

**Summary of Findings of Compliance – As of March 18, 2019**

<b>Consent Judgment Paragraphs</b>	<b>Substantial Compliance</b>	<b>Partial Compliance</b>	<b>Non-Compliance</b>
IV. A. 1.a. OPSO shall develop, implement, and maintain comprehensive policies and procedures (in accordance with generally accepted correctional standards) relating to the use of force with particular emphasis regarding permissible and impermissible uses of force.	✓		
IV. A. 1.b. OPSO shall develop and implement a single, uniform reporting system under a Use of Force Reporting policy. OPSO reportable force shall be divided into two levels, as further specified in policy: Level 1 uses of force will include all serious uses of force (i.e., the use of force leads to injuries that are extensive, serious or visible in nature, including black eyes, lacerations, injuries to the mouth or head, multiple bruises, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct, and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious. Level 2 uses of force will include all escort or control holds used to overcome resistance that are not covered by the definition of Level 1 uses of force.	✓		
IV. A. 1.c. OPSO shall assess, annually, all data collected regarding uses of force and make any necessary changes to use of force policies or procedures to ensure that unnecessary or excessive use of force is not used in OPP. The review and recommendations will be documented and provided to the Monitor, DOJ, and SPLC.	✓		
IV. A. 2. a. OPSO shall ensure that all correctional officers are knowledgeable of and have the knowledge, skills, and abilities to comply with use of force policies and procedures. At a minimum, OPSO shall provide correctional officers with pre-service and annual in-service training in use of force, defensive tactics, and use of force policies and procedures. The training will include the following: (1) instruction on what constitutes excessive force; (2) de-escalation tactics; and (3) management of prisoners with mental illness to limit the need for using force.			✓
IV. A. 2. b. OPSO shall ensure that officers are aware of any change to policies and practices throughout their employment with OPP. At a minimum, OPSO shall provide pre-service and annual in-service use of force training that prohibits: (1) use of force as a response to verbal insults or prisoner threats where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors; (2) use of force as a response to prisoners' failure to follow instructions where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors; (3) use of force against a prisoner after the prisoner has ceased to offer resistance and is under control; (4) use of force as punishment or retaliation; and (5) use of force involving kicking, striking, hitting, or punching a non-combative prisoner.			✓
IV. A. 2. c. OPSO shall randomly test five percent of the correctional officer staff on an annual basis to determine their knowledge of the use of force policies and procedures. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor.			✓
IV. A.3 a. Failure to report a use of force incident by any staff member engaging in the use of force or witnessing the use of force shall be grounds for discipline, up to and including termination.		✓	
IV. A.3 b. OPSO shall ensure that sufficient information is collected on uses of force to assess whether staff members complied with policy; whether corrective action is necessary including training or discipline; the effectiveness of training and policies; and whether the conditions in OPP comply with this Agreement. At a minimum, OPSO will ensure that officers using or observing a Level 1 use of force shall complete a use of force report that will: (1) include the names of all staff, prisoner(s), or other visual or oral witness(es); (2) contain an accurate and specific account of the events leading to the use of force;			

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

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(7) All Level 1 use of force reports, whether or not the force is believed by any party to be unnecessary or excessive, shall be sent to IAD for review. IAD shall develop and submit to the Monitor within 90 days of the Effective Date clear criteria to identify use of force incidents that warrant a full investigation, including injuries that are extensive or serious, visible in nature (including black eyes, injuries to the mouth, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct (including inappropriate relationships with prisoners), and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious.			
IV. A.3 e. Ensure that a first-line supervisor is present during all pre-planned uses of force, such as cell extractions.	✓		
IV. A.3 f. Within 36 hours, exclusive of weekends and holidays, of receiving the report and review from the shift commander, in order to determine the appropriateness of the force used and whether policy was followed, the Warden or Assistant Warden shall review all use of force reports and supervisory reviews including: (1) the incident report associated with the use of force; (2) any medical documentation of injuries and any further medical care; (3) the prisoner disciplinary report associated with the use of force; and (4) the Warden or Assistant Warden shall complete a written report or written statement of specific findings and determinations of the appropriateness of force.		✓	
IV. A.3 g. Provide the Monitor a periodic report detailing use of force by staff. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information: (1) a brief summary of all uses of force, by type; (2) date that force was used; (3) identity of staff members involved in using force; (4) identity of prisoners against whom force was used; (5) a brief summary of all uses of force resulting in injuries; (6) number of planned and unplanned uses of force; (7) a summary of all in-custody deaths related to use of force, including the identity of the decedent and the circumstances of the death; and (8) a listing of serious injuries requiring hospitalization.	✓		
IV. A.3 h. OPSO shall conduct, annually, a review of the use of force reporting system to ensure that it has been effective in reducing unnecessary or excessive uses of force. OPSO will document its review and conclusions and provide them to the Monitor, SPLC, and DOJ.	✓		
IV.A.4.a. OPSO shall develop, within 120 days of the Effective Date, a computerized relational database (“EIS”) that will document and track staff members who are involved in use of force incidents and any complaints related to the inappropriate or excessive use of force, in order to alert OPSO management to any potential problematic policies or supervision lapses or need for retraining or discipline. The Chief of Operations Deputy, supervisors, and investigative staff shall have access to this information and shall review on a regular basis, but not less than quarterly, system reports to evaluate individual staff, supervisor, and housing area activity. OPSO will use the EIS as a tool for correcting inappropriate staff behavior before it escalates to more serious misconduct.		✓	
IV.A.4.b. Within 120 days of the Effective Date, OPSO senior management shall use EIS information to improve quality management practices, identify patterns and trends, and take necessary corrective action both on an individual and systemic level. IAD will manage and administer EIS systems. The Special Operations Division (“SOD”) will have access to the EIS. IAD will conduct quarterly audits of the EIS to ensure that analysis and intervention is taken according to the process described below. Command staff shall review the data collected by the EIS on at least a quarterly basis to identify potential patterns or trends resulting in harm to prisoners. The Use of Force Review Board will periodically review information collected regarding uses of force in order to identify the need for corrective action, including changes to training protocols and policy or retraining or disciplining individual staff or staff	✓		

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members. Through comparison of the operation of this system to changes in the conditions in OPP, OPSO will assess whether the mechanism is effective at addressing the requirements of this Agreement			
IV.A.4.c. OPSO shall provide, within 180 days of the implementation date of its EIS, to SPLC, DOJ, and the Monitor, a list of all staff members identified through the EIS and corrective action taken.	✓		
IV.A.4.d. The EIS protocol shall include the following components: data storage, data retrieval, reporting, data analysis, pattern identification, supervisory assessment, supervisory intervention, documentation, and audit.		✓	
IV.A.4.e. On an annual basis, OPSO shall review the EIS to ensure that it has been effective in identifying concerns regarding policy, training, or the need for discipline. This assessment will be based in part on the number and severity of harm and injury identified through data collected pursuant to this Agreement. OPSO will document its review and conclusions and provide them to the Monitor, who shall forward this document to DOJ and SPLC.	✓		
IV.A.5.a. Maintain security policies, procedures, and practices to provide a reasonably safe and secure environment for prisoners and staff in accordance with this Agreement.		✓	
IV.A.5.b. Maintain policies, procedures, and practices to ensure the adequate supervision of prisoner work areas and trustees.		✓	
IV.A.5.c. Maintain policies and procedures regarding care for and housing of protective custody prisoners and prisoners requesting protection from harm.		✓	
IV.A.5.d. Continue to ensure that correctional officers conduct appropriate rounds at least once during every 30-minute period, at irregular times, inside each general population housing unit and at least once during every 15-minute period of special management prisoners, or more often if necessary. All security rounds shall be documented on forms or logs that do not contain pre-printed rounding times. In the alternative, OPSO may provide direct supervision of prisoners by posting a correctional officer inside the day room area of a housing unit to conduct surveillance.		✓	
IV.A.5.e. Staff shall provide direct supervision in housing units that are designed for this type of supervision. Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers.		✓	
IV.A.5.f. Increase the use of overhead video surveillance and recording cameras to provide adequate coverage throughout the common areas of the Jail, including the Intake Processing Center, all divisions' intake areas, mental health units, special management units, prisoner housing units, and in the divisions' common areas.		✓	
IV.A.5.g. Continue to ensure that correctional officers, who are transferred from one division to another, are required to attend training on division-specific post orders before working on the unit.		✓	
IV.A.5.h. Continue to ensure that correctional officers assigned to special management units, which include youth tiers, mental health tiers, disciplinary segregation, and protective custody, receive eight hours of specialized training regarding such units on prisoner safety and security on at least an annual basis.		✓	
IV.A.5.i. Continue to ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.		✓	
IV.A.5.j. Continue to ensure that staff conduct daily inspections of cells and common areas of the housing units to protect prisoners from unreasonable harm or unreasonable risk of harm.		✓	
IV.A.5.k. Continue to ensure that staff conduct random monthly shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband.		✓	
IV.A.5.l. Provide the Monitor a periodic report of safety and supervision at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will provide the following information: (1) a listing of special management prisoners, their housing assignments, the basis for them being placed in the specialized housing unit, and the date placed in the unit; and		✓	

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(2) a listing of all contraband, including weapons seized, the type of contraband, date of seizure, location, and shift of seizure.			
IV.A.6.a. OPSO shall ensure that correctional staffing and supervision is sufficient to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Facility, consistent with constitutional standards.			✓
IV.A.6.a. OPSO shall achieve adequate correctional officer staffing in the following manner: (1) Within 90 days of the Effective Date, develop a staffing plan that will identify all posts and positions, the adequate number and qualification of staff to cover each post and position, adequate shift relief, and coverage for vacations. The staffing plan will ensure that there is adequate coverage inside each housing and specialized housing areas and to accompany prisoners for court, visits and legal visits, and other operations of OPP and to comply with all provisions of this Agreement. OPSO will provide its plan to the Monitor, SPLC, and DOJ for approval. The Monitor, SPLC, or DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan.	✓		
(2) Within 120 days before the opening of any new facility, submit a staffing plan consistent with subsection (1) above.	✓		
(3) Within 90 days after completion of the staffing study, OPSO shall recruit and hire a full-time professional corrections administrator to analyze and review OPP operations. The professional corrections administrator shall report directly to the Sheriff and shall have responsibilities to be determined by the Sheriff. The professional corrections administrator shall have at least the following qualifications: (a) a bachelor's degree in criminal justice or other closely related field; (b) five years of experience in supervising a large correctional facility; and (c) knowledge of and experience in applying modern correctional standards, maintained through regular participation in corrections-related conferences or other continuing education.	✓		
(4) Provide the Monitor a periodic report on staffing levels at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information: i. a listing of each post and position needed; ii. the number of hours needed for each post and position; iii. a listing of staff hired and positions filled; iv. a listing of staff working overtime and the amount of overtime worked by each staff member; v. a listing of supervisors working overtime; and vi. a listing of and types of critical incidents reported.		✓	
IV.A.6.b. Review the periodic report to determine whether staffing is adequate to meet the requirements of this Agreement. OPSO shall make recommendations regarding staffing based on this review. The review and recommendations will be documented and provided to the Monitor.	✓		
IV.A.7.a. OPSO shall develop and implement policies that ensure that Facility watch commanders have knowledge of reportable incidents in OPP to take action in a timely manner to prevent harm to prisoners or take other corrective action. At a minimum, OPSO shall do the following:		✓	
IV.A.7.b. Continue to ensure that Facility watch commanders document all reportable incidents by the end of their shift, but no later than 24 hours after the incident, including prisoner fights, rule violations, prisoner injuries, suicide attempts, cell extractions, medical emergencies, found contraband, vandalism, escapes and escape attempts, and fires.		✓	
IV.A.7.c. Continue to ensure that Facility watch commanders report all suicides and deaths no later than one hour after the incident, to a supervisor, IAD, the Special Operations Division, and medical and mental health staff.	✓		

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IV.A.7.d. Provide formal pre-service and annual in-service training on proper incident reporting policies and procedures.		✓	
IV.A.7.e. Implement a policy providing that it is a disciplinary infraction for staff to fail to report any reportable incident that occurred on his or her shift. Failure to formally report any observed prisoner injury may result in staff discipline, up to and including termination.		✓	
IV.A.7.f. Maintain a system to track all reportable incidents that, at a minimum, includes the following information: (1) tracking number; (2) the prisoner(s) name; (3) housing classification and location; (4) date and time; (5) type of incident; (6) injuries to staff or prisoner; (7) medical care; (8) primary and secondary staff involved; (9) reviewing supervisor; (10) external reviews and results; (11) corrective action taken; and (12) administrative sign-off.		✓	
IV.A.7.g. Ensure that incident reports and prisoner grievances are screened for allegations of staff misconduct, and, if the incident or allegation meets established criteria in accordance with this Agreement, it is referred for investigation.	✓		
IV.A.7.h. Provide the Monitor a periodic data report of incidents at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.		✓	
IV.A.7.i. The report will include the following information: (1) a brief summary of all reportable incidents, by type and date; (2) a description of all suicides and in-custody deaths, including the date, name of prisoner, and housing unit; (3) number of prisoner grievances screened for allegations of misconduct; and (4) number of grievances referred to IAD or SOD for investigation.		✓	
IV.A.7.j. Conduct internal reviews of the periodic reports to determine whether the incident reporting system is ensuring that the constitutional rights of prisoners are respected. Review the quarterly report to determine whether the incident reporting system is meeting the requirements of this Agreement. OPSO shall make recommendations regarding the reporting system or other necessary changes in policy or staffing based on this review. The review and recommendations will be documented and provided to the Monitor.	✓		
IV.A.8.a. Maintain implementation of comprehensive policies, procedures, and practices for the timely and thorough investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement. Investigations shall: (1) be conducted by persons who do not have conflicts of interest that bear on the partiality of the investigation; (2) include timely, thorough, and documented interviews of all relevant staff and prisoners who were involved in or who witnessed the incident in question, to the extent practicable; and (3) include all supporting evidence, including logs, witness and participant statements, references to policies and procedures relevant to the incident, physical evidence, and video or audio recordings.	✓		
IV.A.8.b. Continue to provide SOD and IAD staff with pre-service and annual in-service training on appropriate investigation policies and procedures, the investigation tracking process, investigatory interviewing techniques, and confidentiality requirements	✓		

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IV.A.8.c. Ensure that any investigative report indicating possible criminal behavior will be referred to IAD/SOD and then referred to the Orleans Parish District Attorney's Office, if appropriate.	✓		
IV.A.8.d. Provide the Monitor a periodic report of investigations conducted at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.	✓		
IV.A.8.e. The report will include the following information: (1) a brief summary of all completed investigations, by type and date; (2) a listing of investigations referred for administrative investigation; (3) a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and (4) a listing of all staff suspended, terminated, arrested, or reassigned because of misconduct or violations of policy and procedures. This list must also contain the specific misconduct and/or violation.	✓		
IV.A.8.f. OPSO shall review the periodic report to determine whether the investigation system is meeting the requirements of this Agreement and make recommendations regarding the investigation system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.	✓		
IV.A.9.a. OPSO shall maintain its role of providing space and security to facilitate interviews conducted pursuant to the City's pretrial release program, which is intended to ensure placement in the least restrictive appropriate placement consistent with public safety.	✓		
IV.A.9.b. OPSO shall create a system to ensure that it does not unlawfully confine prisoners whose sole detainer is by Immigration and Customs Enforcement ("ICE"), where the detainer has expired.	✓		
IV.A.10.a. OPP shall implement an objective and validated classification system that assigns prisoners to housing units by security levels, among other valid factors, in order to protect prisoners from unreasonable risk of harm. The system shall include: consideration of a prisoner's security needs, severity of the current charge, types of prior commitments, suicide risk, history of escape attempts, history of violence, gang affiliations, and special needs, including mental illness, gender identity, age, and education requirements. OPSO shall anticipate periods of unusual intake volume and schedule sufficient classification staff to classify prisoners within 24 hours of booking and perform prisoner reclassifications, assist eligible DOC prisoners with re-entry assistance (release preparation), among other duties related to case management.		✓	
IV.A.10.b. Prohibit classifications based solely on race, color, national origin, or ethnicity.	✓		
IV.A.10.c. Ensure that the classification staff has sufficient access to current information regarding cell availability in each division.	✓		
IV.A.10.d. Continue to update the classification system to include information on each prisoner's history at OPSO.	✓		
IV.A.10.e. Continue competency-based training and access to all supervisors on the full capabilities of the OPSO classification and prisoner tracking system.		✓	
IV.A.10.f. Conduct internal and external review and validation of the classification and prisoner tracking system on at least an annual basis.	✓		
IV.A.10.g. Provide the Monitor a periodic report on classification at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information: (1) number of prisoner-on-prisoner assaults; (2) number of assaults against prisoners with mental illness; (3) number of prisoners who report having gang affiliations; (4) most serious offense leading to incarceration; (5) number of prisoners classified in each security level;	✓		

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(6) number of prisoners placed in protective custody; and (7) number of misconduct complaints.			
IV.A.10.h. OPSO shall review the periodic data report and make recommendations regarding proper placement consistent with this Agreement or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.		✓	
IV.A.11.a. OPSO shall ensure that prisoners have a mechanism to express their grievances, resolve disputes, and ensure that concerns regarding their constitutional rights are addressed. OPSO shall, at a minimum, do the following: (1) Continue to maintain policies and procedures to ensure that prisoners have access to an adequate grievance process and to ensure that grievances may be reported and filed confidentially, without requiring the intervention of a correctional officer. The policies and procedures should be applicable and standardized across all the Facility divisions. (2) Ensure that each grievance receives appropriate follow-up, including providing a timely written response and tracking implementation of resolutions. (3) Ensure that grievance forms are available on all units and are available in Spanish and Vietnamese and that there is adequate opportunity for illiterate prisoners and prisoners who have physical or cognitive disabilities or language barriers to access the grievance system. (4) Separate the process of “requests to staff” from the grievance process and prioritize grievances that raise issues regarding prisoner safety or health. (5) Ensure that prisoner grievances are screened for allegations of staff misconduct and, if an incident or allegation warrants per this Agreement, that it is referred for investigation. (6) A member of the management staff shall review the grievance tracking system quarterly to identify areas of concerns. These reviews and any recommendations will be documented and provided to the Monitor.		✓	
IV.A.12. OPSO will develop and implement policies, protocols, trainings, and audits, consistent with the requirements of the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, including but not limited to, preventing, detecting, reporting, investigating, and collecting sexual abuse data, including prisoner-on-prisoner and staff-on-prisoner sexual abuse, sexual harassment, and sexual touching.		✓	
IV.A.13. OPSO will ensure that all newly admitted prisoners receive information, through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding Facility disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse or assault; accessing medical and mental health care; emergency procedures; and sending and receiving mail; understanding the visitation process; and accessing the grievance process.	✓		
IV.B.1.a. Develop and maintain comprehensive policies and procedures for appropriate screening and assessment of prisoners with mental illness. These policies should include definitions of emergent, urgent, and routine mental health needs, as well as timeframes for the provision of services for each category of mental health needs.	✓		
IV.B.1.b. Develop and implement an appropriate screening instrument that identifies mental health needs, and ensures timely access to a mental health professional when presenting symptoms require such care. The screening instrument should include the factors described in Appendix B. The screening instrument will be validated by a qualified professional approved by the Monitor within 180 days of the Effective Date and every 12 months thereafter, if necessary.	✓		
IV.B.1.c. Ensure that all prisoners are screened by Qualified Medical Staff upon arrival to OPP, but no later than within eight hours, to identify a prisoner’s risk for suicide or self-injurious behavior. No prisoner shall be held in isolation prior to an evaluation by medical staff.	✓		
IV.B.1.d. Implement a triage policy that utilizes the screening and assessment procedures to ensure that prisoners with emergent and urgent mental health needs are prioritized for services.	✓		

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IV.B.1.e. Develop and implement protocols, commensurate with the level of risk of suicide or self-harm, to ensure that prisoners are protected from identified risks for suicide or self-injurious behavior. The protocols shall also require that a Qualified Mental Health Professional perform a mental health assessment, based on the prisoner's risk.		✓	
IV.B.1.f. For prisoners with emergent or urgent mental health needs, search the prisoner and monitor with constant supervision until the prisoner is transferred to a Qualified Mental Health Professional for assessment.		✓	
IV.B.1.g. Ensure that a Qualified Mental Health Professional conducts appropriate mental health assessments within the following periods from the initial screen or other identification of need: (1) 14 days, or sooner, if medically necessary, for prisoners with routine mental health needs; (2) 48 hours, or sooner, if medically necessary, for prisoners with urgent mental health needs; and (3) immediately, but no later than two hours, for prisoners with emergent mental health needs.		✓	
IV.B.1.h. Ensure that a Qualified Mental Health Professional performs a mental health assessment no later than the next working day following any adverse triggering event (i.e., any suicide attempt, any suicide ideation, or any aggression to self resulting in serious injury).	✓		
IV.B.1.i. Ensure that a Qualified Mental Health Professional, as part of the prisoner's interdisciplinary treatment team, maintains a risk profile for each prisoner on the mental health case load based on the Assessment Factors identified in Appendix B, and develops and implements a treatment plan to minimize the risk of harm to each of these prisoners.		✓	
IV.B.1.j. Ensure adequate and timely treatment for prisoners, whose assessments reveal mental illness and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate.		✓	
V.B.1.k. Ensure crisis services are available to manage psychiatric emergencies. Such services include licensed in-patient psychiatric care, when clinically appropriate.			✓
IV.B.1.l. On an annual basis, assess the process for screening prisoners for mental health needs to determine whether prisoners are being appropriately identified for care. Based on this assessment, OPSO shall recommend changes to the screening system. The assessment and recommendations will be documented and provided to the Monitor.	✓		
IV.B.2.a. Review, revise, and supplement its existing policies in order to implement a policy for the delivery of mental health services that includes a continuum of services, provides for necessary and appropriate mental health staff, includes a treatment plan for prisoners with serious mental illness, and collects data and contains mechanisms sufficient to measure whether care is being provided in a manner consistent with the Constitution.		✓	
IV.B.2.b. Ensure that treatment plans adequately address prisoners' serious mental health needs and that the treatment plans contain interventions specifically tailored to the prisoner's diagnoses and problems.		✓	
IV.B.2.c. Provide group or individual therapy services by an appropriately licensed provider where necessary for prisoners with mental health needs.		✓	
IV.B.2.d. Ensure that mental health evaluations that are done as part of the disciplinary process include recommendations based on the prisoner's mental health status.			✓
IV.B.2.e. Ensure that prisoners receive psychotropic medications in a timely manner and that prisoners have proper diagnoses and/or indications for each psychotropic medication they receive.		✓	
IV.B.2.f. Ensure that psychotropic medications are administered in a clinically appropriate manner as to prevent misuse, overdose, theft, or violence related to the medication.		✓	
IV.B.2.g. Ensure that prescriptions for psychotropic medications are reviewed by a Qualified Mental Health Professional on a regular, timely basis and prisoners are properly monitored.	✓		
IV.B.2.h. Ensure that standards are established for the frequency of review and associated charting of psychotropic medication monitoring, including monitoring for metabolic effects of second generation psychotropic medications		✓	

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
IV.B.3.a. OPSO shall develop and implement policies and procedures for prisoner counseling in the areas of general mental health/therapy, sexual-abuse counseling, and alcohol and drug counseling. This should, at a minimum, include some provision for individual services.		✓	
IV.B.3.b. Within 180 days of the Effective Date, and quarterly thereafter, report all prisoner counseling services to the Monitor, which should include: (1) the number of prisoners who report having participated in general mental health/therapy counseling at OPP; (2) the number of prisoners who report having participated in alcohol and drug counseling services at OPP; (3) the number of prisoners who report having participated in sexual-abuse counseling at OPP; and (4) the number of cases with an appropriately licensed practitioner and related one-to-one counseling at OPP.		✓	
IV.B.4.a. OPSO shall ensure that all staff who supervise prisoners have the adequate knowledge, skill, and ability to address the needs of prisoners at risk for suicide. Within 180 days of the Effective Date, OPSO shall review and revise its current suicide prevention training curriculum to include the following topics: (1) suicide prevention policies and procedures (as revised consistent with this Agreement); (2) analysis of facility environments and why they may contribute to suicidal behavior; (3) potential predisposing factors to suicide; (4) high-risk suicide periods; (5) warning signs and symptoms of suicidal behavior; (6) case studies of recent suicides and serious suicide attempts; (7) mock demonstrations regarding the proper response to a suicide attempt; (8) differentiating suicidal and self-injurious behavior; and (9) the proper use of emergency equipment.		✓	
IV.B.4.b. Ensure that all correctional, medical, and mental health staff are trained on the suicide screening instrument and the medical intake tool.		✓	
IV.B.4.c. Ensure that multi-disciplinary in-service training is completed annually by all correctional, medical, and mental health staff, to include training on updated policies, procedures, and techniques. The training will be reviewed and approved by the Monitor.		✓	
IV.B.4.d. Ensure that staff are trained in observing prisoners on suicide watch and step-down unit status.		✓	
IV.B.4.e. Ensure that all staff that have contact with prisoners are certified in cardiopulmonary resuscitation (“CPR”).		✓	
IV.B.4.f. Ensure that an emergency response bag, which includes a first aid kit and emergency rescue tool, is in close proximity to all housing units. All staff that has contact with prisoners shall know the location of this emergency response bag and be trained to use its contents.	✓		
IV.B.4.g. Randomly test five percent of relevant staff on an annual basis to determine their knowledge of suicide prevention policies. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor.		✓	
IV.B.5.a. OPSO shall implement a policy to ensure that prisoners at risk of self-harm are identified, protected, and treated in a manner consistent with the Constitution.		✓	
IV.B.5.b. Ensure that suicide prevention procedures include provisions for constant direct supervision of current suicidal prisoners and close supervision of special needs prisoners with lower levels of risk (at a minimum, 15 minute checks). Correctional officers shall document their checks in a format that does not have pre-printed times.	✓		
IV.B.5.c. Ensure that prisoners on suicide watch are immediately searched and monitored with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.		✓	

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
IV.B.5.d. Ensure that all prisoners discharged from suicide precautions receive a follow-up assessment within three to eight working days after discharge, as clinically appropriate, in accordance with a treatment plan developed by a Qualified Mental Health Care Professional. Upon discharge, the Qualified Mental Health Care Professional shall conduct a documented in-person assessment regarding the clinically appropriate follow-up intervals.		✓	
IV.B.5.e. Implement a step-down program providing clinically appropriate transition for prisoners discharged from suicide precautions.		✓	
IV.B.5.f. Develop and implement policies and procedures for suicide precautions that set forth the conditions of the watch, incorporating a requirement of an individualized clinical determination of allowable clothing, property, and utensils. These conditions shall be altered only on the written instruction of a Qualified Mental Health Professional, except under emergency circumstances or when security considerations require		✓	
IV.B.5.g. Ensure that cells designated by OPSO for housing suicidal prisoners are retrofitted to render them suicide-resistant (e.g., eliminating bed frames/holes, sprinkler heads, water faucet lips, and unshielded lighting or electrical sockets).		✓	
IV.B.5.h. Ensure that every suicide or serious suicide attempt is investigated by appropriate mental health and correctional staff, and that the results of the investigation are provided to the Sheriff and the Monitor.		✓	
IV.B.5.i. Direct observation orders for inmates placed on suicide watch shall be individualized by the ordering clinician based upon the clinical needs of each inmate, and shall not be more restrictive than is deemed necessary by the ordering clinician to ensure the safety and well being of the inmate.	✓		
IV.B.5.j. Provide the Monitor a periodic report on suicide and self-harm at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include the following: (1) all suicides; (2) all serious suicide or self-harm attempts; and (3) all uses of restraints to respond to or prevent a suicide attempt.		✓	
IV.B.5.k. Assess the periodic report to determine whether prisoners are being appropriately identified for risk of self-harm, protected, and treated. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.		✓	
IV.B.6.a. OPSO shall prevent the unnecessary or excessive use of physical or chemical restraints on prisoners with mental illness.		✓	
IV.B.6.b. Maintain comprehensive policies and procedures for the use of restraints for prisoners with mental illness consistent with the Constitution.		✓	
IV.B.6.c. Ensure that approval by a Qualified Medical or Mental Health Professional is received and documented prior to the use of restraints on prisoners living with mental illness or requiring suicide precautions.		✓	
IV.B.6.d. Ensure that restrained prisoners with mental illnesses are monitored at least every 15 minutes by Custody Staff to assess their physical condition.		✓	
IV.B.6.e. Ensure that Qualified Medical or Mental Health Staff document the use of restraints, including the basis for and duration of the use of restraints and the performance and results of welfare checks on restrained prisoners.		✓	
IV.B.6.f. Provide the Monitor a periodic report of restraint use at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report shall include: (1) A list of prisoners whom were restrained; (2) A list of any self-injurious behavior observed or discovered while restrained; and (3) A list of any prisoners whom were placed in restraints on three or more occasions in a thirty (30) day period or whom were kept in restraints for a period exceeding twenty-four (24) hours.		✓	

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
IV.B.6.g. Assess the periodic report to determine whether restraints are being used appropriately on prisoners with mental illness. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.		✓	
IV.B.7.a. OPSO shall ensure that all staff who supervise prisoners have the knowledge, skills, and abilities to identify and respond to detoxifying prisoners. Within 180 days of the Effective Date, OPSO shall institute an annual in-service detoxification training program for Qualified Medical and Mental Health Staff and for correctional staff. The detoxification training program shall include: (1) annual staff training on alcohol and drug abuse withdrawal; (2) training of Qualified Medical and Mental Health Staff on treatment of alcohol and drug abuse conducted by the Chief Medical Officer or his or her delegate; (3) oversight of the training of correctional staff, including booking and housing unit officers, on the policies and procedures of the detoxification unit, by the Chief Medical Officer or his or her delegate; (4) training on drug and alcohol withdrawal by Qualified Medical and Mental Health Staff; (5) training of Qualified Medical and Mental Health Staff in providing prisoners with timely access to a Qualified Mental Health Professional, including psychiatrists, as clinically appropriate; and (6) training of Qualified Medical and Mental Health Staff on the use and treatment of withdrawals, where medically appropriate.		✓	
IV.B.7.b. Provide medical screenings to determine the degree of risk for potentially life-threatening withdrawal from alcohol, benzodiazepines, and other substances, in accordance with Appendix B.	✓		
IV.B.7.c. Ensure that the nursing staff complete assessments of prisoners in detoxification on an individualized schedule, ordered by a Qualified Medical or Mental Health Professional, as clinically appropriate, to include observations and vital signs, including blood pressure.		✓	
IV.B.7.d. Annually, conduct a review of whether the detoxification training program has been effective in identifying concerns regarding policy, training, or the proper identification of and response to detoxifying prisoners. OPSO will document this review and provide its conclusions to the Monitor.			✓
IV.B.8.a. OPSO shall ensure that medical and mental health staffing is sufficient to provide adequate care for prisoners' serious medical and mental health needs, fulfill constitutional mandates and the terms of this Agreement, and allow for the adequate operation of the Facility, consistent with constitutional standards.		✓	
IV.B.8.b. Within 90 days of the Effective Date, OPSO shall conduct a comprehensive staffing plan and/or analysis to determine the medical and mental health staffing levels necessary to provide adequate care for prisoners' mental health needs and to carry out the requirements of this Agreement. Upon completion of the staffing plan and/or analysis, OPSO shall provide its findings to the Monitor, SPLC, and DOJ for review. The Monitor, SPLC, and DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan	✓		
IV.B.9.a. OPSO shall develop, implement, and maintain a system to ensure that trends and incidents involving avoidable suicides and self-injurious behavior are identified and corrected in a timely manner. Within 90 days of the Effective Date, OPSO shall develop and implement a risk management system that identifies levels of risk for suicide and self-injurious behavior and requires intervention at the individual and system levels to prevent or minimize harm to prisoners, based on the triggers and thresholds set forth in Appendix B.		✓	
IV.B.9.b. The risk management system shall include the following processes to supplement the mental health screening and assessment processes: incident reporting, data collection, and data aggregation to capture sufficient information to formulate a reliable risk assessment at the individual and system levels; identification of at-risk prisoners in need of clinical treatment or assessment by the Interdisciplinary Team or the Mental Health Committee;		✓	

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
and development and implementation of interventions that minimize and prevent harm in response to identified patterns and trends.			
<p>IV.B.9.c. OPSO shall develop and implement an Interdisciplinary Team, which utilizes intake screening, health assessment, and triggering event information for formulating treatment plans. The Interdisciplinary Team shall:</p> <ol style="list-style-type: none"> <li>(1) include the Medical and Nursing directors, one or more members of the psychiatry staff, counseling staff, social services staff, and security staff, and other members as clinical circumstances dictate;</li> <li>(2) conduct interdisciplinary treatment rounds, on a weekly basis, during which targeted patients are reviewed based upon screening and assessment factors, as well as triggering events; and</li> <li>(3) provide individualized treatment plans based, in part, on screening and assessment factors, to all mental health patients seen by various providers.</li> </ol>		✓	
<p>IV.B.9.d. OPSO shall develop and implement a Mental Health Review Committee that will, on a monthly basis, review mental health statistics including, but not limited to, risk management triggers and trends at both the individual and system levels. The Mental Health Review Committee shall:</p> <ol style="list-style-type: none"> <li>(1) include the Medical and Nursing Director, one or more members of the psychiatry staff and social services staff, the Health Services Administrator, the Warden of the facility housing the Acute Psychiatric Unit, and the Risk Manager.</li> <li>(2) identify at-risk patients in need of mental health case management who may require intervention from and referral to the Interdisciplinary Team, the OPSO administration, or other providers.</li> <li>(3) conduct department-wide analyses and validation of both the mental health and self-harm screening and assessment processes and tools, review the quality of screenings and assessments and the timeliness and appropriateness of care provided, and make recommendations on changes and corrective actions;</li> <li>(4) analyze individual and aggregate mental health data and identify trends and triggers that indicate risk of harm;</li> <li>(5) review data on mental health appointments, including the number of appointments and wait times before care is received; and</li> <li>(6) review policies, training, and staffing and recommend changes, supplemental training, or corrective actions.</li> </ol>		✓	
<p>IV.B.9.e. OPSO shall develop and implement a Quality Improvement and Morbidity and Mortality Review Committee that will review, on at least a quarterly basis, risk management triggers and trends and quality improvement reports in order to improve care on a Jail-wide basis.</p> <ol style="list-style-type: none"> <li>(1) The Quality Improvement Committee shall include the Medical Director, the Director of Psychiatry, the Chief Deputy, the Risk Manager, and the Director of Training. The Quality Improvement Committee shall review and analyze activities and conclusions of the Mental Health Review Committee and pursue Jail-wide corrective actions.</li> <li>(2) The Quality Improvement Committee shall: <ol style="list-style-type: none"> <li>i. monitor all risk management activities of the facilities through the review of risk data, identification of individual and systemic trends, and recommendation and monitored implementation of investigation or corrective action; and</li> <li>ii. generate reports of risk data analyzed and corrective actions taken.</li> </ol> </li> </ol>		✓	
<p>IV.B.9.f. OPSO shall review mortality and morbidity reports quarterly to determine whether the risk management system is ensuring compliance with the terms of this Agreement. OPSO shall make recommendations regarding the risk management system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.</p>			✓
<p>IV.C.1.a. Within 120 days of the Effective Date, ensure that medical and mental health staff are trained on proper medication administration practices, including appropriately labeling containers and contemporaneously recording medication administration;</p>	✓		

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
IV.C.1.b. Ensure that physicians provide a systematic review of the use of medication to ensure that each prisoner’s prescribed regimen continues to be appropriate and effective for his or her condition;		✓	
IV.C.1.c. Maintain medication administration protocols that provide adequate direction on how to take medications, describe the names of the medications, how frequently to take medications, and identify how prisoners taking such medications are monitored; and	✓		
IV.C.1.d. Maintain medication administration protocols that prevent misuse, overdose, theft, or violence related to medication.	✓		
IV.C.2.a. Provide the Monitor a periodic report on health care at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include: (1) number of prisoners transferred to the emergency room for medical treatment related to medication errors; (2) number of prisoners taken to the infirmary for non-emergency treatment related to medication errors; (3) number of prisoners prescribed psychotropic medications; (4) number of prisoners prescribed “keep on person” medications; and (5) occurrences of medication variances.			✓
IV.C.2.b. Review the periodic health care delivery reports to determine whether the medication administration protocols and requirements of this Agreement are followed. OPSO shall make recommendations regarding the medication administration process, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.			✓
IV.C.3.a. OPSO shall notify Qualified Medical or Mental Health staff regarding the release of prisoners with serious medical and/or mental health needs from OPSO custody, as soon as such information is available.		✓	
IV.C.3.b. When Qualified Medical or Mental Health staff are notified of the release of prisoners with serious medical and/or mental health needs from OPSO custody, OPSO shall provide these prisoners with at least a seven-day supply of appropriate prescription medication, unless a different amount is necessary and medically appropriate to serve as a bridge until prisoners can reasonably arrange for continuity of care in the community.		✓	
IV.C.3.c. For all other prisoners with serious medical and/or mental health needs who are released from OPSO custody without advance notice, OPSO shall provide the prisoner a prescription for his or her medications, printed instructions regarding prescription medications, and resources indicating where prescriptions may be filled in the community.		✓	
IV.C.3.d. For prisoners who are being transferred to another facility, OPSO shall prepare and send with a transferring prisoner, a transition summary detailing major health problems and listing current medications and dosages, as well as medication history while at the Facility. OPSO shall also supply sufficient medication for the period of transit for prisoners who are being transferred to another correctional facility or other institution, in the amount required by the receiving agency.	✓		
IV.D. 1.a. OPSO shall provide oversight and supervision of routine cleaning of housing units, showers, and medical areas. Such oversight and supervision will include meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units to be documented at least once a week but to occur more frequently.		✓	
IV. D. 1.b. Continue the preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that showers, toilets, and sink units are adequately installed and maintained. Work orders will be submitted within 48 hours of identified deficiencies, or within 24 hours in the case of emergency maintenance needs.	✓		
IV. D. 1.c. Maintain adequate ventilation throughout OPSO facilities to ensure that prisoners receive adequate air flow and reasonable levels of heating and cooling. Maintenance staff shall review and assess compliance with this requirement, as necessary, but no less than twice annually.		✓	

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
IV. D. 1.d. Ensure adequate lighting in all prisoner housing units and prompt replacement and repair of malfunctioning lighting fixtures in living areas within five days, unless the item must be specially ordered.	✓		
IV. D. 1.e. Ensure adequate pest control throughout the housing units, including routine pest control spraying on at least a quarterly basis and additional spraying as needed.	✓		
IV. D. 1.f. Ensure that any prisoner or staff assigned to clean a biohazardous area is properly trained in universal precautions, outfitted with protective materials, and properly supervised.		✓	
IV. D. 1.g. Ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.	✓		
IV. D. 1.h. Maintain an infection control plan that addresses contact, blood borne, and airborne hazards and infections. The plan shall include provisions for the identification, treatment, and control of Methicillin-Resistant Staphylococcus Aureus (“MRSA”) at the Facility.		✓	
IV. D. 2.a. OPSO shall ensure that broken or missing electrical panels are repaired within 30 days of identified deficiencies, unless the item needs to be specially ordered	✓		
IV. D. 2.b. Develop and implement a system for maintenance and timely repair of electrical panels, devices, and exposed electrical wires.	✓		
IV. D. 3.a. OPSO shall ensure that food service staff, including prisoner staff, continues to receive in-service annual training in the areas of food safety, safe food handling procedures, and proper hygiene, to reduce the risk of food contamination and food-borne illnesses.		✓	
IV. D. 3.b. Ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized on a daily basis.			✓
IV. D. 3.c. Check and record on a daily basis the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with a temperature monitor, to ensure proper maintenance of food service equipment.		✓	
<p>IV. D. 4.a. 1-7 Provide the Monitor a periodic report on sanitation and environmental conditions in the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include:</p> <ol style="list-style-type: none"> <li>(1) number and type of violations reported by health and sanitation inspectors;</li> <li>(2) number and type of violations of state standards;</li> <li>(3) number of prisoner grievances filed regarding the environmental conditions at the Facility;</li> <li>(4) number of inoperative plumbing fixtures, light fixtures, HVAC systems, fire protection systems, and security systems that have not been repaired within 30 days of discovery</li> <li>(5) number of prisoner-occupied areas with significant vandalism, broken furnishings, or excessive clutter;</li> <li>(6) occurrences of insects and rodents in the housing units and dining halls; and</li> <li>(7) occurrences of poor air circulation in housing units.</li> </ol>	✓		
IV. D. 4.b. Review the periodic sanitation and environmental conditions reports to determine whether the prisoner grievances and violations reported by health, sanitation, or state inspectors are addressed, ensuring that the requirements of this Agreement are met. OPSO shall make recommendations regarding the sanitation and environmental conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.	✓		
IV. E. 1.a. Ensure that necessary fire and life safety equipment is properly maintained and inspected at least quarterly. These inspections must be documented.		✓	
IV. E. 1.b. Ensure that a qualified fire safety officer conducts a monthly inspection of the facilities for compliance with fire and life safety standards (e.g., fire escapes, sprinkler heads, smoke detectors, etc.).	✓		

<b>Consent Judgment Paragraphs</b>	<b>Substantial Compliance</b>	<b>Partial Compliance</b>	<b>Non-Compliance</b>
IV. E. 1.c. Ensure that comprehensive fire drills are conducted every six months. OPSO shall document these drills, including start and stop times and the number and location of prisoners who were moved as part of the drills.	✓		
IV. E. 1.d. Provide competency-based training to staff on proper fire and emergency practices and procedures at least annually.	✓		
IV. E. 1.e. Within 120 days of the Effective Date, ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.	✓		
IV. E. 2.a.1-3 Provide the Monitor a periodic report on fire and life safety conditions at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date and every six months thereafter until termination of this Agreement. Each report shall include: (1) number and type of violations reported by fire and life safety inspectors; (2) fire code violations during annual fire inspections; and (3) occurrences of hazardous clutter in housing units that could lead to a fire.	✓		
IV. E. 2.b. Review the periodic fire and life safety reports to determine whether the violations reported by fire and life safety inspectors are addressed, ensuring the requirements of this Agreement are being met. OPSO shall make recommendations regarding the fire and life safety conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.	✓		
IV.F.1.a. OPP shall ensure effective communication with, and provide timely and meaningful access to services at OPP to all prisoners at OPP, regardless of their national origin or limited ability to speak, read, write, or understand English. To achieve this outcome, OPP shall: (1) Develop and implement a comprehensive language assistance plan and policy that complies, at a minimum, with Title VI of the Civil Rights Act of 1964, as amended, (42 U.S.C. § 2000d et seq.) and other applicable law; (2) Ensure that all OPP personnel take reasonable steps to provide timely, meaningful language assistance services to Limited English Proficient (“LEP”) prisoners; (3) At intake and classification, identify and assess demographic data, specifically including the number of LEP individuals at OPP on a monthly basis, and the language(s) they speak; (4) Use collected demographic information to develop and implement hiring goals for bilingual staff that meet the needs of the current monthly average population of LEP prisoners; (5) Regularly assess the proficiency and qualifications of bilingual staff to become an OPP Authorized Interpreter (“OPPAI”); (6) Create and maintain an OPPAI list and provide that list to the classification and intake staff; and (7) Ensure that while at OPP, LEP prisoners are not asked to sign or initial documents in English without the benefit of a written translation from an OPPAI.		✓	
IV.F.2.a. OPP shall develop and implement written policies, procedures and protocols for documenting, processing, and tracking of individuals held for up to 48 hours for the U.S. Department of Homeland Security (“DHS”);		N/A	
IV.F.2.b. Policies, procedures, and protocols for processing 48-hour holds for DHS will: (1) Clearly delineate when a 48-hour hold is deemed to begin and end; (2) Ensure that, if necessary, an OPPAI communicates verbally with the OPP prisoner about when the 48-hour period begins and is expected to end; (3) Provide a mechanism for the prisoner’s family member and attorney to be informed of the 48-hour hold time period, using, as needed, an OPPAI or telephonic interpretation service; (4) Create an automated tracking method, not reliant on human memory or paper documentation, to trigger notification to DHS and to ensure that the 48-hour time period is not exceeded.		N/A	

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
<p>(5) Ensure that telephone services have recorded instructions in English and Spanish;</p> <p>(6) Ensure that signs providing instructions to OPP prisoners or their families are translated into Spanish and posted;</p> <p>(7) Provide Spanish translations of vital documents that are subject to dissemination to OPP prisoners or their family members. Such vital documents include, but are not limited to:</p> <ul style="list-style-type: none"> <li>i. grievance forms;</li> <li>ii. sick call forms;</li> <li>iii. OPP inmate handbooks;</li> <li>iv. Prisoner Notifications (e.g., rule violations, transfers, and grievance responses) and</li> <li>v. "Request for Services" forms.</li> </ul> <p>(8) Ensure that Spanish-speaking LEP prisoners obtain the Spanish language translations of forms provided by DHS; and</p> <p>(9) Provide its language assistance plan and related policies to all staff within 180 days of the Effective Date of this Agreement.</p>			
<p>IV.F.3.a. Within 180 days of the Effective Date, OPP shall provide at least eight hours of LEP training to all corrections and medical and mental health staff who may regularly interact with LEP prisoners.</p> <p>(1) LEP training to OPP staff shall include:</p> <ul style="list-style-type: none"> <li>i. OPP's LEP plan and policies, and the requirements of Title VI and this Agreement;</li> <li>ii. how to access OPP-authorized, telephonic and in-person OPPAIs; and</li> <li>iii. basic commands and statements in Spanish for OPP staff.</li> </ul> <p>(2) OPP shall translate the language assistance plan and policy into Spanish, and other languages as appropriate, and post the English and translated versions in a public area of the OPP facilities, as well as online.</p> <p>(3) OPP shall make its language assistance plan available to the public.</p>		✓	
<p>IV.F.4.</p> <p>(1) OPP shall ensure that adequate bilingual staff are posted in housing units where DHS detainees and other LEP prisoners may be housed.</p> <p>(2) OPP shall ensure that an appropriate number of bilingual staff are available to translate or interpret for prisoners and other OPP staff. The appropriate number of bilingual staff will be determined based on a staffing assessment by OPP.</p>		✓	
<p>IV.G. Consistent with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, a youthful prisoner shall not be placed in a housing unit in which the youthful prisoner will have sight, sound, or physical contact with any adult prisoner through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, OPSO shall either: maintain sight and sound separation between youthful prisoners and adult prisoners, or provide direct staff supervision when youthful prisoners and adult prisoners have sight, sound, or physical contact. OPP shall ensure that youthful prisoners in protective custody status shall have no contact with, or access to or from, non-protective custody prisoners. OPP will develop policies for the provision of developmentally appropriate mental health and programming services.</p>		✓	
<p>VI. A. The Parties anticipate that Defendant will build a new jail facility or facilities that will replace or supplement the current facility located at 2800 Gravier Street, New Orleans, Louisiana. This Agreement shall apply to any new jail facility.</p>	✓		
<p>VI. B. Defendant shall obtain the services of a qualified professional to evaluate, design, plan, oversee, and implement the construction of any new facility. At each major stage of the facility construction, Defendant shall provide the Monitor with copies of design documents.</p>	✓		
<p>VI. 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.</p>	✓		

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
VI. D. Defendant will ensure that the new jail facility will be built in accordance with: (1) the American Correctional Association's standards in effect at the time of construction; (2) the American with Disabilities Act of 1990 ("ADA"), 42 U.S.C. §§ 12101-12213, including changes made by the ADA Amendments of 2008 (P.L. 110-325) and 47 U.S.C. §§ 225-661, and the regulations there under; and (3) all applicable fire codes and regulations.			
VII. A. Within 120 days of the Effective Date, OPSO shall revise and/or develop its policies, procedures, protocols, training curricula, and practices to ensure that they are consistent with, incorporate, address, and implement all provisions of this Agreement. OPSO shall revise and/or develop, as necessary, other written documents, such as screening tools, logs, handbooks, manuals, and forms, to effectuate the provisions of this Agreement. OPSO shall send pertinent newly-drafted and revised policies and procedures to the Monitor as they are promulgated. The Monitor will provide comments on the policies to OPSO, SPLC, and DOJ within 30 days. OPSO, SPLC, and DOJ may provide comments on the Monitor's comments within 15 days. At that point, the Monitor will consider the Parties' comments, mediate any disputes, and approve the policies with any changes within 30 days. If either party disagrees with the Monitor, they may bring the dispute to the Court. OPSO shall provide initial and in-service training to all Facility staff with respect to newly implemented or revised policies and procedures. OPSO shall document employee review and training in new or revised policies and procedures.	✓		
VI. B. (H.) Within 180 days of the Effective Date, Defendant shall develop and implement written quality improvement policies and procedures adequate to identify serious deficiencies in protection from harm, prisoner suicide prevention, detoxification, mental health care, environmental health, and fire and life safety in order to assess and ensure compliance with the terms of this Agreement on an ongoing basis. Within 90 days after identifying serious deficiencies, OPSO shall develop and implement policies and procedures to address problems that are uncovered during the course of quality improvement activities. These policies and procedures shall include the development and implementation of corrective action plans, as necessary, within 30 days of each biannual review.		✓	
VI. C. (I.) The Parties agree that OPSO will hire and retain, or reassign a current OPSO employee for the duration of this Agreement, to serve as a full-time OPSO Compliance Coordinator. The Compliance Coordinator will serve as a liaison between the Parties and the Monitor and will assist with OPSO's compliance with this Agreement. At a minimum, the Compliance Coordinator will: coordinate OPSO's compliance and implementation activities; facilitate the provision of data, documents, materials, and access to OPSO's personnel to the Monitor, SPLC, DOJ, and the public, as needed; ensure that all documents and records are maintained as provided in this Agreement; and assist in assigning compliance tasks to OPSO personnel, as directed by the Sheriff or his or her designee. The Compliance Coordinator will take primary responsibility for collecting information the Monitor requires to carry out the duties assigned to the Monitor.	✓		
VI. D. (J.) On a bi-annual basis, OPSO will provide the public with a self-assessment in which areas of significant improvement or areas still undergoing improvement are presented either through use of the OPSO website or through issuance of a public statement or report.			✓
VIII.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.		✓	

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
VIII.B. OPSO shall, within 24 hours, notify the Monitor upon the death of any prisoner. The Monitor shall forward any such notifications to SPLC and DOJ upon receipt. OPSO shall forward to the Monitor incident reports and medical and/or mental health reports related to deaths, autopsies, and/or death summaries of prisoners, as well as all final SOD and IAD reports that involve prisoners. The Monitor shall forward any such reports to SPLC and DOJ upon receipt.		✓	
VIII.C. Defendant shall maintain sufficient records to document that the requirements of this Agreement are being properly implemented and shall make such records available to the Monitor within seven days of request for inspection and copying. In addition, Defendant shall maintain and provide, upon request, all records or other documents to verify that they have taken the actions described in their compliance reports (e.g., census summaries, policies, procedures, protocols, training materials, investigations, incident reports, tier logs, or use of force reports).	✓		
<b>Stipulated Agreement February 11, 2015</b>			
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	✓		
<b>1. OPSO Reporting on Compliance Status with the Consent Judgment</b>			
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. <sup>1</sup> . 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.		✓	
1.c. Within 24 hours of the occurrence of any of the following incidents, OSPO shall notify the Monitor via email: <ul style="list-style-type: none"> <li>• 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);</li> </ul>	✓		

<sup>1</sup> 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.

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
<ul style="list-style-type: none"> <li>• 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;<sup>i</sup></li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> <li>• Recovery of significant contraband specifically weapons.</li> </ul>			
<p>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 ("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.</p>	✓		
<p>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.</p>	✓		
<p>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.<sup>ii</sup> 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 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</p>	✓		

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
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.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.	✓		
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.	✓		
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.	✓		
5.a. By February 15, 2015, OPSO shall identify the names of the members of the Use of Force Review Board to the Monitor and the Plaintiffs/USDOJ.	✓		
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.	✓		
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.	✓		
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.		✓	
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, 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			

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
and based on the staffing plan. The plan will be provided to the Monitors for comment and recommendations by March 1, 2015.	✓		
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.)	✓		
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.	✓		
<b>8. Incidents and Referrals</b>			
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.	✓		
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 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.	✓		
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.	✓		
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.	✓		
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 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	✓		

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-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.			
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		✓	
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.		✓	
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.	✓		
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.	✓		
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.	✓		
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.	✓		
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.	✓		
17.b. 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			

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
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.			
17.c. By no later than April 24, 2015, the Orleans Parish Sheriff's Office ("OPSO") shall draft a memorandum to all staff members, <sup>2</sup> 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.		✓	
1. By no later than April 24, 2015, the Orleans Parish Sheriff's Office ("OPSO") shall draft a memorandum to all staff members, <sup>3</sup> 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.	✓		
1. 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.	✓		
2. By no later than April 30, 2015, OPSO shall submit all custodial and site-specific medical policy(ies) regarding a) suicide 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-			

<sup>2</sup> "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.

<sup>3</sup> "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.

Consent Judgment Paragraphs	Substantial Compliance	Partial Compliance	Non-Compliance
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.	✓		

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<sup>i</sup> Suicide -self-inflicted death with evidence that the person intended to die

Suicide attempt -self-injurious behavior with a nonfatal outcome and evidence that the person intended to die.

Aborted suicide attempt-potentially self-injurious behavior with evidence that the person intended to die but stopped before physical damage occurred

Suicide ideation- thoughts of serving as the agent of one's own death

Suicidal intent-subjective expectation and desire for self-destructive act to end in death

Deliberate self-harm/ (gesture) willful self-infliction of painful, destructive or injurious acts without intent to die

(Reference: APA Practice Guidelines)

<sup>ii</sup> The memorandum shall include the date of issue, date of expiration, subject, title of issuing authority, to whom the memorandum is directed, the dates for reading at roll call, the dates to be posted, and location of posting.