UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

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

Independent Monitors' Report No. 5
March 17, 2016

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www.nolajailmonitors.org

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Compliance Report # 5

LASHAWN JONES, et al., and the United States of America

v.

Marlin Gusman, Sheriff

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I. Executive Summary

A. Introduction and Summary of Compliance

The independent Monitors report there has been no progress by the Orleans Parish Sheriff's Office (OPSO) toward compliance with the mandates of the Consent Judgment since Compliance Report # 4.[1] Compliance Report # 5 documents (Table 1) that the number of paragraphs in substantial compliance decreased, and the number of paragraphs found to be in non-compliance increased from 43 to 61. These are clearly not positive trends.[2]

Table 1 – Summary of Compliance – All Tours[3]

Compliance Report/Date	Substantial Compliance	Partial Compliance	Non-Compliance	NA/Other	Total
#1 – December 2013	0	10	85	76	171
#2 – July 2014	2	22	149	1	174
#3 – January 2015	2	60	110	2	174
#4 – August 2015	12	114	43	4[4]	173
# 5 – February 2016	10	96	63	4	173

In addition, the status of compliance with the two stipulated agreements (February 11, 2015, April 22, 2015) agreed to by the parties are reported as follows:

Table 2 – Status of Compliance with Stipulated Agreements[5]

	Compliance	Partial Compliance	Non-Compliance	NA	Total
February 11, 2015	22	8	0	1	31
April 22, 2015	3	0	0	0	3

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[1] Compliance Report # 1 - http://www.nolajailmonitors.org/uploads/3/7/5/7/37578255/nolajailmonitorsreport1-02_13_2014.pdf, Compliance Report # 2 - http://www.nolajailmonitors.org/uploads/3/7/5/7/37578255/compliance_report_2_08_26_2014.pdf, Compliance Report # 3 - http://www.nolajailmonitors.org/uploads/3/7/5/7/37578255/jones_et_al_v._gusman_3_compliance_report_02_25_15.pdf
Compliance Report # 4 - http://www.nolajailmonitors.org/uploads/3/7/5/7/37578255/summaryreport992015.pdf

[2] The Consent Judgment defines compliance (paragraph 42.): ""Substantial Compliance" indicates that Defendant has achieved compliance with most or all components of the relevant provision of the Agreement. "Partial Compliance" indicates that Defendant achieved compliance on some of the components of the relevant provision of the Agreement, but significant work remains. "Non-compliance" indicates that Defendant has not met most or all of the components of the Agreement."

[3] See Attachment A for a summary of compliance with each provision of the Consent Judgment.

[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.

[5] See page145 for details.

The initiatives needed to achieve and sustain compliance with the Consent Judgment have been largely unsuccessful, or ignored, by OPSO since Compliance Report #4. During this same time period, OPSO faced the challenge of moving into a new facility, closing old facilities, and moving hundreds of the Parish's inmates to other jails. OPSO is clearly struggling to meet even the minimum requirements of the Consent Judgment and the environment in which OPSO is working is hampering, not helping the work. This is attributable in part to, in the observation of the Monitors, the negative relationship that exists between the leaders of the Sheriff's Office and the City of New Orleans (CNO). While each "side" vigorously and vociferously promotes their views, no conclusions of urgent matters have been reached[6], and inmates and staff remain in significant danger. This danger is not speculative, but very clearly documented.[7]

The Monitors acknowledge the opening of the Orleans Justice Center (OJC) in September, 2015 as a major milestone for the Parish.[8] The Monitors do not dismiss this as unimportant. The Monitors believe that the transition process could have been handled much differently to yield a better outcome, but it does no good to revisit that now. With the opening of the OJC, the Temporary Detention Center (TDC) remained open, and later closed.[9]

When the OJC opened, approximately 250 inmates were transferred to East Carroll Parish and Franklin Parish. OPSO reported that these were the only jails in the State that agreed to take inmates and abide by the provisions of the Consent Judgment. The Consent Judgment's provisions follow the OPSO inmates if they are held in other jails. In mid-October, the lead Monitor traveled to East Carroll and

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[6] For example, budget and financial accountability issues, Phase III planning and construction, renovation to court holding ("the Docks").

[7] See Table 3, page 22.

[8] With the closure of TDC in February 2016, more than 400 inmates were moved out of parish.

[9] The capacity of the TDC was listed by OPSO as 454. The Monitors' position is that the capacity of TDC was 254 due to the lack of a sufficient number of toilets and showers in the dormitories, and the absence of sources of natural light. This determination is based on national standards. American Correctional Association, Commission on Accreditation for Corrections*, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition*, Lanham, Maryland, 2004.

Franklin Parishes to inspect the jails and interview inmates.[10] In January 2016, the Sheriff closed the TDC and transferred inmates who could not be accommodated in the OJC to these two parish jails, as well as to St. Charles Parish.

The impact on the Orleans Parish criminal justice system of moving pre-trial inmates to jails four to six hours away from the Parish is obviously significant. The primary, and only concern of inmates interviewed by the Monitor in these two parishes, was communication with their attorney/public defender. These were the same concerns heard by the Monitor from inmates before they were moved while still held in the Orleans Parish. The East Carroll Parish jail has the capacity for video conferencing, and the wardens at both facilities indicated they would take calls from attorneys and arrange telephone conferences. The Monitor provided her contact information to all inmates interviewed, but has yet to receive any letters from inmates held in those jails. The costs of holding and transporting these inmates are paid by Orleans Parish.

This significant change in the housing of inmates, that is - opening of the new jail, transfer of inmates out-of-parish, and closing the TDC –resonates in primarily negative ways, and may continue to do so into the foreseeable future. While the opening of the OJC should have been a positive impetus to reform, this milestone was overshadowed and diminished for the following reasons: the turmoil and unilateral decisions about moving inmates out-of-parish, the poor housing unit management, absence of appropriate in-custody treatment for inmates with acute mental illness, the lack of services and programs for acute and sub-acute care, and absence of step-down/residential mental health housing.

Importantly, the question facing the Monitors, and ultimately the Court, is how can the Orleans Parish Sheriff's Office reach compliance with the Consent Judgment given the status of the jail's operations discussed in this report, and considering OPSO's present capabilities and approaches to compliance? The Monitors detail in this report the level of technical assistance that has been provided

[10] The lead Monitor toured the Plaquemines Parish jail in December and was told by staff there that there was not at this time sufficient staffing to open additional housing units.

since the completion of Compliance Report # 4. The inability to retain employees, including the loss of a second Chief of Corrections since the Consent Judgment was signed, the lack of progress on the suitable housing for inmates with acute mental illness (acute, sub-acute, step-down and residential care) and other special populations (e.g. juveniles and women), and the absence of a cogent strategy to achieving compliance does not bode well for the Defendant. The day-to-day crisis environment observed by the Monitors in the agency's operations does not evidence a professional, competent, or informed leadership. The Monitors want to be clear that there are competent and dedicated individuals working hard to keep the jail afloat, but their work is overshadowed and defeated by OPSO's negative internal culture, and lack of commitment at the leadership level to achieve and sustain compliance. The OPSO leadership vocalizes their commitment to achieving compliance, but their actions, observed for more than two years, don't support the rhetoric. City officials are responsible for some of this dysfunction by not executing the Correct Care Solutions (CCS) contract, resulting in CCS' leadership positions not filled (medical director, behavioral health director), and not finding a way to compromise with the Sheriff on the issue of starting salary for OPSO's line staff.

B. Compliance Report # 5

This is Compliance Report # 5 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) is based on the tour by the Monitors during the week of February 16, 2016. To prepare for this tour, the Monitors requested documents from OPSO on January 13, 2016. Members of the Monitoring team speak and communicate frequently with the Defendant as well as DOJ and the plaintiffs. The monthly conference calls among all parties were reestablished in January 2015 and while issues are discussed, there is often no conclusion to matters or measurable progress from call to call.

There are two Stipulated Agreements between the parties that were intended to spur the defendants to faster progress on critical issues. As such, this Compliance Report includes OPSO's status on achieving the elements of these two Agreements. This

report links the three documents (e.g., the Consent Judgment, February 2015 Agreement and April 2015 Agreement).

Since the Monitors' website www.nolajailmonitors.org was established in September 2014, there have been more 22,300 "hits" on the site. We are pleased about the interest in this work and welcome input, information, and ideas from the community and stakeholders. The website is frequently updated.

C. Format of this Compliance Report

This Compliance Report does not include the paragraphs of the Consent Judgment, verbatim, as in previous reports. The Consent Judgment is available at http://www.nolajailmonitors.org/uploads/3/7/5/7/37578255/tab_2_consent_judgment.pdf for those readers who are not familiar with its content.

D. Review Process of Monitors' Compliance Report #5

The draft of Compliance Report #5 was provided to all parties (DOJ/plaintiffs, OPSO) for review on February 29, 2016, with a due date for comments of March 15, 2016. The lead Monitor, in the email transmitting the draft report, requested that all comments be written to facilitate documentation and review. In the review process for previous drafts of Compliance Reports, OPSO provided oral statements.

The DOJ/plaintiffs provided written comments on March 14, 2015. On March 15, 2016, the lead Monitor received two emails from OPSO containing limited comments. The lead Monitor communicated with Sheriff Gusman via email on March 16th to determine if these two emails represented the totality of OPSO's comments; and offered the Sheriff until the end of day on March 16th to provide any additional comments. No additional comments were received from OPSO.

E. Barriers to Compliance

The issues impeding compliance with the Consent Judgment and endangering the inmate population, in addition to the public disagreements between the Sheriff and the City include, but are not limited to: (these items are not listed in priority order):

1. For OPSO, development and implementation of an adequate organization structure, chain-of-command, and span-of-control to safely operate the jail and ensure accountability;

2. Recruitment and retention of corrections professionals, at the line level and leadership;
3. Training of corrections staff to manage a direct supervision jail;
4. Absence of a corrections administrator;
5. The negative internal culture of the Orleans Parish Sheriff's Office that impedes any sustainable progress to compliance;
6. Absence of a full-time compliance coordinator;
7. Safety of inmates (and the public) being moved to and from court (the "Docks");
8. Effective sanitation and environmental controls, including, but not limited to inmate laundry;
9. Adequate bed-space to accommodate inmates with medical needs;
10. Housing for inmates with acute mental illness and step-down care;
11. Special Population Housing, and/or other provisions for female juveniles to allow compliance with the Prison Rape Elimination Act of 2003 (PREA);
12. Development of processes to collect, analyze, and manage data to inform facility operations and adopt quality improvement practices; and
13. No agreement on the needed bed space to accommodate pre-trial inmates within the Parish.

Achieving and sustaining compliance with this Consent Judgment requires maximum collaboration and cooperation. This is simply not occurring. The Defendants will not reach compliance without the City of New Orleans' support and participation. If the Sheriff and the City continue their current path, continued harm to inmates and danger to staff will persist. Regarding the barriers:

1. <u>Development and implementation of an adequate organization structure, chain-of-command, and span-of-control</u>

   The OPSO needs an updated organizational structure that supports all statutory functions, including jail operations, to achieve compliance. This organizational structure must identify the required staffing, including rank and supervisors, and define the span-of-control (e. g. the number of person

reporting to supervisors), dependent on the documented needs of the organizations. The structure must not place a priority on retaining individuals who no longer serve in the functions to which they are assigned and/or needed by the organization, and/or individuals who have rank as a means to support their salaries. This process must include positions/posts needed to achieve and sustain compliance such as the Chief of Corrections and a compliance coordinator, as examples.

2. Recruitment and retention of corrections professionals[11]

There is an insufficient number of *trained* staff working in the jail. There appears to the Monitors to be sufficient number of staff working in the Sheriff's Office, but the deployment of staff requires examination. In calendar year 2015, there was a 50% turnover of staff working/assigned to the jail, most of who were recently hired. The futility of recruiting when faced with this attrition rate is beyond frustrating for the OPSO and the Monitors. The Monitors agree with the Sheriff that a competitive wage needs to be paid, but there are other issues that must be simultaneously addressed to assure the hiring and retention of employees. These elements of a professional human resources management system include, but are not limited to:

- Incorporation of the core competencies of those to be hired to match the requirements of direct supervision;
- A funded and measurable recruitment program;
- A quality pre-service training program that prepares employees for direct supervision management;
- A coaching and/or field/correctional training officer program to support new hires;
- A credible promotional process;
- A personnel system that identifies and accounts for all employees, including position control, rank, and salary;

[11] See also discussion of Consent Judgment section IV.A.6., page 38.

- A career salary plan (for example, newly hired deputies and those working there for 10 years should not be paid the same);
- An in-service training program that supports career development and achieves the requirements of the Consent Judgment; and
- A way to track the impact of secondary/off-duty employment on the readiness and availability of jail employees.

This list is daunting . OSPO needs to demonstrate and acknowledge that it is capable of creating and maintaining a credible human resources system and to make investment in needed salary increases possible. This may be a "chicken or egg" argument - - that is, the Sheriff may need a salary increase to attract and retain quality individuals, and then prove that the other improvements result in retention; while the City believes, perhaps, that these other changes are necessary as a prelude to providing more funding for salaries. There is room for compromise; the parties need to seek it, and the sooner the better. The absence of a shared solution is endangering the safety of inmates and staff who work in the jail.

There are more than 3,200 local jails in the United States, 80% of which are operated by an elected Sheriff. While these organizations no doubt have funding and collaboration issues with their funding authorities, none have regressed to the level of dysfunction as in Orleans Parish.

3. Training of corrections staff to be able to manage a direct supervision jail

It is the Monitors' observation, supported by reviewing jail operations, that the training provided prior to moving into the jail was insufficient. This includes training for line staff and supervisors. The pre-service and in-service training must be modified and instructed by experienced staff to prepare for direct supervision operations. This includes a review of the content and length of the training. This is an urgent matter.

4. Absence of a corrections administrator

The Monitors believe that the "reputation" of OPSO in the nation-wide jail community makes filling this now vacant position with a qualified individual

quite challenging. Importantly, the Sheriff must consider why the two experienced chief of corrections left their positions, and what internal issues caused their departures. This issue alone should spur immediate action and correction by OPSO.

5. Need to address the negative internal culture of the Orleans Parish Sheriff's Office that impedes any sustainable progress to compliance

The Monitors have for more than two years observed the workings of OPSO and the outcomes of their attempts to reach compliance, open a new jail, hire staff, etc. The Monitors have repeatedly identified in these Compliance Reports and to the OPSO leadership that the internal workings of the agency do not support achieving and sustaining compliance. Changing internal agency culture first requires that the agency acknowledge that there are problems. The Monitors do not currently see this happening with OPSO. Changing internal agency culture is not an overnight process, often requiring as many as ten years of intensive, focused work. If the internal culture of the organization is not overhauled, there is no real hope that compliance can ever be gained or sustained.

6. Absence of a full-time compliance coordinator[12]

The Consent Judgment requires a full-time compliance coordinator. That is a straightforward requirement. Yet, OPSO has not met this consistently. An initial hire for this position was assigned to other functions. The second person hired under contract has virtually disappeared. The third person assigned the task of coordinating compliance has other relevant and important duties which occupy a significant portion of his time. These facts suggest no real commitment on the part of the Sheriff to achieve develop, reform and maintain an organization which is able to achieve and sustain compliance.

7. Safety of inmates being moved to and from court (the "Docks")

[12] On February 22, 2016, the lead Monitor wrote to Sheriff Gusman regarding whether there was a full-time compliance coordinator, and if so, the name of that person. On March 15, 2016 in an email, Sheriff Gusman noted that Capt. Bryan Peters is assigned full-time as the Compliance Coordinator. If this is the case at the time of the next tour, this provision will be substantially compliant.

In previous Compliance Reports the Monitors addressed the inmate safety and security issues associated with holding inmates for court in the area in OPP known as "The Docks."[13] Unilaterally, the Sheriff made the decision to close the Docks when inmates were removed from OPP to OJC in September 2015. This decision resulted in a large number of complaints from the criminal court judges as inmates were being walked through the public hallways and held in the courtrooms for lengthy periods awaiting their case to be called. After the outcry from the criminal court judges, the Sheriff began to use the Docks again, but only as a pass-through to the tunnel behind the criminal courts. Thus, inmates are now being held in transport buses or courtrooms for long periods of time. The decision to not use the Docks, as imperfect as the Docks may have been, creates security issues which results in a heavy reliance on overtime, inefficient use of staff, inmates having access to the public while in the courtrooms, inmates being held in extremely cramped quarters, and inmates having to utilize portable toilets. The situation for inmates being transported from East Carroll Parish, for example, is even more dire. These inmates are loaded into vans at between 3 to 4 a.m. and driven to Orleans, arriving at around 8 a.m. These inmates site in the twelve-passenger vans for hours waiting for their cases to be called. Sometimes these inmates are not needed in the courtroom. Then the trek back to East Carroll begins, meaning that some inmates are on the vans for 18 – 20 hours.

The Sheriff continues to refuse to use the holding areas of the Docks. The Docks Committee reached consensus on what the facility to replace the Docks should entail. Unfortunately, the City has made no progress on constructing the replacement facility; or even in finalizing options. The Monitors are concerned

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[13] Initially the Monitors' attention was drawn to this area because of the crowding, reported inmate/inmate fights, non-functioning fire systems in OPP, issues with locking mechanisms, absence of adequate toilets, insufficient seating, etc. Committee has met three times since Compliance Report #3 in an effort to move the decision process forward. An architect was selected in October 2014, but the contract has not been finalized in the absence of a decision by the City on the scope of the work.

about the safety and security or the inmates, as well as that of the staff and the public.

8. Effective sanitation and environmental controls, including, but not limited to inmate laundry. Inmate safety and facility hygiene require an effective environmental control, including a functioning laundry. A laundry is not specifically addressed in the Consent Judgment, but clearly having regular access to clean clothing and linens is an environmental and health issue. The matter requires resolution by the parties.

9. Adequate bed-space to accommodate inmates with medical needs

   There is inadequate infirmary space within the OJC. There is inadequate medical administration and patient care space in the OJC.

10. Housing for male and female inmates with acute mental illness and step-down care

    The Hunt facility continues to be used to house male inmates with acute mental illness. Additionally, OPSO continues to house inmates who report suicidal ideation and/or engage in self-harming behaviors in housing units that have NO suicide resistant cells.[14] There is also inadequate space for psychotherapeutic programs to facilitate the recovery inmates with mental illness or to safely and appropriate house these inmates in step-down or residential units, or in the jail's general population.

    No decision has been made by the parties regarding housing for this population. While a reprieve of sorts was granted for the parties to make a decision when an additional year of the contract with Hunt was announced, long-term solutions do not appear imminent. There is no current appropriate place for care for female inmates with acute mental illness. There is inadequate space and facility layout for mental health step down units for male and female

[14] OPSO is pursuing creation of four suicide resistant cells in the OJC. The work to retrofit these cells has been delayed, and while the Monitors hoped this work would be concluded by now, the date for completion appears to be in June. This is a critical inmate safety issue.

(including juvenile) inmates.[15] The beds at the Hunt facility are not consistently full. Dr. Patterson is working with CCS to develop the processes and timelines for moving acutely ill inmates to Hunt. The Defendants will not achieve compliance with the Consent Judgment without appropriate care in an appropriate setting.

11. Special Population Housing, and/or other provisions for female juveniles to allow compliance with the Prison Rape Elimination Act of 2003 (PREA)

Much energy and resources has been devoted by the City since August 2016 to determine the bed-space needs for special populations (e.g. females, juvenile females, mental health, protective custody, disciplinary, etc.). It is evident after the closing of TDC that there is insufficient jail space in Orleans Parish. Whether or not initiatives to reform the Parish's justice system work or not, the fact that there is now insufficient space is undisputed. The Monitors provided Judge North with our recommendations for additional bed space to meet the obligations of the Consent Judgment. The discussion continues, without a resolution in sight. The citizens will, therefore, continue to pay the fees for holding inmates out-of-parish, and suffer the multiple impacts of having these inmates far away fro the Parish.

12. Development of processes to collect, analyze, and manage data to inform facility operations and adopt quality improvement practices

What remains critically missing in the OPSO's response to the Consent Judgment are the processes to collect, analyze and use data to improve operations and insure inmate safety. This may mean OPSO needs a new information system to upgrade 25-year-old technology, but it surely means that policies and procedures need to be in place to define this quality assessment/improvement process. This is an initiative that is difficult for even the well-functioning jail systems, and will challenge OPSO

13. No agreement on the needed bed space to accommodate pre-trial inmates in the Parish.

[15] The male mental health step down unit was lost with the closing of the Temporary Detention Center.

There is no agreement regarding the number of beds, general and special use, that are required to safely house the pre-trial population in the Parish. As noted in previous Compliance Reports, the Monitors applaud any jurisdiction's credible efforts to lower pre-trial incarceration rates. With the removal of "state inmates" from the jail system, there remains more than 400 Parish inmates held out-of-parish. The allocation of housing space in the OJC for the remaining inmates clearly indicates that other options require examination, concurrence, and implementation. The consequences of inaction and/or continued unproductive debate are substantial to the inmates, their families, the Parish's justice system, and the citizens of the Parish.

The practical, on-the-ground, implications of these significant deficiencies are:

- Unacceptable and under-reported levels of inmate/inmate violence;[16]
- Unacceptable and under-reported uses of force;
- Inmate housing units that are not consistently staffed, including insufficient staff to move inmates to and from medical and mental health appointments;
- Housing units that are not clean to ensure safety and healthy living;
- Inmates without clean clothing and bedding (and without appropriate clothing);
- Lack of accountability and ineffective supervision;
- Inadequate management of contracts, such as food service;
- Unacceptable shortcuts regarding fire safety including lack of training to guide a jail safe evacuation;
- Staff ignoring inmate classification designations and housing assignments[17];
- Absence of a Constitutional inmate discipline process;

[16] See also discussion in Consent Judgment IV. A.5., page 35.

[17] The newly appointed Classification Manager has worked diligently to correct this, but the fact it was allowed to happen, and no actions taken, are of considerable concern.

- Wholly ineffective management of direct supervision housing units; and
- Collectively, the creation and maintenance of a work environment that is not positive or safe.

F. Positives

There is so much bad news about compliance with the Consent Judgment and the Monitors do not want to overlook these positive accomplishments.

Inmate Medical and Mental Health Care

The Monitors wish to acknowledge a strong positive at the OJC – which is the provision of health and mental health services by CCS. This work is being accomplished without an executed contract with the City. Providing a Constitutional level of medical and mental health care is a monumental task, and the Monitors commend CCS' work. Although work continues to be needed, their contributions are a bright spot within OJC.

Having reported this, however, the Monitors note that the absence of a medical director and a director of behavioral health impedes the ability to gain and sustain compliance with the relevant parts of the Consent Judgment.

Opening of OJC

The Monitors reiterate that the move into the new OJC is a positive. Obviously moving from decaying buildings, where inmates could literally take apart the building to create weapons, and the physical environment was unsafe is a major contributor to a hopeful future.

Budget

The Monitors are appreciative to Mr. Tommie Vassel for his work to help create budget sanity out of budget chaos. There is still work to be done to create a credible, defensible budget to support the jail's operations, including human resource issues. We consider Mr. Vassel a valuable colleague to achieving and maintaining compliance with the Consent Judgment.

G. Provision of Technical Assistance by the Monitors

Section IX. K. of the Consent Judgment provides "Technical Assistance by the Monitor: The Monitor shall provide Defendant with technical assistance as

requested by Defendant. Technical assistance should be reasonable and should not interfere with the Monitor's ability to assess compliance."

Between the August 2015 and February 2016 compliance tours the Monitors have been on-site as follows:

- Dr. Robert Greifinger – October 19 – 22, 2015, January 12 – 13, 2016
- Susan McCampbell – October 18 – 23, 2015 (including tours of East Carroll Parish and Franklin Parish), December 15 – 17, 2015, February 1 – 3, 2016
- Margo Frasier – September 17 – 18, 2015, September 24 – 25, 2015, November 18 – 20, 2015, December 15 – 17, 2015, February 1 – 3, 2016
- Dr. Patricia Hardyman – November 1 – 5, 2015, December 15 – 17, 2015, January 21-22, 2016, February 1 – 3, 2016
- Harry Grenawitzke – October 12 – 15, 2015
- Darnley Hodge – September 15 – 19, 2015

OPSO has generally not objected to, and in fact has agreed, with many of the recommendations of the technical assistance. The organization, in the view of the Monitors, just does not have the internal capacity to make and sustain the necessary changes based on the recommendations. This Compliance Report is replete with OPSO's beginning an initiative, but failing to complete it in a manner consistent with accepted practice. Examples of OPSO failing to maintain initiatives are: (1) the process used to open the new jail, (2) implementation of the classification system, (3) management of direct supervision housing units, (4) maintaining acceptable environmental conditions, and (5) most importantly keeping inmates safe.

Based on the evidence in all compliance reports, the Monitors believe a monumental amount of work is required in all areas of jail administration and operation to accomplish and sustain the mandates of the Consent Judgment. The Monitors see no realistic strategy, or way forward, proposed by OPSO, even with the assistance of the Monitors, to accomplish timely compliance with the Consent Judgment. As the Monitors frequently use as an analogy, OPSO was in a deep hole, and that the first rule to get out of the hole is to stop digging the hole; but OPSO is

still digging. The Monitors are convinced that there is not a universally shared commitment toward compliance within OPSO's leadership.

While the Monitors will continue to respond to the requests of OPSO and offer assistance, we do not see the concrete results of our work.

H. Defendant's Activities Since Compliance Report # 4[18]

The Defendants are required to provide updates regarding progress toward compliance (Consent Judgment VIII.A.). The most recent update was produced on January 19, 2016 and reports this progress and these activities, but does not provide an anticipated due date on when compliance will be reached. The Monitors agree that OPSO has engaged in these activities, described below, but as proofs of compliance were not included for all of this work, the Monitors cannot independently verify the effectiveness of the work (e.g. for example, the Monitors have not seen the monthly reports developed by the Chief of Corrections, or agenda from weekly accountability meetings).[19]

1. Progress toward finalizing written directives through an internal Policy Review Team and a contractor: Use of Force, Use of Force Review Team, Use of Chemical Agents, Cell Extraction, Early Intervention System, Observation Rounds, Direct Supervision, Contraband Control, Incident Reporting, Employee Disciplinary Rules, Dept. of Homeland Security Holds, Inmate Grievances, Sexual Abuse/PREA, Inmate Orientation, Sanitation, and Biohazards, Fire/Life Safety[20],
2. Draft post orders for OJC completed;[21]
3. Progress toward completing the standard operating procedures for the Investigative Services Bureau;

[18] The U.S. Department of Justice on February 11, 2016, provide notice to the Defendant of intent to seek judicial action pursuant to Section X. B-D. of the Consent Agreement. The process to document how the Defendant plans to "cure" the deficiencies is pending as of this date.

[19] Monitors have seen materials relating to the following: 1, 3, 4, 6, 8, 10, 11, 12, 13, 14, 15, 17, 18.

[20] OPSO notes that of the 126 policies that are required by the Consent Judgment, 33 are completed and finalized; 48 are in draft; and 45 still require drafting.

[21] This is an example of work that should have been completed, along with staff training before opening OJC.

4. Presentation of use of force reports and Early Warning System alerts to the Review Board;
5. Conduct of weekly accountability meetings by the Chief of Corrections;
6. Operational work of the Force Investigation Team (FIT) to conduct reviews of reported staff uses of force – 176 investigations in CY 2015[22];
7. Implementation of a weekly summary report and a monthly "report card" to report data and target trends;
8. Chief of Corrections issued a directive regarding use of OC/pepper foam;
9. Use of force training lesson plans are being updated;
10. Appointment of a new Classification Manager;
11. Completion of the PREA video for inmates;
12. Completion of an orientation video and housing unit video for inmates;
13. Finalized the Inmate Handbook[23];
14. Completion of CCS local policies/procedures;
15. Development of CCS' statistical report formats developed;
16. Development of a preventive maintenance plan;
17. Improved management of the pest control contract; and
18. Identification of bi-lingual staff

OPSO has not specifically addressed the recommendations which have been included in the previous four Compliance Reports, nor have they disputed or questioned these recommendations. Additionally, while OPSO has included their

[22] Ninety-eight (98) uses of force were reported to the Monitors during this time period. This significant discrepancy may be due to the lack of timeliness of uses of force. ISB relies on the Vantos system to identify incidents. If a deputy's or supervisor's report has not been entered timely, it doesn't get picked up. The FIT commanders also relies on Vantos to identify information. The remedy is insistence on timely reporting of all incidents, including supervisory reviews.

[23] All operational policies need to be completed prior to the Inmate Handbook being completed. The policies are what are included in the Inmate Handbook.

opinions as to Consent Judgment compliance as part of their document response to the Monitors, we find that their assessments are inaccurate, truly undermining both OPSO's credibility and their ability to discern the scope of the issues they are facing. The Monitors have provided "measures of compliance" since the first Compliance Report so that there is transparency in terms of what is expected. Often, it seems to the Monitors, that OPSO's push to move a Consent Judgment paragraph into partial, or substantial compliance, demonstrates that the agency is ignoring, or is unaware, of the internal changes that must be made to meet the elements of the Consent Judgment.

As the Monitors noted previously in this report, and in our comments in the four previous Compliance Reports, there are qualified, talented and dedicated OPSO employees. They tend to be overworked as projects continue to be handed to the same people. This speaks to the need for better management of resources to provide these individuals, and other staff with interest and potential, the help they need to do their jobs.

I. Way Forward

With this fifth compliance report, the Monitors note that there has been no progress toward compliance, and in fact, there has been regression. While the opening of the Orleans Justice Center should have heralded a new era for the Parish in terms of progressive jail management and inmate safety; the reality is that this has not happened. This report cites the reasons why, in the view of the Monitors, this has not occurred.

All involved in this process are exceedingly frustrated. There are so many issues that are a priority to address involving critical safety issues, it is overwhelming to contemplate. There is insufficient leadership and skilled correctional administrators in the Orleans Parish Sheriff's Office for the Monitors to anticipate that progress will be made toward substantial compliance in the near or far term. The Monitors rely on the fact that the best predictor of future behavior is past behavior; and therefore, we have grave concerns for the future.

The Monitors will continue to support the work of the OPSO staff who are trying

to obtain compliance. But without organizational change in OPSO, these efforts will be insufficient and unsustainable.

The Monitors thank and acknowledge the leadership, guidance and support of The Honorable Lance M. Africk and The Honorable Michael B. North. Without their intense interest in the work of the Monitors and help to overcome obstacles this compliance initiative would be more difficult and challenging.

II. SUBSTANTIVE PROVISIONS

A. Protection From Harm

Introduction

Prevalence of Unreported Violence

Before the topic of protection of harm is discussed, the Monitors feel it is appropriate and necessary to address the prevalence of unreported violence within the Orleans Parish jail system. OPSO is required to report incidents involving serious inmate harm to the Monitors. The Monitors in turn track this information on a spreadsheet. Since the beginning of monitoring, we were aware that there was a level of inmate-on-inmate violence and staff uses of force that were not reported. The plaintiffs review each monthly summary and then add to the list what they are hearing from their clients, but are not in a position to independently verify. The Monitors then work with the Investigative Services Bureau (ISB) to determine the validity of the reports from the plaintiffs. The Monitors found that the information from the plaintiffs resulted in the identification of additional issues about 70% of the time. It is also likely that many of the other incidents added occurred, but, as there were virtually no cameras in any of the inmate housing areas prior to the move to the new jail, tracking down allegations was challenging.

With the opening of OJC, the training of staff, the orienting of inmates, effectively managing direct supervision housing units, using the inmate discipline process, and full implementation of the inmate classification system, all involved anticipated that inmate/inmate violence would abate, and that uses of force would decline. Although there is no benchmark for comparison, the Monitors know that a direct supervision jail effectively operated should not be plagued by violence.

When the OJC opened, the Monitors continued to hear about violence from the inmates themselves, through the plaintiffs, and through discussion with staff. Also heard was that incidents were not being reported. The inmates controlled the housing units in Conchetta, the Tents, OPP and TDC. With direct supervision, the staff should control the jail. As could have been/can be anticipated, inmates will continue to try to maintain and/or regain control of their environment, thus making the training and support of the deputies working in direct supervision extremely important. As the proper training, support, and

supervision of deputies did not happen, the inmates began to regain control of the jail; if the staff was ever in control.

The Monitors checked with the medical provider, and found that the provider was maintaining a log of "walk-ins" – inmates needing care not scheduled with an appointment. Through that log, the Monitors were able to identify additional inmate/inmate altercations and staff use of force. The Monitors also reviewed the "route" list – those inmates taken to the hospital for care, and identified additional unreported serious incidents. The Sheriff was notified of these findings in December, with specific remedies suggested as to how the unreported incidents should be flagged, and staff and supervisors retrained.

OPSO responded to the recommendations and the number of incidents reported has increased, as noted in Table 3, page 20. The scope of the under or unreported incidents is highly significant and extremely troubling.

- There were 227 incidents reported to the Monitors for the period 9/15/15 – 12/31/16.
- There are additional 119 names on medical provider's walk-in clinic lists for events <u>not</u> reported to the Monitors by OPSO during the same period. The medical staff's notes indicate inmate/inmate altercations, suspicious injuries, and uses of force. These are <u>NOT</u> 119 separate incidents – as obviously more than one inmate may have been involved in a single incident.
- There were 29 additional incidents not reported to the Monitors from the "route" list (for the period 9/15/15 - 12/31/15) for injuries serious enough to warrant emergency room referral. This is a list of names in addition to the 119 noted above.

It should be noted that, in the majority of the incidents, staff did not write an incident report or a use of force report at all. In some cases, a memorandum was written, but it was not entered in the computer system or referred to proper unit for the review of the appropriateness of the use of force.

Reviewing OPSO's reporting since the analysis of the medical provider's log in mid-December 2015, increasing is reported. The Monitors are awaiting ISB's review of the plaintiffs' lists from January 2016.

Table 3 – OPSO Reported Incidents

Incident	September (15 days)	October '15	November '15	December '15	January '16	February '16
Alleged Sexual Assault	1			1	4	0
Attempt Suicide/Self-Harm		2	4	1	19	9
Contraband		3	4	9	11	7
Inmate/Inmate Assault	11	47	32	29	57	36
Inmate Medical	3	10	5	7	33	3
Use of Force	2	14	5	2	26	16
Inmate Assault on Staff	3	7	5	1	3	10[1]
Death			1			
Criminal Damage		4	9			
Shakedown	1	1	1			1
Security	1	1		1		2
Total	22	89	66	51	153	84

In reviewing the data, the incidents including inmate/inmate violence and uses of force were reported these housing units:

- Temporary Detention Center – 53
- Male mental health housing – 37
- Male segregation/discipline/administrative – 17
- Male juvenile unit – 21

Analysis of incidents by type, location and time of day is possible, but only the Monitors appear to be doing that. And if it is true that at least 50% of the serious incidents (e.g. uses of force, inmate/inmate assault) are not reported, paying attention to trend data and using it inform operations is critical.

The Monitors believe that the "causes" of this unacceptable inmate/inmate violence and uses of force are:

- Lack of preparation for staff to operate direct supervision housing units, including the fact that most of the critical policies and procedures were not completed – really this is at least two issues – the quality of training on how to manage inmates, and the absence of policy direction. Direct supervision management requires, as noted in previous Compliance Reports, the ability to communicate with and manage the behavior of inmates; it also requires self-confidence gained from training and from working in setting with peer or

[1] Includes inmate assault on attorney in courtroom.

supervisory support. As Monitor Hodge frequently notes, staff have to "psychologically" prepared to run a direct supervision jail; and in OPSO's case staff were not then, and some may not be now, ready for this work.

- The staff's work to defeat the classification system by moving inmates to different housing (in non-emergency circumstances) without informing classification; and/or at the request of an inmate. At one point at the beginning of February 2016, there was not accurate list of what inmates were in what cells/bunks.
- Lack of implementation of the inmate disciplinary system, which in addition to requiring due process for processing of allegations for violations of facility rules, also provides critical feedback to classification and for inmate re-housing.
- Lack of appropriate supervision of housing units by sergeants and watch commanders. The smell of OC spray is unmistakable. Supervisors could not have missed this if they were conducting their rounds. Adequate supervision and lack of consequences and/or retraining for staff not performing their jobs is non-existent.
- Lack of reporting totally compromised the Early Warning System (CJ Section IV.A.4) because if reports are not done, names are not in the system.
- Lack of reporting compromised the ability to initiate criminal and/or administrative investigations.
- The Transition Team, named in December 2013 to oversee preparations for the new jail's operation, was disbanded at the time of the move. Transition Teams generally remain in place after a move into a new jail to help with emerging issues, staff support and training, and trouble-shooting. The absence of the Transition Team contributed to the confusion and problems of staff and supervisors dealing with this new jail management style.
- The move into the new jail was, in the Monitors' opinions, done too rapidly, with not enough time provided to settle the inmates, the staff, and assure all systems worked. As noted earlier, the Monitors do not want to critique the history of this

move, and note that had this been done based on accepted practice, some of the issues noted here may have been mitigated.

- Insufficient staff to supervise inmates, conduct rounds, conduct shakedowns, clean units, provide laundry, move inmates to medical, and get other staff to respond to the needs of the inmates.

The Defendant has been unable to demonstrate improvement in the protection of inmates from harm, and is noncompliance with the majority of the elements in these sections of the Consent Judgment - reviewed during the tours of September 17-18, 2015, October 19-20, 2015, December 15-17, 2015, February 1-2, 2016, and February 16-19, 2016. The lack of on adequate facility noted in the previous four compliance reports has been remedied to a great extent, but the lack of staff, policies, and training continues to exist and result in an Orleans Parish Jail system that fails to provide inmates with a safe and secure environment. Particularly, there is a great likelihood that inmates were being subjected to violence by other inmates.

A new program whereby an administrative segregation unit for high security inmates and protective custody inmates was implemented in July 2015. This program was continued in the new jail. While it was reported that the administrative segregation unit was a tremendous success, that does not appear to be factual. It was discovered that a large amount of inmate on inmate violence and use of force occurred in the administrative segregation unit (2B), but it either went unreported or was only reported through the use of memorandums which were not entered into the Vantos system or referred to the Force Investigation Team (FIT) for review.

One would have expected that the new facility, increase in staffing and supervision, and the improvement in investigations would lessen the likelihood of inmates being subjected to unnecessary or excessive force by OPSO staff and/or it going undetected and/or punished. However, as noted in the introduction, widespread under reporting and failure to report incidents was discovered by the Monitors in December, 2015. While the ISB has done a good job of investigating incidents that are reported, whether through the proper filing of incident reports, grievances, or reports from the plaintiffs' counsel, ISB cannot investigate what it does know about.

The progress that had been made in staffing in the OPP and in the new jail when it first opened has diminished. The nearly 50% turnover rate has resulted in living units being understaffed. The Monitors continue to hear of housing units not being staffed at all or of deputies leaving the housing units for long periods of time. Review of videos of incidents often demonstrate the absence of staff.

Progress on the policies on use of force that comply with the language of the Consent Judgment seems to have stymied. During the site visit of August 2015, the Monitors facilitated agreement between the parties on the final wording of the various use of force policies. The Monitors were disappointed to find that in the six months since August 2015 the next steps of finalizing the policies, training staff on the policies, implementing the policies, and monitoring strict compliance with the policies has not made any headway. Compliance with the comprehensive policies on the use of force is crucial to making the OPSO facilities a safe place for inmates to be housed and staff to work.

For the period August 1, 2015-January 31, 2016, OPSO reported to the Monitors 49 uses of force and one planned use of force. It should be noted that 26 of those reports were in January 2016 after the Monitors discovered and pointed out the failure to report uses of force. The Monitor have no doubt that the use of force for the months of August through December 2015 was much higher than reported.

Assessment Methodology

- Dates of tours
  - September 17-18, 2015
  - October 19-20, 2015
  - December 15-17, 2015
  - February 1-2, 2016
  - February 16-19, 2016

- Materials reviewed
  - Materials reviewed include the Consent Judgment, policies and procedures, use of force reports, incident reports, investigations conducted by Investigative Services Bureau (ISB), investigations conducted by Internal Affairs Division (IAD), news articles, training materials, 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, commander of ISB, various supervisors of units within ISB, and inmates.

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

Findings:

Non-compliance – IV. A. 1. a.
Non-compliance – IV. A. 1. b.
Non-compliance – IV. A. 1. c.

Measures of compliance:

1. Comprehensiveness 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 ISB.

Observations:

The vendor hired to draft written directives wrote the comprehensive use of force policy to comply with the Consent Judgment as well as the required policies for reporting, data collection, and data analysis. The policies had been forwarded to counsel for DOJ and the plaintiffs, but no agreement had been reached. While on site in August 2015, the Monitors facilitated agreement between the parties on the final wording of the use of force related policies. On that basis, partial compliance was given in the last compliance report. However, six months later, the policy has not been implemented, no lesson plans have been drafted, and the staff has not been trained. In addition, a review of the large number of unreported uses of force provides proof that even the current use of force policy is not being followed. The inadequacy of the investigations of uses of force at the facility level (as opposed to the investigations by FIT) also provides proof that the current use of force policy and the tenets of the new policy are not being followed.

ISB has developed standard operating procedures which, when finalized, will memorialize a comprehensive strategy to review and investigate uses of force. However, it is effectiveness is limited if use of force is not properly and timely reported. In addition, the failure of shift supervisors and facility management to properly perform the tasks assigned to them under the use of force policy has resulted in FIT having to spend a great deal of time performing those tasks.

Data collection is proceeding, but is absent reliability, analysis, recommendations, plans of action, or reports of outcomes of plans of action.

Recommendation:

1. Implement the use of force policies that were agreed upon by all parties in August 2015.
2. Train staff and supervisors on the use of force policies.
3. Develop not only the reporting systems (data collection) for uses of force, but the mechanics to analyze, produce summary reports, develop plans of action, and assess the impact of any plans of action.

A. 2. Use of Force Training

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:

Staff members have not been trained on the new use of force policies as they have yet to be finalized or training materials on them, specifically, written.

The Monitors continued to be concerned about a disproportionate amount of time being spent on use of force training that is not geared towards corrections. It is unclear how many hours are devoted to this training. The training contains no specific references to OPSO's current or new Use of Force policy or Use of Force Reporting policy or the requirements of the Consent Judgment.[2]

As there is not currently a comprehensive OPSO policy in place, it goes without saying that the training does not cover a comprehensive policy on use of

[2] OPSO is initiating training for trainers based on the Use of Force Policy beginning September 5, 2015. The training is being conducted by subject matter experts in corrections specific scenarios.

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; as they begin their careers, or through regular in-service training. In particular, training needs to stress the proper uses of force in a jail setting, and that all uses of force are to be reported and properly investigated. As the vast majority of deputies hired by OPSO will be spent working in corrections, the training should use corrections based scenarios and emphasize working with inmates, especially inmates with mental illness. In addition, OPSO 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. This is evidenced by the failure to report uses of force discovered by the Monitors in December 2015 and the inadequacy of the reports that are written and the use of force investigations performed at the shift level.

Recommendation:

4. Implement the use of force policies that were agreed upon by all parties in August 2015.
5. When the use of force policies are finalized, 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 V/R Justice Service). 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. As the vast majority of future deputy's time is spent working in corrections, the training should use corrections based scenarios and emphasize working with inmates with mental illness. 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. that 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

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.
Partial-compliance - IV. A. 3. e.
Non-compliance - IV. A. 3. f.
Partial-compliance - IV. A. 3.g.
Non-compliance - IV. A. 3. h.

Measures of compliance:

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

Observations:

As it was discovered by the Monitors in December 2015 that a large number of the uses of force were not being reported at all or in accordance with the current or proposed policy, the findings for IV.A.3.a., d., f. have been moved from Partial-compliance to Non-compliance.

The consultant has finalized the policy requiring reporting of uses of force, but it has not been implemented despite the Monitors facilitating an agreement on the final wording of the policy in August 2015.

The Monitors' concern in past compliance reports about there being nothing in place to ensure all uses of force were being reported and that uses of force were being reported adequately and accurately has proven to be warranted. Simply having a policy that says all uses of force are to be reported is inadequate. There

must be a system in place to check to make sure uses of force are being reported and that there are consequences when uses of force are not reported or not reported accurately. The revised policy states that force is to be reported, and includes the Consent Judgment language that failure to do so will result in discipline. The Monitors are concerned about apparent inconsistencies in reporting. During review of administrative cases involving the failure to report a use of force, the Monitors have noticed discipline ranging from an oral counseling to an extensive suspension.

The failure to report uses of force or to inaccurately report has rendered the Early Intervention System (EIS) essentially useless. Currently, it appears that staff will sometimes report that the incident involved a use of force when, in fact, it did not. There are also circumstances where staff members do not indicate the incident involved a use of force and the text of the report clearly indicates that force was used. Also, since use of force reports is primary criteria for the EIS, if use of force is not being indicated or reported, it is quite possible that there are staff members who should be triggering the EIS and are not. For over a year, there has been a request to require a specific check box in Vantos as to whether the incident involved a use of force. If this is ever put in place, the staff member will not be able to go forward on the documenting of an incident without indicating whether or not the incident involved a use of force. This will also allow for greater accountability and tracking. A staff member that does not accurately indicate the use of force could then be subject to remedial action and/or discipline. The addition of the check-box is a priority, but no progress has been made.

The revised policy provides for the use of force reports to contain all of the provisions required in the Consent Judgment. The policy does provide for first line supervisors to be present for all planned uses of force such as cell extractions. Review of incident reports indicates the policy is being followed on a regular basis. However, the mechanism is not in place to ensure presence of first line supervisors in all cases; thus, OPSO is in partial compliance with this requirement.

Supervisory review has taken a giant step backward. It seldom occurs at all, and, when it does, it is not timely or thorough. As noted previously, the use of force

reports which had been signed off on by supervisors and even jail administrators are 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" or "inmate was assisted to the floor" 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 even though it most likely was captured due to the extensive video system in the new jail. If interviews of inmates are done by supervisors, the most common result of interviews of inmates by supervisors is a notation that they either did not see anything or did not wish to cooperate. The ISB is more successful in obtaining statements from inmates during the ISB investigation. However, often, by the time ISB interviews an inmate, the inmate has had time to talk to other inmates to agree on a "version" of events. Therefore, it is important that the supervisors obtain timely and complete statements from inmates or take steps to separate witnesses. It should be noted that there are a couple of shift supervisors that do review reports and complete the use of force packets in a thorough manner. The Monitors recommend that the supervisors who are doing a good job be utilized to train the supervisors who are not.

While the new Force Investigation Team (FIT) looks at every use of force report, and issues a quarterly report, it is the Monitors' observation that without the implementation of 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 to not. In fact, the discovery in December 2015 by the Monitors of unreported uses of force confirmed that the quarterly report did not contain all of the uses of force. The check box for whether a use of force was involved before the staff member can go forward in the incident reporting system should be helpful. The chain of command of the jail facility still fail to refer uses of force to ISB for investigation. Any investigations on use force during the past six-month period

were either initiated by ISB or as a result of a grievance, a report from the plaintiffs, or a request from the Monitors.

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 (now a unit of the ISB). A review of the documentation indicates that in the majority of time, review is not taking place and the information provided did not allow for a determination of whether the review that had taken place had been done in a timely manner. There is 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 to alert the Chief of Corrections if the Warden or Assistant Warden does not complete the secondary review in a timely matter. There is no system for tracking whether the reviews are being sent to ISB. While FIT does keep record of the results of the review, it is clear that a significant number of the reports never made it to ISB. It is clear that the reports are not being 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 "report" consists solely of sending to the Monitors the spreadsheet that is prepared by the Monitors on incidents. While the Chief of Corrections implemented a new "monthly report card" which should help to provide some analysis of the uses of force and reporting, it is not being utilized.

<u>Recommendations:</u>

6. The revise use of force is in sufficient detail to allow for auditing of compliance, and includes:
    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 deputy'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. When 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. A tracking system should be put in place to automatically alert the next in the chain of command and the ISB if reviews are not being timely performed. Training, corrective action, and/or discipline should take place as to supervisors who are not timely performing their duties.

f. 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.

7. Monitor Frasier has been 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. While this is somewhat helpful, a large percentage of reports are not being entered timely or at all. However, the Monitors do not have ready access to the results of the review of incident reports and any follow up including the videos reviewed. The Monitors also do not have ready access to the investigations by ISB. Access of the reviews, follow ups, and investigations would enable the Monitors to provide

feedback on a timelier basis and assist in correcting deficiencies. Steps are being taken to provide this access.

8. 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.
9. The ISB procedures on how records and investigations are to be stored and made accessible have been finalized. Progress has been made on providing 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")

Finding:

IV. A. 4. a. - Partial-compliance
IV. A. 4. b. -Partial-compliance
IV.A.4.c. – Partial-compliance
IV. A. 4.d. - Non-compliance
IV. A. 4.e. – Non-compliance

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:

The responsibility for reviewing staff members who triggered the EIS was transferred to the supervisor of the FIT in March 2015. Since the transfer, the quality of the review is much higher and the documentation more complete. The reporting could still use improvement on documenting why the system was triggered, but no action is warranted. Also, proof needs to be provided as to the names of the staff members and the retraining received. With the exception of the aforementioned, no evidence of compliance was provided for IV.A.4. The Early Intervention system has been in place since January 21, 2014, and the policy by

which data is collected, analyzed, and action taken has been approved by the parties and needs to be finalized and implemented. The Monitors still contend that 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. The current system relies totally on deputy's self-initiated reports of uses of force which has proven to be unreliable.

While the Use of Force Review Board did meet during 2015, it did not perform the evaluation necessary for compliance with IV.A.4.e.

Recommendations:

10. OPSO finalize the completion and implementation of the policy/procedure for the Early Intervention System. The revised 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.

11. It is recommended that the Monitors Frasier and McCampbell be given real time off site access to the Early Intervention System, which is part of 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.

IV. 5. a. – l. Safety and Supervision

Findings:

Non-Compliance - IV. A. 5.a.
Non-Compliance - IV.A.5.b.
Non-Compliance- IV.A.5.c.
Partial-Compliance - IV.A.5.d.
Partial-Compliance - IV.A.5.e
Partial-Compliance - IV.A.5.f.
Non-Compliance - IV.A.5.g.
Non-Compliance - IV.A.5.h.

Partial-Compliance- IV.A.5.i.
Non-Compliance - IV.A.5.j.
Partial Compliance - IV.A.5.k
Partial-Compliance - 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:

The only provision under IV. A.5 that OPSO provided proof of compliance was A.5.l.(2). Partial-compliance with five of the other provision was observed by the Monitors. However, 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, 2013. This danger is evident by the number of assaults on inmates by other inmates including sexual assaults as reported to the Monitors by OPSO and the evidence of numerous unreported incidents of inmate on inmate violence discovered by the Monitors through review of records, reports from plaintiffs' counsel, and grievances. OPSO has not provided proof of security check entries. While OPSO is being given partial-compliance of A.5.d. due to the implementation of direct supervision, it is clear that, often, deputies are not conducting timely rounds, particularly in the special management housing units. Simply being behind a desk in a direct supervision unit is not providing direct supervision.

No proof that the current staff assigned to work the specialty units was provided; thus A.5.g and h. were moved to non-compliance. Shakedowns are reflected as being conducted, but are still not conducted with sufficient frequency as evidenced the amount of contraband which is discovered each time shakedowns do occur. Other than by ISB in the course of an investigation, there is limited effort to determine the source of the contraband and remediate the danger. No proof of daily inspections was provided and the conditions of the living units found on tours

certainly provides evidence that inspections are not taking place daily or that there are consistent standards of what is expected, or that changes are made to the facilities as a result of the inspection findings.

While OPSO documents were provided regarding inmates being housed in protective custody, documentation in accordance with the Consent Judgment was not provided. A list of all contraband in accordance with A.5.l.(2) was provided.

As stressed in previous compliance reports, many of the situations will not be lessened without an adequate number of properly trained staff along with a sufficient number of supervisors. The Monitors would encourage OPSO to have a sense of urgency regarding the recruiting, hiring, and training of staff.

Recommendations:

12. 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.
13. OPSO must make the recruiting, hiring, and training of custodial staff for the jail facilities the highest priority. See Section 6. Security Staffing.
14. 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.

IV. 6. Security Staffing

Findings: (See Also Executive Summary)
IV. A. 6. a. (1) – Compliance
IV. A. 6. a. (2) – Non-Compliance
IV. A. 6. a. (3) – Non-compliance
IV. A. 6. a. (4) – Partial Compliance
IV. A. 6. b. – 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:

The staffing plan submitted in February 2014 constituted proof of compliance with paragraph IV.A.6.a.(1). However, as detailed below, compliance in February 2014 has no effect on whether there is an adequate staffing plan in place in February 2016 or staff to implement it.

Two staffing plans have recently been submitted by OPSO; one on February 12, 2016, and one on February 24, 2016. Both of them are inadequate staffing plans. Paragraph IV.A.6.a. (2) is therefore in non-compliance. Due to the preliminary drafts that had been presented in the past, this paragraph was previously in partial compliance.

As to Paragraph IV.6.a.(3), Chief of Corrections, Carmen DeSadier, resigned on February 2, 2016. Therefore, OPSO, once again, returns to non-compliance for this requirement.

Paragraph IV.6.a.(4) is in partial compliance, but only because a monthly report was produced regarding hiring and termination of employees. The parties have previously agreed that reporting here is not required for IV.6.(4), vi. Other required information has not been reported. The Monitors are concerned that, not

only is the required information not being reported to the Monitors, it is not being collected.

Paragraph IV.6.b. is in partial compliance. The submission of proposed staffing plans will be the proof of partial compliance.

Discussion:

One of the most urgent questions in the monitoring of this Consent Judgment is whether there is sufficient staff to operate Orleans Parish jail system; and at what inmates capacity. With the closing of all jail facilities other than OJC and the McDaniels Work Release Center and the outplacement of almost 450 inmates, OPSO must staff the OJC, the McDaniels Work Release Center, and jail related operations.

There are three questions that must be answered to determine the answer to the staffing question.

- The first question is: how many staff does it take to operate the OJC and the McDaniels Work Release Center[3], including these functions: inmate housing, classification, Intake Processing Center, and the transportation of inmates. Additionally, the staff assigned to functions within the Kitchen/Warehouse, Investigative Services Bureau, Training, and Administrative Services related to the operations of the jail are included.
- The second question is: how many staff are funded in the current budget related to the operation of the Orleans Parish jail system; as contrasted to the Civil Division or other divisions/functions of the Orleans Parish Sheriff's Office?
- The third question is: how many of the positions in the current budget to the operation of the Orleans Parish jail system are filled?

The Monitors are frustrated to report that the answer to the question of whether there is sufficient staffing allocated to jail operations is elusive at this point. The Monitors can state that there appears to be sufficient *budgeted* positions within

[3] The Monitors did not evaluated the staffing at the McDaniels Work Release Center by raise the issues about the total number of deputies needed, including the rank assigned there. This review must evaluate the program's needs based on the average daily population, and whether there are other staffing options (such as the use of para-professionals) to coordinate the program.

the Sheriff's Office to support jail operations, but the *deployment* of these resources requires more in-depth analysis.[4] More importantly, the Monitors need to evaluate the most recently produced staffing plan. In order to conduct the review, the Monitors must be provided with the answers to the three questions noted above. Preliminarily, the Monitors believe that the staffing plan dated February 24, 2016, is inadequate.

To attempt to answer the staffing question, the Monitor relied on the OPSO updated staffing plan, dated February 12, 2016 (provided at the start of the compliance tour)[5], and the information provided via email by Sheriff's counsel on February 24, 2016, regarding authorized versus actual staffing. Considered in this staffing evaluation is the fact that on August 13, 2015, OPSO reported that it needed to fill/hire 176 positions to reach the numbers indicated by the staffing analysis for jail operations.[6] The Monitor also relied on the information provided by the defendant on February 16, 2016, regarding all positions in the Orleans Parish Sheriff's Office, according to payroll reports, and their functions. The Monitor conducted as thorough a review as possible of this information to identify where individuals are assigned and their distribution across the functions of OPSO. The reasons to examine <u>all</u> positions in the Sheriff's Office is to determine if there are potentially other personnel, including management and supervisory staff assigned in other than jail functions who can be re-allocated to the jail. In addition, if

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[4] For example, there are fifty-nine (59) deputies assigned to Court Services including eight (8) in Transportation, thirty-seven 37 in Court Security, and 14 for Subpoenas and Capias. Two of the Monitors have been responsible for overseeing courthouse/courtroom security and civil process, and suggest that there are questions about whether these resources are staffed correctly (too many, too few) and how the personnel assigned to Transportation <u>in this budget</u> fit into the larger needs to accommodate inmate movement inside the Courthouse (and/or "the Docks"). There are another twenty-seven (27) individuals, five (5) posts, assigned to "outside transportation" included in OPSO's staffing plan dated February 24, 2016. The Monitors are suggesting that further review of an existing staffing plan, or development of such a plan, for courthouse/courtroom security (also civil process and civil district court) and associated court functions may be informative in terms of potential reassignments of personnel to jail operations.

[5] An updated plan was submitted dated February 24, 2016, following the tour.

[6] This included 48 positions for OJC, 32 for TDC, 2 for Intake and Processing (IPC), 13 for the work release center, 4 for ISB, 18 for "the Docks", 5 for transportation, 7 for classification, 9 for the emergency response team (ERT), 10 for training, 6 for the visitation facility, 15 for administrative services and 7 for jail administration. Staffing was noted as NOT needed for the kitchen/warehouse. This brought the entire complement to 800.

persons who do not perform functions in support of the operation of the Orleans Parish jail system are being funded from the jail budget, the cost of those positions should be reallocated to the proper budget. This may then re-obligate funds for the jail -- additional staff if needed, and, potentially, employee raises. As noted above, the City of New Orleans only has a statutory obligation to pay for the cost of the operation of the jail system.

Ultimately, the response to this staffing question must examine;

i. The number of full time equivalent positions needed based on an acceptable staffing plan;
ii. The number of full time equivalent positions included in the approved budget (budgeted);
iii. The number of full time equivalent positions that can be filled (difference between i. and ii., above)- authorized positions.
iv. The number of full time equivalent persons currently employed; and
v. Vacancies (the difference between iii., and iv. above)

At this point in time, the Monitors do not have information about the number of specifically budgeted positions (by post or position) for the jail and related functions (ii. or iii. above).

Table 4 indicates how difficult it is to determine what OPSO believes is adequate staffing – for example please note the difference in OJC staff contained in plans produced 12 days apart. The Monitor reluctantly includes this Table to demonstrate the challenge. The functions have to be viewed in totality to determine adequacy of staffing. For example, the decrease in the number of OJC staff is the deduction of forty-five (45) corrections monitoring technicians (CMT); posts which are not fully staffed and do not constitute full time equivalent employees (as they are limited to 30 hours per week). Additionally, while the Monitors strongly support the use of paraprofessionals to fill appropriate posts currently being staffed by deputies, an analysis needs to be made as to whether all posts in the main control center can safely be converted to civilian CMTs without deputy supervision. The

Monitors also have concerns about the expansion, deployment, and use of the Emergency Response Team (ERT) in the facility.

Table 4 - Staffing Overview By OPSO [7]

Facility/Operation	Staffing Plan 8/13/15	Staffing Plan 2/12/16	Staffing Plan 2/24/16	Actual (2/24/16)
Orleans Justice Center	299	256	191	246
ERT	34	28	42	21
Intake Processing	108	107	107	97
Transportation	27	27	27	23
Classification	24	24	24	13
Chief of Corrections	13	10	10	
Corrections Monitoring Technicians[8]		45	45	17
Kitchen/Warehouse	33	26	26	NR[9]
Sub-Total Direct Jail Operations	468	523	472	417
TDC	88	0		0
McDaniel WR	36	29	29	NR
ISB	54	39	39	NR
Internal Affairs/Intelligence			22	NR
Docks	18			NR
EM	4	0		
Training	14	14	14	NR
Visitation Facility	6	4	4	NR
Administrative Services[10]	42	42	42	NR
Total	62	60	622	

Of note, for calendar year 2015, OPSO experienced a 50% turnover of staff for the jail. After the hiring/resignations/terminations there was a net gain of 34

[7] Includes shift relief factor for the jail operations posts. The staffing analysis relies on the application of a shift relief factor/multiplier calculated based on the actual numbers of OPSO (e.g. sick leave, annual leave, training leave, leave without pay, FMLA). The shift relief factor has not, to the Monitor's knowledge been updated for two years, and with the substantial staffing changes at OPSO should be recalculated.

[8] OPSO is commended for implementing the use of trained civilian staff for positions that do not require sworn personnel. This is a model used in many jails around the country, and in many, this is the pool from which they find candidates for security positions. There are part-time positions using trained para-professionals to staff control rooms. Their deployment is based on 8 hours a day (the deputies are working 12-hour shifts). Application of the maximum number of hours they can work a week and still be considered part-time, and the shift relief factor needs to be reexamined. With the recalculation there will either need to be more Corrections Monitoring Technicians on a full-time rather than part-time basis, or there will need to be more deputies.

[9] NR – Not reported by OPSO

[10] This includes functions for all OPSO operations including fiscal management, human resource management, purchasing, crime victims assistance, for example. It does not include Sheriff's administrative support as reported in the payroll information supplied on February 16, 2016. To determine the costs associated with the jail's operation for Administrative Services requires the breakout of the employees' individual tasks associated for the jail vs. other OPSO functions (e.g. courthouse/courtroom, etc.).

employees as OPSO prepared to open the OJC. OPSO's personnel report for January 2016 indicated there were 14 separations from service, 2 hires as deputies, and 7 hires as civilian staff; a net loss of 5. The Director of Human Resources reported to the Monitor during the tour that there will not likely be any hires of deputies in February 2016; the OPSO plans to hire for an early March start date for candidates.[11]

Given what the Monitor has been able to determine, the jail is short at least 55 persons to fill the required posts. As it will take some time to hire enough deputies to fill those positions and train, the most viable alternatives may be reassign staff from other functions of the Sheriff's Office and/or increase the amount of overtime being worked.

One of the obstacles to requiring deputies to work overtime in the jail in addition to the issues of working overtime after completing a 12-hour shift - is the extent to which deputies assigned to the jail are regularly working secondary/off-duty employment/details that make them less alert and effective on their 12-hour shift, and/or unavailable for over-time, and/or do not come to work and are instead working off-duty details.[12] The Monitors understand that many deputies rely on off-duty employment to make ends meet. The Monitors are raising this issue as requiring resolution, promptly, but are not suggesting possible solutions. The Monitors will continue to insist that an overtime report be developed to evaluate this issue, a matter that has been unresolved since August, 2015.

In summary, the Monitors need to evaluate the newly produced staffing plans to determine if the proposed coverage is sufficient. As noted above, it appears, given even OPSO scenarios, the jail is absent at least 55 personnel without the Monitors'

[11] OPSO provided a recruitment plan for the next five months which proposes to identify the means to reach military members, hire a full-time recruiter, conduct outreach to minority communities, update disqualifiers (e.g. arrest records), review current work schedules, advertise more widely in the Gulf region, shortening the period of time to screen applicants, evaluate the possibility of more part-time positions, consider a recruitment incentive plan for current employees – rewarding them for successful recruitments, provide attendance incentives to current staff. Using these strategies, OPSO proposes to hire 20 deputies a month.

[12] The Monitors were assured by Chief DeSadier that the jail closely examines if staff who are not reporting as scheduled for work may be working off-duty details either before or after their shift. The Monitors have been working since August trying to get OPSO to capture this information, or otherwise demonstrate that they can prove that staff are at work as assigned, and not elsewhere. We have yet to get this data.

in-depth review of coverage, especially given the findings of inadequate staffing in areas such as inmate movement to medical, sanitation, and fire/safety officers. The Monitors also need to evaluate the designation and deployment of first and second line supervisors and the jail's organizational structure.[13]

Recommendations:

15. Complete, with the assistance of the Monitors, an adequate staffing plan. This includes an examination of the rank structure, span-of-control, and deployment.
16. OPSO must produce an organizational chart that maximizes staffing and accountability.
17. OPSO must develop a strategy to work with the City of New Orleans to gain the appropriate starting salary, and career ladder incentives that will allow hiring and retention of employees.
18. OPSO must implement the elements of a credible human resources function that support career employees as outlined in this report.
19. There are other options to evaluate the staffing in OPSO, for example, the McDaniels Work Release Center and courthouse/courtroom security. These functional areas are outside the scope of the Consent Judgment, but given the critical issue of jail staffing, the Monitors are obligated to raise the matter.

IV. 7. a. – j. Incidents and Referrals

Findings:

Non-Compliance - IV.A.7.a.
Non-Compliance - IV.A.7.b.
Partial-Compliance - IV.A.7.c.
Non-Compliance - IV.A.7.d.
Partial-Compliance - IV.A.7.e.
Partial-Compliance - IV.A.7.f.
Partial-Compliance - IV.A.7.g.
Partial-Compliance - IV.A.7.h.
Non-Compliance - IV.A.7.i.

[13] The preliminary analysis the Monitor conducted on the payroll information provided by the Defendants on February 16, 2016 indicates that there are approximately 575 budgeted positions associated with the jail. There are several positions in which there are individuals listed as performing services for the jail, but the Monitors have not met, and/or are aware are not working on behalf of jail operations.

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:

When the policy on incidents and referrals is finalized, it will set out the process for documenting and referring incidents.[14] However, there is nothing in place to ensure all reportable incidents are being documented and that the incidents are being recorded adequately and accurately. In fact, two areas in which OPSO had been found to be in partial-compliance, OPSO has now been found to be in non-compliance (IV.A.7. b. and i.). The Monitors' concern in past compliance reports about there being nothing in place to ensure all uses of force were being reported and that uses of force were being reported adequately and accurately has proven to be warranted. Simply having a policy that says all uses of force are to be reported is inadequate. There must be a system in place to check to make sure uses of force are being reported and that there are consequences when uses of force are not reported or not reported accurately. The revised policy states that force is to be reported, and includes the Consent Judgment language that failure to do so will result in discipline. The Monitors are concerned about apparent inconsistencies in reporting. During review of administrative cases involving the failure to report a use of force, the Monitors have noticed discipline ranging from an oral counseling to an extensive suspension.

The problem with the quality of reports not only exists, it is now of even greater concern. The decline in the quality of the reports calls the Monitors to question whether new staff are receiving proper training in report writing. Also

[14] See also Section V. Defendant's Activities Since Compliance Report # 4 Positive Changes, Challenges and Barriers to Compliance.

alarming is that reports are still not being reviewed and there not appear to be a process to insure what review that is taking place is occurring timely. 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 are being 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, the Monitor's review indicated some of the reports have not been reviewed and approved, and the content of the report did not allow for a determination of whether the review of had been done in a timely manner. It appears that any review for the quality of the reports is often being done by in ISB by FIT or the Criminal Investigation Division.

No periodic reports detailing reportable incidents have been submitted to the Monitors as required under IV. A. 7. f. The reports that were provided were the list of criminal investigations conducted by the Criminal Investigation Division of ISB.

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

Findings:

Partial compliance - IV.A.8.a.
Partial compliance - IV.A.8.b.
Partial compliance - IV.A.8.c.
Partial-compliance - IV.A.8.d.
Partial-compliance - IV.A.8.e.
Partial-compliance - 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:

The investigative functions at OPSO underwent a major reorganization after Compliance Report #2. All investigative activities were placed under the leadership of the commander of the Investigative Services Bureau (ISB). During this compliance period, unbeknownst to the Monitors, the Internal Affairs Division-Administrative and the Intelligence Unit were transferred under the Chief of Corrections. This created a serious conflict of interest as it appeared that the independence of these units had been compromised. Recently, both the Administrative and Criminal Sections of the Internal Affairs Division (IAD) were moved organizationally so that the lieutenants in charge of those units report directly to the Sheriff. The Intelligence Unit is still under the Chief of Corrections.

Significant evidence of partial compliance was provided for IV.A.8. The training that has been provided is now in compliance with IV.8.b. ISB has finalized its written policies and procedures, and/or job descriptions/post orders governing their work. The quality of the investigations has continued to improve. The Monitors are concerned about the time investigations are taking, but part of that is a reflection of the poor quality of the reports from which the investigation begins.

The ISB commander and three of the five lieutenants in ISB have a background in law enforcement as opposed to jails/corrections. As stated in a previous report, there is a similar skill set needed for law enforcement investigations 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 allegations and investigations. The leadership of ISB is attempted to overcome this lack of corrections experience by attending training directly related to investigations in corrections facility and specifically related to sexual assault (Prison Rape Elimination Act PREA). The strides made in understanding the corrections environment has been impressive.

Previously noted as a significant positive change was the timing on administrative investigations if the employee is being investigated for possible criminal conduct. Previously, if it appeared that a use of force may be unnecessary or excessive or other criminal conduct by a staff member had occurred, IAD-Administrative would wait until the District Attorney's Office decided whether to prosecute before the staff member was suspended or disciplined. This process needlessly delayed the finding of facts and potentially jeopardized inmate safety. Such a lengthy process was particularly troublesome when the staff member involved remained on duty and in contact with inmates. This practice has now been changed. As soon as a possible policy violation is identified, the commander of ISB notifies the IAD supervisor to open an administrative investigation. This is an indication of the on-going changes to this process not only to comply with the Consent Judgment, but also to incorporate accepted practice. However, the Monitors are aware of at least one case in which a staff member which ISB

recommended be either suspended or placed in a position that did not allow for contact with inmates that the staff member was allowed to work a housing unit in direct contact with inmates.

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. The Monitors continue to be concerned about solely approaching an investigation to seek criminal charges. In order to comply with the Consent Judgment, greater emphasis on the root causes of violence and disorder in the jail need to be addressed in the investigations and by the review of them. This will require increased cooperation and communication between ISB and operational staff.

In the past, reviews of a sample of investigations conducted by ISB revealed a contrast between the investigations conducted by the criminal division and IAD. The criminal division investigations appeared to be more thorough and complete. With a change in leadership in the IAD, the quality of investigations has improved greatly.

The number of staff assigned to ISB has been increased, and most duties have been reassigned. However, the staff assigned to the ISB is still required to fill other job duties outside of ISB. As such are often pulled away from investigations to other duties that result in investigations taking longer. For instance, ISB has been charged with providing guard duty at the hospital and added security for inmate transport to court. ISB has an employee deployed to Human Resources to conduct background investigations. While this was done initially on a temporary basis, it is clear that the position will need to be permanent for the foreseeable future. Therefore, an additional person should be assigned to ISB to replace this person.

Previously, a potential conflict of interest was identified in that ISB was often called in to respond to quell potential disturbances and act an emergency response

team. An Emergency Response Team (ERT) has now been established which has greatly reduced ISB's involvement in use of force situation.

ISB has received significant additional training. Continued emphasis needs to be placed on having as one of ISB's goals being the prevention of future incidents through analysis of the policy, procedures, training, supervision, and physical plant contributors to the incident. This level of assessment requires input from individuals who have experience in jail/corrections work. This can be accomplished through a team approach in the ISB or by having their investigations reviewed by those in leadership positions who have more corrections experience.

In addition to the investigators assigned to ISB, watch commanders have a role to fill. Watch commanders should be undertaking interviews of inmates involved in incidents before calling ISB. Unfortunately, the watch commanders often lack the investigative knowledge or skills and thus actually hamper ISB's thorough investigation. In particular, the lack of investigative knowledge and skills by watch commanders, especially in regard to the investigation of sexual assaults, has the potential to further victimize or re-traumatize inmates. ISB has provided training to provide to supervisors on crime scene preservation. Further training of supervisors in interviewing and report writing and review needs to be made a priority. ISB should also be involved in the training of deputies on how to write proper reports.

Recommendations:

21. OPSO made significant improvement in ISB and in formalizing the organizational structure, roles, mandates, responsibilities, placement in the chain-of-command, and job descriptions of both the criminal, FIT, intelligence, and administrative divisions of ISB. Both sections of IAD should be organizationally placed back under the ISB Commander and the Intelligence Unit should be returned to ISB.
22. OPSO should evaluate the needs for resources in conducting pre-employment background checks and provide those resources without depleting IAD.

23. ISB has finalized and implemented written policies, procedures, and protocols for conducting all investigations. The vendor responsible for developing jail-based policies and procedures should review those policies and determine which ones should be included in the general policies for OPSO as a whole.
24. OPSO should continue to work with Monitors to periodically review and critique investigations.
25. 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 continue to meet the mandates in the PREA standards. The two agents assigned to sexual assault investigations should be given the opportunity to attend additional PREA training.
26. OPSO needs to produce the periodic reports required by the Consent Judgment in a useable form. Currently, with the exception of the FIT report, the report simply provides the information on a chart and does no data accumulation or analysis.

9. Pretrial Placement in Alternative Settings

Findings:

IV. A.9.a. - Compliance
IV. A.9.b. - 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 and VERA executed a Cooperative Endeavor Agreement (CEA) on February 18, 2015 addressing the provisions of this paragraph. Monitors did not observe any pre-trial staff in the intake areas during tours. These is no indication that any issues have emerged since the finding of Compliance is Report # 4.

IV. A. 10. Custodial Placement within OJC (OPP)

Introduction

OPSO has designed, validated, and implemented an objective classification to assess and house each OSPO male and female offender according to the risks he/she poses to institutional safety and security. The automated classification system was rolled out in the Jail Management System (JMS) on January 15, 2015.[15] As of February 7, 2016, the Unit included 11 civilian and two commissioned classification specialists and a classification manager. Sgt. Michael Holliday was appointed as the classification manager effective January 04, 2016. In an attempt to ensure that all classification activities are consistent, timely, and accurate, Sgt. Holliday has re-organized the Unit staff into two squads with two platoons. Each platoon has role for shift coordinator, initial classification, and transfers/reclassification. The commissioned officers serve as housing auditors to identify and resolve placement errors.

Sgt. Holliday had little time since his appointment to work with the Unit, thus the learning curve has been steep and fast. His position was expanded to include housing manager. With the multiple transfers of inmates to East Carroll and Franklin Parishes, as well as the closing of TDC (Temporary Detention Center), this role has consumed much of his time. It is critical that Sgt. Holliday receive objective classification system training as soon as possible. Each of the classification specialists received training on the principles of objective classification and instruction for the new custody and PREA assessment instruments. Additional training and instruction on the revisions to the housing assignment process and custody mandatory restrictors have been provided. It appears that remedial/ additional training on how to read and interpret NCIC criminal history reports is needed. During the January 2016 onsite visit, for example, inaccurate scores for the offender's criminal history were noted when reviewing custody assessments completed by the classification specialists.

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[15] Hardyman, Patricia L. (2015). "Design and Validation of an Objective Classification System for the Orleans Parish Sheriff's Office: Final Report." Hagerstown, MD: Criminal Justice Institute, Inc.

OPSO has developed an automated housing assignment process that considers the offender's custody level, gender, special population status, PREA designations, enemies, and associates as well as bed availability to recommend an appropriate bed for the offender. The classification specialist is provided a list of "appropriate" housing locations from which the classification specialist must select a housing assignment for the detainee. This process for assigning an individual to a housing unit is not fully implemented. The Housing Unit Assignment Plan (HUAP) within JMS was updated to reflect the recent changes in mission of each of the OPSO housing units. However, separations by custody level or PREA designation within the medical and disciplinary pods have not been fully identified and incorporated into the automated HUAP. The HUAP has to be modified daily to reflect the current housing needs within these pods. The classification specialist are provided daily a manual listing of these specific separations. More troubling than the delays to implement these last few tweaks to the automation of the HUAP is that the actual housing transfers/assignments have not been consistently controlled by the Classification Unit:

- Inmates are not always housed in the pod, cell and bed according the housing transfer form generated by classification unit; and
- Security/Operations do not consistently go through the classification unit for housing assignments.

Thus despite repeated assurances from OPSO leadership that all housing assignments were to be controlled by classification, this policy has not been fully implemented. Housing assignments have not been made in accordance with the housing rules regarding the individual's custody level, PREA designations, and special population needs (e.g., youthful offender, suicide watch, mental health-step down, etc.).

It is anticipated that the automated HUAP will be fully implemented by the end of March 2016. Implementation of an on-going quality control/random audit procedures for the housing assignment process is required to ensure integrity of the custody assessment as well as the housing processes.

Reports for tracking the classification process were included the JMS automation of the System. The reports regarding the August and November of 2015 custody assessments

were incomplete and misleading. The monthly data for December 2015 and January 2016 were provided at the end of February 2016. OPSP staff is developing JMS reports that will provide useful, accurate, and timely information.

Summary

OPSO is in compliance with Sections IV. A. 10. a., and b., however Sections IV. A. 10. c.-h. are assessed as partial to non-compliance. Overall OPSO is in partial compliance with the paragraphs of the Consent Judgment related to Custodial Placement within OPP (IV.A.10). Objective initial and custody-reassessment instruments and an automated housing assignment process have been implemented. The backlog of custody reviews noted during the August 2015 monitor report has been addressed. However, the custody assessments do not include complete and accurate information on the prisoner's history at OPSO because institutional infractions of the OPSO inmate disciplinary code have not been consistently processed through a formal disciplinary process, including the entry of findings of guilty into the JMS. As prior institutional behavior is critical classification risk factor assessments, the custody assessments have not accurately accounted for offenders' institutional behavior. Without accurate data on the inmates' prior institutional the custody assessments will underestimate the risks posed by the offenders. During January and February 2016, OPSO implemented procedures for tracking inmate institutional misconduct, but if the disciplinary process is not fully implemented by security staff in accordance with the new disciplinary process there will still be nothing to track.

Assessment Methodology

This report was based on: 1. Work with OPSO staff to automate and implement the new OPSO classification system and to update the PREA assessment instruments; and 2. Onsite meetings and email with OPSO classification, JMS, and Executive staff. Table 1 summarizes the onsite dates and issues addressed between August 2015 – February 2016 related to OPSO Custodial Placements.

Table 5- Custodial Placements
Related Site Visit Dates and Issues Addressed –
August 2015 – February 2016

Site Visit Date	Issues Addressed
November 1 – 5, 2015	1. Effectiveness of the screening of classification – PREA vulnerability and predatory screenings 2. Classification staffing 3. Disciplinary Process and data within JMS and Vantos 4. Housing assignment plan – updates/tweaks within the new building 5. Validation/tweaks to the system 6. Monthly Custodial Reports Counts 7. Facility Tour/Inmate interviews
Dec 15 – 17, 2015	1. Housing assignments are not controlled by the classification unit; and 2. Disciplinary data are not available for custody assessments
January 21 - 22, 2016	1. Inmate grievances/met with four inmates 2. Classification staffing – new classification manager 3. Disciplinary Process and data within JMS and Vantos 4. Housing unit assignment plan and housing assignments
February 1 – 3, 2016	1. Status Conference 2. Disciplinary data 3. Custodial Reports 4. Housing unit assignment plan and housing assignments

IV.A.10. a.

Finding: 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:

- The automated classification system was rolled out in the Jail Management System (JMS) on January 15, 2015.
- Classification and PREA assessment handbooks that include rules for when and how to score the respective instruments were developed and distributed to the classification staff as part of the implementation of the system. The classification handbook was updated in November 2015 to document changes to the scoring of detainers/warrants and the mandatory restrictors.
- A validation report documenting the design and validation was submitted on July 16, 2015 to the plaintiffs and Department of Justice.
- The classification "unit" includes 13 classification specialists and a classification manager. The classification specialists received training on the principles of objective classification and instruction for the new custody and PREA assessment instruments. The training included scoring of actual OSPO offenders and practice with the new automation. Follow-up training for the classification staff was provided November 3 – 4th regarding adjustments to the scoring for warrants/detainers and mandatory restrictors that determine an offender's least restrictive custody level. A schedule for 24/7 coverage by the classification staff has been developed and implemented.
- A new classification manager was appointed effective January 04, 2016. Unfortunately, Sgt. Holliday had little time with the Unit prior to his appointment, thus the learning curve has been steep and fast. Provided were .pdfs of National Institute of Corrections publications regarding objective classification systems.[16] His position was expanded to include housing manager. With the multiple transfers of inmates to East Carroll and Franklin Parishes as

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[16] The NIC objective classification documents were:
Austin, James (1998) "Objective Jail Classification Systems: A Guide for Jail Administrators.
Austin, James and Hardyman, Patricia (2004) "Objective Prison Classification: A Guide for Correctional Agencies.
Austin, James and McGinnis, Kenneth (2004) "Classification of High-Risk and Special Management Prisoners: A National Assessment of Current Practices.

well as the closing of TDC (Temporary Detention Center), this role has consumed much of his time.

	Recommendations	Date	Status	Still Stand?
27.	Develop and circulate among OPSO executive and supervisory staff standardized automated reports.	Aug-15	No Change	Yes
28.	Sgt. Holliday should receive formal objective classification system training as soon as possible.	Jan-16	No Change	Yes
29.	Implement an audit process to verify the actual housing location of the inmate to ensure matches housing assignments generated by classification.	Jan-16	Partial - intermittent	Yes

IV.A.10.b.

Finding: 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 Monitor.

Observations:

- The OSPO objective classification system was implemented in January 2015. Custody and PREA distributions by housing unit, race and gender for the entire OPSO population. Custody assessments based on the objective classification system for the entire OPSO have been completed. As of 1/29/2016, the number of offenders due for a custody review for a custody re-assessment was ~ 80. As of 2/22/2016, the number of cases due for reclassification was 42.
- Classification Management Reports Available:

- Aggregate standardized reports to track offender security designations, PREA designations, override rates by type, and housing assignments by facility by unit were provided for August 2015 – January 2016. The reports appear to provide accurate counts of the custody assessments. The August – November institutional violence counts/rates were questionable. For December 2015, it appeared that 47% of the detainees written up for predatory infractions were found not guilty or no disciplinary hearing was held. For January, it appeared that 55% of the detainees written up for a predatory infraction were found not guilty or no disciplinary hearing was held.
- A report to track inmates location by PREA designations was developed for the classification manager and PREA coordinator as part of the November 2015 site visit.
- Screens to display data on "misplaced" inmates are available, however these assume that the inmate is actually living in the cell/unit to which he/she was assigned. Given that security staff do not always go through the Classification Unit for housing assignments, these data are questionable.

○ OPSO JMS staff have been instrumental and diligent in the development, testing and implementation of automated classification and updated PREA assessments in the JMS. In particular Joe Simmons, OPSO Programmer Analyst, has worked closely to update the mandatory restrictors, automated housing assignments, and create accurate, useful classification reports.

	Recommendations	**Date**	**Status**	**Still Stand?**
30.	Eliminate the backlog of cases due for a custody review. Complete custody reviews within 72 hours of the time the case appears on the classification monitor log.	Aug-15	Addressed	Yes, Conduct custody reviews w/in 72 hours
31.	Revise the monthly statistical reports to accurately track the custody distribution of	Aug-16	No Change	Yes

	Recommendations	Date	Status	Still Stand?
	OPSO offenders by housing unit race and gender during the last quarter.			
32.	Generate timely and monthly custodial reports	Nov-15	Partial	Yes

IV.A.10.c

Finding: Partial-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 Monitor.

Observations:

- OPSO has developed an automated housing assignment process that considers the offender's custody level, gender, special population status, PREA designations, enemies, and associates as well as bed availability to recommend an appropriate bed for the offender. The classification specialist is provided a list of "appropriate" housing locations available from which he/she must select a housing assignment for the individual. However, this process for assigning an individual to a housing unit is not fully implemented. The Housing Unit Assignment Plan (HUAP) within JMS was updated in January and February 2016 to reflect the recent changes in mission of each of the OPSO housing units, except for specific cells within the medical and disciplinary pods. Separations within OJC Units 2B (disciplinary unit) and 2A (mental health/men) have not been fully identified and incorporated into the automated HUAP. The HUAP has to be modified daily to reflect the current housing needs within these pods. The classification specialists are provided daily a manual listing of these specific separations.
- Housing transfers/assignments have not been consistently controlled by the Classification Unit:

- Inmates are not always housed in the pod, cell and bed according the housing transfer form generated by classification unit.
- Security/Operations do not consistently go through the Classification Unit for housing assignments.
- Inmates appear to manipulate their housing assignments by reporting conflicts/separation issues within the pod. These housing relocations are not verified /investigated prior moving the inmate(s).

Thus despite repeated assurances by OPSO leadership that all housing assignments were to be controlled by classification, this policy has not been fully implemented. Housing assignments have not been made in accordance with the housing rules regarding the individual's custody level, PREA designations, and special population needs (e.g., youthful offender, suicide watch, mental health-step down, etc.).

	Recommendations	**Date**	**Status**	**Still Stand?**
33.	Update custody level, gender, mission, and PREA designations with the JMS to reflect the current HUAP. The HUAP within JMS must be current and complete. The classification manager must develop the skills and daily, as needed process, for updating the HUAP as any bed/cell is taken off line due for maintenance or change in the mission of the bed/unit.	Aug-15	Addressed	Yes, maintain the HUAP within JMS
34.	Ensure inmates are housed in accordance with housing assignments generated by classification via OPSO leadership directives and ongoing audits of housing assignments.	Jan-16	Partial	Yes

IV.A.10.d.

Finding: Partial-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). Monitor 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. Monitor 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:

- Review of the housing population within each of the OPSO housing units indicated that a custody assessment has been completed for all detainees prior to their transfer from IPC (booking) to a housing unit.
- Backlog (700+ detainees) of cases due for a custody re-assessment noted during the August status report has been addressed. As of 1/29/2016, the number of detainees due for a custody review for a custody re-assessment was ~ 80. As of 2/22/2016, this number had dropped to 42 detainees.
- Custody assessments do not include complete and accurate information on the prisoner's history, because institutional infractions of the OPSO inmate disciplinary code have not been consistently processed through a formal disciplinary process, including the entry of findings of guilty into the JMS. As institutional behavior is critical for accurate assessments, the custody assessments have not accurately accounted for offenders' institutional behavior. Without accurate data on the offender's prior institutional the custody assessments will underestimate the risks posed by the offender. During January - February 2016, OPSO implemented procedures for tracking inmate institutional misconduct, but if the disciplinary process is not fully implemented by security staff in accordance with the new disciplinary process there will still be nothing to track.

	Recommendations	Date	Status	Still Stand?
35.	Eliminate the backlog of cases due for a custody review.	Aug-15	Addressed	Yes, compute all reviews within 72 hrs
36.	Develop QC processes to ensure the integrity of both the classification and disciplinary processes.	Aug-15	Partial	Yes. Created tracking, but must fully implement disciplinary process.

IV.A.10.e.

Finding: Partial-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:

- Classification Unit and some of the Transition Team members received objective classification training as part of the design and testing of the classification system. Mandatory training regarding the classification system for OPSO leadership and facility manager was provided May 21-22nd. Additional training was provided for the classification specialists on June 25 – 26th and November 3-4, 2015. In January 2016, Sgt. Holliday met with his staff to outline new classification procedures and staffing plan.
- PowerPoint presentations developed for basic classification training were provided to Sgt. Holliday.

- During the January 2016 onsite visit, it appeared that remedial/additional training on how to read and interpret NCIC criminal history reports is needed. Inaccurate scores for the offender's criminal history were noted when reviewing custody assessments completed by the classification specialists.

Recommendations:		Date	Status	Still Stand?
37.	Provide on-going training and monitoring to ensure the classification staff complete the custody and PREA assessments correctly. A systematic random audit process should be implemented to monitor staff competency.	Aug-15	Partial	Yes, on-going training provided. Need to randomly audit custody assessments for accuracy.
38.	Provide remedial training on how to read and interpret NCIC criminal history reports to the classification specialists.	Jan-16	No Change	Yes.

IV.A.10.f.

Finding: Non-compliance

Measures of Compliance: the OPSO information system to monitor:
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 Monitor with documentation of steps (tasks and dates) taken to address any noted inconsistencies with OPSO policies.

Observations:

- Tracking reports were included the JMS automation, but the classification manager needs to implement a tracking and QC process to ensure integrity of the custody assessment and housing processes.

- A key recommendation in the report documenting the design and validation of the OPSO classification system (see IV.A.10.a.) was that the OPSO conduct a statistical review of the classification system in early 2016. While this recommendation is critical for compliance with the Consent Judgment, until the OPSO has fully implemented its housing assignment and disciplinary processes, the data required for a statistical validation are questionable.

Recommendations:		Date	Status	Still Stand?
39.	Create queries for simple classification-related management reports within the JMS. These reports should be reviewed at least monthly to monitor trends. However, classification manager 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.	Aug-15	No Change	Reports on placement errors by custody and PREA are available. No indication data are used routinely.

IV.A.10.g.

Finding: Non-compliance

Measures of Compliance:

1. Annual and bi-annual tracking reports within the OPSO information system to monitor number/rates during the last 12 months and for the stock population:
   - number of prisoner-on-prisoner assaults/custody level by gender;
   - number of assaults against prisoners with mental illness by gender;
   - number of prisoners who report having gang affiliations by gang affiliation;
   - most serious current offense leading to incarceration by gender;

- number of prisoners currently classified in each security level;
- number of prisoners placed in protective custody;
- number of prisoners in administrative segregation; and
- number of major and minor misconduct complaints.

Observations:

No change. Accurate data on the number/rates during the last six months and for the stock population were not provided to the monitors:

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

Recommendations:		**Date**	**Status**	**Still Stand?**
40.	Create queries for simple classification and incident-related management reports within the JMS report module. These reports should be reviewed at least monthly to monitor trends. However, classification staff should review the reports on general population, protective custody, medical, mental health, disciplinary, and administrative segregation housing by custody and PREA designation daily to ensure that any discrepancies are corrected immediately.	Aug-15	No Change	Reports on the number and type of institutional disciplinary infractions were provided for December and January.

IV.A.10.h.

Finding: Partial-compliance

Measures of compliance:
1. Report to the Monitor with recommended change and rational/data regarding any policy changes.

Observations:

- Reviewed were:
  - OPSO discipline code (policies 1301.06 and 1301.07). Reviewed three versions of the disciplinary policies re: major and minor infractions (V2 on Nov 16th, V3 on Dec 17th, and V4 on Jan 26th);
  - Inmate workers – (policy # 801.32 – Sept 2nd); and
  - Procedures for screening inmates for out-of-parish placements (Sept).

Recommendations:	**Date**	**Status**	**Still Stand?**
41. Implement the Inmate Classification Policy and Procedures (501.14), PREA Policy, and inmate discipline code to reflect revised policies.	Aug-15	Partial	Cls policy completed. Disciplinary – still pending.
42. Promptly develop a complete and viable policy for the use of administrative segregation if the Administrative Segregation unit is to continue.	Aug-15	Complete	Train and Implement as per policy
43. Revise the inmate handbook to address questions and concerns noted by the monitors.	Aug-15	No change	Yes.

11. Prisoner Grievance Process

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. Interviews with inmates.
8. Interviews with employees.
9. Observation of staff training.
10. Observation of inmate orientation.
11. Written policies/procedures governing the inmate request process.
12. Inmate request forms.
13. Review of referrals for investigation resulting from inmate grievances.
14. Review of original inmate grievances and responses.
15. Monitors'' review of grievance logs, grievances, analysis of grievances conducted by OPSO.

Observations:

The policy governing the grievance process is in final draft form. This policy ill revises the current procedures to require that the designated grievance coordinator review the responses prior to sending it back. This review is for the purpose of assuring that the response answers the inmate's issue, that it is professional, and for recordkeeping.

In OPSO's report pursuant to IV.A.11.a.(6), dated January 26, 2016 grievances are reported for the period October 1 – December 31, 2015, totally 276 (223 involving unprofessional conduct, 12 regarding inmate/inmate physical contact; 20 involving inmate/inmate non-physical action; and 13 regarding environmental conditions. The report does not analyze the data. Inasmuch as the lead Monitor received 93 grievances during this same report period, question the same number of grievances.

The electronic kiosks located in all housing units provide the means for inmates to file and appeal grievances. Inmates are now being oriented on the use of the kiosk, including the appeal functions, by the newly designated grievance coordinator (Sgt. Verret). When the electronic kiosks are not working, OPSO provides hard copies of grievance forms (which the lead Monitor has seen forwarded to her).

The lead Monitor receives grievances when an inmate indicates that it should go to the Monitor. The lead Monitor corresponds with the inmate to let him/her know their grievance was received, and to try to either help the inmate or inform the inmate it is not a matter for the Monitors (e.g. personal legal issues, commissary). These grievances are in addition to correspondence inmates send to the lead Monitor.[17] The Monitors support this process as an additional way they can learn about issues of concern to inmates, and whether recurring topics are addressed.

During the technical assistance tour December 15 -17, 2015, organizational issues were identified with the *process* of grievances as well as how the information is used to flag issues and improve operations. The grievance numbers were being reported to the Sheriff's leadership team meetings, but without any analysis of issues, identification of trends, or review of final outcomes of the grievance (e.g. found for the inmate). Additionally, the Monitors learned that the Chief of Corrections was not being provided with information about critical grievances/allegations. While grievances alleging staff misconduct were being forwarded to the Investigative Services Bureau, the function of grievances as an early problem identification system was not reached. Additionally, the grievance function was being managed by a support services function of the Sheriff's office.

Recommendations made to OPSO following this technical assistance tour which, have for the most part been addressed by OPSO included:

- Improve process to designate matters as raised by inmates as grievable or not, and document;

[17] Since the August 2015 compliance tour, the lead Monitor has had 185 grievances directed to her, and received another 44 letters. Of the 185 grievances the topics included, in order of topic prevalence: medical and mental health care, conditions of confinement/housing unit operations, food, staff misconduct, and personal legal issues. These 185 grievances were from 89 different inmates (including one inmate who forwarded 30 separate grievances).

- Coordinate with ISB so as not send grievances for "investigation" that can be handled by jail staff;
- Assure there is a review of responses prior to forwarding to the inmate;
- Periodically audit responses (per the Consent Judgment);
- Maintain data regarding topical areas to inform operations and track trends;
- Conduct orientation sessions in inmate housing units;
- Assure the inmate handbook is up-to-date regarding the appeal process;
- Track appeals and outcomes;
- Reconsider the organizational placement of the grievance process;
- Analyze the data;
- Review staff of the grievance function to determine if adequate or not;
- Collaborate with food service and medical contractors to assure that necessary responses are provided in the required timeframe; and
- Evaluate the current electronic system to determine how best to establish a system to forward inmate medical requests directly to medical (separate from grievances), to provide an inmate "request" process (removing it from grievance), and to allow inmates to select the grievance topic as a way to better manage the information.

As noted above, OPSO has addressed many of these issues, including moving the grievance function to the Chief of Corrections, and finalizing the policy to include the relevant sections. The grievance coordinator has conducted trainings in housing units, with some sessions remaining to be held.

At this time, OPSO is working to develop a reporting system, trend analysis and coordination as noted above. Therefore, there are no reports at this time that provide any more than baseline data regarding grievance trends. This audit of the process revealed large number of grievances in one category, for example 2,600 labeled "Warden Facility Issues"; and some categories with just 1 grievance (inmate workers. This data needs to be structured so it useful to the jail's leadership, not for the information of the Monitors.

<u>Recommendations:</u>

44. Complete the directive, develop lesson plans, and train staff, contractors and inmates.
45. Provide final drafts of reporting formats and contents to the Monitors. Refine the record keeping and data analysis ensuring that the most prevalent grievances topics are documented, including trends.
46. Continue to evaluate electronic options to give OPSO the support needed to separate inmate requests from inmate grievances, and promptly forward medical request securely.
47. Consider using the Early Warning System to track staff whose name appear in grievances who may need supplemental training.
48. Continue periodic meetings between security and medical to discuss trends, data. Assure that the numbers regarding grievances maintained by OPSO are consistent with those maintained by CCS.
49. Assure the grievance process provides necessary assistance to LEP inmates or those who need help due to mental illness or disabilities, or when an inmate requests assistance.

12. Sexual Abuse

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 is scheduling a 'mock' audit for PREA compliance in April 2016, with plans to request the audit in the Fall of 2016. Policies and procedures remain to be

completed, along with additional staff training, and coordination with the medical and mental health provider.

OPSO has produced an inmate video regarding sexual safety and it plays in booking (beginning 1/25/16) and three times a day in housing units (along with the orientation and housing unit videos). The PREA video is well produced and provides adequate information for inmates. A Spanish language version is also available.

OPSO has a contract with ViaLink to serve as the PREA hotline, toll-free calls. This contact number is posted in all housing units, along with a posted about sexual abuse. OPSO provided evidence of calls received by ViaLink, as well as the follow-up by the PREA Coordinator, Sgt. Hazel Bowser. For example, ViaLink reported for the first six weeks of 2016 that a total of 9 calls were received (as compared to 8 reported for CY 2015), some of which included allegations regarding sexual safety, and others regarding other issues such as the inmate's medical needs.[18] As indicated in the Introduction to this Compliance Report, there were a significant number of incidents that were not reported to OPSO and/or by OPSO to the Monitors. Reviewing the list of unreported, there are almost no such reports related to sexual safety. It is hard to draw a conclusion from that as male inmates are often reluctant to report. This is another example of how improved staff and supervision will perhaps yield more reports and/or confirm that the facility is safer.

Data provided by the PREA Coordinator for first three quarters of CY2015 indicates there were a total of 30 reported incidents that fall within the definitions of PREA, of those 14 were determined after investigation to be unfounded, 13 unsubstantiated, and 3 substantiated.

The lack of staffing is impacting the safety, including the sexual safety of inmates. So while progress has been made working toward PREA compliance, as staffing is a

[18] Definitions contained in the PREA standards: Unfounded - An allegation that was investigated and determined not to have occurred; Unsubstantiated - An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. PREA Standards, 28 CFR, Part 115.6.

part of the requirements, until there is adequate, trained staff, the full intended impact of PREA will not be realized.

Recommendations:

50. Complete both the relevant OPSO policy on PREA, CCS, and the ISB standard operating procedure for handling inmate allegations of sexual assault, harassment, and voyeurism. Continue employee, volunteer, and contractor training and re-training.

47. Continue to document inmate reporting by ViaLink.

48. Assure any and all new contracts for services at OPSO require vendor compliance with applicable PREA standards.

13. Access to Information

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:

OPSO has produced two inmate videos – one for orientation and one for housing unit operations (and one for PREA). The Inmate Handbook provided for the Monitors review remains in draft (4/29/15).

While is represents progress (in terms of the videos), until all policies and procedures are completed (which are the bases for the Inmate Handbook) and staff are trained, the process of managing inmate housing units is uneven, and with lack of staffing, very problematic. Through grievances and correspondence received by the Monitors, it is clear to the inmates how, depending on the deputy assigned to the housing unit, dictates how the unit is managed (or not managed). Consistency, fairness, and communication are critical to successfully operating a direct supervision jail. Until

that is reached with hiring, adequate training, supervision, and oversight of operations, what's in the videos or handbooks won't mean much.

Recommendations:

53. Complete OPSO policies and procedures, edit the Inmate Handbook, produce. Assure that there is consistency of housing unit operation through requirement of staff/inmate meetings, and establishment of measureable ways to assure housing units are effectively managed (e.g. cleaning standards, grievances, noise, condition of individual cells, laundry, etc.).

54. Assure that the materials are at a grade appropriate level. Assure procedures for orientation of inmates who are illiterate, LEP, low functioning and/or have mental illness.

II. B. Mental Health Care

Executive Summary

This report of the mental health Monitor provides the findings regarding mental health services and risk management and quality management based on the 2/16 – 2/18/16 site visit to the OPSO newly opened Orleans Justice Center (OJC) facility and tour of the OPSO mental health unit at Hunt Correctional Facility (Hunt). During most of the site visit the medical Monitor and mental health Monitor met with CCS administrative, mental health, medical, and nursing staff as well as touring the OJC mental health and medical units. As the Monitors stated during and after our site visit in August 2015, the OJC is not equipped to provide adequate mental health or medical services as well as more specific counseling services regarding the youth, victims of sexual abuse, and other specific populations. The mental health and medical monitors provided an exit briefing on 2/18/16 and the mental health monitor participated in the post-visit exit briefing via telephone on 2/19/16.

During the course of the site visit, the mental health monitor worked closely with the medical monitor on providing technical assistance to CCS in the area of development of performance measures of their service provisions directly related to the Consent Judgment. The mental health monitor and medical monitor met with the Director of Nursing, incoming Health Services Administrator, and Chief of Quality Management, and discussed the performance measures and toured with the current Health Services Administrator (HSA). Further, the Chief Psychiatrist for CCS, interim Medical Director and Regional Medical Director for CCS, Deputy Medical Director, and the Regional Administrator were in attendance during the site visit and provided input and assistance working through some of the performance measures from the tool kit via chart reviews and discussions.

The issues regarding the lack of consistent onsite leadership and turnover at CCS are at the highest priority of concern with regard to provision of mental health and medical services. The current HSA is scheduled to leave her duties as of 2/19/16 and the new HSA was in the process of assuming her duties. There is no Director of Behavioral Health and

the current Behavioral Health Coordinator is also providing the separate duties of Director of Behavioral Health. The Director of Behavioral Health position should best be managed by a doctoral level appointee, which could be a doctoral clinical psychologist or psychiatrist. The absence of leadership in this position is critical and despite efforts by CCS corporate to supplement services and attention by onsite staff, the efforts are simply inadequate for appropriate administration, and the shaping and development of an adequate and comprehensive mental health services program. Such administration and development requires onsite presence five days per week at minimum and participation by the Director of Behavioral Health and Behavioral Health Coordinator, as well as regional and central support from CCS.

The Hunt Facility is, as expected, a necessary and vital component of the behavioral health services delivery system and functions as the acute/sub-acute male mental health unit. The medical Monitor and mental health Monitor obtained information that the detainees at Hunt have remained there from a few days to several months to over one year (a small percentage of the detainees, with 50 of 153 inmates admitted to Hunt since it opened remained four months or longer. The concerns are not only that the Hunt program must provide the required acute and sub-acute services, but also that acute and sub-acute inmates remain in the new OJC. The 2A "Mental Health" unit is no different than the other units in OJC and therefore cannot provide the necessary acute and sub-acute services other than medication management and suicide watch/direct observation in cells that are not suicide resistant. There are very limited psychotherapeutic activities on the 2A unit because of space limitations (a day room, one multipurpose room adjacent to the unit, and one central multipurpose room per floor except for the third floor) for the provision of mental health services. The absence of leadership in provision of behavioral health services is a barrier to care and sufficient therapeutic programming. The critical lack of adequate numbers of deputies to provide escort services and observation of staff should there be attempts by the mental health staff to provide services in the designated spaces further prevents adequate psychotherapeutic interventions including structured

therapeutic group therapies, and necessary out-of-cell time for assessment and monitoring of inmate behavior and adjustment to achieve placement in general population.

During the course of this tour, there were nine inmates in suicide smocks on the Unit 2A and another three who were in court that day, for a total of 12 individuals on one form or another of suicide watch or direct observation. In addition, two detainees on the first day of the site visit and four inmates on the 3rd day of the site visit were housed on Unit 2B (a segregation unit) in suicide smocks on suicide watch or direct observation. In Compliance Report #4 many of these issues were clearly delineated and anticipated to be problematic and unsafe because of the lack of adequate and appropriate dedicated units at OJC for acute/sub-acute mental health care, step-down/residential mental health care, and dedicated or useable space for outpatient mental health care including group therapies, group youth counseling, and possible counseling for victims of sexual abuse, and counseling for substance abuse.

On February 17, 2016 the mental health Monitor toured the Hunt Acute/sub-acute mental health unit, which has a capacity of 39 beds. The Templeman V A4 unit was closed down in September 2015 and the Temporary Detention Center (TDC) units for male step down and women's acute, sub-acute, and step-down mental health services was closed down in February 2016. Those inmates relocated to units in OJC. Rather than dormitories, these units consist of individual cells that may house one or two individual detainees, and currently there is no dormitory-like setting for mental health. The current realignment in the OJC does not allow for any psychotherapeutic out-of-cell activities for men or women other than the day room and four off-unit multipurpose rooms. These spaces are inadequate for provision of necessary mental health services and during the tour it is clear that the inmates are confused as to why they had been moved from a dormitory setting where they were interacting much more intensively during structured therapeutic activities such as group therapies and during unstructured out-of-cell time than they currently are able to engage in because of in-cell housing and very limited out-of-cell time.

The incidents of inmate violence and suicidal and self-harming ideation, behaviors and attempts have not decreased since the move to OJC, in part because of the continued lack of adequate numbers and training of deputies and lack of adequate mental health services.

The mental health and medical Monitors provided technical assistance to the Court, City, and Sheriff via meetings and the Mental Health Working Group (MHWG) commissioned by Judge Africk. The MHWG provided its report in September 2014 as to the need for mental health services and continuity and continuum of care, which included acute/sub-acute, step down/residential, and outpatient services. The parties decided not to accept the recommendations of the MHWG and despite efforts to provide enforcement of the recommendations, at the time of this report the matter of how and where the mental health as well as medical and other specific units with designated purposes would be implemented has not yet been resolved. While it is clear that the move of OPP facilities from the various jails to OJC is a long range project, the implementation of the moves in September 2015 and February 2016 has been very problematic and results are not sufficient for meeting the requirements of the Consent Judgment.

Since the last site visit in August 2015, the mental health Monitor has provided additional technical assistance by phone and emails regarding the development of mental health services as required within the Consent Judgment. More specifically, conversations with architect Jerry Herbert included discussions of the architectural layout and plans for TDC conversion to a mental health step down unit for inmates returning from Hunt. That plan is no longer being considered as all of the TDC inmates have moved into the OJC building. The mental health Monitor also provided technical assistance to the Special Care Populations Working Group (SCPWG), chaired by Councilmember Susan Guidry, regarding the City's plan for renovation of the Phase II OJC building and advised that the Maw's recommendation to build Phase III remained the best option for comprehensive mental health services.

The OPSO cannot provide comprehensive mental health services as required because the OJC building does not have adequate space, custodial support, or programmatic services for acute/sub-acute or step down/residential services. There is effectively no comprehensive mental health program at the OPSO. Clinical and custody staff appear to be working to their maximum potentials for the provision of services, however there are both acute and sub-acute services continuing at Hunt with their capacity of 39 beds and at OJC with inmates remaining on suicide watch and/or direct observation ranging from a few and hopefully no more than what was observed on this site visit of 14 inmates on one day in non-suicide resistant cells or appropriate observation.

The mental health Monitor advised the CCS and OPSO staff that given the current restrictions and constraints it is better that they treat the suicide watches and direct observations occurring in OJC as "crisis intervention" only for very limited timeframes. Because the cells are not suicide resistant and have multiple "tie off" points where inmates may attach ligatures, the inmates require vigorous and consistent observation and supervision by clinical staff (CNAs and licensed nursing staff), and custodial/operations staff (deputies and rank). The cost for necessary supervision, oversight, monitoring, and clinical services will be whatever is necessary for the constitutionally adequate provision of mental health care at this point in time and going forward. The typical "crisis intervention" units are limited to maximum 10-day lengths of stay for inmates who are undergoing further evaluation to determine whether or not they should be moved to the Hunt acute/sub-acute unit provided there is available space, as Hunt has had waiting lists.

The designation of unit 2A as a "mental health" unit is absolutely unacceptable as the unit does not have the space, configuration or milieu that is necessary and required for an acute/sub-acute or step down/residential mental health unit. The mental health Monitor, once again, recommends as an emergency circumstance that the City and the Sheriff's office decide how mental health and medical services are going to be provided to inmates in their custody and that all deliberate speed be exercised in moving forward to remedy the unacceptable and inadequate mental health program and services.

The mental health Monitor provided technical assistance to CCS to further the development of their policies and procedures particularly with regard to mental health care and specifically in the areas of suicide prevention and management, including the utilization of an effective, comprehensive suicide risk assessment tool, the assessment process and treatment planning for mental health purposes, and programmatic services that must be coordinated with custody/operations to provide the most effective delivery of mental health services. The implementation of the tool kit designed by the medical Monitor with regard to mental health services will provide the beginnings of measurements of performance and necessary determinations of mechanisms for performance improvement, adequate services, and compliance with the Consent Judgment.

Recommendations:

55. The movement of inmates from OPSO facilities did proceed in September 2015 and was completed with the transfer of TDC inmates who were receiving male step-down mental health services and female acute/sub-acute and step down mental health services in TDC during February 2016. While the purpose of this movement was to transfer inmates out of OPSO facilities, it has not gone smoothly with regard to mental health services in that the collaboration between mental health and custody for the provision of adequate suicide prevention and management, structured therapeutic activities and unstructured out-of-cell time to promote appropriate behavior by inmates with other inmates and staff, and counseling services is inadequate and unacceptable.- The immediate need for resolution of how and where these services, both mental health and medical, are provided to inmates currently and in the future cannot be overstated.

56. CCS must proceed with all deliberate speed and efforts at filling their staffing allocations particularly with regard to leadership positions in both mental health (Director of Behavioral Health) and medical (Medical Director), as well as vacant staff positions. While there have been substantial and really good

additions to the local management team for CCS on which we have commented in our briefings and in this report, the need for programmatic direction onsite for comprehensive and constitutionally adequate mental health and medical health programs in addition to other services required by the Consent Judgment is essential.

57. There has been some progress in the development of policies and procedures, however there remain some finalizations of policies and procedures that must be done especially with regard to the suicide prevention and management, treatment planning, referral timeframes for completion of referrals, mental health staff participation in the disciplinary process, and needs assessments and documentation of the number of inmates who require mental health and counseling services. OPSO has not achieved compliance with the Consent Judgment, and to do so requires collaboration and coordination between mental health, medical, and custody/operations staff to provide comprehensive assessment and treatment services and sufficient and adequate management plans for inmates in need of coordinated services.

58. The practice of placing inmates who are on suicide watch or constant observation status as determined by CCS but remain housed at OJC for extended periods of time while undergoing further evaluation to determine whether they are appropriate for transfer to the Hunt acute/sub-acute services is continuing at unacceptable levels. This includes inmates on constant observation or suicide watch, housed in cells that are not suicide resistant for 23 hours/day, and minimal to no psychotherapeutic interventions other than medications and observation. The services provided at OJC are not adequate for acute/sub-acute or step down/residential services. To label these units or services as "mental health" is simply that, "a label", but certainly not accurate or adequate in that the services required to meet the necessary mental health needs of inmates are not being provided.

59. CCS to adequately and accurately reflect the number of individuals for whom they are providing mental health services. Based on the documents provided prior to the site visit and discussions with staff, it is very clear that the number of inmates receiving or in need of mental health services as well as counseling services by mental health staff has been underestimated. Further, CCS through our discussions is clearly advised and has agreed that they will revise their treatment planning process and instead of having two treatment plans, one developed by the mental health professional (MHP) and a separate treatment plan developed by the psychiatrist or psychiatric nurse practitioner, treatment plans will be developed in a comprehensive multidisciplinary team format based on the level of need of the individual inmates. Further, the mental health treatment teams at Hunt and OJC currently meet only once per week, which is inadequate to address the needs of the OJC population with mental health needs. Comprehensive, multidisciplinary treatment team meetings at a minimum of twice per week at each facility will provide for more
appropriate and coordinated treatment within the mental health staff but also by extension to medical and custody/operations staff for coordinated services.

The mental health Monitor's findings with regard to specific items in the Consent Judgment are as follows:

IV.B.1 a-e:

Finding: Partial Compliance

Measures of Compliance:

1. Technical assistance to CCS mental health and administrative staff regarding policies and procedures
2. Document review of mental health policies and procedures
3. Review of a limited number of medical records and interviews of prisoners and staff at Hunt Correctional Facility and OJC
4. Discussions with CCS and OPSO administrative and line staff
5. Review of tool kit as designed by medical Monitor with CCS staff
6. Tour of OJC facility including all units designated as having a "mental health" designation.

Observations:

CCS has provided the great majority of policies and procedures with regard to mental health, however they have only recently finalized the suicide risk assessment tool and have not yet measured its effectiveness. The screening instrument is adequate, however time frames for the provision of follow-up for psychiatric assessment and services is not adequately addressed or defined. The policies and procedures for assessment of inmates involved in the disciplinary process has not been completed. Inmates at OJC continue to be housed on units that are not adequate mental health units and do not have suicide resistant cells, and do not have the space or custodial staffing support necessary to provide adequate psychotherapeutic programming for either the acute/sub-acute designation or step down/residential designation. This condition applies to male and female inmates, and the female inmates do not have access to Hunt Correctional Facility. The Hunt Correctional Facility acute/sub-acute mental health unit appears to be functioning well, however, the lengths of stay are excessive for inmates who have achieved the highest level of functioning at Level 3 and do not have access to an adequate step-down unit at OJC.

The overall mental health caseload numbers (approximately 26% of the inmate population) remain underestimated in that CCS is providing treatment services to inmates that they do not report as being on their caseload and the designation of "special needs" includes youth offenders as well as those on the mental health caseload.

Recommendations:

60. OPSO and CCS to finalize the policies as required by the Consent Judgment including the suicide risk assessment tool, participation of mental health staff in the disciplinary process, counseling services to specific or identified groups, and performance measures to reflect performance.

61. CCS should continue the process of identification of the mental heath caseload and their levels of care needs, and aggressively improved the

staffing necessary to provide services including onsite leadership staff as well as staff positions to provide direct services.

IV.B.1.f

Finding: Non-compliance

Measures of Compliance:

1. Document review, including incident reports and suicide watch checklists
2. Observation of suicide watches at Hunt and OJC

Observations:

Inmates who are housed at Hunt for suicide assessment and management as well as those for psychiatric observation appear to be receiving the appropriate services. However, inmates housed at OJC for suicide assessment and management and psychiatric observation and those specifically for "direct observation" and "suicide watch" continue to have certified nursing assistants (CNAs) as well as licensed nurses providing observation that is not direct or consistent. This is continuing to be an ongoing problem and it has deteriorated with the opening of OJC in that inmates in these categories are housed on multiple units in cells that are not suicide resistant in the presence of inmates who are not on the mental health caseload, and the planning for two suicide resistant cells at OJC is inadequate and their location is to be in the segregation unit. These issues have been discussed throughout the course of the monitoring process. The number of suicide attempts or inmate reported suicidal or self-harm ideation and/or intent has not decreased but rather has increased since the opening of OJC and the management of these inmates has not resulted in their consistent transfer to Hunt but rather their housing on multiple units in OJC. The women at OJC continue to be housed in a standard non-mental health unit despite their designation as having acute/sub-acute needs and/or step down/residential mental health needs.

IV.B.1.g.-k.

Finding: Non-compliance

Measures of Compliance:

1. Document review of policies and procedures and medical records review
2. Interviews of prisoners and staff on OJC and Hunt Correctional Facility
3. Review of quality management data

Observations:

As previously reported the identification of inmates who should be on the mental health caseload and timely transfer of inmates to Hunt for treatment of acute and sub-acute mental health needs and/or inmates reporting/demonstrating increased risk for suicide or self-harm remains problematic. The suicide risk assessment tool has been recently implemented and has not yet been reviewed for its adequacy. Further, inmates who remain at OJC who are in need of acute/sub-acute mental health services include male and female inmates who are placed **(housed)** on various units in non-suicide resistant cells. The quality management review of these practices is not fully implemented and despite attempts to improve the process with the development and review of the tool kit recommended by the medical and mental health Monitors, the process has not yet been implemented.

The improvement in mental health services delivered at the Hunt Correctional Facility is notable however the services at OJC are negatively impacted by the inadequate staffing and lack of onsite mental health leadership which affects not only the development of a comprehensive and multidisciplinary mental health services delivery system but also the limited treatment team meetings at both Hunt and OJC. The custody staffing and other limitations at OJC is impacting the delivery of mental health services by there being delays in receipt of mental health services and medical services including risk assessments and treatment, referrals, medication management, and follow-up assessments by mental health staff based on referrals.

Recommendations:

62. Execute the contract by the City with CCS.
63. CCS to aggressively recruit and fill the vacant positions at Hunt and OJC.

64. Increase the frequency of treatment team meetings and reviews of treatment plans at Hunt and OJC.
65. Documentation of referrals and risk profiles by CCS and security.
66. Completion of policies and procedures including performance measures.
67. Continued monthly meetings of the Mental Health Review Committee, and appropriate documentation of identified performance measures, problems and issues with regard to mental health services and follow-up on corrective actions.

IV.B.1.l.

Finding: Non-Compliance

Measure of Compliance:

1. The assessment was to be completed by October 2015

Observations:

The process for screening prisoners has been implemented, however there is no review of the effectiveness of the screening on an annual basis or recommendations for change in the screening process.

IV.B.2.a

Finding: Partial compliance

Measures of Compliance:

1. Review of policies and procedures, current staffing, and staffing projections, and quality management data and analysis
2. Tour of Hunt and OJC facilities

Observations:

CCS has provided policies and procedures however the suicide prevention policy and suicide assessment tool require further development and implementation. The current staffing and staffing projections are notable for staff vacancies at the leadership and direct service provider levels, the staffing projections do not include the necessary provisions for increased treatment planning services including treatment team meetings and the continuum of services

from acute/sub-acute, step down/residential, and outpatient services for inmates on the mental health caseload as well as other specific populations who require counseling services by mental health. The vacancy of the Director of Behavioral Health position and coverage by the Coordinator of Behavioral Health are two positions that must be remedied because each position is essential for an adequate continuum of care. The continuum of services is inadequate.

IV. B. 2. b.–d. Treatment services and evaluations

Finding: Non-compliance

Measures of Compliance:

1. Review of the treatment services at Hunt and OJC
2. Review of evaluations including suicide risk assessments at Hunt and OJC, and availability of treatment
3. Review of performance measures developed with technical assistance by the medical and mental health Monitors
4. Review of incident reports

Observations:

The information provided by CCS are global numbers for group, individual therapy and counseling services, however the data does not demonstrate that the numbers for these services are sufficient for the populations in need. The number of inmates listed on the mental health caseload is 468 or approximately 26% of the overall OPSO census. However, based on review of the documents and discussion with CCS and OPS staff these numbers are underestimations and require further revision to clarify those inmates who are on the mental health caseload as well as those who are "special needs" and equivalent in other systems as serious mental illness (SMI). The counseling services that are necessary for distinct populations as per the Consent Judgment have not been quantified specifically and in those instances where counseling services are provided there is no estimate or identification of the actual number of inmates who require such services. Therefore, although there is a reported increase in counseling services, distinct populations including victims of sexual abuse and substance abusers as well as youthful offenders are not adequately identified with regard to those who are in need such counseling services compared to those who receive them. The numbers

reported are an important step in the right direction to providing such services and are based currently on the sick call process and individuals who have identified themselves at the reception and intake services provided by OJC. However, necessary services must be provided for those individuals who are not only self-identified or identified during the intake process but must include those individuals who are referred by custody and clinical staff for mental health evaluation, assessment, and counseling services as necessary.

The staffing deficiencies at the leadership level including the Director of Behavioral Health and the establishment of duties for the Behavioral Health Coordinator to cover both positions in addition to staffing vacancies continues to contribute to the inadequacy of mental health services. These inadequacies are also impacted by the space limitations at OJC and the lack of space at OJC for psychotherapeutic interventions.

The tool kit includes performance measures for treatment plans, however the measures have not been implemented, and onsite review demonstrates inadequate multidisciplinary, comprehensive treatment plans.

The mental health evaluations to be done as part of the disciplinary process has been under discussion and while there appears to be agreement on policy that the inmates on the mental health caseload will be evaluated with regard to disciplinary charges, the process has not been implemented.

The data regarding mental health evaluations of inmates on the mental health caseload who are placed in segregation indicates that those numbers are extremely high but there is no data to demonstrate that mental health evaluations are conducted regarding disciplinary charges or that information from those evaluations is provided to disciplinary hearing officers.

<u>Recommendations:</u>

68. Develop policy and procedure for mental health evaluations for inmates on the mental health caseload involved in disciplinary proceedings.

69. Clarify the information to be provided to hearing officers regarding inmates on the mental health caseload.
70. Develop quality improvement data, collection, and performance measures to demonstrate that evaluations are indeed conducted and the outcome of those evaluations are provided to inmate disciplinary hearing officers.

IV. B. 2. e. – h.

Finding: Partial compliance

Measures of Compliance:
1. Review of policies and procedures and medical records
2. Review of performance measures regarding referrals
3. Psychiatric providers by mental health staff
4. Inmate interviews for review of data collection practices

Observations:

The development of the process for appropriate medication management continues, however the process for referrals to psychiatric providers has not yet been clarified with relevant and necessary timeframes, and therefore there continue to be delays in the provision of psychotropic medications. Further, the staffing deficiencies for psychiatric providers, specifically nurse practitioners, and the inadequacy of the frequency of treatment team meetings to assure that inmates are reviewed in a timely manner with regard to their medication needs continues to impede adequate medication management. The medication management performance indicators were reviewed during this site visit and recommendations were made for revision of those indicators by the mental health Monitor to the onsite CCS staff as well as CCS corporate central office staff. The practice, process and review of the ordering and administration of prescriptions of non-formulary medications is not reflected in performance indicators and should be implemented. There has been discussion of protocols for inmates transferred from Feliciana Forensic Facility regarding the continuation of those medications upon the inmates' return to OJC, however there is no policy or performance measures implemented on the effectiveness of that process.

Recommendations:

71. Fully staff for psychiatric and nursing provider positions.

72. Performance indicators for medication management practices with appropriate data collection and analysis including inmates housed in OJC, other correctional facilities, and Feliciana Forensic Facility.

IV. B. 3. a-b Counseling Services

Finding: Partial Compliance

Measures of Compliance:

1. Review of policies and procedures and performance indicators for counseling sessions to specific groups identified in the Consent Judgment
2. Interviews with inmates and discussions with staff
3. Review and analysis of mental health contacts via performance measures.

Observations:

CCS has not completed its process of developing and implementing policies and procedures for counseling in the areas of general mental health/therapy, sexual abuse counseling, and alcohol and drug counseling and counseling to your offenders. CCS acknowledges that they have not engaged in counseling in several of these areas and despite there being a "lumping together" of counseling services, there is no specificity as to the specific groups or identification of the need for counseling services to inmates who are in the specific groups. The statistics provided on individual therapy contacts and group therapy sessions does not specifically identify whom the inmates receiving such services are nor does it identify the adequacy of services. In discussion, CCS reports that a number of the scheduled group therapies and/or counseling sessions are delayed or cancelled because of the lack of custody support to escort inmates to the sessions and/or provide supervision/observation of the sessions. This is further complicated and diminished by the lack of available treatment space in OJC for counseling services and other structured therapeutic activities.

Recommendations:

73. Review policies and procedures for mental health services for these populations.

74. Identify the level of need for inmates in the OPSO with regard to the specific services.

75. Develop performance indicators.

IV. B 4. a-d Suicide Prevention and Training Program

Findings:
a. Partial Compliance
b. Partial Compliance
c. Partial Compliance
d. Non Compliance
e. Not Audited
f. Partial Compliance
g. Partial Compliance

Measures of Compliance:

1. Review of policies and procedures
2. Observation of clinical and custody staff at Hunt and OJC
3. Discussions with CCS staff.

Observations:

The suicide risk reduction curriculum and training of medical and behavioral staff in suicide reduction and implementation of that training is progressing, however the suicide risk assessment tool has only recently been implemented. Therefore, the need to measure the effectiveness of the training has not been completed. CNAs and nurses are responsible for direct observation and suicide watch at OJC but CCS is not yet providing adequate performance measures for the adequacy of CNA observation and participation in the direct observation and suicide watch processes. There continue to be inadequate numbers of CNAs providing direct observation and suicide watch and documentation of those suicide prevention techniques. Further, the direct observation and suicide watch by the CNAs appears to be only observation without any meaningful clinical interactions by the CNAs with the inmates who are under suicide protocols. Past recommendations

that CNAs be trained to interact with inmates under the supervision of nursing staff is not being demonstrated.

The suicide cut down tool was present in the control booth on unit 2B. I did not check all units but was assured by OPSO custody staff that the cut down tool is in place on all units and the control booths are manned by deputies 24 hours/day.

Recommendations:

76. Continue to provide training and supervision of CNAs with regard to direct observation at OJC.
77. Provide training to mental health staff and correctional staff with regard to direct observation of inmates who have been referred or presented with concerns for suicide or self-harm, and document as well as analyze the direct observation/supervision of those inmates by custody staff until they are seen and evaluated by mental health staff.
78. Provide suicide prevention and observation in suicide resistant cells, and there are none at OJC despite male and female inmates being placed on suicide watch and direct observation in OJC in unsafe and non-suicide resistant cells on multiple units.

IV. B. 5 a.- k. Suicide Precaution

Findings: Non-compliance

Measures of Compliance:
1. Review of policies and procedures
2. Discussion with CCS and OPSO staff
3. Observation and interview of prisoners
4. Review of incident reports.
5. Review of reported suicide attempts

Observations:

The CCS policies are still in development but not yet demonstrated. Further, the number of CNAs providing direct observation and suicide watch is inadequate for the number of inmates on suicide watch or direct observation at OJC.

There are no suicide resistant cells at OJC despite the continuation of high numbers of inmates on suicide watch or direct observation on multiple units at OJC. There are no adequate mental health step down/residential units at OJC.

The mental health Monitor was informed that mortality and morbidity reviews are being conducted by CCS, however psychological autopsies and psychological reviews for inmates who have completed suicide or made serious suicide attempts were not reviewed during this site visit and should be further developed as per the requirements of the Consent Judgment. The process of reviewing morbidity and mortality for inmates with psychiatric disorders is still being developed and there has not been an adequate analysis by CCS or OPSO of the conditions or situations that contribute to inmates who report suicidal ideation or engage in suicidal or self-harming behaviors.

Recommendations:

79. CCS to train and supervise CNA's on direct observations and interactions with prisoners.

80. CCS to develop and present CNA to prisoner ratios of 1:1 or 1:2 for direct observation rather than the current practice of 1:3 or more inmates, and one CNA or nurse for suicide watches for multiple inmates without evidence of interactions with those inmates regarding their mental status.

81. CCS to demonstrate reviews of all serious self-harm attempts and assess the periodic reports to determine if inmates are appropriately identified, protected and treated.

IV.B.6 a. – g. Use of Physical and Chemical Restraints

Finding: Partial Compliance

Measures of Compliance:

1. Review of policies and procedures and medical records
2. Discussions with OPSO, Hunt, and CCS staff
3. Review of incident reports at OPSO and Hunt.

Observations:

CCS has developed physical restraint policy to include use of physical restraints when necessary, however none of the incident reports presented reflect use of physical restraints in any instance for any period of time despite there being inmates who were agitated and in some instances were able to jump from or threaten to jump from tiers. The need for therapeutic restraints continues to require reassessment by both CCS and OPSO. The use of chemical agents such as OC Spray appears to have decreased at Hunt, however a policy and collaboration at Hunt has not been developed for compliance with the Consent Judgment and for inclusion of mental health and possibly trained nursing staff in de-escalation techniques prior to planned use of force at Hunt or OJC. The incident reports do not reflect mental health staff participation in the planned use of force.

Recommendations:

82. Assure that when therapeutic physical restraints may be indicated for prevention of self-harm, they are indeed utilized for the shortest possible time period, and properly supervised, monitored, reported, and assessed.

83. Maintain use of restraint logs for both physical and chemical restraints at OJC and Hunt.

84. Continue revision and implement of policies at Hunt to include mental health staff and possibly specifically trained nursing staff in de-escalation techniques prior to the use of planned uses of force including and specifically OC spray.

II. C. Inmate Medical Care

Executive Summary

Correct Care Solutions, Inc. (CCS) continues to provide medical and mental health services for the OJC and the Hunt acute care unit. CCS is working without a signed contract with the City. This has impeded the recruitment and retention of a permanent medical director and director of behavioral health. Nonetheless, CCS has used corporate resources to manage the operations and to recruit and retain excellent senior staff, notably the health services administrator, director of nursing, and quality management nurse. CCS is searching for a permanent medical director; in the interim, CCS has assigned a corporate regional medical director to OPSO on a fulltime basis.

At the request of the Sheriff, the medical Monitor has worked with CCS corporate and site staff to develop a toolkit for clinical performance measurement. This technical assistance is designed to measure clinical performance; to identify opportunities for improvement; to implement remedies; and to track performance over time. The work has been collaborative and very well received. Since the last compliance visit in August 2015, the medical Monitor made on-site technical assistance visits October 19-22, 2015 and January 11-13, 2016 and worked with corporate and site staff in the interim. This assistance totaled 62 hours, excluding travel time and technical assistance provided during the compliance tours.

The move into OJC was relatively uneventful from a medical care point of view, though there is insufficient space for clinical care, practitioner offices, storage, and mental health treatment. There are no special needs beds at OJC and no specific plans to provide this much-needed space. The OJC is neither designed nor equipped for housing special populations and is poorly designed for the efficient delivery of medical care.

There is no definitive plan for the implementation of an electronic health record, though the City proposes to use ERMA, CCS' proprietary record system. On the other hand, a system called EPIC is apparently available for use by the OPSO. The University Hospital (LSU), most other local hospitals, and most community health centers in the New Orleans area use EPIC. To the extent possible, with the tailoring of the software for jail operations,

as needed, EPIC would be a great asset for continuity of care on reception and on release. Criteria for an adequate electronic record system are detailed in Compliance Report #4.

Access to care has improved considerably at OJC, though there are considerable opportunities for improvement in timely access to an appropriate level of care for inmate patients. CCS has made progress on improving the tone, attitude, and efficiency of care. CCS continues to focus on risk reduction through training, supervision, development of clinical performance measurement tools and tracking systems.

Beside the search for a permanent medical director, CCS is recruiting to fill medical and psychiatric nurse practitioner vacancies.

The paucity of custody staff is a major impediment to timely access to care for patients at OJC. Approximately 35% of scheduled patient visits are missed because of insufficient custody escort staffing for sick call, x-rays, provider visits, and health assessments. Rescheduling these patients increases the lag time for access to care. Nurses often have considerable downtime when they have to wait for an escort to deliver medication in the housing units.

OPSO staff has not developed a mechanism to notify health care staff of known pending discharges, so that medications could be ordered for continuity on release.

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

Finding: Partial compliance

Measures of compliance:
1. Document review of course outline, lesson plan, training records, and medical records.

Observation:

Performance has not improved in this area since Compliance Tour #4.

CCS has a training curriculum and has trained health care staff. The CCS intake screen has clear queries regarding the risk of withdrawal. The intake screen is in use. CCS has implemented CIWA and COWS monitoring for patients at risk of withdrawal. CCS staff is now well trained and is performing well.

CCS has developed a curriculum for training custody staff on withdrawal and detoxification. That training began on August 17, 2015 and abruptly ceased in

November 2016. CCS has reached out to custody staff to be involved in training new recruits, but CCS reports that training staff has not responded since November 2015.

There is no curriculum for custody staff for recognition of urgent medical c conditions.

There is no current plan for oversight of the training program.

Recommendations:

85. OPSO resume pre-service training and provide annual training for custody staff on withdrawal and detoxification. OPSO provide sufficient oversight to assure compliance.

86. OPSO revise its intake policy to reflect adequate screening for risk of withdrawal.

87. OPSO, in conjunction with CCS, develop and implement training for custody staff on recognition of urgent medical conditions.

IV. B. 8. Medical and Mental Health Staffing

Finding: Partial compliance

Observations:

Performance in this area has improved since Compliance Tour #4.CCS has been actively recruiting health professionals. The medical director position is filled on an interim basis. There are medical and psychiatric nurse practitioner vacancies. There are fewer nursing vacancies than in the past.

CCS has successfully recruited a health services administrator, director of nursing, and quality management nurse.

Through medical record review, it is apparent that there are ample opportunities for improvement in training and supervision of clinical staff. CCS is actively involved in this enhanced training and supervision.

Recommendations: (verbatim from Compliance Report #1):

88. OPSO/CCS recruit and retain a medical director, director of behavioral health, and the budgeted nurse practitioners.

89. CCS continue training and supervision of nursing staff.

IV. B. 9. a. – f. Risk Management

Finding:
a. Partial compliance
b. Partial compliance
c. Partial compliance
d. Non-compliance
e. Partial compliance
f. Partial compliance

Observations:

Performance in this area has improved since Compliance Tour #4.Working with the medical and psychiatric Monitors, CCS has developed meaningful clinical performance measures for medical care and behavioral health care. CCS pilot-tested approximately 30 tools in December and January and collected baseline data using revised tools in February. There are apparent opportunities for improvement. CCS has used the results of this measurement to identify opportunities for improvement. Specifically, CCS has used the results of clinical performance measurement and grievance data to develop new operating procedures; improve medication verification processes and orders; improve nursing sick call and provider visit scheduling; improve injury notification and nursing documentation; increase use of the master problem list; improve information on transfers; and improve care for patients on anticoagulant medication.

CCS staff is revising systems and enhancing training and supervision to meet agreed upon standards of care, based on the clinical performance measurements. In the past, corporate staff did performance measurement. Site staff is now much more involved. This sense of "ownership" has been constructive. Site staff has begun to analyze data to implement corrective action plans.

CCS has also been participating in "Town Hall" meetings on each housing unit to further identify opportunities for improvement. Town Hall meetings are currently scheduled monthly on each housing unit.

Mortality reviews are appropriately self-critical, though they could be more explicit on opportunities for improvement.

Dr. Patterson:

The first Mental Health Review Committee meeting by CCS that included OPSO staff took place in January 2016. This is the first meeting and the committee members were appropriate to meet the full composition necessary for the Mental Health Review Committee. However, the minutes of the committee meeting indicate that a number of items were discussed with some recommendations but results of the actual discussion and possible corrective actions to be implemented have not been provided given that the initial meeting was the month before this site visit. It is anticipated that should these meetings continue with the appropriate staff participation, documentation of implementation of recommendations and analysis of the results will be forthcoming.

Recommendations:

90. CCS continue to 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.
91. CCS develop a quality management plan, continue to measure clinical performance, integrate all quality improvement activities under one committee, track and trend results, and evaluate the program annually. On-site health care leadership should become increasingly involved in the quality management program.
92. Continue monthly meetings of the Mental Health Review Committee with the designated membership and provision of minutes of those meetings to assure they address the appropriate mental health issues as specified in the Consent Judgment.

IV. C. Medical Care

Assessment Methodology

- February 15 - 18, 2016 on-site.
- Meetings with OPSO and CCS staff, tour of OJC (IPC, and housing units 2A, 2B, 3B, 3C, 3D, 4A, & 4B)

- Medical record review and reliability testing of CCS clinical performance measurement
- Medical record reviews of selected incidents, patients referred to the emergency department for ambulatory sensitive conditions, alleged sexual assaults, and referrals from Plaintiffs' attorneys.

Finding: Partial compliance

Measures of compliance:
1. Quality management documents,
2. Inmate complaints and grievances,
3. Medical records.

Observations:

Performance in this area has improved since Compliance Tour #4.

Access to care – access has improved measurably, though there are lags to access for some inmates who "fall through the cracks." There are fewer inmate patients who "fall through the cracks" as time goes on. Though access time has improved, access to physicians and psychiatrists is longer than satisfactory.

Pregnancy care – the OPSO/CCS practices for pregnant inmates lead to delays in access to first visits and do not currently provide for hepatitis vaccination and screening for sexually-transmitted infections in a timely way.

Medical recordkeeping - medical records remain disorganized and difficult to review. Because of severely limited space, the records of recently discharged inmates are sent for archival storage, making them relatively unavailable for continuity of care.

There is no easy mechanism for amalgamating older medical records into the medical records of recently booked inmates. This makes it difficult to provide continuity and coordination of care.

OPSO needs an electronic medical record that can survive changes in vendors. Among other things, it needs to communicate with the jail management system for locator functions and the diagnostic laboratory. Further, it should have a scheduling system and tracking system to be used for patient care and clinical performance measurement.

Each person should have a retrievable medical record, filed by person, with a personal identifier, and not by each booking.

Utilization management – the CCS utilization management program is reasonable and based on commonly accepted precepts of resource management.

Medication management—there has been measurable improvement in medication management. The lag time from prescription to first dose is now acceptable in most cases. There are fewer interruptions in continuity of medication.

Continuity on release - OPSO is not notifying CCS staff of all impending discharges. As a result, departing inmates are not getting medication ordered. CCS currently provides a prepaid electronic prescription for seven days of medication, to be filled in a neighborhood pharmacy. Though the Court Order requires actual provision of a seven-day supply of medication, I think a prepaid seven-day supply, with printed instructions, is equivalent and easier to manage.

Continuity on transfer - CCS is preparing transfer summaries to and from the Hunt facility and whenever necessary otherwise. The summaries are more comprehensive than they had been in the past.

IPC design - We toured the Intake Processing Center. There is a notable lack of privacy for the medical and mental health intake process and an awkward bank-teller like window for taking vital signs. The distance between the nurse and the patient is too far to measure vital signs. The lack of privacy impedes reliable reporting of medical and mental health history.

Jail Design – Phase II - Although medical and psychiatric patients are clustered on general population housing units, there is no provision for housing patients with special needs, both medical and psychiatric, in the OJC.

Grievance Process - The grievance process is timelier and much more responsive than it was. CCS is trending grievance data and using analyzed data to implement improvements in medical care processes.

Medical Co-Pays - The Monitors are no longer receiving complaints about inappropriate co-payments.

Recommendations:

93. OPSO assure medical care facilities that are clean, safe, and secure.

94. OPSO has arranged for professional language interpretation services so as to provide confidentiality of medical information. The use of this service needs to be tracked as a proof of compliance.

95. CCS continue to measure and track clinical performance as part of its quality management program.

96. CCS revisit its policies and clinical guidelines for pregnant inmates, consistent with nationally-accepted recommendations for obstetrical care for high risk patients.

97. OPSO revisit the design of the medical and mental health intake areas in the IPC in concert with health care providers, to provide easy flow and appropriate privacy.

98. OPSO develop and maintain an electronic medical record system that has elements described in the executive summary portion of this report.

IV. C. 1. Quality Management of Medication Administration

Findings: Partial compliance

Measures of compliance:
1. Quality management documents
2. Inmate complaints and grievances
3. Medical records.

Observations:

Performance in this area has improved since Compliance Tour #4.

Nurses have been trained on medication administration and documentation. CCS has been measuring performance on a quarterly basis.

Recommendations:

99. CCS continue to monitor the effectiveness of the medication administration program, including time lag to first dose, management of serial non-adherence, and missed doses.

100. OPSO communicate impending discharges to CCS so that a prescription for medication can be prepared and delivered to the inmate.

IV. C. 2. Health Care Delivered

Findings: Partial compliance

Measures of compliance:
1. Reports on numbers, as specified in the Consent Decree
2. Reports on clinical performance, with discussion of problem identification and remedies

Observations:

Performance in this area has improved since Compliance Tour #4.

CCS is reporting on staffing, clinical activity, and clinical performance. This is a significant improvement. Staff has been trained in medication administration. Clinicians now have a checklist for chronic care that includes reminders for medication renewal, housing accommodations, and return visits. Appropriate medication protocols are in place.

CCS has been reviewing the appropriateness of referrals to the hospital emergency department. There are fewer unnecessary outside trips and no compromise of necessary trips. Outbound and inbound medical record documentation has improved.

There is no documentation of ongoing oversight of CCS care by OPSO.

Recommendations:

101. CCS continue its current periodic audits of clinical performance and grievance data and continue its data analysis that has been used recently to develop remedies for opportunities for improvement.
102. OPSO and CCS analyze trauma-related hospital referrals for the purposes of prevention (e.g., reducing on-site injuries) and diversion to on-site primary care.
103. OPSO develop and maintain a method for clinical oversight to eventually replace the current role of the court-appointed Monitor and sub-Monitors.

IV. C. 3. Release and Transfer

Finding: Partial compliance

Measures of compliance:
1. Interview

Observation:

Performance in this area has not improved substantially since Compliance Tour #4.

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 for most patients released to the community. On the occasions when CCS is aware of pending discharges, CCS arranges for a 7-day supply of medication through community pharmacies. The proportion of prescriptions picked up by released inmates is low, consistent with the low rates achieved in other jurisdictions.
CCS is providing transfer summaries for patients going to Hunt and the LADOC.

CCS has expanded the transfer form to provide relevant data, such as recent laboratory testing, to document level of control for patients with chronic conditions, including mental illness.

Recommendation:

104. OPSO 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

This report summarizing the findings of compliance tour #5 regarding the Environmental Health and Fire and Life Safety provisions of the Consent Judgment. The Monitor conducted the tour February 16-19, 2016. The Monitor also conducted a Technical Assistance tour on October 16-20, 2015 to address several specific provisions of the Consent Judgment including: pest control, water pressure and drainage issues at OJC, biohazardous spill response and disposal, sanitation (including housekeeping, mattress inspection, cleaning and storage, and chemical control) and fire and life safety.

For this tour the only facility housing inmates was Orleans Justice Center (OJC). The Temporary Detention Center (TDC), Conchetta, Orleans Parish Prison (OPP), Templeman V (TP5), and the Intake Processing Center (IPC) are closed. The only other facility operated by OPSO is the Kitchen/Warehouse that is used to prepare inmate meals. Daily approximately twenty-five (25) inmate workers assist the food service contractor. OPSO deputies supervise the inmate workers. To assess compliance with the Consent Judgment the Monitor reviewed a large volume of documents provided by OPSO prior to the tour, visited housing units at OJC, observed the food service operation at the Kitchen/Warehouse, and conducted meetings with the Facility Maintenance Director, Fire Safety Officer, Sanitarian, Transition Manager, and food service contractor.

Progress made since Compliance Report #4 and technical assistance visit are:

1. Improvement in reporting concerning the pest control contract and monitoring pest activity trends;
2. Completion of an interim policy on biohazardous spill response and the purchase of spill kits;
3. Resolution of the wastewater drainage issues at OJC caused by ineffective mechanical devises installed in the new facility designed to catch solid waste being flushed through inmate toilets;
4. Improvements in the food temperatures when food is delivered to inmates;

5. Development of an interim policy for inspecting, cleaning, and storage of mattresses between inmate uses.
6. Independent dietary analysis of daily meal menus for inmates.

Considerable work is needed to gain compliance with the Consent Judgment. While recommendations are included in this section of the report, presented here is a summary of significant issues that need immediate attention by OPSO:

1. Fire Safety: The fire prevention and evacuations polices for OJC and the Kitchen/Warehouse must be completed. Designated safety officers for all shifts in both OJC and the Kitchen/Warehouse need to be selected and trained as to their responsibilities and expectations for both staff training and facility inspections. Deputies, supervisors, maintenance staff, and contractors (medical, food service) must complete competency-based training on fire prevention and evacuation for the buildings in which they work. All of these actions should have been completed prior to the opening of OJC.
2. Sanitation: The housekeeping (sanitation) policy, procedures, schedules, and staff and inmate responsibilities must be completed as the inmate housing areas including toilets and showers are not clean posing health risks. This work is hampered by not having the staff referenced above, 1. The housekeeping plan must be implemented throughout OPSO. Housing unit officers do not seem to see cleanliness as a high priority given the conditions observed during this tour.
3. Biohazardous Spill Response: The new interim policy must be implemented and staff assigned for cleanup trained.
4. OJC Ventilation: The ventilation system serving the showers throughout OJC needs to be evaluated and changes made to eliminate the excessive moisture dripping from the stainless steel ceiling and condensing on walls and glass. This condition in addition to posing health risks also obstructs the deputy's ability to observe and supervise inmate activity there. Some of the chrome-plated sleeves that attach to the sprinkler heads are already rusting and staining the wall underneath. This is a significant issue for immediate, and long-term facility maintenance issues and costs.

5. Maintenance Work Order System: OPSO must reassess the process by which staff files work order requests. Based on observations made during the tour, officers are not completing work order requests and/or not reporting maintenance issues as they occur (especially plumbing), resulting in unnecessary delays in providing timely response and correction.
6. Requisition/Purchasing: Although not included in the Consent Judgment, OPSO must review and revise the current process for ordering supplies and maintenance parts to support jail operations. Staff report that when a requisition is not approved, there is a failure to communicate the decision and reason to staff requesting the supplies, parts, etc. This results in delays for needed repairs, equipment replacement/repair impacting the health and safety of inmates, and staff.
7. Food Service: Although the matter of meals provided to inmates is not specifically included in the Consent Judgment (other than IV. D.3. a.–c.), the Monitors are very concerned about this critical matter (critical to inmates). The comments, grievances, and letters the Monitors received from inmates for at least the last year identify the quality and quantity of the food as consistently inadequate and sometimes served at the incorrect temperature. The Monitors also have identified coordination issues regarding medically ordered diets and religious diets. The Monitors' observation of the food as it is delivered to the housing units supports the inmates' complaints. It is axiomatic in the jail business that food is often a flash point for disorder in correctional facilities. The inmates' constant complaints to staff about food make management of the inmates difficult, and potentially compromises safety and security. The Monitors strongly urge OPSO to work with the food service contractor to address these issues: quality, quantity, and variety of food, provision of medically ordered diets, and provision of religious diets.[1]
8. Tool Control in the Kitchen/Warehouse: Although not specifically included in the Consent Judgment, documentation of the tool inventory was found to be

[1] These observations and concerns were transmitted to the Sheriff in a letter dated February 22, 2016.

incomplete. Failure to control tools results in unreasonable health and safety hazards, including introduction of contraband, into the jail. For seven of the first 14 days of February and for several days in January, 2016 there was no inventory conducted/documented at the end of the shift. Further there was no supervisor's signature indicating that the inventory had been reviewed (as required on the inventory form) for any inventories completed for January and February 2016. On some inventories, the officer completing the inventory did not sign the form. The inventory for tools needs to be done at the beginning of the shift and at the end. A written tool policy and procedure control for all tools throughout OPSO must be developed and implemented.

9. Kitchen Chemical Control: Control of potentially dangerous chemicals requires immediate attention. The Monitor identified that in the chemical control log for the kitchen/warehouse that when chemicals were signed out for use, the chemical control officer did not record that the chemicals were returned, or that all chemicals distributed were used and did not record there were none to return. A chemical control policy and procedure for all chemicals used throughout OPSO where inmates are housed or assigned must be developed and implemented.

D. 1. Sanitation and Environmental Conditions
IV. D. 1. a.

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:

The only facility currently used to house inmates is the Orleans Justice Center (OJC). The findings for this provision only pertain to that facility, as the Monitor did not visit the closed facilities.

October 12-16, 2015 the Monitor conducted a technical assistance tour at the request of OPSO to address several environmental and sanitation issues related to the Consent Judgment. A written summary was provided to OPSO following the tour. Sanitation and environmental conditions including housekeeping of inmate living areas was one key focus. As a result of the discussions with staff, the Monitor and OPSO Sanitarian developed expectations and priorities to be addressed before the next scheduled compliance tour (February 2016). These areas included:

1. Immediately implement an interim directive outlining cleaning schedules for all areas for both TDC and OJC.*
2. Immediately implement a policy that assures that cells are thoroughly cleaned and disinfected between inmates, including the bed, mattress, writing surface, glass, floors, toilet and lavatory.
3. When these policies are developed and approved, implement a mentoring program and evaluate the process weekly to identify and implement any needed modifications are needed to the cleaning procedures or the mentoring program.
4. Immediately establish and interim policy that identifies what each inmate is to receive upon intake, i.e. two sheets, one uniform, one undershirt, one blanket, one towel, etc. and what an inmate is allowed to maintain in their cell or at their bed.
5. As part of the inmate property policy, establish a policy that mandates all inmates submit uniforms, personal laundry, bedding and towels on at least a weekly schedule.
6. Immediately implement a written schedule (shift, daily, weekly, monthly etc. for cleaning all areas of OJC and TDC.
7. When OPSO makes a determination of whether inmate workers, supervised by deputies will be used to clean common areas, develop a written procedure

for cleaning and disinfecting cells and common areas. Assure this information is included in the inmate handbook and the housing unit officer's daily briefing.

a. When the policy/procedures is completed and approved, develop a training syllabus for the Monitor's review for both housing unit deputies and supervisors that establish the expectations and consequences for not following the policy/procedure.

8. Finalize an interim policy for the inspection, cleaning and disinfecting mattresses before issuing to an inmate.*

   a. Identify a designated internal storage room or area at the OJC and TDC for the purpose of storing, inspecting, cleaning and disinfecting mattresses that assures soiled and cleaned mattresses are physically separated from each other in the room and stored off the floor.*

9. Develop and implement a chemical control interim policy that includes a minimum of daily inventory of all chemicals throughout all OPSO facilities that includes a sign in/out anytime chemicals are removed and returned to the designated chemical storerooms.

   a. Provide a copy of the chemical control training syllabus for review by the Monitor prior to starting the training.

Of the agreed upon expectations (see above), those completed are identified above with an asterisk (*).

According to the Policy Tracking spreadsheet dated February 1, 2016, the Cleaning Procedures-Pod/Housing Unit Policy 1101.03 is not finished. Touring the housing pods in OJC documented a lack of cleanliness especially in the common toilet/lavatory areas and showers. Examples include:

1. Inmates in dormitory units are allowed to keep mattresses on the floor (4-A, 4-B, and 4-C) and not on the bunks.
2. Inmates have damaged the floor by breaking several floor tiles and moldings on the mezzanine (4-A) and broken tiles under the front stairwell (4-B) of

which security staff were unaware. Such sharp objects can be used as weapons.

3. Inmate cells B-4014m and B-4017m were empty and had not been cleaned.
4. Inmates are permitted to take chairs from the dayroom tables into the showers. Compounding the problem of having plastic chairs in a shower area is the visibility in many showers is obstructed from deputy's view because of excessive moisture condensation covering the windows.
5. Inmates are not being required to store personal items, including commissary, in their personal property bags. Inmates are permitted to keep meal trays in their cells (numerous housing units) by deputies not collecting them after service and failing to observe the return of trays.
6. Mops, buckets, brooms, and dustpans were not securely stored when not being used, potentially allowing their use as weapons against inmates or staff.
7. The chemical storage and janitorial room was not maintained clean (4-B). It needs to be included on the cleaning schedule.
8. Some inmates complained they are not able to get cleaning supplies.
9. Floors in several shower areas had standing water because of lack of ventilation in the showers, creating a high probability of slips, trips and fall accidents. Shower walls and lavatory sinks were coated a buildup of soap residue demonstrating a lack of consistent cleaning.

OPSO has not selected and trained sanitation officers who are responsible to manage and supervise inmate workers in the housing units. The OPSO Sanitarian developed a "Master Cleaning and Sanitation Schedule" that includes the frequency of cleaning, and the chemical and/or equipment to be used, but has not assigned developed post orders, thereby designating the work responsibility, nor has the schedule been implemented. Working with the chemical vendor OPSO developed a draft written cleaning procedure, but it too has not been incorporated into the housekeeping policy or implemented.

OPSO provided a draft list of authorized items inmates are allowed to maintain in their cell or living area, but it has not been incorporated in an authorized policy, trained, included in the Inmate Handbook, or implemented.

Prior to the compliance tour OPSO provided copies of weekly inspections conducted by those responsible for this section of the Consent Judgment. Based on observations during the tour the inspections failed to accurately document the conditions observed by the Monitor, and had have had little, if any impact in improving the cleanliness of the inmate occupied areas. The process is also not beneficial in identifying needed maintenance repairs such as low water pressure, non-functioning drinking water fountains, or water shut off. The documents identified mostly inmate complaints. This process must be improved.

Recommendations:

105. Complete and implement written policies and procedures governing the provisions of this paragraph. These policies include, but are not limited to:
   i. Detailed housekeeping procedures, schedule, training, and a comprehensive inspection process that includes establishing staff and inmate expectations that management is committed to enforce consistently and continually for housing units, toilets, showers, and common areas.
   ii. Include in the policy a written process and procedure to assure inmate cells are thoroughly cleaned and disinfected between inmates.
   iii. Develop and implement a process for consistent and continual management review and oversight of sanitation.

106. Include in the policy inmate rules that list the allowable items and quantities inmates are permitted to maintain in their cells and where they are expected to be stored. Include the rules and list in the inmate handbook.

107. Develop and implement a chemical control policy and procedures that include at least daily inventory process, sign in/out requirements to assure safety of inmates and staff.

108. Select a sufficient number of sanitation officers for each shift to supervise housekeeping.
109. Implement the mattress inspection, cleaning and disinfection policy.
110. Establish and implement documented ongoing housekeeping, biohazardous spill response, worker safety, and chemical control training for sanitation officers that includes a measurement of competency such as pre and post testing.
111. Provide documented housekeeping training for housing unit deputies, supervisors, and inspectors that includes evidence of understanding of their responsibilities such as a pre and post testing.

IV. D .1. b.

Findings: Partial 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:

According to the Policy Tracking spreadsheet dated February 1, 2016, Policy 601.01 “Compliance with Required Physical Plant Standards and Codes” has not been drafted. Policy 601.02 “Reporting Maintenance Problems” has been drafted and submitted to OPSO, comments were provided by the Monitor, but the policy is not completed. Policy 601.03 “Preventative Maintenance” was drafted but has not been provided to the Monitor’s for comment. Policy 601.04, “Maintenance Inspections has not been drafted.

Facility Management continues to use the maintenance work order system, “Facility Dude.” On the previous tour, OPSO provided attendance sheets for the two-hour training that was conducted in 2014. OPSO reported in the compliance summary that training was provided again in 2015; however OPSO did not provide

any attendance sheets. Upon request, Facility Maintenance stated they did not have a current list of staff from OJC or the Kitchen/Warehouse designated to file work orders.

During the compliance tour officers assigned to inmate housing areas were unable to explain to the Monitor when asked how to request a work order ("I guess I call maintenance" was one response). There is no mechanism for the housing unit officer to know whether or not a work order has been submitted by a previous shift. The Monitor suggested that OPSO revisit the work order request process, by creating a procedure whereby officers can call about maintenance issues using a "maintenance hotline". Facility Maintenance would then enter the request into the system and assign trades to complete the work more efficiently.

Recommendation:

112. Complete and implement written policies and procedures governing the provisions of this paragraph. These policies and procedures may include, but are not limited to:

   a. Train employees to file timely work orders meeting the 24-and-48 hour requirement of this provision.
   b. Review and develop a simple system for officers to report maintenance issues and complete the maintenance reporting policy.
   c. Maintain a tracking system for pending work orders by type to document needs for effective resource allocation for specific trades.
   d. Establish an maintenance/repair supply inventory to assure adequate and available supplies of regularly needed parts for repairs such belts, fans, and motors for HVAC equipment; plumbing parts such as shower heads, valves, and faucets; and common electrical parts including electrical panels, lights, transformers, and ballasts to quickly and efficiently resolve routine maintenance issues.

IV. D. 1. c.

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:

Air balance reports for OJC have been submitted to the OPSO contractor, OMK, for review and acceptance. The reports have not yet been accepted. The Monitor observed excessive condensation in several housing unit showers where condensate was dripping onto the floor from the ceiling and doorframes creating a slip and fall hazard. Windows and walls in the shower areas were coated with excessive condensate obstructing officer visibility and making it virtually unable to effectively clean and disinfect. After the tour the Monitor learned that many of the dampers controlling the shower vents were closed and the contractor was evaluating whether the exhaust fans were operating as designed.

The Monitor did not observe any issues, nor received any complaints, or see any grievances from inmates regarding heating or air conditioning. Preventative maintenance on all HVAC systems in scheduled in "Facility Dude" system and it aligned with equipment manufacture's scheduled maintenance recommendations. The system provides appropriate notification when filter changes, belt inspections, etc. are needed. It is absolutely essential that these costs for all facilities are included in the budget and that the work is accomplished as required. Otherwise, this building will begin to deteriorate, and there will be health/safety issues, and unnecessary long-term costs.

Recommendation:

113. Develop and implement a written policy and procedure containing the requirements of this paragraph, which includes, but is not limited to:
    a. Implement a system to measure and assure adequate ventilation throughout the housing tiers including the showers.

b. Complete and provide documentation for the air balance report for OJC.

c. Assure the preventative maintenance policy includes a provision for maintenance staff to review compliance with the provision at least twice each year. Implement the policy.

d. OPOS must be able to demonstrate that scheduled maintenance was completed as scheduled.

114. Assure that the OPSO budget includes the costs of implementing the preventive maintenance plan.

IV. D. 1. d.

Findings: Substantial Compliance

Measures of Compliance:

1. Maintenance of pending work order list showing the purchase order for pending work order regarding lighting fixtures. Review of work order lists.
2. Visual observation conditions.

Observations:

The only facility housing inmates is the OJC. Adequate lighting is provided throughout the facility. The Monitor did not observe any malfunctioning light fixtures within the living areas. OPSO does not currently maintain a supply of replacement bulbs, transformers, or ballasts to repair malfunctioning lighting. Any replacements have to wait for the building contractor to supply.

Recommendations:

115. Provide an inventory of replacement bulbs, transformers, ballasts, and fixtures to assure timely repairs.

116. Assure electricians are available in OJC to assure that the provision continues is met.

IV. D. 1. e.

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:

OPSO continues to maintain a pest control contract. The OPSO Sanitarian is designated to manage the contract. The contractor has completed a pest control plan for OPSO. The recent reports show little activity for both insects and rodents. Since the last tour there have been no grievances or complaints from inmates or staff regarding pest issues.

Before this provision will be in substantial compliance, OPSO must demonstrate completion and evidence of implementation of the maintenance policy 601.03, "Preventative Maintenance" that includes a provision for ongoing pest control services. To prevent pest issues within facilities, the OPSO sanitation policy and inmate handbook need to include a list items inmates are permitted to maintain in their cells/housing unit, how much and where inmate commissary food is to be stored, and how long inmates are permitted to retain food from meal service (if at all). The sanitation plan also must include the schedule for regular removal of trash and garbage from the housing units and the building.

Recommendations:

117. Implement the preventative maintenance policy that includes the pest control program, sanitation policies, and procedures and include the relevant information in the inmate handbook.
118. Provide training to inmates, housing officers and supervisors on rules and expectations.
119. Evaluate the pest control contract and reports regularly to:

a. Assure that the pest control contractor is meeting the terms of the contract and their work meets the requirements of this paragraph;
b. Assure contractor continues to provide quarterly trend reports and that OPSO reviews them for changes or action items needing to be completed;
c. Establish a process for officers and inmates to report any pest activity within OJC and the Kitchen/Warehouse.
d. Review the pest control reports to assure that all recommendations are implemented to prevent pest infestations and complaints.

IV. D. 1. f.

Findings: Partial 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:

The Stipulated Agreement (paragraph 16) of February 11, 2015 mandated OPSO to address biohazardous spills. At the technical assistance visit in October, 2015, OPSO committed to develop a policy and procedures for biohazardous spill clean-up, provide spill kits, and identify and train designated staff on all shifts as well as inmates if they are to be used on safe spill response. OPSO has developed Policy 1101.7, "Biohazardous Spills Cleaning Procedures" dated February 15, 2016 (the day before the compliance tour began). The policy provides that only OPSO deputies trained in bio-hazardous spill response shall be utilized for cleaning up any biohazardous spills. It is planned that designated sanitation officers on each shift

will be trained. However, as of the compliance tour the sanitation officers have not been identified or trained. The procedures are thorough and developed in accordance with the spill kit directions and includes a required inventory be maintained by the safety and sanitation deputy. OPSO currently maintains a supply of spill kits that are stored in the chemical storage room on each floor at OJC and at the watch commander's desk in intake. The policy designates the OPSO Registered Sanitarian to provide the training. No reports were available regarding any use of the kits since they were purchased.

Recommendation:

120. Implement Policy 1101.07 addressing spill response including, but not limited to:

a. Designate posts per shift that will responsible for managing blood borne pathogen and biohazardous spill cleanup.
b. Provide the Monitor with a draft of the lesson plan for the training program.
c. Complete documented training of the deputies on OSHA's blood borne Pathogens Standard, 29 CFR 1910.1030 and on the policy's spill response procedures

IV. D. 1. g.

Findings: Partial 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 maintains a supply of spill kits that includes a "Spill Clean-Up Pack" that includes the chemicals to be used for clean-up and disinfection. The kits have been distributed to the chemical storage rooms in OJC and at the watch

commander's office In Intake. Review and implement the recommendations listed in IV. D. 1. g.

Recommendation:

121. Implement Interim Policy 1101.07, "Bio-Hazardous Sills Cleaning Procedures including

a. Distributing the spill kits to the designated locations within OJC

b. Identify the deputies who will be assigned responsibility for spill response and provide the required training.

IV. D. 1. h.

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:

Since OPSO has no policy, the Monitor provided partial compliance in Report # 4 based on the existence of CCS' infection control policy. But it has not been implemented, therefore this paragraph is in non-compliance.

The OPSO Registered Sanitarian is currently working with CCS to develop a comprehensive infection control plan for OPSO. Once completed, OPSO housing unit deputies, supervisors, and sanitation officers will need to be trained.

Recommendation:

122. Implement written policies and procedures governing the provisions of this paragraph that include, but is not limited to:

a. Management of contact with blood borne and airborne hazards and infections

b. Identification, treatment, and control of Methicillin-Resistant *Staphylococcus aureus* ("MRSA") at all facilities;

c. Training for all affected employees on the implementation of the plan.

d. Assure that the CCS Infection Control policy also address these specific requirements.

V. D. 2. Environmental Control
D. 2. a.

Findings: Partial 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:

OPSO only houses inmates at OJC. All electrical panels are located in secure areas inaccessible to inmates. The Facility Maintenance Manager stated that since the opening of OJC there have been no incidents of broken or missing electrical panels. The work order system schedules and tracks all work orders. During the tour the Monitor did not identify any panels in need of repair or replacement.

The preventative maintenance policy and the maintenance reporting policy has been drafted, but has not been completed as of this compliance tour. When the policy is completed and implemented, this provision will be substantially compliant.

Recommendation:

123. Develop and implement Policy 601.02 "Preventative Maintenance" and Policy 601.03 "Reporting Maintenance Problems" addressing the requirements of this paragraph including necessary training and establish a process to assure repairs/replacement is completed within 30 days unless there is a delay due to need for a part not maintained in stock.

IV. D. 2. b.

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 for IV. D. 2. a. above. Electrical repairs are scheduled when work order requests are filed. Draft policies 601.02, "Preventative Maintenance" and 601.03 "Reporting Maintenance Policies "have not been completed. On the compliance tour the Monitor did not identify any malfunctioning lights, exposed wires or exposed wires. Once the preventative maintenance policies are completed and implemented, this provision will be substantially compliant.

IV. D. 3. Food Service
IV. D. 3. a.

Findings: Partial 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 does not have any food service policies governing the requirements for annual training of deputies, and/or inmate workers assigned to the kitchen; and therefore don't meet the requirements of this provision. OPSO currently contracts for inmate meals. OPSO provided documentation that the contractor's Director of Food Services at OPSO maintains Serv-Safe Food Manager Certification and also holds a Certified Instructor and an examination proctor certificate. OPSO provided copies of Serv-Safe Certificates demonstrating current certifications for eleven of the

contractor's employees. OPSO provided sign-in sheets as evidence of training of inmate workers. The training was held from July through December, 2015.

Recommendation:

124. Develop a policy and procedure that incorporate the requirements of the provision including a requirement for documented initial food safety training for deputies and inmate workers assigned to food service in the kitchen or the re-therm kitchens of OJC and the annual training as required.

IV. D. 3. b.

Findings: Partial 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:

OPSO does not have a policy pertaining to food service, other than the vendor contract, and a written list of contractor/OPSO responsibilities/authority document that was agree to by the Contractor on March 25, 2015. An OPSO policy must be developed to govern kitchen operations including incorporation of the principles in the March 25th document, training provided and the policy and procedures implemented.

OPSO provided copies of 12 "internal inspections" completed between August 12, 2015 and December 13, 2015 to demonstrate OPSO oversight of the food service operation. The reports were not signed by the person conducting the inspection and only one report dated August 27, 2015 showed the word "corrected" on six violations out of 19 identified in the report narrative. Three of the 19 violations were noted at "repeat" meaning that they had not been corrected from

the previous inspection. The Monitor questions the value of the internal inspection program that does not provide timely follow-up and response from the audit to document corrective action and closing of the violation. The reports also did not indicate that it was reviewed with the contractor or shared with appropriate management staff at OPSO to assure management oversight of the operation.

OPSO also provided a copy of inspections of three inspections from the local health department conducted on August 28, 2015 at the OJC's re-therm kitchens that showed no violations of the Louisiana Food Code. These inspections were conducted prior to the opening of OJC and the re-therm kitchens located in the OJC

The Monitor toured the kitchen and warehouse and found that the floors and equipment were maintained clean. The contractor maintains a cleaning plan and schedule for all equipment and appears to follow the equipment manufacture's recommendations for cleaning and sanitizing. The Monitor also noted that there were several pieces of equipment in the central kitchen that were either inoperable due to breakdown and needed repair and equipment including the tray filling conveyors that according to the contractor continually malfunction. OPSO needs to assure that all equipment used is maintained in accordance with the equipment manufacturer's recommendations and is included in the "Facility Dude" preventative maintenance schedule.

Recommendation:

125. Develop and implement a food service policy and written procedures addressing this paragraph including but not limited to:

   a. Establishing requirements for cleaning and sanitization and a 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 must be documented on the sanitation log showing the initials of the person who completed the cleaning. The logs should be reviewed by and OPSO

Food Service Kitchen Supervisor or Director for verification of completion and maintained in the OPSO Food Service Director's office.

b. As a best practice, it recommended that OPSO continue the weekly documented oversight inspections by a qualified inspector who is independent of the food service contractor to identify any contract non-compliance and include documentation of corrective action taken for all previously identified violations. A written corrective action process must be required for areas of non-compliance that includes retraining of employees or inmates, required maintenance repairs, safe food handling, personal hygiene, etc.

c. Assure all inspections are reviewed with the food service contractor and designated management staff within OPSO.

d. Designate in the policy the position/post responsible for oversight for these functions.

IV. D. 3. c.

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:

OPSO does not have a policy and procedures for food service that incorporates the requirements of this provision. Prior to the compliance tour, OPSO provided copies of the daily cooler temperature logs for all refrigerators that was completed by OPSO staff assigned to the kitchen for November and December 2015. The Monitor noted that the temperature logs were completed for Monday through Friday. There were no logs for holidays or weekends. The reports showed temperatures above the maximum temperatures of 41°F for refrigerated food and

0°F for the frozen storage of potentially hazardous foods for four refrigerators and two freezers. These unacceptable temperatures were recorded for most days during November and December. The Monitor also noted that the food service contractor's measurements for the same period documented similar results. However, there was no written evidence provided that noted any corrective action taken by OPSO staff or the contractor, such as to repair the equipment, transfer food to functioning units. These actions only occurred after the Monitor reviewed the logs and raised the issue with OPSO.

The Monitor could not discern from the provided documents whether or not potentially hazardous food was actually being stored in these freezers or refrigerators. The Monitor references the FDA's Model Food Code which establishes maximum temperatures for refrigerated or frozen food, not air temperatures that were actually measured by OPSO staff. However, the air temperatures can be a valid indicator of the approximate temperature of the food being stored there.

When the Monitor asked staff taking temperatures what should be done when temperatures exceed the maximum permitted level, they could not correctly answer correctly that the action must be to transfer or discard the food. This may be due to lack of a written procedure or lack of training.

For this tour OPSO did not provide any temperature logs for the wash, rinse and final sanitizing rinse temperature for the "pot shack" warewasher as provided prior to previous compliance tours and as required in the provision. The Monitor concludes that these temperatures are not monitored.

Recommendation:

126. OPSO needs to develop and implement a food service policy addressing this paragraph including, but not limited to:

a. Identifying all refrigerators, freezers, hot and cold food holding equipment, and ware washing equipment located in Kitchen/Warehouse and the re-therm kitchens in OJC.

b. Scheduling the frequency that temperatures are measured and recorded in accordance with the Louisiana food safety regulations.

c. Establishing a written corrective action plan that identifies what actions staff will take when monitoring identifies unacceptable temperatures for equipment holding potentially hazardous food.
d. Requiring evidence of documented training of the OPSO supervisor assigned to food service at the Kitchen/Warehouse and/or OJC to review temperatures logs daily, and assure that any potentially hazardous food is removed, and if necessary, destroyed and that work orders are submitted when inspections indicate equipment that is not operating as designed.
e. Requiring documented training deputies assigned to measure and record temperatures for refrigerated/frozen cold potentially hazardous food, hot food holding units, and ware washing equipment
f. Requiring use of temperature logs for all equipment where food is held including Kitchen/Warehouse and re-therm kitchens and where kitchenware and utensils are cleaned, that includes a record retention schedule.
g. Designating the position/post responsible for oversight for these functions.

IV. D. 4. Sanitation and Environmental Conditions Reporting
D. 4. a. (1) – (7)

Findings: Partial Compliance

Measures of Compliance:
1. Written policy and procedure governing reporting.
2. Evidence of written report provided as specified in the provision.
3.

Observations:

OPSO has no written policy to assure ongoing reporting. The Director of Facility Maintenance, along with the assistance of the Monitor, developed a reporting format for Sanitation and Environmental Conditions that was used for the two reports during 2015. The format must now be revised to include the two facilities -- OJC and the kitchen/warehouse.

OPSO's latest report includes data collected from July-December, 2015. Data collected was facility specific. OPSO Facility Maintenance needs to be able to review and track why work orders are not being submitted and look at ways to assure that they are submitted to receive timely repairs.

As a result of the pest control data from the first report, the pest control contractor revised it's tracking to provide more comprehensive trend data. The second trend reports showed very little insect and rodent issues in OJC and the kitchen/Warehouse. [2]

The only Health Department inspection completed during the reporting period was for TDC, which is now closed. The Louisiana Department of Health and Hospitals did not do any inspection of OJC during the reporting period. Because the facility has not been open for six months, some regulatory inspections have not yet been completed as of this report ending date of December 2015.

As more data are available, the reporting format may need to be revised to capture information useful to OPSO management to use in modifying policies, training, implementation issues, and inspections. The forms need to have a governing policy/procedure. As part of this reporting process OPSO needs to include the number of inmate grievances filed and resolved for environmental conditions.

Recommendation:

127. Develop and implement written policy and procedures addressing this paragraph including, but not limited to 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.

a. Designate the position/post responsible for oversight for these functions.

[2] More detail can be found in the pest control provision IV.D.1.e.

b. Track grievances for environmental and maintenance issues including regarding maintenance issues.

D. 4. b.

Findings: Partial compliance

Measures of Compliance:
1. Written policy and procedure governing reporting on environmental conditions.
2. Evidence of a 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:

There is no change in compliance from the previous report. There is no policy or process governing the elements of this paragraph.

Recommendation:

128. Develop and implement written policy and procedures addressing this paragraph including, but not limited to using the data from IV. D. 4.a. (1)-(7) to document trends and develop management response and recommendations to address the issues observed in the Sanitation and Environmental Conditions Report and the provisions of the Consent Judgment.

a. Designate the position/post responsible for addressing this provision.

IV. E. Fire and Life Safety

IV. E. 1. a.

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:

According to the Policy Tracking spreadsheet provided by OPSO Policy 701.01 Emergency Equipment Inspections has not yet been drafted for review. OPSO provided copies of the 4th quarter Facility Quarterly Safety Inspection Report for OJC completed on December 12 and for the Kitchen/Warehouse on December 12, 2015 by the Fire Safety Officer. There were no deficiencies reported at OJC or the Kitchen/Warehouse. OPSO provided a copy of the Certificate of Completion from the contractors and copies of the State Fire Marshall pre-opening inspections completed prior to occupancy on August 25, 2015. OPSO provided a copy of the Certificate of Occupancy and completion issued by the City of New Orleans and issued October 21, 2015.

The Consent Judgment requires quarterly inspections of all "necessary fire and life safety equipment is properly maintained and inspected at least quarterly." Until policies are developed with assigned responsibility for oversight, the provision cannot be in compliance with the provision.[3]

The Kitchen/Warehouse sprinkler system inspection was last completed April, 1, 2015 and November 5, 2015 by S & S Sprinkler Company. It is required to be completed every six months. It will be due again in May 2016.

The copies of all warranties for the new facility's fire safety equipment need to be obtained from the construction company, reviewed, and catalogued for future reference, training and accountability. OPSO employees need refrain from taking any actions (e.g. repairs, inspections) that would violate those warranties without approval of the applicable contractor. Additionally, OPSO must assure that maintenance contracts are in place BEFORE the warranties end and budgeted accordingly. Otherwise there is a risk that the equipment will not be serviced as required.

OPSO has developed an inventory of all fire extinguishers for both OJC and the Kitchen Warehouse. OPSO has determined that Louisiana regulations require a minimum of annual inspections of fire extinguishers.

Recommendations:

128. Review and revise Policy 701.2 to include a building-specific list of all fire and life safety equipment that is required to be inspected and/or tested both annually and quarterly. The revisions include, but are not limited to:
    a. The posts and/or positions having responsibility to assure the testing and/or inspected is completed.

[3] The existing OPSO Policy 701.2 Fire Prevention Regulations; Annual Testing of Equipment dated June 6, 2008, last reviewed October 10, 2009, requires a quarterly inspection of fire equipment inspection and testing including fire sprinkler/suppression systems. The title of this directive is misleading. 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.

b. Assure OJC schedules the annual inspection for 2016 as required by state law.

c. Designate the position/post responsible for oversight for the testing/inspections.

129. Assure that preventive maintenance contracts are in place prior to the expiration of warranties on equipment.

IV. E. 1. b.

Findings: Partial 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:

Policy 701.1, Fire Inspections: last updated June 10, 2008 and reviewed October 16, 2009 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 corrective actions taken for non-conformances are documented. The reports shall be kept on file in fire inspector's office. The existing policy is inadequate as it does not specify the inspection criteria 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 and does not reflect current practice.

OPSO provided copies of monthly Facility Fire Inspection Reports for the months of October, November, and December 2015 completed by the Fire Safety Officer and signed by the ranking officer for OJC and Kitchen/Warehouse . The monthly inspection forms used must be included as appendices to the Fire Safety

Inspection Policy to assure that the form is a controlled document that is reviewed as part of the annual policy review.

The existing fire safety policy does not specify the qualifications of the fire safety inspector or a facility safety officer. OPSO's Fire Safety Officer stated that OPSO has named the safety officer positions for each building for all shifts. However, training of the safety officers has not started. When the revised policy is completed and the Monitor can verify all the requirements for the provision are met, it will be substantially compliant.

Recommendations:

130. Either revise 701.1 or create a new OPSO policy and procedure that establishes the specific parameters to be included in the monthly inspections in accordance with the provision.
    a. Designate the position/post responsible for oversight for these functions.
    b. Establish and define the term "qualified fire safety officer".

IV. E. 1. c.

Findings: Non-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 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:

Policy 701.4 updated September 1, 2004 and last reviewed October 16, 2009 states, "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."

Draft Policy 701.05, "Emergencies – Evacuation" was completed on November 13, 2015. The Monitor provided comments and suggestions on December 21, 2015. It was revised and sent to the OPSO policy coordinator in January 2016, but has not been issued.

OPSO did not conduct any fire drills in the Kitchen/Warehouse in 2013, 2014, and/or 2015. The Fire Safety Officer reported that OPSO has not conducted any drills in OJC since it's opening on September 15, 2015. The fire safety officer reported that staff has not been trained in fire safety or evacuation as required in provision IV. E. 1.d.

OPSO did provide reports for previous tours drills conducted in the now closed OPP, Conchetta, TDC, Intake Processing Center, TPV, and the Tents.

As part of the drill process, OPSO needs to review the drills and document the outcomes, lessons learned and recommendations – to improve initial and annual in-service training, and improve operational practices. In the previous report OPSO did provide sign-in sheets for 138 officers who participated in the in-service training on "Fire Safety in Jails Refresher." However, many of those deputies may have left.

Recommendations:

131. Review and revise Policy 701.4 Written Evacuation Plan to address the minimum requirements specified in the provision. As best practice OPSO should consider conducting drills more frequently than specified in the provision and on all shifts to assure competency and that all staff is familiar with evacuation procedures and that inmates can be relocated quickly and safely while protecting security.

    a. Designate the position/post responsible for oversight for these functions.
    b. Provide the Monitor copies of all fire drill reports and assessments after each drill.

IV. E. 1. d.

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:

Policy 701.5, "Training of Staff in Emergency Plans was updated September 1, 2004 and last reviewed October 16, 2009 and provides "All facility personnel will receive training and periodic retraining in the implementation of Orleans Parish Sheriff's Office emergency plans. (No emergency plans have been provided to the Monitor to review.) OPSO provided the policy development contractor with a draft of Policy 401.05 Emergency Situation Training and Drills. As of this compliance tour, it has not been sent to the Monitor for review. The Fire Safety Officer provided a copy of a training syllabus and curriculum for facility Safety Officers. It is planned that the Safety Officers will go through 24-hour train-the-trainer program. They, in turn will train the rank and file officers in an 8-hour class. As indicated earlier in this report, the Safety officers were selected for OJC, but have not been available for training reportedly because of a staff shortage. OPSO is considering the elimination of the SCBA units that will change the annual training. The Fire Safety Officer will prepare a syllabus to address fire and life safety annual training provision.

Revision to the existing OPSO Policy 701.5 or a new training policy must be developed as this document does not require annual competency based training on proper fire emergency practices and procedures as specified in the Consent Judgment. Further it does not identify which staff needs general or enhanced training, identify the qualification of the trainer, specify the training content, and/or describe how post-training staff competency will be measured.

Recommendation:

132. Revise existing written policies and procedures to address this paragraph including but not limited to:
   a. Assuring that the fire safety and evacuation training for all jail staff meets the requirements of the New Orleans Fire Department, the State Fire Code, and that staff are able to demonstrate competency.
   b. Provide the Monitor with a copy of the PowerPoint presentation for the 24-hour training for review.
   c. Provide the Monitor with a copy of the 8-hour training syllabus and curriculum and any training materials.
   d. Provide the Monitor with copies of the pre and post test instruments for the 24-hour and the 8-hour class, if different.
   e. Assuring that the person conducting the fire safety training is qualified to conduct that training.
   f. Designate the position/post responsible for oversight for these functions.

IV. E.1.e.

Findings: Partial 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 no written OPSO policy that addresses emergency keys. The Policy Tracking spreadsheet dated February 1, 2016 states that the contractor is not assigned to do a key control policy and there is no plan to do a separate policy for emergency keys. This is unacceptable. The emergency keys for OJC are securely located in a fingerprint access control box located just inside the secure entrance.

The keys are identifiable by sight and by touch. Glow sticks are attached to each key ring. The emergency keys and locks have also been color-coded by floor.

The Fire Safety Officer is developing a "Fire Packet" that contains key location, floor plans, and contact numbers of essential OPSO personnel. The packet can be given to the responding New Orleans Fire Department in case of fire or other emergency. A list of the location of the emergency keys is part of the packet.

The policy to meet the requirements of this provision also needs to identify who in each facility on each shift can access the emergency keys, and therefore be trained on their use. The quarterly Safety Inspection Report form requires that emergency exit keys are properly marked and stored and the emergency exit locks are tested and operational.

Recommendations:

126. Develop and implement a written policy and procedure that addresses this paragraph.
   a. Designate the position/post responsible for oversight for these functions.
   b. Continue the quarterly inspection process to test emergency keys and the locks of all doors for which they are expected to open.

E.2 Fire and Life Safety Reporting
IV. E.2.a. (1) – (3)

Findings: Partial Compliance

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

Observations:

As of this compliance tour no policy has been developed that assigns responsibility or parameters for either supervisors or fire safety officers to routinely inspect all housing areas to identify fire hazards. This is required.

OPSO provided documentation that highlighted the few violations identified through the internal monthly and quarterly fire and life safety inspections completed by the Fire Safety Officer. Also provided were the specific reports that

identified the detail for the non-conformities. In all cases corrective action was taken and documented. There were no inspections by contractors during the reporting period as the OJC received the fire marshal's approval just prior to opening.

Recommendations:

127. Develop and implement written policy and procedures addressing the requirements of this provision.
   a. Designate the position/post responsible for oversight for these functions.
   b. Include fire drill assessments and annual staff training progress in future reports.

IV. E. 2. b.

Findings: Non-compliance

Measures of Compliance:
1. Written policy and procedure governing required reporting.
2. Evidence of 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:

See above regarding policy required. There was no fire safety inspection and action policy developed and implemented for fire safety.

OPSO Fire Safety Officer provided evidence of corrective actions developed as a result of the quarterly and annual inspections.

Recommendation:

128. Develop written policy and procedures to address the requirements of this provision and implement it.
   a. Designate the position/post responsible for oversight for these functions.

b. Based on fire drill assessments, inspections and training feedback, demonstrate changes made to fire safety procedures and training.

IV. F. Language Assistance

Findings:

Partial Compliance - IV.F.1.a.
Not Applicable - IV.F.2.a.
Not Applicable - IV.F.2.b.
Partial Compliance - IV.F.3.a.
Partial Compliance – IV.F.4

Measures of compliance:

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

Observations:

OPSO's policy on Language Assistance (801.25) was completed on 4/15/15; OPSO indicates the policy will be finalized in the near future. Training has not taken place.

In regard to paragraph IV.F. 1. a. (4) – the parties agreed that this evaluation could be annual, not monthly. OPSO was to assure that data was being collected at intake to inform this matter. This data collection was not provided for review by the Monitors.

OPSO provided a list of staff who have identified themselves as proficient in another language than English (Vietnamese, German, French and Spanish). This list is maintained by the Director of Human Resources.

OPSO uses the City of New Orleans contract for a language line that provides translation services as needed for operations and medical/mental health care. The City provided reports that indicate OPSO's use of the line.

The plaintiffs/DOJ have agreed that information is not required to be translated into Vietnamese.

Regarding IV. F. 2., Language Assistance Policies and Procedures regarding hold for the U. S. Department of Homeland Security there is no evidence that any

inmates in that status were held in OJC. The rating provided therefore is :not applicable".

The plaintiffs/DOJ have agreed that 8 hours (see IV.F.3.(a)) of training noted may be decreased based on a proposal and evidence provided by OPSO.

Recommendations:

129. Complete relevant policies/procedures
130. When the policy has been finalized, 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. If OPSO wishes to propose less than an 8 hour block of instruction, this needs to be done along with the specifics of any such proposal.
131. The plaintiffs and defendants should confer regarding the requirements of IV. F. 3.a. and advise the Monitors.

IV. G. Youthful Prisoners

Findings: Partial-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:

The male juveniles held at the Orleans Justice Center are housed in one unit regardless of classification that consists of 30 double cells. These inmates are managed, according to OPSO by scheduling in/out of cell time. Because not all male juveniles are classified the same, or have the same risk factors, there is no strategy other than lockdown in a cell as a means of safe housing. This is a violation of the

PREA standards, as well as a generally poor management strategy for this population. OPSO has few other alternatives with the space currently available.

Female juveniles are single celled in one of the women's units in OJC, a housing plan that does not comply with PREA.

OPSO has hired two individuals to develop policies for appropriate programming (including mental health) for the youth, in collaboration with the School Board. These two individuals have developed a schedule, some of which they instruct, and some which rely on community volunteers. Draft policies have been developed regarding the use of volunteers, and predicated on OPSO's initiative to hire a volunteer coordinator. The programming needs to identify specific measures to assess impact such as: reduction of inmate/inmate altercations, reduction of inmate disciplinary write-ups, reduction in uses of force, number of juveniles enrolled in programming, receiving GED, etc., and hours by relevant program topics.

A challenge for programming is the housing issues described above – that is – the juvenile inmates are not the same classification, and pose risks to the safety of each other if co-mingled in programming. Therefore, programming needs to be expansive and flexible to reach all the juveniles to comply with the Consent Judgment.

It will remain a challenge in the current housing to provide services to female juveniles. The Monitor did observe an instructor from the School Board preparing to program educational services to female juveniles in the program space immediately adjacent to her housing area.

Absent the availability of smaller housing units (e.g. less than 30 cells), or arranging to hold female juveniles in another facility, it will be difficult, if not impossible, for OPSO to gain compliance with this section of the Consent Judgment. Smaller units for male juveniles will enhance security, ability to separate by classification and risk. These smaller units are not available in this facility.

Recommendations:

132. Develop and implement written policies and procedures to comply with this paragraph. [See also the measures of compliance.] Include objective data measures of the initiative's compliance with this requirement.

133. The Sheriff and the City need to develop strategies to bring compliance with this requirements (sight and sound separation for female juveniles and appropriate separate for male juveniles) and to the extent possible given the physical plant limitations, not use locking down juveniles as a means of population control.

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

A. New Jail

The Orleans Jail Center opened for inmates on September 15, 2015.

Finding – Substantial Compliance

B. Design and Design Document

Finding – Substantial Compliance

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.

Finding – Partial Compliance

The staffing analysis and plan needs to be updated. Several plans have been submitted since the opening of OJC, the most recent dated February 24, 2016. These plans have not been evaluated by the Monitors.

D. Compliance with Codes and Standards

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

I. Compliance and Quality Improvement

Finding: Partial 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:

Work continues to complete the written directive system (see Introduction to this report). As indicated in this Compliance report, not having completed policies and procedures contributed to difficulties in opening the OJC. The challenge will be when the policies are done to conduct training. OPSO is planning on using the vendor to develop training lesson plans for the most critical (10) policies and procedures and then have the vendor train the trainers for OPSO. This is an acceptable strategy to the Monitors providing that the training is conducted, documented, and measures of knowledge gained recorded.

Recommendation:

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

135. Complete the lesson plans, train the trainers, schedule, conduct, and evaluate the training.

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

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:

No change since Compliance Report # 3. OPSO and the plaintiffs/DOJ agreed on a schedule for the production of periodic reports (September 9, 2015). The reports submitted to date have been unsatisfactory in terms of analysis of information and development of plans of action to address deficiencies. Importantly, there is no written directive guiding the process.

Recommendation:

136. OPSO should consider hiring staff who are qualified to assist in the collection, analysis and management to data (e.g. a planning and research person).

137. Complete the relevant written directive.

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

Finding: Non-compliance

Observation:

OPSO named a compliance coordinator in May 2014, who was reassigned to other duties. Then OPSO contracted with a qualified person (March 2015), but the Monitors have not seen his participation since the August 2015 tour. On February 22, 2016, the lead Monitor asked the Sheriff to identify the person on staff who meets these requirements, and no information is yet available. The Monitors believe that Capt. Peters is attempting to perform these duties (designated by the Sheriff on January 3, 2015), along with other assigned duties. One way the Sheriff can reaffirm his commitment to compliance with this Consent Judgment is to name a full-time, qualified person.

Recommendation:

138. Name a full-time qualified person as Compliance Coordinator.

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

Finding: Partial compliance

Observations:

Partial compliance is indicated as OPSO has provided bi-annual reports as part of the bi-annual compliance tours. As noted in Report # 4, these reports need to be guided by written directives. The scope and depth of the reports needs to improve as the directives are completed, staff trained, and experience using the reports for internal monitoring and improvement move forward. OPSO and the plaintiffs have discussed ways to improve reporting by clarifying requirements of the Consent Judgment and related due dates.

Recommendations:

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

138. Produce the required reports.

J. Reporting Requirements and Right of Access

VIII. A.

Finding: Partial compliance

Observations:

The compliance report was submitted prior to the February 2016 compliance tour. It is not include the information required by the paragraph. As noted in Report # 4, the reporting is not included in the written directive system.

Recommendation:

139. Prepare a written policies and procedures that support these requirements, including periodicity of reporting, and accountability.

VIII. B.

Finding: Compliance

Observations:

No change from last compliance report. Notifications are provided. Requirements need to be included in written directives to achieve substantial compliance.

Recommendation:

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

VIII. C.

Finding: Compliance

Observations:

Information required regarding inmate deaths is provided.

Recommendation: None at this time.

III. Stipulated Agreements

The Orleans Parish Sheriff's Office (OPSO) and the plaintiffs (U. S. Department of Justice, MacArthur Justice Center) negotiated two agreements since Compliance Report #3. The objective of these two agreements is to move critical requirements contained in the Consent Judgment, and not yet completed, to a faster track. The Monitors periodically report to the parties and the Court regarding the defendants' compliance.

Agreement/Order (2/11/15)

#	Language	Due Date	Status	Notes on Compliance
1. OPSO Reporting on Compliance Status with the Consent Judgment				
1.a.	At each of the scheduled Court status conferences, the Sheriff or his designee shall report to the Court regarding OPSO's compliance status with each section (e.g. Section IV.A, IV.B.) of the Consent Judgment. This report shall include a summary of OPSO's progress since the immediate previously scheduled status conference, and will include in the reporting OPSO's planned actions in the next 60 days to come into compliance	3/26/15	Compliance	
1.b.	OPSO shall comply with the Consent Judgment's requirement for periodic a compliance report as set forth in Consent Judgment Section VIII.A.[4] The report shall describe the steps OPSO has taken in furtherance of compliance, and the activities planned during the next reporting period. The first report is due by April 1, 2015, and periodic reports shall be due in accordance with Section VIII.A, and/or on dates mutually agreed to by the parties and the Monitors, and approved by the Court, as necessary.	4/1/15 Future TBD	Partial Compliance	A report was provided on 1/19/16 providing OPSO's assessment of their compliance, but does not include all the items required in the CJ (see footnote 1). See also Consent Judgment VII. J. (D.), VIII. A.

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

#	Language	Due Date	Status	Notes on Compliance
1.c.	Within 24 hours of the occurrence of any of the following incidents, OSPO shall notify the Monitor via email: • Death of an inmate/arrestee while held in custody (or housed in a hospital to which the inmate has been committed for care and remains in the custody of OPSO; or whose injury occurred while in custody and was subsequently released from custody); • An inmate's/arrestee's suicide, suicide attempt, aborted suicide attempt, suicidal intent, and/or deliberate suicide self-harm gesture as defined by the American Psychiatric Association; • An inmate's allegation of sexual abuse, sexual assault, sexual harassment, or voyeurism whether the incident is between or among inmates, or between or among inmates and a staff/contractor or volunteer; • An inmate's report, or a report by a staff/contractor or volunteer, of any inmate/inmate allegation of assault; or other inmate allegations of felonies occurring to them while in custody; • An inmate's report, or a report by a staff/contractor or volunteer, of any allegation of use of excessive force by an employee, volunteer or contractor; • Suspension or arrest of any OPSO employee, volunteer, or contractor for alleged criminal activities while on-duty and/or in a facility under the control of OPSO; and • Recovery of significant contraband specifically weapons.	On-going	Partial Compliance	This is an on-going issue – see Introduction to Compliance Report # 5see Introduction to this See also Consent Judgment VIII. B.
2. Policies and Procedures (All Relevant Sections)				
2.a.	By March 31, 2015, OPSO shall provide a schedule for the drafting and finalizing of all policies and procedures required under the Consent Judgment. This schedule shall include: deadlines to <u>simultaneously</u> submit drafts to, and receive comments, from the Monitor(s), and from the Plaintiffs and USDOJ	3/31/15	Partial Compliance 7/26/15	Updated Matrix provided on 1/12/16 Need matrix/due dates for completed medical/mental health/dental policies and procedures.

#	Language	Due Date	Status	Notes on Compliance
	("Plaintiffs"). The Plaintiffs will also provide a copy of their comments to the Monitor. In the event that the Monitor or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues.			See also Consent Judgment VII. A.
2.b.	The schedule shall identify the policies and procedures that are considered to be a priority including: use of force, incidents and referrals, the early intervention system, inmate grievance process, and inmate classification. The drafts of these policies shall be submitted to the Monitor(s) for initial review on or before March 31, 2015. Following receipt of the Monitors' comments, OPSO will make any necessary revisions, consult with the Monitor(s) as needed, and provide a final draft to the Plaintiffs to provide substantive comments to both OPSO and the Monitor(s). In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues.	On or before 3/31/15	Partial compliance	All priority policies and procedures have not been transmitted to the monitors. Updated listing provided to all parties on 1/12/16. See also Consent Judgment VII. A.
3. Memoranda to Implement Substantive Provisions of the Consent Judgment				
3.	Pending implementation of policies that implement the Consent Judgment, OPSO shall prepare a memoranda to all OPSO staff, contractors, and volunteers, as outlined in various provisions below. For each provision, the memoranda shall delineate the responsibilities of staff, contractors and/or volunteers under the terms of the Consent Judgment as well as the required procedures for notification/action. OPSO shall submit each draft memoranda to Plaintiffs and the Monitor no later than March 1, 2015. Plaintiffs and the Monitor will have three business days to comment on the draft memoranda. In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will immediately convene a conference call	3/1/15	Compliance	Provided in final 2/24/15; completed. See also Consent Judgment VII. A.

#	Language	Due Date	Status	Notes on Compliance
	for the purpose of resolving issues. Within seven business days of finalizing the memoranda based on the comments of the Monitor(s) and Plaintiffs, OPSO will assure that the memoranda is read at roll call on all shifts, in all facilities, and in all locations (e.g. medical) for three consecutive days. Discrete memoranda regarding similar topics noted in this Stipulated Order may be combined into a single memorandum. OPSO will maintain a written list of staff, contractors and volunteers present during the reading of the memoranda and will produce that list on request. OPSO will also post any memoranda in places where roll calls are held, locker rooms, and other non-inmate areas where staff may view the information.			
4. Use of Force Reporting				
4.a.	OPSO shall issue a memorandum to OPSO staff and contractors regarding their obligation to report uses of force for inmates under the legal care, custody and control of OPSO and in any facility operated by OPSO, and including in vehicles, hospitals, during transports, and in court holding areas. The memoranda will outline the requirements and timelines for reporting.	3/1/15	Compliance	Completed 2/24/15 See also Consent Judgment IV.A.3.a.
4.b.	OPSO shall issue a memorandum to staff and contractors that all incident reports regarding a use of force will contain all Consent Judgment-required elements as outlined in § IV.A.3.b-c, e. The memorandum will be issued in accordance with the terms specified in Item 3 of this Stipulated Order.	3/1/15	Compliance	Completed 2/24/15 See also Consent Judgment IV.A.3.
4.c.	OPSO shall issue a memorandum to Watch Commanders and to Wardens to ensure that Watch Commanders and Wardens' reports contain all elements required under the Consent Judgment, as outlined in § IV.A.3.d.f. The memorandum will be issued in accordance with the terms specified in Item 3 of this Stipulated Order.	3/1/15	Compliance	Completed 2/24/15 See also Consent Judgment IV.A.3.
5. Early Intervention Systems				
5.a.	By February 15, 2015, OPSO shall identify the names of the members of	2/15/15	Compliance 4/10/15	See also Consent Judgment

#	Language	Due Date	Status	Notes on Compliance
	the Use of Force Review Board to the Monitor and the Plaintiffs/USDOJ.			IV. A.4.b.
5.b.	Commencing March 1, 2015, OPSO will make available to Monitors, at the Monitors' request, the quarterly reviews conducted by ISB and the command staff regarding the operation of the EIS system, including supporting documentation reviewed, as delineated by Section IV.A. 4.b., c., d., and e. of the Consent Judgment.	3/1/15	Compliance	See also Consent Judgment IV. A.4.c.
6. Safety and Supervision				
6.a.	By February 15, 2015 in order that the housing for youthful offenders is continually staff by a deputy will assure that a deputy is working on every shift, on every day to on the unit housing youthful offenders. This deputy may not be assigned to other tiers or other responsibilities, and shall be periodically relieved by another deputy and/or supervisor. The evidence of compliance with this document will be the staffing assignments each day, each shift for the facility in which youthful offenders are held, and samples of the log books from that unit.	2/15/15	Compliance	See also Consent Judgment IV. G.
6.b.	OPSO shall ensure by May 15, 2015 that all staff assigned to the housing for inmates with acute and chronic mental health (in Templeman V, TDC, or other housing in which this population is held) attend training regarding working this population. The lesson plans/curricula for this training shall be reviewed and approved by the Monitors. The draft of the training curriculum and training plan is due to the Monitors by April 15, 2015, and should include participation by subject matter experts employed by the medical contractor.	5/15/15	Partial Compliance	Training materials provided for suicide prevention; but not for staff assigned to mental health housing. See also Consent Judgment IV.B.4.a.,7.a.
7. Staffing, Staffing Plans, and Recruitment				
7.a.	OPSO shall provide a monthly report to the Monitors, identifying the number of deputies hired the previous month; the number of deputies who resigned, if known, the reason for resignation, and the date the deputy entered service; and the number of deputies who were terminated, the reason for termination,	Monthly	Compliance	See also Consent Judgment IV. A.6.

#	Language	Due Date	Status	Notes on Compliance
	and the date the deputy entered service. The same report shall be provided for non-sworn (civilian staff). A cumulative annual total will also be included as part of this report.			
7.b.	By March 15, 2015, OPSO shall provide a recruitment plan for sworn (e.g. deputy sheriffs) and non-sworn/civilian staff that addresses current and anticipated vacancies for the next 18 months and based on the staffing plan. The plan will be provided to the Monitors for comment and recommendations by March 1, 2015.	3/15/15	Compliance	See also Consent Judgment IV. A.6.
7.c.	At the scheduled status conferences with the Court, OPSO shall report regarding progress to achieving hiring based on the plan, as well as any modifications and update to the plan (See paragraph 1, a., b., above.)	3/26/15	Compliance	See also Consent Judgment IV. A.6.
7.d.	By April 30, 2015, OPSO will evaluate all posts to determine if use of contractors is feasible for non-inmate contact positions (e.g., perimeter security, security screening of staff and visitors). The report will be provided to the Monitors and Plaintiffs for their review.	4/30/15	Compliance	
8. Incidents and Referrals				
8.	OPSO shall issue a memorandum to all staff and contractors regarding their responsibilities and the process to document all reportable incidents within 24 hours, identified in § IV.A.7 of the Consent. The memorandum will be issued in accordance with the terms specified in Item 3 of this Stipulated Order.		Compliance 4/17/15	See also Consent Judgment IV.A.7.e.
9. Investigations				
9.a.	By March 31, 2014, OPSO shall develop policies and procedures governing the operations of the Investigative Services Bureau (ISB) including post orders for all positions within OPSO that have investigative responsibilities, criminal and/or administrative. This draft will be provided to the Monitors. Following receipt of the Monitors' comments, OPSO will make any necessary revisions, consult with the Monitor(s) as needed, and provide a final draft to the Plaintiffs to provide substantive	3/31/15	Partial Compliance	Preparing final documents. See also Consent Judgment IV.A.8.a.

#	Language	Due Date	Status	Notes on Compliance
	comments to both OPSO and the Monitor(s). In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues.			
9.b.	By March 15, 2015 OPSO shall make available a laptop computer to investigative staff assigned full-time to ISB for use in the employees' official capacities. Supervisors shall have the ability access all files. To the extent possible the laptop computers will be linked to a mainframe/cloud to facilitate the supervisor's remote access to the files.	3/15/15	Compliance	3/20/15 - Provided purchase orders and memo from Major Hosli . OPSO indicated on 4/2 that the laptops had been received.
10. Grievances				
10.	By March 1, 2015, OPSO shall develop a job description for the Grievance Officer and revise OPSO's organizational chart to identify the chain-of-command for this position.	3/1/15	Compliance	Provided 3/9/15 See also Consent Judgment IV.A.11.
11. PREA				
11.	By March 15, 2015, OPSO shall produce to the Monitors the outline and production schedule for the video and orientation materials advising prisoners of the Prison Rape Elimination Act. Following receipt of the Monitors' comments, OPSO will make any necessary revisions, consult with the Monitor(s) as needed, and provide a final draft to the Plaintiffs to provide substantive comments to both OPSO and the Monitor(s). In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues.	3/1/15	Compliance	Final product provided to lead Monitor for review on 5/14; with subsequent updates provided the following week. Monitors have encouraged OPSO to provide these products to the plaintiffs. Videos provided to plaintiffs on 6/3/15. See also Consent Judgment IV.A.12.
12. Access to Information				
12.	By April 1, 2015, OPSO shall produce to the Monitors the outlines and production schedule for the inmate orientation video and materials, including the revised inmate handbook. OPSO shall also include the strategy for orienting inmates, and maintenance of inmate handbooks throughout OPSO facilities, including language access	4/1/15	Compliance	See also Consent Judgment IV.A.13.

#	Language	Due Date	Status	Notes on Compliance
	requirements, Section IV. F. of the Consent Judgment. Following receipt of the Monitors' comments, OPSO will make any necessary revisions, consult with the Monitor(s) as needed, and provide a final draft to the Plaintiffs to provide substantive comments to both OPSO and the Monitor(s). In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues.			
13. Medical Care				
13.	By March 15, 2015 OPSO shall provide the Monitor with the medical and mental health care contractor's action plan for compliance with all the medical and mental health provisions of the Consent Judgment. The action plan shall include the due dates for compliance with the paragraphs of the Consent Judgment, the individual(s) responsible for the activities, the specific activities to be undertaken. Following receipt of the Monitors' comments, OPSO will make any necessary revisions, consult with the Monitor(s) as needed, and provide a final draft to the Plaintiffs to provide substantive comments to both OPSO and the Monitor(s). In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues	3/15/15	Partial Compliance	See also Consent Judgment IV. B., C.
14. Mental Health				
14.a.	OPSO shall issue a memorandum requiring that inmates with mental illness housed in the mental health housing have access to non-contact family visitation and family telephone calls. The decision as to visiting and telephone calls will be determined in consultation with the mental health staff assigned to that inmate's care. If an inmate is denied visiting and telephone calls the reasons are specifically included in the inmate's chart.		Compliance	Provided by Col. Laughlin on April 9, 2015

#	Language	Due Date	Status	Notes on Compliance
14.b.	By April 1, 2015, OPSO, in collaboration with CCS, will produce a management plan for inmates on the mental health caseload (Levels 1 – 4), whether these inmates are housed in the step-down unit, or in general population.	4/1/15	Compliance10/26/15	See also Consent Judgment IV.B.2.
15. The New Jail Facility				
15.	By April 30, 2015, OPSO shall submit to the Monitors the plan for opening the new jail, including the schedule for movement of inmates into the facility, and closing of existing facilities. The schedule shall be predicated on the potential opening dates known at that time, including alternative scenarios.	4/30/15	NA	See also Consent Judgment VI.
16. Sanitation and Environmental Conditions				
16.	OPSO shall issue a memorandum to all staff that that inmates and staff assigned to clean biohazards spills/incidents must be trained on doing so, outfitted with proper equipment, and properly supervised in accordance with § IV.D.1.f of the Consent Judgment. Following receipt of the Monitors' comments, OPSO will make any necessary revisions, consult with the Monitor(s) as needed, and provide a final draft to the Plaintiffs to provide substantive comments to both OPSO and the Monitor(s). In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues. The directive will be issued in accordance with the terms specified in Item 3 of this Stipulated Order.	No date	Partial compliance	Drafts completed 2/18/16 available for review by plaintiffs/DOJ See also Consent Judgment IV.D.f.
17. Youthful Offenders				
17.a.	By March 1, 2015, OPSO shall contact the school board and community groups to solicit proposals for programming in the youthful offender unit.	3/1/15	Compliance	OPSO has reached out to several organizations. OPSO reports these organizations included: Aspen Institute Partnership for Youth Development, The Youth Empowerment Project, Orleans Parish School Board, Center for Educational Excellence in

#	Language	Due Date	Status	Notes on Compliance
				Alternative Settings, and the YCS. Several of these organizations indicated a proposal would be forthcoming, but apparently have not been provided to OPSO. Regardless of the work to solicit proposals to conform with this paragraph of the Consent Judgment, other than the movement of 12 prisoners to YSC, no progress has been made. See also Consent Judgment IV. G.
17.b.	At the scheduled Court status conferences, OPSO shall report on progress in securing such programming, and/or the responses from the school board and stakeholders.	3/26/15	Compliance	
17.c.	By May 1, 2015 OPSO shall provide a programming plan, based on the resources it has been able to secure, to include education, for all eligible youth in its custody, to Monitors for review. Following receipt of the Monitors' comments, OPSO will make any necessary revisions, consult with the Monitor(s) as needed, and provide a final draft to the Plaintiffs to provide substantive comments to both OPSO and the Monitor(s). In the event that the Monitor and/or the OPSO disagree with any comments or recommendations by the Plaintiffs, the Monitor will convene a conference call for the purpose of resolving issues.	5/1/15	Compliance	See also Consent Judgment IV. G.

Stipulated Agreement/Order (4/22/15)

#	Language	Due Date	Status	Compliance Notes
1.	By no later than April 24, 2015, the Orleans Parish Sheriff's Office ("OPSO") shall draft a memorandum to all staff members,[5] including supervisors, outlining the specific actions staff will take to respond if they observe a prisoner exhibiting signs or symptoms of a) suicidality or b) alcohol or drug intoxication or withdrawal. This memorandum will be drafted by OPSO staff in collaboration with staff from Correct Care Solutions ("CCS"). This memorandum will be provided for review in draft form to the Lead Monitor and sub-monitors for Medical Care and Mental Health Care ("the Monitors"). Within three days of receiving any edits or revisions from the Monitors', OPSO shall incorporate those edits and/or revisions and issue the memorandum to all staff members, including supervisors. The memorandum shall be read at daily staff briefings for three consecutive days and posted in locations where staff are likely to view it.	4/24/15	Compliance	See also Consent Judgment IV.B.5.
2.	By no later than April 30, 2015, OPSO shall conduct a one-hour training for all clinical and custody staff (including supervisors) who have not been trained in the past 12 months regarding the signs or symptoms of a) suicidality or b) alcohol or drug intoxication or withdrawal, and the specific actions staff will take to respond if a prisoner exhibits such symptoms. This training shall be developed and delivered in collaboration with staff from CCS and incorporate the specific language of the Consent Judgment. This interim training does not supplant any pre-service or annual training required by the Consent Judgment, which will be provided at a later date.	4/30/15	Compliance	See also Consent Judgment IV.B.5.
3.	By no later than April 30, 2015, OPSO shall submit all custodial and site-specific medical policy(ies) regarding a) suicide	4/30/15	Compliance	See also Consent Judgment IV.B.5.

[5] "Staff members" is defined in the Consent Judgment as "all employees, including correctional officers, who have contact with prisoners." *See* Consent Judgment, ECF No. 466, at 8.

#	Language	Due Date	Status	Compliance Notes
	risk reduction and b) alcohol or drug intoxication and withdrawal required pursuant to Section IV.B.5 of the Consent Judgment. The policies shall integrate and cross-reference all relevant CCS policies governing housing and custody decisions for individuals expressing suicidality or alcohol or drug withdrawal. All OPSO policies and any updated CCS policies shall be submitted to the Monitor and Plaintiffs for review pursuant to Section VII.A of the Consent Judgment.			

IV. Conclusions

Even in spite of a new jail facility opening in Orleans Parish in September 2015, inmates and staff are subject to continuing serious harm. Imbedded unresolved organizational issues within the Orleans Parish Sheriff's Office resulted in an increased number of findings of *non-compliance* with the critical provisions of the Consent Judgment in this Compliance Report. In fact, areas previously found in partial compliance have slipped backwards to non-compliance. Importantly, based on the more than two years of reviewing the compliance initiatives of OPSO, the Monitors are unconvinced that OPS has the capacity to achieve and sustain compliance. For example, inmates with mental illness do not have appropriate housing in the Orleans Justice Center, even with the bed-space at Hunt. OPSO has not evidenced the ability to manage a direct supervision facility, and the level of reported and unreported inmate violence and uses of force are astounding high and are absolutely unacceptable.

As the Monitors testified before the Judge Africk on February 2, 2016, we are very concerned about the safety and security of the OJC – violence, fire, life safety, and staffing. The Monitors will continue to provide assistance to OPSO, but are frustrated by the lack of OPSO's capacity to adopt and sustain the policies, procedures, training and supervision required. The Monitors observe OPSO's apparent lack of commitment to engage both in the *organizational changes* and address the internal culture miasma necessary to achieve

and maintain compliance. In fact, more disturbing to the Monitors, is that the leadership of the organization does not even see these issues are relevant as related to compliance.

Lastly, the toxic political environment in the Parish – regardless of the source or identifying who is to "blame" -- has not served to promote the safety of staff and inmates, compliance with the Consent Judgment, or to resolve any of the critical issues.

Attachment A - Summary of Compliance Findings – As of February 19, 2016

Section	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.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV. A. 1.b.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV. A. 1.c.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV.A.2. Use of Force Training/Margo Frasier				
IV. A. 2. a.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV. A. 2. b.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV. A. 2. c.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.3. Use of Force Reporting/Margo Frasier				
IV. A.3 a.		8/7/15	2/19/16, 1/23/15, 7/18/14	See also SA 2/11/15 4.a., 4.b., 4.c.
IV. A.3 b.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV. A.3 c.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV. A.3 d.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV. A.3 e.		2/19/16, 8/7/15, 1/23/15	7/18/14	
IV. A.3 f.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV. A.3 g.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV. A.3 h.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.4. Early Intervention System ("EIS") /Margo Frasier				
IV.A.4.a.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.4.b.		2/19/16, 8/7/15	1/23/15, 7/18/14	See also SA 2/11/15 5.b.
IV.A.4.c.		2/19/16, 8/7/15	1/23/15, 7/18/14	See also SA 2/11/15 5.c.
IV.A.4.d.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.4.e.			2/19/16	First report due 8/15/15
IV.A.5. Safety and Supervision/Margo Frasier				
IV.A.5.a.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.5.b.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.5.c.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.5.d.		2/19/16, 8/7/15, 1/23/15	7/18/14	
IV.A.5.e.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.5.f.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.5.g.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV.A.5.h.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.5.i.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.5.j.		8/7/15, 1/23/15	2/19/16, 7/18/14	
IV.A.5.k.		2/19/16, 8/7/15, 1/23/15	7/18/14	
IV.A.5.l.		2/19/16	8/7/15, 1/23/15, 7/18/14	
IV.A.6. Security Staffing/Susan McCampbell				
IV.A.6.a.(1)	2/19/16	8/7/15, 1/23/15, 7/18/14		
IV.A.6.a.(2)		8/7/15, 1/23/15, 7/18/14	2/19/16	Not due until opening of the new jail.
IV.A.6.a.(3)	8/7/15, 12/20/14		2/19/16, 1/23/15	

Section	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV.A.6.a.(4)		2/19/16, 8/7/15, 1/23/15	7/18/14	See also SA 2/11/15 7.a.,c.
IV.A.6.b.		8/7/15, 1/23/15	2/19/16, 7/18/14	
IV.A.7 Incidents and Referrals/Margo Frasier				
IV.A.7.a.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.7.b.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV.A.7.c.		2/19/16, 8/7/15, 1/23/15	7/18/14	
IV.A.7.d.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.7.e.		2/19/16, 8/7/15	1/23/15, 7/18/14	See also SA 2/11/15 8.
IV.A.7.f.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.7.g.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.7.h.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.7.i.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV.A.7.j.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.8. Investigations/Margo Frasier				
IV.A.8.a.		2/19/16, 8/7/15, 1/23/15	7/18/14	See also SA 2/11/15 9.a.
IV.A.8.b.		2/19/16, 8/7/15, 1/23/15	7/18/14	
IV.A.8.c.		2/19/16, 8/7/15, 8/7/15, 1/23/15	7/18/14	
IV.A.8.d.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.8.e.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.8.f.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.9. Pretrial Placement in Alternative Settings/Susan McCampbell				
IV.A.9.a.	2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13		
IV.A.9.b.	2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13		
IV.A.10. Custodial Placement within OPP/Patricia Hardyman				
IV.A.10.a.	2/19/16, 8/7/15, 1/23/15	7/18/14	12/20/13	
IV.A.10.b.	2/19/16, 8/7/15		1/23/15,7/18/14, 12/20/13	
IV.A.10.c.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV.A.10.d.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV.A.10.e.	8/7/15	2/19/16, 1/23/15	7/18/14, 12/20/13	
IV.A.10.f.			2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV.A.10.g.			2/19/16, 8/7/15, 1/23/15, 7/18/14	
IV.A.10.h.		2/19/16, 8/7/15	1/23/15, 7/18/14	
IV.A.11. Prisoner Grievance Process/Susan McCampbell				
IVA.11.a.		2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13		See also SA 2/11/15 10.
IV.A.12. Sexual Abuse/Susan McCampbell				
IV.A.12.		2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13		See also SA 2/11/15 11.
IV.A.13. Access to Information/Susan McCampbell				
IV.A.13.		2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13		See also SA 2/11/15 12.
IV.B. Mental Health Care				See SA 2/11/15 13.
IV.B.1. Screening and Assessment/Raymond Patterson				

Section	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV.B.1.a.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV.B.1.b.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV.B.1.c.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV.B.1.d.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV.B.1.e.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV.B.1.f.			2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV.B.1.g.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV.B.1.h.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV.B.1.i.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV.B.1.j.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV.B.1.k.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV.B.1.l.			2/19/16, 1/23/15, 7/18/14, 12/20/13	8/7/15 Not applicable
IV.B.2. Treatment/Raymond Patterson				See SA 2/11/15 15.
IV.B.2.a.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.2.b.			2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV.B.2.c.			2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV.B.2.d.			2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV.B.2.e.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.2.f.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.2.g.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.2.h.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.3. Counseling/Raymond Patterson				
IV.B.3.a.		2/19/16	8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV.B.3.b.		2/19/16	8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV.B.4. Suicide Prevention Training Program/Raymond Patterson				
IV.B.4.a.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	See also SA 2/11/15 6.b.
IV.B.4.b.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.4.c.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.4.d.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV.B.4.e.		8/7/15	1/23/15, 7/18/14, 12/20/13	NOT AUDITED
IV.B.4.f.		2/19/16	1/23/15, 7/18/14, 12/20/13	
IV.B.4.g.	8/7/15	2/19/16	1/23/15, 7/18/14; 12/20/13	
IV.B.5. Suicide Precautions/Raymond Patterson				
IV.B.5.a.			2/19/16, 8/7/15,1/23/15, 7/18/14,	

Section	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
			12/20/13	
IV.B.5.b.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.5.c.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.5.d.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.5.e.			2/19/16, 8/7/15,1/23/15, 7/18/14	NA at time of Compliance Report # 1
IV.B.5.f.			2/19/16, 8/7/15,1/23/15, 7/18/14	NA at time of Compliance Report # 1
IV.B.5.g.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.5.h.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.5.i.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.5.j.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.5.k.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.6. Use of Restraints/Raymond Patterson				
IV.B.6.a.		2/19/16, 8/7/15,1/23/15, 12/31/13	7/18/14	
IV.B.6.b.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.B.6.c.		2/19/16, 8/7/15,1/23/15	7/18/14	
IV.B.6.d.		2/19/16, 8/7/15,1/23/15	7/18/14	NA at time of Compliance Report # 1
IV.B.6.e.		2/19/16, 8/7/15,1/23/15	7/18/14	
IV.B.6.f.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.B.6.g.		2/19/16, 8/7/15, 1/23/15	7/18/14	NA at time of Compliance Report # 1
IV.B.7. Detoxification and Training/Robert Greifinger				
IV.B.7.a.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	See also SA 2/11/15 6.b.
IV.B.7.b.		2/19/16, 8/7/15,1/23/15	7/18/14,12/20/13	
IV.B.7.c.		2/19/16, 8/7/15,1/23/15	7/18/14,12/20/13	
IV.B.7.d.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.B.8. Medical and Mental Health Staffing/Robert Greifinger				
IV.B.8.a.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.B.8.b.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.B.9. Risk Management/Robert Greifinger				
IV.B.9.a.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.9.b.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.9.c.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.9.d.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV.B.9.e.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.B.9.f.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.C. Medical Care				See SA 2/11/15 13.

Section	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV.C.1. Quality Management and Medication Administration/Robert Greifinger				
IV.C.1.a.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.C.1.b.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.C.1.c.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.C.1.d.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV.C.2. Health Care Delivered/Robert Greifinger				
IV.C.2.a.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	Recommendation to revise section, see also Report # 2
IV.C.2.b.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	Recommendation to revise section, see also Report # 2
IV.C.3. Release and Transfer/Robert Greifinger				
IV.C.3.a.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.C.3.b.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.C.3.c.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV.C.3.d.		2/19/16, 8/7/15	1/23/15, 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.			2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV. D. 1.b.		2/19/16, 8/7/15, 1/23/15	7/18/14, 12/20/13	
IV. D. 1.c.		8/7/15, 1/23/15	2/19/16, 7/18/14, 12/20/13	
IV. D. 1.d.	2/19/16		8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV. D. 1.e.		2/19/16, 8/7/15, 1/23/15, 7/18/14	12/20/13	
IV. D. 1.f.		2/19/16	8/7/15, 1/23/15, 7/18/14, 12/20/13	See also SA 2/11/15 16.
IV. D. 1.g.		2/19/16	8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV. D. 1.h.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV. D. 2. Environmental Control				
IV. D. 2.a.		2/19/16, 8/7/15,1/23/15	7/18/14, 12/20/13	
IV. D. 2.b.			2/19/16, 8/7/15,1/23/15, 7/18/14, 12/20/13	
IV. D. 3. Food Service				
IV. D. 3.a.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV. D. 3.b.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	
IV. D. 3.c.		8/7/15	2/19/16, 1/23/15, 7/18/14, 12/20/13	
IV. D. 4. Sanitation and Environmental Conditions Reporting				
IV. D. 4.a. 1-7		2/19/16, 8/7/15,1/23/15	7/18/14	
IV. D. 4.b.		2/19/16	8/7/15,1/23/15, 7/18/14	
IV.E. Fire and Life Safety/Harry Grenawitzke				
IV. E. 1. Fire and Life Safety				
IV. E. 1.a.		2/19/16, 8/7/15,1/23/15, 7/18/14	12/20/13	
IV. E. 1.b.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	

Section	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
IV. E. 1.c.		8/7/15, 1/23/15, 7/18/14; 12/31/13	2/19/16	
IV. E. 1.d.			2/19/16, 8/7/15, 1/23/15, 7/18/14, 12/20/13	
IV. E. 1.e.		2/19/16, 8/7/15, 1/23/15	7/18/14	
IV. E. 2. Fire and Life Safety Reporting				
IV. E. 2.a.1-3		2/19/16, 8/7/15,1/23/15	7/18/14	
IV. E. 2.b.		8/7/15	2/19/16, 1/23/15, 7/18/14	
IV.F. Language Assistance				
IV.F.1. Timely and Meaningful Access to Services/Susan McCampbell				
IV.F.1.a.		2/19/16, 8/7/15, 1/23/15, 7/18/14		
IV.F.2. Language Assistance Policies and Procedures/Susan McCampbell				
IV.F.2.a.		8/7/15, 1/23/15, 7/18/14		2/19/16, Not Applicable, no DHS inmates in OJC
IV.F.2.b.		8/7/15, 1/23/15, 7/18/14		2/19/16, Not Applicable, no DHS inmates in OJC
IV.F.3. Language Assistance Training/Susan McCampbell				
IV.F.3.a.		2/19/16, 8/7/15, 1/23/15, 7/18/14		
IV.F.4. Bilingual Staff/Susan McCampbell				
IV.F.4.		2/19/16, 8/7/15, 1/23/15, 7/18/14		
IV.G. Youthful Prisoners/Susan McCampbell				
IV.G.		2/19/16, 8/7/15	1/23/15, 7/18/14, 12/20/13	See also SA 2/11/15 6.a., 17.a., c. See also SA 4/22/14 17.c.
VI. The New Jail Facility/Susan McCampbell				See also SA 2/11/5 15.
VI. A.	2/19/16, 8/7/15	1/23/15, 7/18/14		
VI. B.	2/19/16, 8/7/15, 1/23/15	7/18/14		
VI. C.	8/7/15, 1/23/15	2/19/16, 7/18/14		
VI. D.				Monitors not qualified to evaluate.
VII. Compliance and Quality Improvement/Susan McCampbell				
VII. A.		2/19/16, 8/7/15	1/23/15, 7/18/14	See also SA 2/11/15 1.b. See also SA 2/11/15 2.a., 2.b., 3.
VI. B. (H.)			2/19/16, 8/7/15, 1/23/15, 7/18/14	See SA 4/22/15 1.,2.,3.
VI. C. (I.)	8/7/15, 7/18/14		2/19/16, 1/23/15, 12/20/13	
VI. D. (J.)		2/19/16, 8/7/15	1/23/15, 7/18/14	See also SA 2/11/15 1.b.
VIII. Reporting Requirements and Right of Access/Susan McCampbell				
VIII.A.		2/19/16, 8/7/15, 7/18/14	1/23/15	
VIII.B.	2/19/16	8/7/15, 1/23/15, 7/18/14, 12/20/13		See also SA 2/11/15 1.c.
VIII.C.	2/19/16, 8/7/15	1/23/15, 7/18/14,12/20/13		

Section	Substantial Compliance	Partial Compliance	Non-Compliance	Notes
Stipulated Agreement/Order (2/11/15)				
1.a.	2/19/16, 8/7/15			
1.b.		2/19/16, 8/7/15		See also CJ VII. D., VIII.A.
1.c.		2/19/16, 8/7/15		See also CJ VIII.B.
2.a.		2/19/16, 8/7/15		See also CJ VII. A.
2.b.		2/19/16, 8/7/15		See also CJ VII. A.
3.	2/19/16, 8/7/15			See also CJ VII. A.
4.a.	2/19/16, 8/7/15			See also CJ IV.A.3.
4.b.	2/19/16, 8/7/15			See also CJ IV.A.3.
4.c.	2/19/16, 8/7/15			See also CJ IV.A.3.
5.a.	2/19/16, 8/7/15			See also CJ IV.A.4.b.
5.b.		2/19/16, 8/7/15		See also CJ IV..4.c.
6.a.	2/19/16, 8/7/15			See also CJ IV.G.
6.b.		2/19/16, 8/7/15		See also CJ IV.B.4.a.,7.a.
7.a.	2/19/16, 8/7/15			See also CJ IV.A.6.
7.b.	2/19/16, 8/7/15			See also CJ IV.A.6.
7.c.	2/19/16, 8/7/15			See also CJ IV.A.6.
7.d.	2/19/16, 8/7/15			
8.	2/19/16, 8/7/15			See also CJ IV.A.7.
9.a.		2/19/16, 8/7/15		See also CJ IV.A.8.a.
9.b.	2/19/16, 8/7/15			
10.	2/19/16, 8/7/15			See also CJ IV.A.11.
11.	2/19/16, 8/7/15			See also CJ IV.A.12
12.		2/19/16, 8/7/15		See also CJ IV.A.13
13.		2/19/16, 8/7/15		See also CJ IV.B., C.
14.a.	2/19/16, 8/7/15			
14.b.		2/19/16, 8/7/15		See also CJ IV.B.2.
15.		8/7/15		2/19/16, Not applicable See also CJ VI.
16.			2/19/16, 8/7/15	See also CJ IV.D.f.
17.a.	2/19/16, 8/7/15			See also CJ IV.G.
17.b.	2/19/16, 8/7/15			
17.c.	8/7/15	2/19/16,		See also CJ IV.G.
Stipulated Agreement/Order (4/22/25)				
1.	2/19/16, 8/7/15			See also CJ IV.B.5.
2.	2/19/16, 8/7/15			See also CJ IV.B.5.
3.	2/19/16	8/7/15		See also CJ IV.B.5.

Attachment B – Summary of Recommendations

Protection from Harm

1. Implement the use of force policies that were agreed upon by all parties in August 2015.
2. Train staff and supervisors on the use of force policies.
3. Develop not only the reporting systems (data collection) for uses of force, but the mechanics to analyze, produce summary reports, develop plans of action, and assess the impact of any plans of action.
4. Implement the use of force policies that were agreed upon by all parties in August 2015.
5. When the use of force policies are finalized, 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 V/R Justice Service). 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. As the vast majority of future deputy's time is spent working in corrections, the training should use corrections based scenarios and emphasize working with inmates with mental illness. 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. that requires OPSO to randomly test five percent of the jail staff to determine their knowledge of use of force policies and procedures.
6. The revise use of force is in sufficient detail to allow for auditing of compliance, and includes:
    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 deputy'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. When 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. A tracking system should be put in place to automatically alert the next in the chain of command and the ISB if reviews are not being timely performed. Training, corrective action, and/or discipline should take place as to supervisors who are not timely performing their duties.
    f. 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.
7. Monitor Frasier has been 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. While this is somewhat helpful, a large percentage of reports are not being entered timely or at all. However, the Monitors do not have ready access to the results of the review of incident reports and any follow up including the videos reviewed. The Monitors also do not have ready access to the investigations by ISB. Access of the reviews, follow ups, and investigations would enable the Monitors to provide feedback on a timelier basis and assist in correcting deficiencies. Steps are being taken to provide this access.

8. 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.
9. The ISB procedures on how records and investigations are to be stored and made accessible have been finalized. Progress has been made on providing those assigned to investigations with laptops and/or other computer equipment that provides the security necessary to the integrity of investigations.
10. OPSO finalize the completion and implementation of the policy/procedure for the Early Intervention System. The revised 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.
11. It is recommended that the Monitors Frasier and McCampbell be given real time off site access to the Early Intervention System, which is part of 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.
12. 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.
13. OPSO must make the recruiting, hiring, and training of custodial staff for the jail facilities the highest priority. See Section 6. Security Staffing.
14. 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.
15. Complete, with the assistance of the Monitors, an adequate staffing plan. This includes an examination of the rank structure, span-of-control, and deployment.
16. OPSO must produce an organizational chart that maximizes staffing and accountability.
17. OPSO must develop a strategy to work with the City of New Orleans to gain the appropriate starting salary, and career ladder incentives that will allow hiring and retention of employees.
18. OPSO must implement the elements of a credible human resources function that support career employees as outlined in this report.
19. There are other options to evaluate the staffing in OPSO, for example, the McDaniels Work Release Center and courthouse/courtroom security. These functional areas are outside the scope of the Consent Judgment, but given the critical issue of jail staffing, the Monitors are obligated to raise the matter.
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.

21. OPSO made significant improvement in ISB and in formalizing the organizational structure, roles, mandates, responsibilities, placement in the chain-of-command, and job descriptions of both the criminal, FIT, intelligence, and administrative divisions of ISB. Both sections of IAD should be organizationally placed back under the ISB Commander and the Intelligence Unit should be returned to ISB.
22. OPSO should evaluate the needs for resources in conducting pre-employment background checks and provide those resources without depleting IAD.
23. ISB has finalized and implemented written policies, procedures, and protocols for conducting all investigations. The vendor responsible for developing jail-based policies and procedures should review those policies and determine which ones should be included in the general policies for OPSO as a whole.
24. OPSO should continue to work with Monitors to periodically review and critique investigations.
25. 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 continue to meet the mandates in the PREA standards. The two agents assigned to sexual assault investigations should be given the opportunity to attend additional PREA training.
26. OPSO needs to produce the periodic reports required by the Consent Judgment in a useable form. Currently, with the exception of the FIT report, the report simply provides the information on a chart and does no data accumulation or analysis.
27. Develop and circulate among OPSO executive and supervisory staff standardized automated reports.
28. Sgt. Holliday should receive formal objective classification system training as soon as possible
29. Implement an audit process to verify the actual housing location of the inmate to ensure matches housing assignments generated by classification.
30. Eliminate the backlog of cases due for a custody review. Complete custody reviews within 72 hours of the time the case appears on the classification monitor log.
31. Revise the monthly statistical reports to accurately track the custody distribution of OPSO offenders by housing unit race and gender during the last quarter.
32. Generate timely and monthly custodial reports.
33. Update custody level, gender, mission, and PREA designations with the JMS to reflect the current HUAP. The HUAP within JMS must be current and complete. The classification manager must develop the skills and daily, as needed process, for updating the HUAP as any bed/cell is taken off line due for maintenance or change in the mission of the bed/unit.
34. Ensure inmates are housed in accordance with housing assignments generated by classification via OPSO leadership directives and ongoing audits of housing assignments.
35. Eliminate the backlog of cases due for a custody review.
36. Develop QC processes to ensure the integrity of both the classification and disciplinary processes.
37. Provide on-going training and monitoring to ensure the classification staff complete the custody and PREA assessments correctly. A systematic random audit process should be implemented to monitor staff competency.
38. Provide remedial training on how to read and interpret NCIC criminal history reports to the classification specialists.
39. Create queries for simple classification-related management reports within the JMS. These reports should be reviewed at least monthly to monitor trends. However, classification manager 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.
40. Create queries for simple classification and incident-related management reports within the JMS report module. These reports should be reviewed at least monthly to monitor trends. However, classification staff should review the reports on general population, protective custody, medical, mental health, disciplinary, and administrative segregation housing by custody and PREA designation daily to ensure that any discrepancies are corrected immediately.

41. Implement the Inmate Classification Policy and Procedures (501.14), PREA Policy, and inmate discipline code to reflect revised policies.
42. Promptly develop a complete and viable policy for the use of administrative segregation if the Administrative Segregation unit is to continue.
43. Revise the inmate handbook to address questions and concerns noted by the monitors.
44. Complete the directive, develop lesson plans, and train staff, contractors and inmates.
45. Provide final drafts of reporting formats and contents to the Monitors. Refine the record keeping and data analysis ensuring that the most prevalent grievances topics are documented, including trends.
46. Continue to evaluate electronic options to give OPSO the support needed to separate inmate requests from inmate grievances, and promptly forward medical request securely.
47. Consider using the Early Warning System to track staff whose name appear in grievances who may need supplemental training.
48. Continue periodic meetings between security and medical to discuss trends, data. Assure that the numbers regarding grievances maintained by OPSO are consistent with those maintained by CCS.
49. Assure the grievance process provides necessary assistance to LEP inmates or those who need help due to mental illness or disabilities, or when an inmate requests assistance.
50. Complete both the relevant OPSO policy on PREA, CCS, and the ISB standard operating procedure for handling inmate allegations of sexual assault, harassment, and voyeurism. Continue employee, volunteer, and contractor training and re-training.
51. Continue to document inmate reporting by ViaLink.
52. Assure any and all new contracts for services at OPSO require vendor compliance with applicable PREA standards.
53. Complete OPSO policies and procedures, edit the Inmate Handbook, produce. Assure that there is consistency of housing unit operation through requirement of staff/inmate meetings, and establishment of measureable ways to assure housing units are effectively managed (e.g. cleaning standards, grievances, noise, condition of individual cells, laundry, etc.).
54. Assure that the materials are at a grade appropriate level. Assure procedures for orientation of inmates who are illiterate, LEP, low functioning and/or have mental illness.

Mental Health Care

55. The movement of inmates from OPSO facilities did proceed in September 2015 and was completed with the transfer of TDC inmates who were receiving male step-down mental health services and female acute/sub-acute and step down mental health services in TDC during February 2016. While the purpose of this movement was to transfer inmates out of OPSO facilities, it has not gone smoothly with regard to mental health services in that the collaboration between mental health and custody for the provision of adequate suicide prevention and management, structured therapeutic activities and unstructured out-of-cell time to promote appropriate behavior by inmates with other inmates and staff, and counseling services is inadequate and unacceptable.- The immediate need for resolution of how and where these services, both mental health and medical, are provided to inmates currently and in the future cannot be overstated.
56. CCS must proceed with all deliberate speed and efforts at filling their staffing allocations particularly with regard to leadership positions in both mental health (Director of Behavioral Health) and medical (Medical Director), as well as vacant staff positions. While there have been substantial and really good additions to the local management team for CCS on which we have commented in our briefings and in this report, the need for programmatic direction onsite for comprehensive and constitutionally adequate mental health and medical health programs in addition to other services required by the Consent Judgment is essential.
57. There has been some progress in the development of policies and procedures, however there remain some finalizations of policies and procedures that must be done especially with regard to the suicide prevention and management, treatment planning, referral timeframes for completion of referrals, mental health staff participation in the disciplinary process, and needs assessments and

documentation of the number of inmates who require mental health and counseling services. OPSO has not achieved compliance with the Consent Judgment, and to do so requires collaboration and coordination between mental health, medical, and custody/operations staff to provide comprehensive assessment and treatment services and sufficient and adequate management plans for inmates in need of coordinated services.

58. The practice of placing inmates who are on suicide watch or constant observation status as determined by CCS but remain housed at OJC for extended periods of time while undergoing further evaluation to determine whether they are appropriate for transfer to the Hunt acute/sub-acute services is continuing at unacceptable levels. This includes inmates on constant observation or suicide watch, housed in cells that are not suicide resistant for 23 hours/day, and minimal to no psychotherapeutic interventions other than medications and observation. The services provided at OJC are not adequate for acute/sub-acute or step down/residential services. To label these units or services as “mental health” is simply that, “a label”, but certainly not accurate or adequate in that the services required to meet the necessary mental health needs of inmates are not being provided.
59. CCS to adequately and accurately reflect the number of individuals for whom they are providing mental health services. Based on the documents provided prior to the site visit and discussions with staff, it is very clear that the number of inmates receiving or in need of mental health services as well as counseling services by mental health staff has been underestimated. Further, CCS through our discussions is clearly advised and has agreed that they will revise their treatment planning process and instead of having two treatment plans, one developed by the mental health professional (MHP) and a separate treatment plan developed by the psychiatrist or psychiatric nurse practitioner, treatment plans will be developed in a comprehensive multidisciplinary team format based on the level of need of the individual inmates. Further, the mental health treatment teams at Hunt and OJC currently meet only once per week, which is inadequate to address the needs of the OJC population with mental health needs. Comprehensive, multidisciplinary treatment team meetings at a minimum of twice per week at each facility will provide for more
appropriate and coordinated treatment within the mental health staff but also by extension to medical and custody/operations staff for coordinated services.
60. OPSO and CCS to finalize the policies as required by the Consent Judgment including the suicide risk assessment tool, participation of mental health staff in the disciplinary process, counseling services to specific or identified groups, and performance measures to reflect performance.
61. CCS should continue the process of identification of the mental heath caseload and their levels of care needs, and aggressively improved the staffing necessary to provide services including onsite leadership staff as well as staff positions to provide direct services.
62. Execute the contract by the City with CCS.
63. CCS to aggressively recruit and fill the vacant positions at Hunt and OJC.
64. Increase the frequency of treatment team meetings and reviews of treatment plans at Hunt and OJC.
65. Documentation of referrals and risk profiles by CCS and security.
66. Completion of policies and procedures including performance measures.
67. Continued monthly meetings of the Mental Health Review Committee, and appropriate documentation of identified performance measures, problems and issues with regard to mental health services and follow-up on corrective actions.
68. Develop policy and procedure for mental health evaluations for inmates on the mental health caseload involved in disciplinary proceedings.
69. Clarify the information to be provided to hearing officers regarding inmates on the mental health caseload.
70. Develop quality improvement data, collection, and performance measures to demonstrate that evaluations are indeed conducted and the outcome of those evaluations are provided to inmate disciplinary hearing officers.
71. Fully staff psychiatric and nursing provider positionss.
72. Performance indicators for medication management practices with appropriate data collection and analysis including inmates housed in OJC, other correctional facilities, and Feliciana Forensic Facility.

73. Review policies and procedures for mental health services for these populations.
74. Identify the level of need for inmates in the OPSO with regard to the specific services.
75. Develop performance indicators.
76. Continue to provide training and supervision of CNAs with regard to direct observation at OJC.
77. Provide training to mental health staff and correctional staff with regard to direct observation of inmates who have been referred or presented with concerns for suicide or self-harm, and document as well as analyze the direct observation/supervision of those inmates by custody staff until they are seen and evaluated by mental health staff.
78. Provide suicide prevention and observation in suicide resistant cells, and there are none at OJC despite male and female inmates being placed on suicide watch and direct observation in OJC in unsafe and non-suicide resistant cells on multiple units.
79. CCS to train and supervise CNAs on direct observations and interactions with prisoners.
80. CCS to develop and present CNA to prisoner ratios of 1:1 or 1:2 for direct observation rather than the current practice of 1:3 or more inmates, and one CNA or nurse for suicide watches for multiple inmates without evidence of interactions with those inmates regarding their mental status.
81. CCS to demonstrate reviews of all serious self-harm attempts and assess the periodic reports to determine if inmates are appropriately identified, protected and treated.
82. Assure that when therapeutic physical restraints may be indicated for prevention of self-harm, they are indeed utilized for the shortest possible time period, and properly supervised, monitored, reported, and assessed.
83. Maintain use of restraint logs for both physical and chemical restraints at OJC and Hunt.
84. Continue revision and implement of policies at Hunt to include mental health staff and possibly specifically trained nursing staff in de-escalation techniques prior to the use of planned uses of force including and specifically OC spray.

Medical Care

85. OPSO resume pre-service training and provide annual training for custody staff on withdrawal and detoxification. OPSO provide sufficient oversight to assure compliance.
86. OPSO revise its intake policy to reflect adequate screening for risk of withdrawal.
87. OPSO, in conjunction with CCS, develop and implement training for custody staff on recognition of urgent medical conditions.
88. OPSO/CCS recruit and retain a medical director, director of behavioral health, and the budgeted nurse practitioners.
89. CCS continue training and supervision of nursing staff.
90. CCS continue to 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.
91. CCS develop a quality management plan, continue to measure clinical performance, integrate all quality improvement activities under one committee, track and trend results, and evaluate the program annually. On-site health care leadership should become increasingly involved in the quality management program.
92. Continue monthly meetings of the Mental Health Review Committee with the designated membership and provision of minutes of those meetings to assure they address the appropriate mental health issues as specified in the Consent Judgment.
93. OPSO assure medical care facilities that are clean, safe, and secure.
94. OPSO has arranged for professional language interpretation services so as to provide confidentiality of medical information. The use of this service needs to be tracked as a proof of compliance.
95. CCS continue to measure and track clinical performance as part of its quality management program.
96. CCS revisit its policies and clinical guidelines for pregnant inmates, consistent with nationally-accepted recommendations for obstetrical care for high risk patients.

97. OPSO revisit the design of the medical and mental health intake areas in the IPC in concert with health care providers, to provide easy flow and appropriate privacy.
98. OPSO develop and maintain an electronic medical record system that has elements described in the executive summary portion of this report.
99. CCS continue to monitor the effectiveness of the medication administration program, including time lag to first dose, management of serial non-adherence, and missed doses.
100. OPSO communicate impending discharges to CCS so that a prescription for medication can be prepared and delivered to the inmate.
101. CCS continue its current periodic audits of clinical performance and grievance data and continue its data analysis that has been used recently to develop remedies for opportunities for improvement.
102. OPSO and CCS analyze trauma-related hospital referrals for the purposes of prevention (e.g., reducing on-site injuries) and diversion to on-site primary care.
103. OPSO develop and maintain a method for clinical oversight to eventually replace the current role of the court-appointed monitor and sub-monitors.
104. OPSO 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.

Sanitation and Environmental Conditions

105. Complete and implement written policies and procedures governing the provisions of this paragraph. These policies include, but are not limited to:
    a. Detailed housekeeping procedures, schedule, training, and a comprehensive inspection process that includes establishing staff and inmate expectations that management is committed to enforce consistently and continually for housing units, toilets, showers, and common areas.
    b. Include in the policy a written process and procedure to assure inmate cells are thoroughly cleaned and disinfected between inmates.
    c. Develop and implement a process for consistent and continual management review and oversight of sanitation.
106. Include in the policy inmate rules that list the allowable items and quantities inmates are permitted to maintain in their cells and where they are expected to be stored. Include the rules and list in the inmate handbook.
107. Develop and implement a chemical control policy and procedures that include at least daily inventory process, sign in/out requirements to assure safety of inmates and staff.
108. Select a sufficient number of sanitation officers for each shift to supervise housekeeping.
109. Implement the mattress inspection, cleaning and disinfection policy.
110. Establish and implement documented ongoing housekeeping, biohazardous spill response, worker safety, and chemical control training for sanitation officers that includes a measurement of competency such as pre and post testing.
111. Provide documented housekeeping training for housing unit deputies, supervisors, and inspectors that includes evidence of understanding of their responsibilities such as a pre and post testing.
112. Complete and implement written policies and procedures governing the provisions of this paragraph. These policies and procedures may include, but are not limited to:
    a. Train employees to file timely work orders meeting the 24-and-48 hour requirement of this provision.
    b. Review and develop a simple system for officers to report maintenance issues and complete the maintenance reporting policy.
    c. Maintain a tracking system for pending work orders by type to document needs for effective resource allocation for specific trades.
    d. Establish an maintenance/repair supply inventory to assure adequate and available supplies of regularly needed parts for repairs such belts, fans, and motors for HVAC equipment; plumbing parts such as shower heads, valves, and faucets; and common electrical parts including electrical

panels, lights, transformers, and ballasts to quickly and efficiently resolve routine maintenance issues.

113. Develop and implement a written policy and procedure containing the requirements of this paragraph, which includes, but is not limited to:
   a. Implement a system to measure and assure adequate ventilation throughout the housing tiers including the showers.
   b. Complete and provide documentation for the air balance report for OJC.
   c. Assure the preventative maintenance policy includes a provision for maintenance staff to review compliance with the provision at least twice each year. Implement the policy.
   d. OPOS must be able to demonstrate that scheduled maintenance was completed as scheduled.

114. Assure that the OPSO budget includes the costs of implementing the preventive maintenance plan.

115. Provide an inventory of replacement bulbs, transformers, ballasts, and fixtures to assure timely repairs.

116. Assure electricians are available in OJC to assure that the provision continues is met.

117. Implement the preventative maintenance policy that includes the pest control program, sanitation policies, and procedures and include the relevant information in the inmate handbook.

118. Provide training to inmates, housing officers and supervisors on rules and expectations.

119. Evaluate the pest control contract and reports regularly to:
   a. Assure that the pest control contractor is meeting the terms of the contract and their work meets the requirements of this paragraph;
   b. Assure contractor continues to provide quarterly trend reports and that OPSO reviews them for changes or action items needing to be completed;
   c. Establish a process for officers and inmates to report any pest activity within OJC and the Kitchen/Warehouse.
   d. Review the pest control reports to assure that all recommendations are implemented to prevent pest infestations and complaints.

120. Implement Policy 1101.07 addressing spill response including, but not limited to:
   a. Designate posts per shift who will responsible for managing blood borne pathogen and biohazardous spill cleanup.
   b. Provide the Monitor with a draft of the lesson plan for the training program.
   c. Complete documented training of the deputies on OSHA's bloodborne Pathogens Standard, 29 CFR 1910.1030 and on the policy's spill response procedures

121. Implement Interim Policy 1101.07, "Bio-Hazardous Sills Cleaning Procedures including:
   a. Distributing the spill kits to the designated locations within OJC
   b. Identify the deputies who will be assigned responsibility for spill response and provide the required training.

122. Implement written policies and procedures governing the provisions of this paragraph that include, but is not limited to:
   a. Management of contact with blood borne and airborne hazards and infections
   b. Identification, treatment, and control of Methicillin-Resistant *Staphylococcus aureus* ("MRSA") at all facilities;
   c. Training for all affected employees on the implementation of the plan.
   d. Assure that the CCS Infection Control policy also address these specific requirements.

123. Develop and implement Policy 601.02 "Preventative Maintenance" and Policy 601.03 "Reporting Maintenance Problems" addressing the requirements of this paragraph including necessary training and establish a process to assure repairs/replacement is completed within 30 days unless there is a delay due to need for a part not maintained in stock.

124. Develop a policy and procedure that incorporate the requirements of the provision including a requirement for documented initial food safety training for deputies and inmate workers assigned to food service in the kitchen or the re-therm kitchens of OJC and the annual training as required.

125. Develop and implement a food service policy and written procedures addressing this paragraph including but not limited to:

a. Establishing requirements for cleaning and sanitization and a 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 must be documented on the sanitation log showing the initials of the person who completed the cleaning. The logs should be reviewed by and OPSO Food Service Kitchen Supervisor or Director for verification of completion and maintained in the OPSO Food Service Director's office.
b. As a best practice, it recommended that OPSO continue the weekly documented oversight inspections by a qualified inspector who is independent of the food service contractor to identify any contract non-compliance and include documentation of corrective action taken for all previously identified violations. A written corrective action process must be required for areas of non-compliance that includes retraining of employees or inmates, required maintenance repairs, safe food handling, personal hygiene, etc.
c. Assure all inspections are reviewed with the food service contractor and designated management staff within OPSO.
d. Designate in the policy the position/post responsible for oversight for these functions.

126. OPSO needs to develop and implement a food service policy addressing this paragraph including, but not limited to:
   a. Identifying all refrigerators, freezers, hot and cold food holding equipment, and ware washing equipment located in Kitchen/Warehouse and the re-therm kitchens in OJC.
   b. Scheduling the frequency that temperatures are measured and recorded in accordance with the Louisiana food safety regulations.
   c. Establishing a written corrective action plan that identifies what actions staff will take when monitoring identifies unacceptable temperatures for equipment holding potentially hazardous food.
   d. Requiring evidence of documented training of the OPSO supervisor assigned to food service at the Kitchen/Warehouse and/or OJC to review temperatures logs daily, and assure that any potentially hazardous food is removed, and if necessary, destroyed and that work orders are submitted when inspections indicate equipment that is not operating as designed.
   e. Requiring documented training deputies assigned to measure and record temperatures for refrigerated/frozen cold potentially hazardous food, hot food holding units, and warewashing equipment.
   f. Requiring use of temperature logs for all equipment where food is held including Kitchen/Warehouse and re-therm kitchens and where kitchenware and utensils are cleaned, that includes a record retention schedule.
   g. Designating the position/post responsible for oversight for these functions.

127. Develop and implement written policy and procedures addressing this paragraph including, but not limited to 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.
   a. Designate the position/post responsible for oversight for these functions.
   b. Track grievances for environmental and maintenance issues including regarding maintenance issues.

128. Develop and implement written policy and procedures addressing this paragraph including, but not limited to using the data from IV. D. 4.a. (1)-(7) to document trends and develop management response and recommendations to address the issues observed in the Sanitation and Environmental Conditions Report and the provisions of the Consent Judgment.
   a. Designate the position/post responsible for addressing this provision.

Fire and Life Safety Reporting

128. Review and revise Policy 701.2 to include a building-specific list of all fire and life safety equipment that is required to be inspected and/or tested both annually and quarterly. The revisions include, but are not limited to:
    a. The posts and/or positions having responsibility to assure the testing and/or inspected is completed.
    b. Assure OJC schedules the annual inspection for 2016 as required by state law.
    c. Designate the position/post responsible for oversight for the testing/inspections.
129. Assure that preventive maintenance contracts are in place prior to the expiration of warranties on equipment.
130. Either revise 701.1 or create a new OPSO policy and procedure that establishes the specific parameters to be included in the monthly inspections in accordance with the provision.
    a. Designate the position/post responsible for oversight for these functions.
    b. Establish and define the term "qualified fire safety officer".
131. Review and revise Policy 701.4 Written Evacuation Plan to address the minimum requirements specified in the provision. As best practice OPSO should consider conducting drills more frequently than specified in the provision and on all shifts to assure competency and that all staff is familiar with evacuation procedures and that inmates can be relocated quickly and safely while protecting security.
    a. Designate the position/post responsible for oversight for these functions.
    b. Provide the Monitor copies of all fire drill reports and assessments after each drill.
132. Revise existing written policies and procedures to address this paragraph including but not limited to:
    a. Assuring that the fire safety and evacuation training for all jail staff meets the requirements of the New Orleans Fire Department, the State Fire Code, and that staff are able to demonstrate competency.
    b. Provide the Monitor with a copy of the PowerPoint presentation for the 24-hour training for review.
    c. Provide the Monitor with a copy of the 8-hour training syllabus and curriculum and any training materials.
    d. Provide the Monitor with copies of the pre and post test instruments for the 24-hour and the 8-hour class, if different.
    e. Assuring that the person conducting the fire safety training is qualified to conduct that training.
    f. Designate the position/post responsible for oversight for these functions.
126. Develop and implement a written policy and procedure that addresses this paragraph.
    a. Designate the position/post responsible for oversight for these functions.
    b. Continue the quarterly inspection process to test emergency keys and the locks of all doors for which they are expected to open.
127. Develop and implement written policy and procedures addressing the requirements of this provision.
    a. Designate the position/post responsible for oversight for these functions.
    b. Include fire drill assessments and annual staff training progress in future reports.
128. Develop written policy and procedures to address the requirements of this provision and implement it.
    a. Designate the position/post responsible for oversight for these functions.
    b. Based on fire drill assessments, inspections and training feedback, demonstrate changes made to fire safety procedures and training.

Language Assistance

129. Complete relevant policies/procedures
130. When the policy has been finalized, 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. If OPSO wishes to propose less than an 8 hour block of instruction, this needs to be done along with the specifics of any such proposal.
131. The plaintiffs and defendants should confer regarding the requirements of IV. F. 3.a. and advise the Monitors.

Youthful Prisoners

132. Develop and implement written policies and procedures to comply with this paragraph. [See also the measures of compliance.] Include objective data measures of the initiative's compliance with this requirement.
133. The Sheriff and the City need to develop strategies to bring compliance with this requirements (sight and sound separation for female juveniles and appropriate separate for male juveniles) and to the extent possible given the physical plant limitations, not use locking down juveniles as a means of population control.

Compliance and Quality Improvement

134. OPSO continue to Monitors the performance of the vendor, as well as provide internal assets to review the policy drafts before forwarding to the Monitors for review.
135. Complete the lesson plans, train the trainers, schedule, conduct, and evaluate the training.
136. OPSO should consider hiring staff who are qualified to assist in the collection, analysis and management to data (e.g. a planning and research person).
137. Complete the relevant written directive.
138. Name a full-time qualified person as Compliance Coordinator.
139. Prepare a written policies and procedures that support these requirements, including periodicity of reporting, and accountability.
140. Ensure that there are written policies and procedures that support these functions, including periodicity of reporting, and accountability.