy 1101.1 to include a facility specific housekeeping plan and schedule in accordance

with this provision establishing routine cleaning requirements for toilets, showers, and housing units and schedule and a documented meaningful inspection process. The policy should specify what has to be cleaned (floors, walls, showers, toilet/sink, beds, mattresses and etc., the required frequency for cleaning and disinfecting, who has which responsibilities, and how the cleaning is to be completed.

84. Once developed, and prior to implementation, provide evidence of training on sanitation and chemical safety to employees and inmate workers who are assigned cleaning responsibilities including deputies required to supervise the inspect against the policy and procedure to assure cleaning and disinfection is completed effectively and as scheduled.

IV. D.1. b. OPSO shall continue the preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that showers, toilets, and sink units are adequately installed and maintained. Work orders will be submitted within 48 hours of identified deficiencies, or within 24 hours in the case of emergency maintenance needs.

Findings: Non-compliance

Measures of Compliance:

1. Review of the preventative maintenance plan to determine who has responsibility to file work orders.
2. Evidence of meeting the timelines for submission of work orders.
3. Evidence of training of those assigned the responsibility to file work orders.
4. Observation of practice and conditions.
5. Work orders, invoices, and purchases in support of the preventive maintenance plan.

Observations:

Since the previous tour, OPSO maintenance staff has completed training of selected staff in the use of the "Facility Dude" work order processing system and has started initiating all work order generation through it as of June 30, 2014. Reports currently being generated include the type of repairs need by trade, the technician assigned, and the date the work order was completed. They have also adapted it to cross-reference work orders with inmate grievances. As management staff becomes more familiar with the administrative reporting functions, they will find the benefits including scheduling and allocating resources for preventative maintenance such as filter changes, fire system inspections, generator testing, equipment lubrication etc.; measuring staff performance and productivity; and to assist with the maintenance

staffing needs assessment to assure adequate and timely response for all maintenance needs. That said, OPSO needs to assign and train a maintenance administrator to manage the entire system.

During visits to each housing facility the Monitors found numerous toilets, sinks, and showers either not functioning or not performing up to a desired pressure or adequate hot water temperature, along with several instances of non-functioning HVAC systems. OPSO should consider maintaining an adequate supply of commonly needed parts especially for plumbing, electrical, and HVAC equipment.

Recommendations:

85. Develop and implement written policies and procedures governing the provisions of this paragraph. These policies and procedures may include, but are not limited to:
 - a. Training employees to file timely work orders meeting the 24 and 48 hour requirement of this provision.
 - b. Maintaining a facility specific tracking system for pending work orders by type to recognize needs for effective resource allocation for specific trades.
 - c. Establishing an inventory to assure an available supply of commonly needed parts for repairs such as belts, fans, and motors for HVAC equipment; plumbing parts such as shower heads, valves, and faucets; and common electrical parts including electrical panels, lights to more efficiently handle routine maintenance repairs.

IV. D. 1. c. OPSO shall maintain adequate ventilation throughout OPSO facilities to ensure that prisoners receive adequate air flow and reasonable levels of heating and cooling. Maintenance staff shall review and assess compliance with this requirement, as necessary, but no less than twice annually.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure specifying the process of how adequacy of ventilation will be measured in accordance with the mechanical code adopted by the applicable state or local jurisdiction.
2. Evidence of a contract with a qualified/licensed mechanical contractor to demonstrate that the ventilation system complies with the International Mechanical Code in effect in Louisiana.
3. Reports from vendor regarding the ventilation system, air flow, etc.

Observations:

No change from the previous report. The only air balance documentation reports available during this tour were for the new Kitchen Warehouse and the Temporary Detention Center. OPSO staff stated that they do not have ventilation issues in any other facility. However, the Consent Judgment provision requires that, "OPSO shall maintain adequate ventilation throughout OPSO facilities to ensure that inmate receive adequate air flow and reasonable levels of heating and cooling." During the visits to housing areas in TPV and Conchetta, there were areas where there was no functioning air conditioning. Maintenance stated that parts were on order or they were waiting for private contractor to make the necessary repairs. At Conchetta, maintenance was waiting to rent a lift to get to the roof top units.

Recommendations:

86. Develop and implement a written policy and procedure containing the requirements of this paragraph, which includes, but is not limited to:
 - a. Implementing a system to measure and assure adequate ventilation.
 - b. Documenting that the HVAC systems provide appropriate air flow and appropriate heating and cooling for each OPSO building that will house inmates.
 - c. Completing an air balance report for each building once unless there are changes to the HVAC equipment or building renovations.

IV.D.1.d. OPSO shall ensure adequate lighting in all prisoner housing units and prompt replacement and repair of malfunctioning lighting fixtures in living areas within five days, unless the item must be specifically ordered.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedures. Assurance that facility policy complies with the provision.
2. Maintenance of pending work order list showing the purchase order for pending work order regarding lighting fixtures. Review of work order lists.
3. Visual observation conditions.

Observations:

The American Correctional Association's Performance-Based Standards for Adult Local Detention Facilities establishes a minimum of 20 foot-candles of light in

personal grooming areas and at the writing surface in a single or multiple occupancy cells. The Monitors did not measure light intensity during this tour. Maintenance staff indicated that light fixtures are frequently destroyed by inmates almost as soon as they are replaced. This provision will most likely be in compliance once the new facility opens and OPP and Conchetta are closed.

Recommendation:

87. Develop and implement a written policy and procedure including the provisions of this paragraph, including but not limited to:

a. Measuring light levels with light meters and documenting the findings.

IV. D. 1. e. OPSO shall ensure adequate pest control throughout the housing units, including routine pest control spraying on at least a quarterly basis and additional spraying as needed.

Findings: Partial Compliance

Measures of Compliance:

1. Written policy and procedures.
2. Copy of valid contract for integrated pest control services with a licensed pest control contractor.
3. Map showing the location of all bait and trap stations both internally and externally.
4. Copies of pest control reports provided by the licensed pest control operator showing areas of concern, recommendations for corrective actions needed to be taken by sanitation and maintenance.
5. Evidence of corrective action taken for recommendations provided by the licensed pest control contractor.
6. Evidence of a pest control log where deputies can log sighting of pest showing date, time, location, and type of pest.
7. Visual observation of pest activity and inmate interviews.
8. Inmate grievances regarding sanitation and maintenance.

Observations:

As of the end of March, 2014, OPSO contracted with Orkin Pest Control to provide pest control services throughout all facilities. During this visit, the Monitor had the opportunity to meet with the contractor to discuss the pest control provision. Orkin will be providing trending reports and analysis to OPSO. OPSO needs to include maintenance and sanitation recommendations from Orkin as necessary corrective actions to prevent pest control issues. During this tour the Monitor heard no complaints from inmates regarding insect or rodent issues. Not

allowing inmates to keep food from meals has clearly had an impact on eliminating food and harborage for pests.

Recommendations:

88. Assess the pest control contract and reports regularly to include:
 - a. Assure that the pest control contractor is meeting all the terms of the contract to assure their work meets the requirements of this paragraph;
 - b. Assure that service reports from the contractor are legible; and
 - c. Review each pest control report and assure that all recommendations are followed to prevent pest infestations and complaints.

IV. D. 1.f. OPSO shall ensure that any prisoner or staff assigned to clean a biohazardous area is properly trained in universal precautions, outfitted with protective materials, and properly supervised.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedures.
2. Development and implementation of a training syllabus for blood borne pathogens. Qualifications of the trainer(s).
3. Documented list of deputies and inmates trained in blood borne pathogens.
4. Development and implementation of a biohazardous waste policy and procedures for effective and safe clean-up of any spills.
5. Maintenance of a supply of biohazardous spill kits including personal protection items including, but limited to eye shield, mask, gloves, gown with cap, CPR barrier, towelettes, absorbent powder, scraper, scoop bag, and biohazard bag.
6. Observation and demonstration of knowledge by staff and trained inmates.
7. Inmate interviews, inmate grievances.
8. Medical policy and procedures.

Observations:

There is no change from the previous report. OPSO does not currently have any written policies and procedures governing the provisions of this paragraph.

Recommendations:

89. Develop and implement written policies and procedures addressing the requirements of this paragraph, including, but not limited to:
 - a. Designating one or two posts per shift that will responsible for managing bloodborne pathogen and biohazardous spill cleanup.

- b. A step by step procedure that trained employees and/or inmates will be expected to follow including the use of spill kits, personal protective equipment (skin protection, gloves, face masks, designated red bags, disinfecting chemicals etc.
- c. Training for all staff and inmates required to handle bio-waste. OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030, requires that the trainer be: "knowledgeable in the subject matter covered by the elements contained in the training program."

IV. D. 1. g. OPSO shall ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

Findings: Non-compliance

Measures of Compliance:

- 1. Written policy and procedures.
- 2. Inventory of cleaning and disinfecting chemicals.
- 3. Lesson plans/curriculum - evidence of effective training of deputies and inmates responsible for cleaning and disinfecting surfaces in housing and common areas.
- 4. Policy and procedures an effective cleaning and disinfection policy and procedures for all facilities.
- 5. Observation of effective implementation and demonstration of knowledge.
- 6. Inmate interviews, inmate grievances.

Observations:

OPSO does not currently have any written policies and procedures governing the provisions of this paragraph. Inmates housed in OPP, Conchetta, and TPV complained that they are not regularly provided appropriate cleaning chemicals from staff to effectively clean cells, dayrooms, showers and toilets.

Recommendation:

- 90. Develop and implement written policies and procedures addressing this paragraph that includes, but is not limited to:
 - a. Concentrations for cleaners and disinfectants to be used for clean-up from a biohazard spill.
 - b. Conducting OSHA required training on the safe and effective use of any hazardous chemicals used to clean and disinfect surfaces.

- c. Assuring trained inmates are provided properly diluted cleaning and disinfection chemicals to clean and disinfect all areas within housing dorms, tiers, and cells.

IV. D. 1 .h. OPSO shall maintain an infection control plan that addresses contact, blood borne, and airborne hazards and infections. The plan shall include provisions for the identification, treatment, and control of Methicillin-Resistant Staphylococcus aureus ("MRSA") at the Facility.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedures for an infection control plan and policy following Center for Disease Control's recommendations.
2. Lesson plans/curriculum - evidence of training of all deputies, staff and inmates responsible for cleaning and disinfecting all medical and dental areas within OPSO.
3. Demonstration of knowledge of the policy and plan.
4. Observation.
5. Inmate interview, inmate grievances.

Observations:

There is no change from the previous report. OPSO does not currently have any written policies and procedures governing the provisions of this paragraph.

Recommendations:

91. Develop and implement written policies and procedures governing the provisions of this paragraph that include, but is not limited to:
92. Management of contact with, bloodborne, and airborne hazards and infections.
93. Identification, treatment, and control of Methicillin-Resistant Staphylococcus aureus ("MRSA") at the Facility.
94. Training of all affected employees on implementation of the plan.

IV. D. 2. Environmental Control

D. 2. a. OPSO shall ensure that broken or missing electrical panels are repaired within 30 days of identified deficiencies, unless the item needs to be specially ordered.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure.
2. Evidence of implementation of the Provision in accordance with the National Electrical Code.
3. Maintenance of pending work order list showing the purchase order for pending work order regarding electrical panels.
4. Observation of practice.
5. Observation of facilities' conditions.

Observations:

As discussed in IV. D.1. b., OPSO has recently implemented the electronic work order system (Facility Dude) to track and schedule all work orders including missing electrical panels. Other than that, there is no change from the previous report.

Recommendation:

95. Develop and implement written policies and procedures addressing the requirements of this paragraph including, but not limited to:
 - a. Establishing a process to assure repairs/replacement is completed within 30 days unless a longer time is necessary because of a special part order.

2. b. OPSO shall develop and implement a system for maintenance and timely repair of electrical panels, devices, and exposed electrical wires.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure for preventative maintenance and repairs for electrical issues.
2. Evidence that all repairs are completed in accordance with the National Electrical Code.
3. Evidence that all repairs are completed within a reasonable time to assure that inmates and staff are not exposed to hazards that could cause injury.
4. Observation of conditions.

Observations:

See Observations: and recommendations, above in IV.D.2.a

IV. D. 3. Food Service

IV.D.3. a. OPSO shall ensure that food service staff, including prisoner staff, continues to receive in-service annual training in the areas of food safety, safe food handling procedures, and proper hygiene, to reduce the risk of food contamination and food-borne illnesses.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure.
2. Development of a training syllabus for annual training for food safety and hygiene.²
3. Evidence of Food Service Manager Certification in accordance with Louisiana Retail Food Regulations.
4. Evidence of training of food service staff and inmate workers.
5. Demonstration of knowledge by the food service staff and inmates.
6. Observation.
7. Inmate interviews, inmate grievances.
8. Health Department inspection reports.

Observations:

OPSO now contracts with Aramark to provide meals for inmates. As evidenced by inmates and OPSO staff being unable to explain the correct procedure to effectively clean and disinfect food contact surfaces, it was clear that there is no established policy or procedure to assure that inmate workers who are supervised by OPSO staff under the direction of Aramark are trained in accordance with the requirements of this provision. That said, the contract for food service was initiated quickly and the contractor may not have had the time necessary to develop and implement the training component. While there, the Monitor met with Aramark representatives, along with Chief Tidwell, to discuss a list of issues for which the Monitor had questions regarding whether Aramark or OPSO has the responsibility and authority to manage. The list of questions is appended to this report. Aramark assured that the answers to the questions will be provided once they are resolved.

Recommendations:

96. Once the responsibility for this provision is decided, either Aramark or OPSO needs to develop and implement written policies and procedures addressing this paragraph including, but not limited to:
 - a. Providing evidence of annual training for all kitchen personnel including inmate workers in basic sanitation and in specific work assignments.
 - b. Training records using should include the topic, the date of the course, name of the trainer, and evidence of knowledge gained by participants.

(Could be a test or a supervisor's sign off demonstrating that the employee or inmate understands and practices sound food safety.

- c. Developing and using course outlines that are based on food code requirements and OPSO food service policies for all the topics needed for training including topics as: handwashing, cooking times and temperatures, food storage practices, equipment specific and area cleaning and sanitization requirements, maintenance of equipment, equipment specific use instructions, warewashing, employee health and personal hygiene requirements, hot and cold food holding times and temperature requirements, correct procedures for thawing foods etc.

IV. D. 3. b. OPSO shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized on a daily basis.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure for the cleaning and sanitization of all food service equipment following the equipment manufacturer's specified cleaning instructions.
2. Maintenance of a documented cleaning schedule for equipment and areas including kitchens, storage areas, ware washing, refrigerators and freezers with assigned responsibility for oversight.
3. Visual evidence of effective cleaning and interviews with staff and inmates on cleaning procedures
4. Evidence of a cleaning log for all equipment and observation of practice meeting the policy/procedures.
5. Inmate worker interviews.
6. Health Department inspection reports.

Observations:

As in the previous provision, OPSO now contracts with Aramark for food service to inmates. OPSO needs to develop a documented process to independently verify that the provision is being met by the contractor. As discussed in the previous report, Policy 1001.8, updated 8/8/12, requires that all food service equipment be inspected to ensure it is operational and safe to use and that the food services director adhere to the State environmental health rules and regulations. It further requires that the Food Service Director or designee conduct weekly sanitation and safety inspections of all food service equipment and areas. The policy

does not include an inspection checklist, nor require that that inspection is documented, or how to address any areas of non-compliance. With the change to a contractual service, this policy will need revision once the responsibility issues between OPSO and Aramark are resolved.

Recommendation:

97. Develop and implement written policies and procedures addressing this paragraph including but not limited to:
 - a. Establishing requirements for cleaning and sanitization and a cleaning schedule and plan for each area and specific equipment, and include what is to be cleaned, how it is to be cleaned (following the equipment manufacturer's instructions from the operations manual), who is responsible for the cleaning, (if an inmate, who supervises him/her needs to be identified), and the frequency of the cleaning. The completion of the cleaning should be documented on a form by the initials of the person completing it. Those documents should be reviewed by the Food Services Director for completion and maintained in the Director's office.
 - b. As a best practice, it recommended that OPSO establish at least weekly documented inspections by a trained inspector who is independent of the food service contractor to identify any non-compliance identified. A written corrective action process should be required for areas of non-compliance that includes retraining of employees or inmates, required maintenance repairs, safe food handling, personal hygiene, etc.

IV.D.3.c. OPSO shall check and record on a daily basis the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with a temperature Monitors, to ensure proper maintenance of food service equipment.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedures for measuring and recording temperatures of all refrigerators, freezers, hot food holding equipment, wash and rinse temperatures of ware washing equipment, in accordance with the Louisiana Food Regulations.
2. Development and implementation of temperature logs demonstrating effective measurements as required in this provision and/or the Louisiana Food Regulations.
3. Review of logs and direct observations of measurements being taken and recorded.
4. Observation of conditions.

Observations:

The Monitors did not observe any temperature logs posted on any refrigerators, freezers or warewashing equipment. That is not to say that temperatures are not being monitored or recorded. However, no logs were observed. OPSO Policy 1001.8 requires that hot food temperature shall be checked and logged by kitchen staff just prior to dispatch to serving areas, but does not require regular monitoring and recording of temperatures of refrigerators, freezers, warewashers, hot and cold food holding units. Having food service now contracted with Aramark, OPSO needs to decide if the monitoring and recording of temperatures will be the responsibility of Aramark or OPSO.

Recommendation:

98. OPSO working with Aramark needs to develop and implement written policies and procedures addressing this paragraph including, but not limited to:
 - a. Identifying all refrigerators, freezers, hot and cold food holding equipment, and warewashing equipment located in all facilities.
 - b. Scheduling the frequency that temperatures are measured and recorded in accordance with the Louisiana food safety regulations.
 - c. If Aramark is responsible, a trained OPSO supervisor should review temperatures logs, and assure that work orders are submitted when monitoring indicates equipment that is not operating as designed.
 - d. Effectively training employees in the monitoring and recording process.
 - e. Developing temperature logs for all equipment where potentially hazardous food is held and where kitchenware and utensils are cleaned and include a record retention schedule.

IV. D. 4. Sanitation and Environmental Conditions Reporting

D. 4. a. (1) – (7). DUE 2/21/14 AND EVERY SIX MONTHS AFTER.

OPSO shall provide the Monitors a periodic report on sanitation and environmental conditions in the Facility. These periodic reports shall be provided to the Monitors within four months of Effective Date; and every six months thereafter until termination of this Agreement. The report will include:

- (1) Number and type of violations reported by health and sanitation inspectors;
- (2) Number and type of violations of state standards;

- (3) Number of prisoner grievances filed regarding the environmental conditions at the Facility.
- (4) Number of inoperative plumbing fixtures, light fixtures, HVAC systems, fire protection systems, and security systems that have not been repaired within 30 days of discovery;
- (5) Number of prisoner-occupied areas with significant vandalism, broken furnishings, or excessive clutter;
- (6) Occurrences of insects and rodents in the housing units and dining halls; and
- (7) Occurrences of poor air circulation in housing units.

Findings: Non-compliance

Measures of Compliance:

- 1. Written policy and procedure governing reporting.
- 2. Evidence of written report provided as specified in the provision.

Observations:

OPSO is providing a written narrative, along with copies of some of the documents required in the provision including work orders, copies of health department inspections, but it is not in any format that is useful to provide any trending data. The importance of collecting the information required is that it should be used reviewed to assist with staffing analysis, scheduling for preventative maintenance, assuring corrective actions are being followed etc.

Recommendations:

- 99. Develop and implement written policies and procedures addressing this paragraph including, but not limited to:
 - a. Assuring that the tracking mechanisms are in place to record the required information. Such documentation may include health department reports, pest control reports, preventive maintenance work order system reports, inmate grievance logs, and maintenance logs. Tabulate the data in a format or one similar to that which the Monitor provided earlier this year.

D. 4. b. Due 2/21/14 and every six months thereafter.

Review the periodic sanitation and environmental conditions reports to determine whether the prisoner grievances and violations reported by health, sanitation, or state inspectors are addressed, ensuring that the requirements of this Agreement are met. OPSO shall make recommendations regarding the sanitation and environmental conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitors.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure governing reporting on environmental conditions.
2. Evidence of formal review of the sanitation and environmental conditions report by staff responsible for implementing policies and procedures for food service, blood borne pathogens, chemical control, sanitation, and preventive maintenance.
3. Evidence of written audits of the facilities.
4. Evidence of command staff review. Determination by OPSO that the implemented policies and procedures are effective to address the provisions of this Agreement.
5. Evidence of effective Corrective Actions are taken to address non-conformities identified during the review process.
6. Changes to policy, training curriculum, etc. resulting from these reviews.

Observations:

This provision is not in compliance as there is no systematic process implemented to analyze the data and is not able to provide assurance that the provision is being met. As a result, there are no written recommendations made regarding sanitation and environmental conditions, other than a shortage of staff, but no process to make definitive changes to address the issues.

Recommendations:

100. Develop and implement written policies and procedures addressing this paragraph including, but not limited to:
 - a. Using the data from IV. D. 4.a. (1)-(7) document trends and develop management responses to address provisions of the Consent Judgment.

IV. E. Fire and Life Safety

IV. E. 1. a. OPSO shall ensure that necessary fire and life safety equipment is properly maintained and inspected at least quarterly. These inspections must be documented.

Findings: Partial compliance

Measures of Compliance:

1. Written policy and procedure governing the procedures and staff responsibility and accountability assigned for a minimum of quarterly inspections, repair and/or replacement of all fire and life safety equipment, included in the controlled document inventory.
2. Inspections shall be completed by competent fire inspector having at a minimum successfully passed "Fire Inspector II" training and examination in accordance with NFPA 1031, Professional Inspector Level II Qualifications and all requirements of the Office of the Louisiana State Fire Marshall.
3. Development and maintenance of a complete inventory of all fire and life safety equipment for each facility. The list needs to include, but not limited to sprinkler heads, fire alarm pull boxes, smoke detectors, fire suppression systems, fire extinguishers, defibrillators, SCBA equipment and etc.

4. Annual master calendar for all internal and external inspection of all fire and life safety system equipment.
5. Development of a facility specific audit form that demonstrates the date of completion of inspection, identification of all non-conforming equipment, along with a corrective action report form that can demonstrate that effective corrective action was taken for all non-conformities.
6. Lesson plans/curriculum for staff assigned as auditors/inspectors.
7. Execution of contract with a qualified contractor to perform the inspections specified in this provision.
8. Evidence of a completed, signed, and supervisory review of all inspection and testing reports, along with documented corrective actions taken to resolve identify issue on non-conformance.
9. Fire Department inspection reports.
10. Interview with Fire Department officials.

Observations:

OPSO Policy 701.2 Fire Prevention Regulations; Annual Testing of Equipment dated 6/10/2008, last reviewed 10/16/2009, requires a system of fire equipment inspection and testing including fire sprinkler/suppression systems be completed at least quarterly. Under the procedures section the policy requires that the Director of Maintenance shall, "upon notification that substandard conditions exist regarding fire-fighting equipment," take appropriate measures to correct substandard conditions and that inspection reports shall be kept on file with the Director of Maintenance. The existing policy does not include any list of what equipment is included in the inspection and testing such as SCBA, sprinkler systems, fire alarms, fire extinguishers, smoke detectors, generators, hydrants, etc.

This provision requires that quarterly inspections of all "necessary fire and life safety equipment is properly maintained and inspected at least quarterly." Until applicable policies are developed with assigned responsibility, the provision cannot be in compliance with the provision.

Documentation provided prior to the tour demonstrated that the annual inspections of fire and life safety equipment were completed for TDC, Intake Processing Center, McDaniel's, and the American Textile Building. The fire alarm and automatic sprinkler system upgrade for OPP including the Docks was completed in May, 2014, and will not require an annual inspection until 2015. The fire alarm system for TPV has also had repairs made to the fire alarm control panel and replacement of the fire pump. The sprinkler system test was being tested during the

tour. The cell release mechanisms there have also been repaired and can be released remotely from the control module as well as manually. At the four remaining FEMA tents, the fire alarm and sprinkler system are not functional. OPSO continues to use the Fire Watch procedure required by the State Fire Marshall. Fire extinguishers inspections for 2014 have been completed and documented for all facilities.

In the April, 2014, quarterly report, the Fire Safety Officer stated that he has initiated the quarterly inspections of the life safety equipment for the jail. However, as of this tour, the Monitors have not received copies of the completed reports for review.

Recommendations:

101. Review and revise Policy 701.2 to include a building-specific list of all equipment to be inspected in the quarterly inspection/testing of fire and life safety equipment. The revisions should include, but are not limited to:
 - a. The posts and/or positions with responsibility to assure the testing is completed.
 - b. An inventory, by building, of the location and types of fire extinguishers.
 - c. Review the Louisiana Fire Code to determine the inspection frequency requirement for fire extinguishers for commercial buildings.

IV.E.1. b. OPSO shall ensure that a qualified fire safety officer conducts a monthly inspection of the facilities for compliance with fire and life safety standards (e.g., fire escapes, sprinkler heads, smoke detectors, etc.).

Findings: Non-compliance

Measures of Compliance:

1. Job description/post orders, including qualifications for a fire safety officer in accordance with NFPA requirements for a "Certified Fire Inspector Level II"
2. Written policy and procedures including evidence of attendance at any and all 3-year certification seminars for certification renewal or current license from the Office of the State Fire Marshall
3. Also include measures 3, 4, 5, 7 of IV.E.1.a.
4. Review and observation of completed reports and corrective actions taken.
5. Interview with fire safety officer.

Observations:

No change since the previous report. The Policy 701.1, Fire Inspections: Written Records updated 6/10/2008 and reviewed 10/16/09 requires that the OPSO's fire inspector shall conduct monthly inspections of the facilities to ensure compliance with safety and fire prevention standards and that they document corrective action taken. These reports shall be kept on file in fire inspector's office.

The existing policy does not specify what requirements are to be included in the inspection such as cells, dayrooms, classrooms, chemical storerooms, offices, clinics, hallways, stairs, fire escapes, sprinkler heads, smoke detectors, fire extinguishers or ingresses and egresses.

The policy does not specify the qualifications of the fire safety inspector. OPSO has stated that current staffing levels do not allow for a safety officer position for each facility building. As a result, monthly inspections are not being completed for each facility.

As of this tour, a form for the monthly inspections has been developed by the fire safety officer. The inspections are to be completed by the watch commander in each facility. However, it has yet to be implemented.

Recommendations:

102. Either revise 701.1 or create a new written policy and procedure that identifies the specific requirements for monthly inspections.
103. Implement monthly facility fire safety inspections in accordance with the provision and provide the Monitors copies of the reports, along with corrective actions of non-conformances identified.

IV. E. 1. c. OPSO shall ensure that comprehensive fire drills are conducted every six months. OPSO shall document these drills, including start and stop times and the number and location of prisoners who were moved as part of the drills.

Findings: Partial Compliance

Measures of Compliance:

1. Written policy and procedures governing staff responsibilities and accountability for conducting fire drills within each facility in accordance with the provision. The policy shall include applicable drill reports that outline at a minimum start and stop times of the drills and the number and location of inmates who were moved as part of the drills, a formal review process for each drill that identifies the root cause and verification of effective corrective actions as necessary for non-conformities with the fire safety and evacuation plan(s)

2. Development and implementation of fire drill audit form(s)
3. Annual schedule of drills for each facility; demonstrating rotating drills to assure all areas are drilled at a specified frequency.
4. Observation of drills and/or drill reports.
5. Evidence of collaboration with the NOFD; interview with NOFD.
6. Interviews with inmates.

Observations:

OPSO Policy 701.4, "Written Evacuation Plan" establishes quarterly fire drills in all facility locations. The accompanying procedure establishes that each facility will conduct fire/emergency drills to ensure that all personnel are capable of carrying out fire/emergency plans and procedures. If and when it is not a threat to facility security, inmates may be included in evacuation drills." The policy does not require a schedule to assure that all areas of each facility are drilled over a specific time period.

OPSO prior to the tour provided records of two fire drills. There were five drills since the previous tour: OPP (3/20/14), OPP (6/5/14), Intake Processing Center (7/1/14), Tents (6/3/14) and one in TPV (4/3/14) since the previous tour. In the previous report, there were also five drills: TPV (6/11/13), McDaniel's (10/21/14), Conchetta (11/7/13), Intake Processing Center (8/6/13), and FEMA Tents (7/16/13). This does not meet the existing policy of one drill quarterly or the Consent Judgment provision of one drill every six months for all facility locations. There were no drill reports for Docks, TDC, Conchetta and Kitchen Warehouse. These five drills span a six-month period.

Recommendation:

104. Review and revise Policy 701.4 Written Evacuation Plan to address the minimum requirements specified in the provision.

IV.E. 1. d. OPSO shall provide competency-based training to staff on proper fire and emergency practices and procedures at least annually.

Findings: Non-compliance

Measures of Compliance:

1. Development and implementation of a competency-based training policy for all correction staff on safe and effective use of all fire and emergency equipment, firefighting, safe evacuation.
2. Development and implementation of a fire and emergency practices and procedures

training course syllabus/outline, along with a written exam that measures the competency of the corrections staff for the fire safety and evacuation plan and establishes an acceptable passing score.

3. Written directive regarding how OPP will identify each officer and staff who is required to receive training, the training date, name of officer/staff trained.

Observations:

There is no change from the previous report. The Monitors reviewed OPSO Policy 701.5 Training of Staff in Emergency Plans that requires training all facility personnel in the implementation of written emergency plans. However, it does not require annual training as specified in the provision. Further it does not identify who needs general or enhanced training, who will provide the training, what constitutes training, how competency will be measured, or a process for maintaining accessible training records.

Recommendations:

105. Revise existing written policies and procedures to address this paragraph including but not limited to:
 - a. Assuring that the Fire Emergency Class meets the needs of OPSO, New Orleans Fire Department, and the State Fire Code.
 - b. Assuring that the person conducting the fire safety training is qualified to conduct that training.

IV. E.1.e. Due 2/21/14. OPSO shall within 120 days of the Effective Date, ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedures regarding staff responsibility and accountability for the systematic marking of all emergency keys, including sight and touch identification and designated locations for quick access for all keys. All policies and procedures are to be reviewed and updated as necessary and at least annually on a schedule.
2. Implementation of the policy and procedure
3. Documented evidence of officer and staff training on the policy and procedure.
4. Observation of keys.
5. Observation of staff utilizing keys.

Observations:

There is not a policy that governs emergency keys. Emergency keys are currently located in each facility. However, according to the Fire Safety Officer they are not yet identifiable by touch. Red emergency key boxes have been installed in the Watch Commander's office for TDC, FEMA tents, Conchetta, McDaniel's, OPP, TPV, and the Intake Processing Center. Glow sticks have been installed on all emergency key rings and the emergency keys for all facilities have also been color coded to distinguish them by floor. There is no policy or procedure to identify whom in each facility on each shift may have access to the emergency keys and therefore should be trained on their use.

Every jail building has a "Fire Packet" that contains key location, floor plans, and contact numbers of essential OPSO personnel. It is to be given to the New Orleans Fire Department responding in case of fire or other emergency. A list of the location of the emergency keys is part of the packet.

Recommendations:

106. Develop and implement a written policy and procedure that addresses this paragraph.
107. Develop and implement the notching system for all emergency keys and complete the emergency key location system for TPV and OPP.

IV. E. 2 Fire and Life Safety Reporting

IV. E.2.a. (1) – (3) Due 2/21/14 and every six months thereafter.

OPSO shall provide the Monitors a periodic report on fire and life safety conditions at the Facility. These periodic reports shall be provided to the Monitors within four months of the Effective Date and every six months thereafter until termination of this Agreement. Each report shall include:

- (1) Number and type of violations reported by fire and life safety inspectors;
- (2) Fire code violations during annual fire inspections; and
- (3) Occurrences of hazardous clutter in housing units that could lead to a fire.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure governing required reporting.
2. Evidence of written report provided as specified in the provision.

Observations:

OPSO submitted fire and life safety reports on 2/21/14, 4/21/14, and 7/3/14. The reports were narratives identifying fire and life safety issues and resolutions either completed or in process. However, they did not include the statistical information required in the provision. Rather they attached copies of reports by the State Fire Marshall and copies of some fire drills.

Recommendations:

108. Develop written policy and procedures addressing the requirements of this provision.

2. b. OPSO shall review the periodic fire and life safety reports to determine whether the violations reported by fire and life safety inspectors are addressed, ensuring the requirements of this Agreement are being met. OPSO shall make recommendations regarding the fire and life safety conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitors.

Findings: Non-compliance

Measures of Compliance:

1. Written policy and procedure governing required reporting.
2. Evidence of formal reviews of the fire and life safety conditions report by staff responsible for implementing policies and procedures.
3. Evidence of written audits of the facilities.
4. Evidence of command staff review. Determination by OPSO that the policies and procedures are effective to address the requirements of this Judgment.
5. Documentation of Corrective Actions taken to address non-conformities identified during the review process.
6. Changes to policy, training curriculum, etc. resulting from these reviews.
7. Review of Fire Department reports/inspections; interviews with NOFD.

Observations:

OPSO has not provided any documented review of the fire and life safety reports, along with written recommendations for their implementation. That said, the narrative reports cited above do include some issue identification, but no evidence of policy changes, or assessment of what is needed to comply with the requirements of the provisions of the agreement.

Recommendations:

109. Develop written policy and procedures to address the requirements of this provision and implement it.

F. Language Assistance (IV. F.)**1. Timely and Meaningful Access to Services**

- a. OPP shall ensure effective communication with, and provide timely and meaningful access to services at OPP to all prisoners at OPP, regardless of their national origin or limited ability to speak, read, write, or understand English. To achieve this outcome, OPP shall:
- 12. Develop and implement a comprehensive language assistance plan and policy that complies, at a minimum, with Title VI of the Civil Rights Act of 1964, as amended, (42 U.S.C. § 2000d et seq.) and other applicable law;
- 13. Ensure that all OPP personnel take reasonable steps to provide timely, meaningful language assistance services to Limited English Proficient ("LEP") prisoners;
- 14. At intake and classification, identify and assess demographic data, specifically including the number of LEP individuals at OPP on a monthly basis, and the language(s) they speak;
- 15. Use collected demographic information to develop and implement hiring goals for bilingual staff that meet the needs of the current monthly average population of LEP prisoners;
- 16. Regularly assess the proficiency and qualifications of bilingual staff to become an OPP Authorized Interpreter ("OPPAI");
- 17. Create and maintain an OPPAI list and provide that list to the classification and intake staff; and
- 18. Ensure that while at OPP, LEP prisoners are not asked to sign or initial documents in English without the benefit of a written translation from an OPPAI.

2. Language Assistance Policies and Procedures

- a. OPP shall develop and implement written policies, procedures and protocols for documenting, processing, and tracking of individuals held for up to 48 hours for the U.S. Department of Homeland Security ("DHS");
- b. Policies, procedures, and protocols for processing 48-hour holds for DHS will:
 - (1) Clearly delineate when a 48-hour hold is deemed to begin and end;
 - (2) Ensure that, if necessary, an OPPAI communicates verbally with the OPP prisoner about when the 48-hour period begins and is expected to end;
 - (3) Provide a mechanism for the prisoner's family member and attorney to be informed of the 48-hour hold time period, using, as needed, an OPPAI or telephonic interpretation service;
 - (4) Create an automated tracking method, not reliant on human memory or paper documentation, to trigger notification to DHS and to ensure that the 48-hour time period is not exceeded.
 - (5) Ensure that telephone services have recorded instructions in English and Spanish;
 - (6) Ensure that signs providing instructions to OPP prisoners or their families are translated into Spanish and posted;
 - (7) Provide Spanish translations of vital documents that are subject to dissemination to OPP prisoners or their family members. Such vital documents include, but are not limited to:
 - i. grievance forms;
 - ii. sick call forms;
 - iii. OPP inmate handbooks;
 - iv. Prisoner Notifications (e.g., rule violations, transfers, and grievance responses) and
 - v. "Request for Services" forms.
 - (8) Ensure that Spanish-speaking LEP prisoners obtain the Spanish language translations of forms provided by DHS; and
 - (9) Provide its language assistance plan and related policies to all staff within 180 days of the Effective Date of this Agreement.

3. Language Assistance Training

- a. Within 180 days of the Effective Date, OPP shall provide at least eight hours of LEP training to all corrections and medical and mental health staff who may regularly interact with LEP prisoners.
 - (1) LEP training to OPP staff shall include:
 - i. OPP's LEP plan and policies, and the requirements of Title VI and this Agreement;
 - ii. how to access OPP-authorized, telephonic and in-person OPPAIs; and
 - iii. basic commands and statements in Spanish for OPP staff.
 - (2) OPP shall translate the language assistance plan and policy into Spanish, and other languages as appropriate, and post the English and translated versions in a public area of the OPP facilities, as well as online.
 - (3) OPP shall make its language assistance plan available to the public.
4. Bilingual Staff
 - (1) OPP shall ensure that adequate bilingual staff are posted in housing units where DHS detainees and other LEP prisoners may be housed.
 - (2) OPP shall ensure that an appropriate number of bilingual staff are available to translate or interpret for prisoners and other OPP staff. The appropriate number of bilingual staff will be determined based on a staffing assessment by OPP.

Finding:

- Non-Compliance - IV.F.1.a.
- Non-Compliance - IV.F.2.a.
- Non-Compliance - IV.F.2.b.
- Non-Compliance - IV.F.3.a.

Measures of compliance:

1. Comprehensiveness of policy
2. Training,
3. Review of inmate files
4. Interviews

Observations:

OPSO provided the following documents regarding implementation of the language line:

- Medical Department Special Needs Communication Form;
- An executed Cooperative Endeavor Agreement for eight hand-held "enabling language service anywhere" or "ELSA" devices;
- Draft policy regarding language assistance (undated);
- Orleans Parish Sheriff's Office Property Receipt form for one of the ELSA devices;
- A sign-in sheet for "Translation Service Training" conducted on 6/25/14 with 12 attendees lasting 30 minutes; and
- The manufacturer's description of the LESA device.

OPSO has put forth the effort to come into compliance, but this is only partial compliance. There are significant requirements of the Consent Judgment regarding not only a device such as this, but also the required policies, procedures, and training.

Recommendations:

110. OPSO and the policy consultant should continue to work with the Monitors to develop comprehensive policies and procedures for a Language Assistance Program.
111. Once a comprehensive policy has been written, all corrections and mental and health staff should begin to receive the training required under the Consent Judgment. It may be possible for some of this training to be computer based.

IV.G. Youthful Prisoners

Consistent with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, a youthful prisoner shall not be placed in a housing unit in which the youthful prisoner will have sight, sound, or physical contact with any adult prisoner through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, OPSO shall either: maintain sight and sound separation between youthful prisoners and adult prisoners, or provide direct staff supervision when youthful prisoners and adult prisoners have sight, sound, or physical contact. OPP shall ensure that youthful prisoners in protective custody status shall have no contact with, or access to or from, non-protective custody prisoners. OPP will develop policies for the provision of developmentally appropriate mental health and programming services.

Findings: Non-compliance

Measures of Compliance:

1. Written policy/procedures governing classification and housing of youthful inmates, including but not to sight/sound separation, provision of services, protective custody, education and other services, services for youthful inmates with mental illness or who are developmentally disabled, access to medical and mental health services.
2. Housing plan; classification plan.
3. Observation
4. Interview with youthful inmates.
5. Review of recreation and program schedules.
6. Review of inmate files (developmentally disabled, mental illness)
7. Review of housing unit logs, program schedules.

Observations:

OPSO policy 901.10, effective dated September 1, 2004, requires separation of inmates who are juveniles charged as adults. The policy does meet the requirements of this paragraph, and needs revision. The juveniles, when moved from their housing unit to recreation, are not out of sight and sound of adult inmates.

Juveniles charged as adults are held now in one unit in Conchetta. There are between 10 – 15 juveniles on any given day. Before June, 2014, the juveniles were held in two units – one designated as protective custody and one designated as general population. There was intermittent staff supervision. There are no programs and services provided, other than television and some time in the recreation yard. There is also insufficient provision of mental health care as documented in the Report #1.

In June, 2014, Chief Tidwell decided to place all the juveniles in one unit, provide direct supervision (e.g. a staff person working inside the unit), and regulate in and out time from cells based on classification. OPSO reports that this has lessened the tension in the unit. The Monitors observed the units just before the change, and then in July, 2014. While it is an improvement with an officer assigned to the unit, there needs to be more structure, and, if possible, some programming other than television.

Since the last report, the OPSO has explored the possibility of housing these juveniles in the Youth Study Center. There appear to be several impediments to this, including whether juveniles charged as adults can be held there, and whether the prosecutor finds this an acceptable alternative. The staff at the Youth Study Center offered to help provide services to the juveniles held by OPSO, but there is a lack of OPSO staff to make that happen.

An upcoming significant challenge for the juveniles is their housing options as the new jail opens, and Conchetta closes.

Recommendations:

112. Develop and implement written policies and procedures to comply with this paragraph. [See also the measures of compliance.]
113. Develop the housing plan for juveniles as the new jail opens and Conchetta closes.

114. Continue to work with the staff at the Youth Study Center to identify opportunities for programming and collaboration.
115. Carefully oversee the upcoming mental health contract for services to assure that programming is provided to the juveniles in custody.
116. The City's Office of Criminal Justice Coordination should work with all criminal justice system partners to examine ways to reduce the number of juveniles charged as adults, and/or other options to prevent their being held in an adult jail.

VI. A – D. The New Jail Facility and Related Issues

- A. The Parties anticipate that Defendant will build a new jail facility or facilities that will replace or supplement the current facility located at 2800 Gravier Street, New Orleans, Louisiana. This Agreement shall apply to any new jail facility.
- B. Defendant shall obtain the services of a qualified professional to evaluate, design, plan, oversee, and implement the construction of any new facility. At each major stage of the facility construction, Defendant shall provide the Monitors with copies of design documents.
- C. Defendant shall consult with a qualified corrections expert as to the required services and staffing levels needed for any replacement facility. OPSO shall complete a staffing study to ensure that any new facility is adequately staffed to provide prisoners with reasonable safety.
- D. Defendant will ensure that the new jail facility will be built in accordance with: (1) the American Correctional Association's standards in effect at the time of construction; (2) the American with Disabilities Act of 1990 ("ADA"), 42 U.S.C. §§ 12101-12213, including changes made by the ADA Amendments of 2008 (P.L. 110-325) and 47 U.S.C. §§ 225-661, and the regulations there under; and (3) all applicable fire codes and regulations.

Observations:**A. New Jail**

Finding – partial compliance - The new jail is expected to reach substantial completion by November 1, 2014, at which time the Sheriff will accept the building. It is planned that inmates will be moved into the facility starting January 1, 2015. The OPSO has a Transition Team in place to manage the complicated business of moving into a new jail. The Team has made good progress in terms of creating the “scenarios” about how the building will operate, and the drafting of the standard operating procedures and post orders the scenarios generate. Policy and procedure development will be assisted by both Carter Goble Lee and Voorhis/Robertson Justice Services.

B. Design and Design Document

Finding – Substantial Compliance

C. Staffing

Finding – Substantial Compliance - A staffing plan for the new facility was developed in January, 2014, by OPSO and is currently being reviewed by the Monitors, the City, the City's consultant and by Voorhis/Robertson Justice Services and Carter Goble Lee.

D. Compliance with Codes and Standards

Finding – Not evaluated. The Monitor's do not have the knowledge base to evaluate this paragraph.

VII. A. Compliance and Quality Improvement

Within 120 days of the Effective Date, OPSO shall revise and/or develop its policies, procedures, protocols, training curricula, and practices to ensure that they are consistent with, incorporate, address, and implement all provisions of this Agreement. OPSO shall revise and/or develop, as necessary, other written documents, such as screening tools, logs, handbooks, manuals, and forms, to effectuate the provisions of this Agreement. OPSO shall send pertinent newly-drafted and revised policies and procedures to the Monitors as they are promulgated. The Monitors will provide comments on the policies to OPSO, SPLC, and DOJ within 30 days. OPSO, SPLC, and DOJ may provide comments on the Monitors' comments within 15 days. At that point, the Monitors will consider the Parties' comments, mediate any disputes, and approve the policies with any changes within 30 days. If either party disagrees with the Monitors, they may bring the dispute to the Court. OPSO shall provide initial and in-service training to all Facility staff with respect to newly implemented or revised policies and procedures. OPSO shall document employee review and training in new or revised policies and procedures.

Finding: Non-compliance

Measures of Compliance:

1. Policies and procedures manual.
2. Process/spreadsheet to identify all existing and planned written directives, dates when expected to be submitted for Monitors' review.

Observations:

OPSO has engaged a second vendor to develop policies and procedures.

There are due dates upcoming for production of the documents for review by the Monitors.

Recommendation:

117. OPSO continue to Monitor the performance of the vendor, as well as provide internal assets to review the policy drafts before forwarding to the Monitors for review.

VII.(H). B. Compliance and Quality Improvement

Within 180 days of the Effective Date, Defendant shall develop and implement written quality improvement policies and procedures adequate to identify serious deficiencies in protection from harm, prisoner suicide prevention, detoxification, mental health care, environmental health, and fire and life safety in order to assess and ensure compliance with the terms of this Agreement on an ongoing basis. Within 90 days after identifying serious deficiencies, OPSO shall develop and implement policies and procedures to address problems that are uncovered during the course of quality improvement activities. These policies and procedures shall include the development and implementation of corrective action plans, as necessary, within 30 days of each biannual review.

Finding: Non-compliance

Measures of Compliance:

1. Written policy/procedure governing quality improvement.
2. Written report.
3. Results of action plan from written report.

Observations:

See above VII.A.

Recommendations

See above VII.A.

VII. (I). C. Compliance and Quality Improvement

The Parties agree that OPSO will hire and retain, or reassign a current OPSO employee for the duration of this Agreement, to serve as a full-time OPSO Compliance Coordinator. The Compliance Coordinator will serve as a liaison between the Parties and the Monitors and will assist with OPSO's compliance with this Agreement. At a minimum, the Compliance Coordinator will: coordinate OPSO's compliance and implementation activities; facilitate the provision of data, documents, materials, and access to OPSO's personnel to the Monitors, SPLC, DOJ, and the public, as needed; ensure that all documents and records are maintained as provided in this Agreement; and assist in assigning compliance tasks to OPSO personnel, as directed by the Sheriff or his or her designee. The Compliance Coordinator will take primary responsibility for collecting information the Monitors requires to carry out the duties assigned to the Monitors.

Finding: Compliance

Observation:

OPSO appointed a compliance coordinator effective June 1, 2014.

Recommendation:

118. Develop a job description and specific job duties for this position as they relate to the work required by the Consent Judgment. Assure there are sufficient resources (e.g. human, computer, telephone, copier) for the Compliance Coordinator to perform duties.

VI. (J.) D. Compliance and Quality Improvement

On a bi-annual basis, OPSO will provide the public with a self-assessment in which areas of significant improvement or areas still undergoing improvement are presented either through use of the OPSO website or through issuance of a public statement or report.

Finding: Non-compliance

Observations:

While the production of this document(s) will be guided by internal OPSO policies and procedures, no bi-annual self assessment has been produced since the effective date of the Consent Judgment.

Recommendation:

119. Ensure that there are written policies and procedures that support these functions, including periodicity of reporting, and accountability.

VIII. Reporting Requirements and Right of Access

- A. OPSO shall submit periodic compliance reports to the Monitors. These periodic reports shall be provided to the Monitors within four months from the date of a definitive judgment on funding; and every six months thereafter until termination of this Agreement. Each compliance report shall describe the actions Defendant has taken during the reporting period to implement this Agreement and shall make specific reference to the Agreement provisions being implemented. The report shall also summarize audits and continuous improvement and quality assurance activities, and contain findings and recommendations that would be used to track and trend data compiled at the Facility. The report shall also capture data that is tracked and monitored under the reporting provisions of the following provisions: Use of Force; Suicide Prevention; Health Care Delivered; Sanitation and Environmental Conditions; and Fire and Life Safety.

Finding: Partial Compliance

Observations:

While OPSO has been producing materials, often the reports are that the documents do not exist, or that the production is marginally responsive. The Monitors appreciate the efforts of OPSO to be responsive. Better communication and coordination with the Monitors will help guide this process. See previous recommendation regarding access by Monitors Frasier and McCampbell to VANTOS to have real-time read only access to the incident reporting system.

Recommendation:

120. Ensure that there are written policies and procedures that support these functions, including periodicity of reporting, and accountability.

- B. OPSO shall, within 24 hours, notify the Monitors upon the death of any prisoner. The Monitors shall forward any such notifications to SPLC and DOJ upon receipt. OPSO shall forward to the Monitors incident reports and medical and/or mental health reports related to deaths, autopsies, and/or death summaries of prisoners, as well as all final SOD and IAD reports that involve prisoners. The Monitors shall forward any such reports to SPLC and DOJ upon receipt.

Finding: Partial Compliance

Observations:

OPSO is notifying the Lead Monitor regarding an agreed upon set of events and incidents, other than deaths in custody. However the Monitors have not been

provide with morbidity and mortality reviews of neither serious incidents nor any internal documents regarding serious incidents.

Recommendation:

121. Ensure that there are written policies and procedures that support these functions, including periodicity of reporting, and accountability.

C. Defendant shall maintain sufficient records to document that the requirements of this Agreement are being properly implemented and shall make such records available to the Monitors within seven days of request for inspection and copying. In addition, Defendant shall maintain and provide, upon request, all records or other documents to verify that they have taken the actions described in their compliance reports (e.g., census summaries, policies, procedures, protocols, training materials, investigations, incident reports, tier logs, or use of force reports).

Finding: Partial Compliance

Observations:

There are insufficient documentation to assist the Monitors in implementing and evaluating operational practices. The accountability measures that will be built into each of the policies and procedures will guide this process.

The Monitors note that they did not receive all pre-tour documents requested, even as late as August 8, 2014.

As noted earlier in this report, it is the expectation of the Monitors that as requests for documents are timely made to OPSO, those documents will be provided, even if the response indicates the documentation does not exist, or is not available. The Monitors will expect a report from OPSO prior to on-site tours regarding OPSO's opinion of the status of compliance for each paragraph of the Consent Judgment, along with all supporting documentation to support the claim. The Monitors will be judicious in asking for additional information, understanding there are finite resources to respond. However, the defendants must communicate with the Monitors as the production process unfolds.

There is a schedule for production of reports required by the Consent Judgment, as agreed to by OPSO in December, 2013. The Monitors will expect those reports on schedule unless provided with explanation of why the timetable cannot be met, ahead of the due date. The Monitors will work with OPSO on the format and

content of those reports going forward. The Monitors see this as part of their technical assistance role.

The Monitors also reiterate that the data and reports to be produced by OPSO are intended to improve the operations and management of the OPSO, not for the purpose of satisfying an abstract Consent Judgment requirement.

Recommendation:

122. Ensure that there are written policies and procedures that support these functions, including periodicity of reporting, and accountability.

X. CONCLUSIONS

As noted in Compliance Report # 1, the condition of the jail facilities operated by the Orleans Parish Sheriff's Office that resulted in the U. S. Department of Justice's investigation, and subsequent Consent Judgment are caused by years of neglect, lack of leadership, and inadequate funding. As such, solutions are longer-term. While appreciating that there is substantial work to gain compliance, the health and safety of more than 2,000 inmates are in peril today because of the lack of staff, wholly substandard medical care, absence of mental health care, and deteriorated and unclean living environments. Leadership is essential to solving problems.

As this process moves forward, there will be more frustration about that the pace of reform. The Sheriff and the City must never lose track during debates and arguments about funding (or whatever issues arise) that there are Parish citizens incarcerated who require basic care and protection. The Sheriff needs to take every opportunity to make even the smallest improvements. The Sheriff's failure to act to hire staff via the Partial Settlement Agreement should never happen again while the OPSO is working to achieve compliance. The Court and the Monitors will assist where at all possible, but the Sheriff must timely articulate clearly what is needed, and provide documentation about the needs, timetables, and strategies.

The Monitors remain optimistic that this work will be accomplished, but are realistic that there will be set-backs and false starts as the process evolves. Collaboration is a key to achieving compliance – between the Sheriff and the City, and between those two parties and the Court and the monitoring team.