

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION**

J.H., et al.,

Plaintiffs,

v.

HINDS COUNTY, MISSISSIPPI,

Defendant.

Civil Action No.
3:11-cv-327-DPJ-FKB

**ORAL ARGUMENT
REQUESTED**

**AMENDED MOTION FOR AN EXTENSION OF THE CONSENT DECREE AND
A CORRECTIVE ACTION PLAN OR, IN THE ALTERNATIVE, CONTEMPT**

The Plaintiffs, children confined at Henley-Young Juvenile Justice Center (“Henley-Young”),¹ respectfully submit this Amended Motion for An Extension of the Consent Decree and a Corrective Action Plan or, in the Alternative, Contempt (“the Motion”).² Pursuant to Local Rule 7(b)(6)(A), the Plaintiffs respectfully request oral argument on this motion.

1. Hinds County (the “County”) for nearly seven years has failed to comply with key substantive provisions of the court-ordered consent decrees in this case,³ including in the areas

¹ Agreed Order Granting Approval of Settlement Agreement and Certifying a Settlement Class 2, Mar. 28, 2012, ECF No. 32 (defining the settlement class as comprised of all children who are currently, or who will in the future be, confined at Henley-Young).

² This amends Plaintiffs’ previously-filed motion. Mot. for an Extension of the Consent Decree and a Corrective Action Plan or, in the Alternative, Contempt, Oct. 31, 2018, ECF No. 128. Defendant’s counsel advised Plaintiffs’ counsel on November 13, 2018, that the County does not oppose this amended filing.

³ The Second Amended Consent Decree is referred to as the “consent decree” and cited to as “Consent Decree.” Second Am. Consent Decree (“Consent Decree”), Mar. 30, 2018, ECF No. 120. The Settlement Agreement in this case is referred to as the “original consent decree” and cited to as “Settlement Agreement.” Settlement Agreement, Mar. 28, 2012, ECF No. 33.

of suicide prevention, educational and rehabilitative programming, and medical care, resulting in ongoing violations of the federal rights of vulnerable and disabled children.⁴

2. Plaintiffs respectfully move this Court for relief to address the County's continued failure to achieve substantial compliance with the majority of provisions in the consent decree and with fourteen key consent decree provisions in six critical areas ("Key Provisions"). These are in structured educational and rehabilitative programming (Provisions 3.1, 4.1); medical care (Provisions 12.1, 12.2); individualized treatment plans (Provisions 5.1, 5.2, 5.3, 5.4); mental health care (Provisions 13.3, 13.4, 13.5, 13.6); suicide prevention (Provision 14.4); and Plaintiffs' counsel's access to records (Provision 18.1). As relief, Plaintiffs request a court order extending the consent decree and requiring that the County develop a corrective action plan ("CAP") with input from Plaintiffs to ensure that the resources required to achieve consent decree compliance are timely identified. Such relief is warranted at this time, and ordering it would be an appropriate exercise of this Court's authority.

3. *The relief requested is necessary.* The County has not achieved substantial compliance with any of the Key Provisions, resulting in actual and heightened risk of harm to Plaintiffs. Relief is warranted at this time because the County has not achieved substantial compliance with *any* provision since the Court entered this consent order seven months ago. No evidence in the experts' recently-filed reports support the conclusion that the County is likely, within the next five months, to achieve substantial compliance with the Key Provisions. According to the Federal Court Monitor's ("Monitor") most recent report, the County remains out of substantial compliance with 42 of 47 (89%) of all of the substantive provisions in the

⁴ Am. Compl. 14, June 6, 2011, ECF No. 6 (alleging that "[a] significant number of the youth who are detained at Henley-Young live with disabilities—including various forms of mental illness and learning disabilities," and citing research finding that "60-70% of youth in [] Henley-Young require mental health services").

consent decree. Thirteen and eleven provisions were eliminated from the consent decree for sustained substantial compliance in 2016 and 2018, respectively. Since this Court's 2014 contempt holding, the County has eliminated provisions at an average rate of six provisions per year. Coupled with the subject matter experts' recent reports, no colorable argument can be made that the County is on track to comply with the Key Provisions, or all 42 remaining substantive provisions, before March 2019.

4. A two-year extension of the consent decree by itself has not been, and will not be, enough to ensure the County's substantial compliance with all provisions of the consent decree, even by March of 2021. The additional relief requested—an order requiring development of a CAP with Plaintiffs' input—is well within this Court's discretion to order pursuant to (1) the Court's express enforcement powers contained within the consent decree, and (2) its inherent powers to issue remedial relief pursuant to a finding of contempt.

5. To the extent a lack of resources or facility space are to blame for lack of progress, which Plaintiffs believe to be the case, a remedy of developing a CAP aimed at addressing limiting factors is critical at this stage. Plaintiffs' position regarding the need for space is based on the findings and recommendations of the Monitor, his experts, and those of the court-appointed monitor in *U.S. v. Hinds County, et al.* No. 3:16-cv-489-WHB-JCG (S.D. Miss., June 23, 2016) ("Hinds County Jail Case") (entering a federal court-ordered consent decree that applies to the conditions that Hinds County detains children under adult court jurisdiction).

6. In addition to non-compliance with key substantive provisions, the County has not complied with the consent decree's right-of-access mandate in Provision 18.1. This provision is part of the consent decree's three-pronged monitoring and enforcement mechanism and

empowers Plaintiffs' counsel to monitor consent decree compliance through broad access to relevant documents and files maintained by Henley-Young relevant to assessing the County's compliance. Plaintiffs have unsuccessfully requested, dozens of times, monitoring-critical records to which they are entitled under Provision 18.1, including over fourteen requests for a single set of revised policies and procedures. During the July 2018 status conference, the Court ordered the parties to confer and resolve this issue. The County to date has not responded to Plaintiffs' counsel's repeated requests to comply, and a court order requiring a five-business-day response timeframe to Provision 18.1 requests; and (b) a weekly production of selected documents created in the regular course of business is an appropriate and necessary remedial measure.

7. ***The relief requested is appropriate.*** Plaintiffs request an extension of the consent decree until March 2021 and a court order directing the affirmative relief of CAP development.⁵ As a threshold matter, the extension is authorized under the Prison Litigation Reform Act ("PLRA") as necessary to correct a current and ongoing violation of the Plaintiffs' federal rights. 18 U.S.C. § 3626(b)(3); Consent Decree 2. Whether discretionary or remedial in nature, the affirmative relief requested is necessary and narrowly drawn. Courts in the Fifth Circuit have ordered Defendants to submit CAPs as a form of relief. The Fifth Circuit also stated that "remedies need not match those requested by a party or originally provided by the court's earlier judgment." *U.S. v. Alcoa, Inc.*, 533 F.3d 278, 288 (5th Cir. 2008).

⁵ The CAP requested would be a remedial tool to assist in effectively identifying and enlisting resources for an articulable two-year plan of action to achieve substantial compliance with all provisions of the consent decree. The CAP would not be coextensive with or a proxy for consent decree compliance. Satisfaction as to one would not be the legal or factual equivalent of satisfaction with the other. Development of the CAP with Plaintiffs' input would enhance the potential of the County to double its provision compliance rate and close out the consent decree by March of 2021. The County, of course, would be entitled, under the PLRA, to jointly move for termination with Plaintiffs at any point it believes it has achieved global substantial compliance. 18 U.S.C. § 3626(b)(1)(B).

8. The Court may grant the affirmative relief requested pursuant to two independent powers: (1) the Court's express enforcement powers contained within the consent decree ("discretionary relief"), and (2) the Court's inherent power to order coercive or compensatory remedies to effectuate a consent judgement pursuant to a finding of contempt ("remedial relief"). Whether discretionary or remedial in nature, the affirmative relief requested is narrowly drawn to fit within the bounds of the PLRA.

9. The weight of evidence supports that this Court can and should grant Plaintiffs' request for (1) a two-year extension of the consent decree, (2) an order regarding compliance with Provision 18.1, and (3) an order requiring the necessary, narrow, and tailored affirmative relief of CAP development, with Plaintiffs' input, pursuant to (a) the Court's express enforcement powers contained within the consent decree, and/or (b) the Court's inherent power to order coercive remedies to effectuate a consent judgement pursuant to a finding of contempt.

In support of this Motion, Plaintiffs submit the exhibits listed below and an accompanying Memorandum of Law:

Exhibit 1:	Letter from Pls.' Counsel re: Request to Discuss Plans for Compliance with Second Am. Consent Decree, to Def.'s Counsel (Oct. 10, 2018)
Exhibit 2:	Letter from Pls.' Counsel re: Responding to Judge Jordan's Requests from Status Conf. of July 25, 2018, to Def.'s Counsel (July 27, 2018)
Exhibit 3:	Summary Chart III: Monitor and Expert Findings and Recommendations re: Facility Space
Exhibit 4:	E-Mail from Pls.' Counsel re: Status Conf. of July 25, 2018 & Request for an A.M. Call, to Leonard Dixon, Fed. Ct. Monitor (July 24, 2018)
Exhibit 5:	Status Conf. Tr., Apr. 24, 2018
Exhibit 6:	Jimmie E. Gates, <i>Why are Youths Charged with Murder & Other Violent Crime Housed at Juv. Ctr. in Jackson?</i> , Miss. Clarion Ledger, Sept. 19, 2018, https://www.clarionledger.com/story/news/2018/09/18/youths-charged-adults-violent-crime-now-housed-juvenile-center/1345208002/

Exhibit 7:	Summary Chart I: Monitor and Expert Findings re: 13 Key Provisions
Exhibit 8:	Handout from Pls.' Counsel re: Requests for Assistance with Compliance, to Status Conf. Participants (July 25, 2018)
Exhibit 9:	Handout from Pls.' Counsel re: Attachment 1: Outstanding Facility Policies, Staffing, and Training Issues, to Status Conf. Participants (July 25, 2018)
Exhibit 10:	Handout from Pls.' Counsel re: Attachment 2: Cell Confinement and Disciplinary Practices and Procedures, to Status Conf. Participants (July 25, 2018)
Exhibit 11:	Handout from Pls.' Counsel re: Attachment 3: Confinement/Mental Health Nexus: A Case Study, to Status Conf. Participants (July 25, 2018)
Exhibit 12:	Handout from Pls.' Counsel re: Attachment 4: Confinement/Mental Health Nexus: Additional Examples, to Status Conf. Participants (July 25, 2018)
Exhibit 13:	Handout from Pls.' Counsel re: Attachment 5: Need for Records Protocol Letter, to Status Conf. Participants (July 25, 2018)
Exhibit 14:	Summary Chart II: Non-Compliance with Access Provision
Exhibit 15:	E-Mail from Pls.' Counsel re: Request for Records: Current Policies, Forms, and Staffing, to Henley-Young (Apr. 20, 2018)
Exhibit 16:	E-Mail from Pls.' Counsel re: Reforwarding Request for Records: Current Policies, Forms and Staffing, to Henley-Young (Apr. 23, 2018)
Exhibit 17:	Letter from Pls.' Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.'s Counsel (July 17, 2018)
Exhibit 18:	E-Mail from Def.'s Counsel re: Responding to Judge Jordan's Requests from Status Conf. of July 25, 2018, to Pls.' Counsel (July 27, 2018)
Exhibit 19:	E-Mail from Pls.' Counsel re: Pls.' Counsel's Attempts to Copy Policies and Resident Files, to Def.'s Counsel and Henley-Young (Sept. 18, 2018)
Exhibit 20:	E-Mail from Henley-Young re: Policies and Procedure Manual, to Pls.' Counsel (Sept. 18, 2018)
Exhibit 21:	E-mail and Letter from Pls.' Counsel re: Requesting Records Pertaining to May 12, 2018 Incident, to Henley-Young (May 14, 2018)
Exhibit 22:	E-mail from Pls.' Counsel re: Request for Confirmation of Compliance with Consent Decree and Release from Lockdown, to Henley-Young (May 15, 2018)
Exhibit 23:	E-mail from Pls.' Counsel re: Forwarding Request for Confirmation of Compliance with Consent Decree and Release from Lockdown, to Def.'s Counsel (May 15, 2018)
Exhibit 24:	Letter from Pls.' Counsel re: Need for Psychiatric Care and Provision of Psychotropic Medications, to Def.'s Counsel (July 12, 2018)

Exhibit 25:	Letter from Pls.' Counsel re: Investigating Inadequate Provision of Mental Health Care to Youth, to Def.'s Counsel (Sept. 26, 2018)
Exhibit 26:	Court-Appointed Monitor's Third Monitoring Rep., <i>U.S. v. Hinds Cty., et al.</i> , No. 3:16-cv-489-WHB-JCG (S.D. Miss., Dec. 11, 2017), ECF No. 19
Exhibit 27:	Court-Appointed Monitor's Fourth Monitoring Rep., <i>U.S. v. Hinds Cty., et al.</i> , No. 3:16-cv-489-WHB-JCG (S.D. Miss., Apr. 18, 2018), ECF No. 22
Exhibit 28:	Court-Appointed Monitor's Fifth Monitoring Rep., <i>U.S. v. Hinds Cty., et al.</i> , No. 3:16-cv-489-WHB-JCG (S.D. Miss., Aug. 1, 2018), ECF No. 23
Exhibit 29:	Handout from Elizabeth Simpson, Court-Appointed Monitor in <i>U.S. v. Hinds Cty., et al.</i> , No. 3:16-cv-489-WHB-JCG (S.D. Miss., June 23, 2016) re: Priority Recommendations from June 2018, to Status Conf. Participants (Aug. 29, 2018)
Exhibit 30:	E-Mail from Leonard Dixon, Fed. Ct. Monitor re: Revised Mental Health Policies as Requested at Apr. 25 Status Conf., to Pls.' Counsel (May 1, 2018)
Exhibit 31:	E-Mail from Henley-Young re: Policies Created or Revised after Oct. 2017, to Pls.' Counsel (Apr. 24, 2018)

Respectfully submitted, this the November 14, 2018.

By: /s/ Paloma Wu

SOUTHERN POVERTY LAW CENTER
 Jody E. Owens, II (Miss. Bar No. 102333)
 Paloma Wu (Miss. Bar No. 105464)
 111 East Capitol Street, Suite 280
 Jackson, MS 39201
 (601) 948-8882
 Jody.Owens@splcenter.org
 Paloma.Wu@splcenter.org

Attorneys for the Plaintiffs

CERTIFICATE OF SERVICE

I, Paloma Wu, hereby certify that a true and correct copy of the foregoing document was filed electronically. Notice of this filing will be sent by electronic mail to all parties by the Court's electronic filing system. Parties may access this filing through the Court's CM/ECF System.

SO CERTIFIED, this 14th day of November, 2018.

/s/ Paloma Wu

Paloma Wu (Miss. Bar No. 105464)

From: Vidhi Bamzai
Sent: Wednesday, October 10, 2018 3:50 PM
To: pteeuwissen@bellsouth.net; anthonyssimonpllc@bellsouth.net
Cc: Jody Owens; Paloma Wu; Ava Cilia
Subject: Request to Discuss Plans for Compliance with Second Amended Consent Decree
Attachments: 181010_Letter to the County re Request to Discuss Plans for Compliance (FINAL EMAILED).pdf; 180727_Letter to the County re Judge Jordan's Requests on Policies, Agreements, Records (FINAL EMAILED).pdf

Counsel,

Please see the attached letter requesting to discuss plans for compliance with Second Amended Consent Decree. We hope to hear from you soon.

Thank you very much,

Vidhi Bamzai

Law Fellow (Admitted in Mississippi)
Southern Poverty Law Center
111 E. Capitol Street, Ste. 280
Jackson, MS 39201
C: 601.331.5610
O: 769.524.2006
F: 601.948.8885
vidhi.bamzai@splcenter.org



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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

October 10, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**Re: 3:11-cv-327-DPJ-FKB, *J.H. et al. v. Hinds Co.*
Request to Discuss Plans for Compliance with Second Amended Consent Decree**

Dear Pieter and Anthony:

The Second Amended Consent Decree ("Consent Decree") in this matter was extended through March 28, 2019. Unfortunately, according to the Monitor's most recent report, Henley-Young Juvenile Justice Center ("Henley-Young") has not achieved substantial compliance with 89% of the Consent Decree's provisions.¹

We are writing to request to meet with the County and learn about its plans for achieving compliance with all provisions of the Consent Decree by March 2019, or a later date if an extension is desirable. Alternatively, we would appreciate the opportunity to meet and confer with the County to jointly develop a plan of action.

We sincerely hope to work with you to establish a concrete and effective plan for improving conditions at Henley-Young and achieving Consent Decree compliance. We are obligated as class counsel to pursue complete compliance. Therefore, if we do not hear back from you to schedule a meeting to discuss the County's plans by next Thursday, we unfortunately must seek relief from the court on this issue and regarding outstanding requests for records, such as those

¹ See, e.g., Twelfth Monitor's Report at 13, *J.H. et al. v. Hinds Cty.*, 3:11-cv-327-DPJ-FKB (S.D. Miss. Mar. 22, 2018), ECF No. 118 (providing that, in the Monitor's view, the facility has not achieved substantial compliance with 89% (42 of 47) of all substantive provisions in the Second Amended Consent Decree, excluding from the denominator the provisions relating to the Monitor's duties, Plaintiff counsel's access, enforcement, and fees). Note that the County has achieved substantial compliance with only 41% (29 of 71) of all original substantive provisions agreed-to in the initial January 2012 Settlement Agreement (later held to be an enforceable consent decree). See, e.g., Settlement Agreement, *id.* (S.D. Miss. Jan. 20, 2012), ECF No. 33.

Letter to Hinds County Attorneys Teeuwissen and Simon

October 10, 2018

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listed in our July 27, 2018, letter (attached) and the facility's currently-implemented policies and procedures, which we understand have been updated and/or supplemented since October 2017, but which we have not been given despite repeated requests.

If you are able to discuss these matters, we would be happy to meet in any location convenient for you, at our office, or at Henley-Young. We hope to hear from you. Please do not hesitate to email me at paloma.wu@splcenter.org or call me at the office number listed above.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink, appearing to read 'Paloma Wu', with a stylized, cursive script.

Paloma Wu
Attorney



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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 27, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Responding to Judge Jordan's Requests from Status Conference of July 25, 2018
J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB**

Dear Pieter and Anthony:

This letter is to follow-up on Judge Jordan's directions to the parties during the status conference of July 25, 2018.

Policies

In response to Judge Jordan's request regarding policies, Plaintiffs have not been given any of the versions the Monitor advised were newly written or re-written per the March 2018 Monitoring Report. (See attached.) **Plaintiffs will pick up the newly written/re-written policies listed on Wednesday, August 1, at 5:00 p.m.,** and will copy and return them. We can also scan and forward electronic copies to the court.

Compliance

In response to Judge Jordan's request regarding compliance, we initially seek two agreements. First, Plaintiffs request a built-in one-week comment period on draft policies before they are implemented, and we ask to be automatically provided with final implemented policies. This will help prevent inadvertent implementation of policies that do not comport with the consent decree.

Second, Plaintiffs request that Defendants comply with the psychiatry-related consent decree provisions on an expedited basis by any temporary means necessary until a permanent solution is found. Under the Second Amended Consent Decree, a psychiatrist must provide the following:

1. Medications for youth with a current prescription within 8 hours of admission (not to exceed 24 hours, including weekends and holidays) (Prov. 1.2);

Letter to Hinds County Attorneys Teeuwissen and Simon

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2. Timely treatment and evaluations for potential or current patients if requested or referred (Prov. 13.2; 13.4; 13.6);
3. Evaluations every 30 days for current patients (Prov. 13.2);
4. Counseling if needed (Prov. 13.6);
5. Input in treatment team meetings (Prov. 13.5);
6. Review of disciplinary actions to determine if treatment should be modified; (Prov. 13.6).

Minimum core medication management services can be provided on an expedited basis in at least two ways: (1) actively recruit one or more contractors; or (2) transport children entitled to such services to community-based psychiatrists for provision of core services. (Prov. 13.3) Lack of psychiatric care at a juvenile detention facility endangers children, staff, and places an unjustifiable burden on security. We seek swift agreement and will seek relief from the court in its absence.

Records

In response to Judge Jordan's request that we come to an agreement regarding timely provision of records, for records created in the normal course of business, we suggest 5 business days and are happy to pick up, copy, and return documents if helpful.

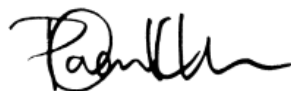
Per our letter of July 17, 2018, we request additional documents in the weekly production, which we can pick up, copy, and return if helpful:

1. Incident reports (currently receiving)
2. Any mental health records produced as a follow-up to incident reports
3. Any confinement records for any type of confinement (including for events at school)
4. Any staff disciplinary records produced as a follow-up to incident reports
5. Any files created during intake for new admits
6. Programming schedule for weekdays, weekends, and any variable schedule for CTAs
7. The psychiatrists' actual work hours (if no record is kept, then their schedule)
8. QMHP staff members' actual work hours (if no record is kept, then their schedule)
9. Medical staff members' actual work hours (if no record is kept, then their schedule)
10. Any document(s) kept in the regular course indicating staff positions filled and vacant
11. Current complete roster
12. Current list of policies and procedures

If you would like to discuss these matters, please email or call my cell at 601-715-5491. Plaintiffs plan to file a status report with the court on these issues after COB on Thursday, August 2, 2018.

Sincerely,

SOUTHERN POVERTY LAW CENTER



Paloma Wu
Attorney

Letter to Hinds County Attorneys Teeuwissen and Simon

July 27, 2018

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cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Acting Director, HYJC

Prov.	Intake	New or Revised Policies Recommended Per 12 th Monitoring Report (March 2018)	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
1.(1)	All Residents Admitted to Henley Young	1. "Fully develop admitting policies and procedures to reflect provision" (p. 19)	1. NO
1.(2)	MAYSI-2 Mental Health Screening	2. "Develop comprehensive policy and procedures for this provision" (p. 19) 3. "Develop process whereby facility staff and court employees develop a system for the sharing of information and reviewing of residents; files which are centrally located and accessible to detention staff" (p. 20)	2. NO 3. NO
1.(3)	Prescription Medications	4. "Maintain written policy and procedures or protocol for this provision" (p. 20)	4. NO

Prov.	Cell Confinement	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
3.(1)	Structured, Rehabilitative & Educational Programming	5. "Continue to maintain policies and procedures for this provision. Ensure JCAs are included in programming" (p. 25)	5. NO

Prov.	Structured Programming	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
4	Educational, Rehabilitative, and/or Recreational Programs	6. "Continue to develop adequate policies and procedures for this provision, which includes JCAs" (p. 30)	6. NO

Prov.	Individualized Treatment Plans/Treatment Program	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
5.(1)	Residents Access to Adequate Rehabilitative Services	7. "Continue to develop adequate policy and procedures to meet this provision to include JCAs" (p. 31)	7. NO
5.(2)	Health and/or Substance Abuse Treatment	8. "Continue to develop adequate mental health policies and procedures for this provision to include JCAs" (p. 32) 9. "Develop case management policies and procedures" (p. 32)	8. NO 9. NO
5.(3)	Treatment Plans	10. "Develop comprehensive policies and procedures for this provision that includes the contents (A-K)" (p. 33)	10. NO
5.(4)	Review of Individual Treatment Plans	11. "Develop comprehensive policies and procedures for this provision to include JCAs" (p. 34)	11. NO
5.(5)	Evening and Weekend Programs and Activities	12. "Develop comprehensive policies and procedures to meet the needs for the provision to include JCAs" (p. 34)	12. NO
5.(6)	Quality Assurance Program	13. "Develop comprehensive policies and procedures to meet the needs for this provision for the facility, school program and SICU program" (p. 36)	13. NO

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July 27, 2018

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Prov.	Use of Restraints	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
7.(3)	Misuse of Mechanical Restraints	14. "Update the comprehensive policies and procedures for this provision, this should also include JCAs." (p. 40)	14. NO
7.(4)	Mental Health - Use of Mechanical Restraints	15. "Continue to develop comprehensive policy and procedures for this provision with mental health professionals including JCAs" (p. 41)	15. NO
		16. "Develop Mental Health protocols for this provision including JCAs" (p. 41)	16. NO
		17. "Revise restraint policy for juveniles," (p. 41)	17. NO

Prov.	Use of Force	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
8.(2)	Notice to Medical Professional After Use of Force	18. "Continue to develop comprehensive policies and procedures for this provision" (p. 46)	18. NO

Prov.	Meals and Nutrition	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
9.(3)	Provide Drinking Water Throughout the Day	19. "Continue to develop a policy for incidents regarding water quality and procedures to address them," (p.48)	19. NO

Prov.	Medical Care	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
12.(1)	Provide Residents With Adequate Medical Care	20. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 53)	20. NO
		21. "Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities" (p. 53) • "Have a licensed medical professional review and sign off on policy, procedures and protocols" (p. 53)	21. NO
12.(2)	Provide Medical Professional When Needed	22. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 54)	22. NO
12.(3)	Implement a Sick Call Policy to Ensure 24-Hour Services	23. "Develop policies, procedures and protocols for this provision" (p. 54)	23. NO
12.(4)	Prescription Medications Only Dispensed by Medical Staff	24. "Develop policies, procedures and protocols to address this provision. These policies, procedures and protocols must include the appointment of a medication administration protocol" (p. 55)	24. NO
12.(5)	Provide Medical and Mental Health Services	25. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 55)	25. NO
12.(6)	Proper Monitoring Residents Who Require Individualized Attention	26. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 56)	26. NO

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Prov.	Mental Health Care	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
13.(1)	Provide Adequate Mental Health Care	27. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 57)	27. NO
13.(2)	Residents and Psychotropic Medications	28. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 57)	28. NO
13.(3)	Within 72 Hours of Admittance Complete an Individualized Mental Health Treatment Plan	29. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 58) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (Psychiatrist, etc.)." (p. 58)	29. NO
13.(4)	Implement Policies and Procedures for Referrals	30. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 58) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 58)	30. NO
13.(5)	Sufficient Psychiatric Services	31. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 59) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 59)	31. NO
13.(6)	Psychiatrist and/or Counselors to Record Review to Ensure Proper Care	32. "The facility needs to develop policies and procedures to address this provision. (Including JCAs)." (p. 60) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 60)	32. NO

Prov.	Suicide Prevention	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
14.(1)	Multi-Tiered Suicide Prevention Policy	33. "Develop policies and procedures to address this provision. (Executed). However, now JCAs must be included." (p. 60) 34. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 60)	33. NO 34. NO
14.(2)	Evaluate Highest Level of Suicide Watch Every 12 Hrs by Medical Professional	35. "Develop policies and procedures to address this provision. (Executed). However, JCAs must now be included." (p. 61) 36. "Identify a mental health agency to help develop policies, procedures and protocols" (p. 61) 37. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 61)	35. NO 36. NO 37. NO

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14.(3)	Closely Monitor Suicide Watch Residents During All Activities	<p>38. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>39. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>38. NO</p> <p>39. NO</p>
14.(4)	Court Shall Be Notified Within 24 Hours of Any Residents on Suicide Watch	<p>40. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>41. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>40. NO</p> <p>41. NO</p>

Prov.	Family Support and Interaction	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
15.(4)	Phone Calls Shall Be Allowed Based on Policy	42. "Case Managers develop policies and procedures that will help youth interact with attorneys and provide documentation of those interactions" (p. 64)	42. NO

Prov.	Miscellaneous Prov.s	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
16.(1)	Provide Equal Access to All Services	43. "Develop policies and procedures and practices for this provision including JCAs. See Ms. Brooks report." (p. 65)	43. NO
16.(5)	Provide Residents of All Ages With the Opportunity to See Their Attorneys and/or Residents Court Counselor	<p>44. "Develop policies and procedures and practices for this provision including JCAs" (p. 68)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 68) <p>45. "Develop policies and procedures based on the prison rape elimination act" (p. 68)</p>	<p>44. NO</p> <p>45. NO</p>

From: Paloma Wu
Sent: Friday, July 27, 2018 3:43 PM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net
Cc: Eddie Burnside; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1
Subject: J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB: Letter re Judge Jordan's Requests (Policies, Agreements, Records)
Attachments: 180727_Letter to the County re Judge Jordan's Requests on Policies, Agreements, Records (FINAL EMAILED).pdf

Dear Pieter and Anthony,

Please see the attached letter following up on Judge Jordan's directions to the parties during the status conference of July 25, 2018.

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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Fighting Hate
Teaching Tolerance
Seeking Justice

Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 27, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Responding to Judge Jordan's Requests from Status Conference of July 25, 2018
J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB**

Dear Pieter and Anthony:

This letter is to follow-up on Judge Jordan's directions to the parties during the status conference of July 25, 2018.

Policies

In response to Judge Jordan's request regarding policies, Plaintiffs have not been given any of the versions the Monitor advised were newly written or re-written per the March 2018 Monitoring Report. (See attached.) **Plaintiffs will pick up the newly written/re-written policies listed on Wednesday, August 1, at 5:00 p.m.,** and will copy and return them. We can also scan and forward electronic copies to the court.

Compliance

In response to Judge Jordan's request regarding compliance, we initially seek two agreements. First, Plaintiffs request a built-in one-week comment period on draft policies before they are implemented, and we ask to be automatically provided with final implemented policies. This will help prevent inadvertent implementation of policies that do not comport with the consent decree.

Second, Plaintiffs request that Defendants comply with the psychiatry-related consent decree provisions on an expedited basis by any temporary means necessary until a permanent solution is found. Under the Second Amended Consent Decree, a psychiatrist must provide the following:

1. Medications for youth with a current prescription within 8 hours of admission (not to exceed 24 hours, including weekends and holidays) (Prov. 1.2);

Letter to Hinds County Attorneys Teeuwissen and Simon

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2. Timely treatment and evaluations for potential or current patients if requested or referred (Prov. 13.2; 13.4; 13.6);
3. Evaluations every 30 days for current patients (Prov. 13.2);
4. Counseling if needed (Prov. 13.6);
5. Input in treatment team meetings (Prov. 13.5);
6. Review of disciplinary actions to determine if treatment should be modified; (Prov. 13.6).

Minimum core medication management services can be provided on an expedited basis in at least two ways: (1) actively recruit one or more contractors; or (2) transport children entitled to such services to community-based psychiatrists for provision of core services. (Prov. 13.3) Lack of psychiatric care at a juvenile detention facility endangers children, staff, and places an unjustifiable burden on security. We seek swift agreement and will seek relief from the court in its absence.

Records

In response to Judge Jordan's request that we come to an agreement regarding timely provision of records, for records created in the normal course of business, we suggest 5 business days and are happy to pick up, copy, and return documents if helpful.

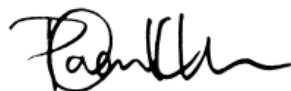
Per our letter of July 17, 2018, we request additional documents in the weekly production, which we can pick up, copy, and return if helpful:

1. Incident reports (currently receiving)
2. Any mental health records produced as a follow-up to incident reports
3. Any confinement records for any type of confinement (including for events at school)
4. Any staff disciplinary records produced as a follow-up to incident reports
5. Any files created during intake for new admits
6. Programming schedule for weekdays, weekends, and any variable schedule for CTAs
7. The psychiatrists' actual work hours (if no record is kept, then their schedule)
8. QMHP staff members' actual work hours (if no record is kept, then their schedule)
9. Medical staff members' actual work hours (if no record is kept, then their schedule)
10. Any document(s) kept in the regular course indicating staff positions filled and vacant
11. Current complete roster
12. Current list of policies and procedures

If you would like to discuss these matters, please email or call my cell at 601-715-5491. Plaintiffs plan to file a status report with the court on these issues after COB on Thursday, August 2, 2018.

Sincerely,

SOUTHERN POVERTY LAW CENTER



Paloma Wu
Attorney

Letter to Hinds County Attorneys Teeuwissen and Simon

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cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Acting Director, HYJC

Prov.	Intake	New or Revised Policies Recommended Per 12 th Monitoring Report (March 2018)	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
1.(1)	All Residents Admitted to Henley Young	1. "Fully develop admitting policies and procedures to reflect provision" (p. 19)	1. NO
1.(2)	MAYSI-2 Mental Health Screening	2. "Develop comprehensive policy and procedures for this provision" (p. 19) 3. "Develop process whereby facility staff and court employees develop a system for the sharing of information and reviewing of residents; files which are centrally located and accessible to detention staff" (p. 20)	2. NO 3. NO
1.(3)	Prescription Medications	4. "Maintain written policy and procedures or protocol for this provision" (p. 20)	4. NO

Prov.	Cell Confinement	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
3.(1)	Structured, Rehabilitative & Educational Programming	5. "Continue to maintain policies and procedures for this provision. Ensure JCAs are included in programming" (p. 25)	5. NO

Prov.	Structured Programming	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
4	Educational, Rehabilitative, and/or Recreational Programs	6. "Continue to develop adequate policies and procedures for this provision, which includes JCAs" (p. 30)	6. NO

Prov.	Individualized Treatment Plans/Treatment Program	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
5.(1)	Residents Access to Adequate Rehabilitative Services	7. "Continue to develop adequate policy and procedures to meet this provision to include JCAs" (p. 31)	7. NO
5.(2)	Health and/or Substance Abuse Treatment	8. "Continue to develop adequate mental health policies and procedures for this provision to include JCAs" (p. 32) 9. "Develop case management policies and procedures" (p. 32)	8. NO 9. NO
5.(3)	Treatment Plans	10. "Develop comprehensive policies and procedures for this provision that includes the contents (A-K)" (p. 33)	10. NO
5.(4)	Review of Individual Treatment Plans	11. "Develop comprehensive policies and procedures for this provision to include JCAs" (p. 34)	11. NO
5.(5)	Evening and Weekend Programs and Activities	12. "Develop comprehensive policies and procedures to meet the needs for the provision to include JCAs" (p. 34)	12. NO
5.(6)	Quality Assurance Program	13. "Develop comprehensive policies and procedures to meet the needs for this provision for the facility, school program and SICU program" (p. 36)	13. NO

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Prov.	Use of Restraints	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
7.(3)	Misuse of Mechanical Restraints	14. "Update the comprehensive policies and procedures for this provision, this should also include JCAs." (p. 40)	14. NO
7.(4)	Mental Health - Use of Mechanical Restraints	15. "Continue to develop comprehensive policy and procedures for this provision with mental health professionals including JCAs" (p. 41)	15. NO
		16. "Develop Mental Health protocols for this provision including JCAs" (p. 41)	16. NO
		17. "Revise restraint policy for juveniles," (p. 41)	17. NO

Prov.	Use of Force	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
8.(2)	Notice to Medical Professional After Use of Force	18. "Continue to develop comprehensive policies and procedures for this provision" (p. 46)	18. NO

Prov.	Meals and Nutrition	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
9.(3)	Provide Drinking Water Throughout the Day	19. "Continue to develop a policy for incidents regarding water quality and procedures to address them," (p.48)	19. NO

Prov.	Medical Care	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
12.(1)	Provide Residents With Adequate Medical Care	20. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 53)	20. NO
		21. "Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities" (p. 53) • "Have a licensed medical professional review and sign off on policy, procedures and protocols" (p. 53)	21. NO
12.(2)	Provide Medical Professional When Needed	22. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 54)	22. NO
12.(3)	Implement a Sick Call Policy to Ensure 24-Hour Services	23. "Develop policies, procedures and protocols for this provision" (p. 54)	23. NO
12.(4)	Prescription Medications Only Dispensed by Medical Staff	24. "Develop policies, procedures and protocols to address this provision. These policies, procedures and protocols must include the appointment of a medication administration protocol" (p. 55)	24. NO
12.(5)	Provide Medical and Mental Health Services	25. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 55)	25. NO
12.(6)	Proper Monitoring Residents Who Require Individualized Attention	26. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 56)	26. NO

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Prov.	Mental Health Care	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
13.(1)	Provide Adequate Mental Health Care	27. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 57)	27. NO
13.(2)	Residents and Psychotropic Medications	28. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 57)	28. NO
13.(3)	Within 72 Hours of Admittance Complete an Individualized Mental Health Treatment Plan	29. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 58) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (Psychiatrist, etc.)." (p. 58)	29. NO
13.(4)	Implement Policies and Procedures for Referrals	30. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 58) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 58)	30. NO
13.(5)	Sufficient Psychiatric Services	31. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 59) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 59)	31. NO
13.(6)	Psychiatrist and/or Counselors to Record Review to Ensure Proper Care	32. "The facility needs to develop policies and procedures to address this provision. (Including JCAs)." (p. 60) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 60)	32. NO

Prov.	Suicide Prevention	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
14.(1)	Multi-Tiered Suicide Prevention Policy	33. "Develop policies and procedures to address this provision. (Executed). However, now JCAs must be included." (p. 60) 34. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 60)	33. NO 34. NO
14.(2)	Evaluate Highest Level of Suicide Watch Every 12 Hrs by Medical Professional	35. "Develop policies and procedures to address this provision. (Executed). However, JCAs must now be included." (p. 61) 36. "Identify a mental health agency to help develop policies, procedures and protocols" (p. 61) 37. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 61)	35. NO 36. NO 37. NO

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14.(3)	Closely Monitor Suicide Watch Residents During All Activities	<p>38. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>39. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>38. NO</p> <p>39. NO</p>
14.(4)	Court Shall Be Notified Within 24 Hours of Any Residents on Suicide Watch	<p>40. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>41. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>40. NO</p> <p>41. NO</p>

Prov.	Family Support and Interaction	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
15.(4)	Phone Calls Shall Be Allowed Based on Policy	42. "Case Managers develop policies and procedures that will help youth interact with attorneys and provide documentation of those interactions" (p. 64)	42. NO

Prov.	Miscellaneous Prov.s	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
16.(1)	Provide Equal Access to All Services	43. "Develop policies and procedures and practices for this provision including JCAs. See Ms. Brooks report." (p. 65)	43. NO
16.(5)	Provide Residents of All Ages With the Opportunity to See Their Attorneys and/or Residents Court Counselor	<p>44. "Develop policies and procedures and practices for this provision including JCAs" (p. 68)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 68) <p>45. "Develop policies and procedures based on the prison rape elimination act" (p. 68)</p>	<p>44. NO</p> <p>45. NO</p>

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Summary Chart III MONITOR AND EXPERT FINDINGS AND RECOMMENDATIONS RE: FACILITY SPACE¹		
<i>Relevant Provision</i>	<i>Quote(s)</i>	<i>Source</i>
General Consent Decree Compliance	“Renovate and redesign unused space - Based on my review the county has made no in roads or provided any support for changes in this area.”	Twelfth Monitor’s Report 10, Mar. 22, 2018, ECF No. 118.
General Consent Decree Compliance	“I still continue to recommend the County proceed with the proposed renovations and additions to the existing juvenile facility.”	Twelfth Monitor’s Report 69, Mar. 22, 2018, ECF No. 118.
General Consent Decree Compliance	“Renovate and redesign unused space – during this visit I reviewed the plans for a redesign of the existing Henley Young complex building to accommodate young adults that are currently housed at the Hinds County Jail. My major concern, with the facility housing young adults from the county jail, is there adequate staffing and training to deal with this more aggressive population... the physical plant needs greater security hardware (i.e. fencing for outdoors, outdoors ground security, outdoor windows security etc.)... before this transition takes place.”	Eleventh Monitor’s Report 11, Sept. 25, 2017, ECF No. 113.
General Consent Decree Compliance	“I would also recommend that the County proceed with the proposed renovations and additions to the existing facility.”	Eleventh Monitor’s Report 71, Sept. 25, 2017, ECF No. 113.

¹ This chart summarizes material from the Monitor’s two most recently-filed reports, the subject matter experts’ most recently-filed reports, and from the reports and “Priority Recommendations” of the Monitor in *U.S. v. Hinds Cty., et al.*, No. 3:16-cv-489-WHB-JCG (S.D. Miss., June 23, 2016).

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<p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“The school program occupies designated space in the detention center. The space is definitely inadequate, made workable only because of the small numbers of residents attending school. If the numbers ever consistently approach the 32 resident capacity this will be an issue that needs to be revisited. I continue to stress this point especially as it relates to the social studies classroom and the EES rooms.”</p>	<p>Educ. Prog. Rev. Rep. 18, Sept. 19, 2018, ECF No. 126.</p>
<p>Mental Health Care</p> <p>No. 13.1 (requiring the County to provide “adequate mental health services to all confined residents with a mental health diagnosis or serious mental health need, as indicated by the MAYSI-2”)</p>	<p>“Utilize a variety of available areas (e.g., multi-purpose room, outside spaces, classrooms, living units, the non-operational “no contact” visiting area, medical waiting room) to provide confidential settings for individual and group treatment, including psychoeducation groups.”</p>	<p>Mental Health Serv. Rev. Rep. 13, Aug. 13, 2018, ECF No. 124-1.</p>
<p>Suicide Prevention</p> <p>No. 14.1 (requiring the County to “develop a multi-tiered suicide prevention policy that has at least three stages of suicide watch. . . The ‘suicide cell’ shall be reserved for residents for whom the ‘suicide cell’ is deemed necessary in conjunction with this suicide prevention policy.”)</p>	<p>“Create at least one “suicide-resistant” room/cell on each unit immediately.”</p>	<p>Mental Health Serv. Rev. Rep. 4, Aug. 13, 2018, ECF No. 124-1.</p>
<p>Medical Care</p> <p>No. 12.5 (requiring the County to provide medical and mental health services “in a manner that ensures the confidentiality of youth’s</p>	<p>“A designated area separate from the general population is needed to maintain youth that are recovering from acute illness and/or are actively contagious.” (p. 9)</p>	<p>Henley-Young Juv. Just. Ctr. Detention Division – Med. Serv. Rev. 9, Mar. 19, 2018,</p>

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health information”)		ECF No. 117.
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“Making this transition successful (safe for all youth and staff as well as meeting both Agreement requirements), additional steps will need to be taken, including but not limited to: ...</p> <p>2. Additional physical plant modifications related to perimeter and living unit security;</p> <p>3. Constructing of additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley Young...</p> <p>All of these steps will become increasingly important as the number of JCAs at Henley Young grows, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible.”</p>	<p>Court-Appointed Monitor’s Third Monitoring Report at 50-51, 55, <i>U.S. v. Hinds Cty., et al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Dec. 11, 2017).</p>
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p>	<p>“At this point in time, the JCA youth at Henley Young are assigned to one housing unit. As the transition continues it may be possible to utilize two of the Henley Young housing units in a way that permits appropriate classification, but that will be dependent on a number of factors, including: . . .</p> <p>(3) the creation of additional program space (s),”</p>	<p>Court-Appointed Monitor’s Third Monitoring Report at 55, <i>U.S. v. Hinds Cty., et al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Dec. 11, 2017).</p>
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured,</p>	<p>“... changes needed to address previous recommendations, including:</p> <p>1. Making additional physical plant modifications at HY related to perimeter</p>	<p>Court-Appointed Monitor’s Fourth Monitoring Rep. at 48-49, <i>U.S. v. Hinds Cty., et</i></p>

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p>rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>and living unit security. There are legitimate concerns that as more serious offenders are held for longer periods of time, additional security for the perimeter (to prevent escape, incursion from the outside, tossing contraband into the “yard”, etc.) is increasingly critical.</p> <p>2. Constructing additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley-Young.”</p>	<p><i>al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Apr. 18, 2018).</p>
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“In the last Monitoring Report, a number of recommendations were made related to changes at Henley Young that would support a successful transition (i.e. physical plant changes, security improvements, increased programming, speeding up case processing, improving the overall behavior management system, etc.). The report indicated that as the length of time JCA youth are in placement increases, the more important these changes would become. Specifically, the previous report included this language:</p> <p><i>All of these steps will become increasingly important as the number of JCAs at Henley Young grows and/or their length of stay increases, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible. County staff indicates that some bonding authority has been approved in the budget and that some portion of those funds can be directed</i></p>	<p>Court-Appointed Monitor’s Fifth Monitoring Rep. at 54, <i>U.S. v. Hinds Cty., et al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Aug. 1, 2018)</p>

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

	<p><i>to make these changes. A concern is that given the relative success of the transition to date, the sense of urgency needed to commit the necessary funding in a timely manner is diminished. The County needs to establish, articulate, and implement a plan (including action steps, fiscal resources, and timelines) to complete the transition of Juveniles Charged as Adults (JCAs) to the Henley Young facility.</i></p> <p>Unfortunately, most of these recommendations were not implemented, and some projected problems that have arisen since the last visit will be referenced later in this section.”</p>	
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“Make physical plant modifications to Henley Young as soon as possible, including:</p> <ul style="list-style-type: none"> • Follow thru with a stated plan to add temporary/portable classroom/program space; • Make modifications to the living units for JCAs, including: (1) replacing the existing fixed tables with movable, more normative furniture and (2) adding sound absorbing materials (e.g. carpeting, acoustic sound panels or baffles) to dramatically reduce the noise level.” 	<p>Handout from Elizabeth Simpson, Court-Appointed Monitor in <i>U.S. v. Hinds Cty., et al.</i> at 5, June 2018.</p>

From: Paloma Wu
Sent: Tuesday, July 24, 2018 6:26 PM
To: Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1
Cc: Ava Cilia; Jody Owens
Subject: Status Conference of 7/25/18 & Request for an A.M. Call

Dear Mr. Dixon,

I hope all is well. I'm writing to ask if you are planning on attending or calling into the status conference tomorrow, July 25, 2018, and also to ask for the date your next report will issue and the dates of your next visit. If you have time during your next visit, we would sincerely appreciate the opportunity to meet with you and defendants; the last meeting was very helpful.

Might you be available for a brief call tomorrow morning? We continue to have concerns about backsliding in the provision of mental health care, discipline/isolation, and education. We would appreciate hearing your thoughts.

To give you one example of the nature of our concerns, in our June 14, 2018, meeting with you and defendants, we asked that a CTA resident, [REDACTED], be seen by a psychiatrist for medication to treat his diagnosed major mental illness. He has not. But he has been placed on **420-570 hours of lockdown** since he arrived in December 2017. [REDACTED] and another child, [REDACTED], who also has a history of being held in solitary confinement for multi-day periods at Henley-Young, have independently reported to staff that they are unable to sleep without their previously-prescribed psych meds because they currently experience **command auditory hallucinations**.

Children not receiving required mental health care have since our June 14, 2018 meeting been placed on discipline/isolation for periods of time that **exceed 24-hour post due-process requirements** (and which were not to isolate children posing an "immediate, serious threat of bodily injury"). While we appreciate anecdotally that some rare children must be treated as if they pose an ongoing threat, we frankly do not believe any such children currently reside at Henley-Young and that the "immediate, serious threat of bodily injury" administrative seg provision provides an adequate means to control if one were to move in. However, administrative seg has been grossly misused. The form itself provides at the top that the administrator can use non-due process segregation **to purely punish for a rules violation**; the longest we've seen decreed (there's no authority for it) is a **6-day continuous block of admin seg isolation as punishment for an assault**. (This was for [REDACTED], who was asking for psych meds during this time.) We are concerned.

We're anxious to hear your thoughts and hope we can discuss soon. The reason for our belated email to you is that we only received documents we've been requesting for months on Friday.

Thanks and best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

J.H., by and through his next friend
Terina Gray, on behalf of himself
and all persons similarly situated

PLAINTIFFS

VS.

CIVIL NO. 3:11CV327-DPJ-FKB

HINDS COUNTY, MISSISSIPPI

DEFENDANT

STATUS CONFERENCE

BEFORE THE HONORABLE DANIEL P. JORDAN III
UNITED STATES DISTRICT JUDGE
APRIL 24TH, 2018
JACKSON, MISSISSIPPI

APPEARANCES:

FOR THE PLAINTIFF: MS. PALOMA WU
MR. JODY E. OWENS II
MS. ELISSA F. JOHNSON

FOR THE DEFENDANT: MR. PIETER TEEUWISSEN
MR. ANTHONY R. SIMON

REPORTED BY: MARY VIRGINIA "Gina" MORRIS, RMR, CRR

501 East Court Street, Suite 2.500
Jackson, Mississippi 39201
(601) 608-4187

1 (COURT CALLED TO ORDER)

2 THE COURT: Thank you. You may be seated. All right.
3 Good morning.

4 (ALL RESPONDED "GOOD MORNING")

5 THE COURT: We're obviously here in the case of *J.H.*
6 *v. Hinds County*, 3:11cv327. Let me ask counsel to introduce
7 yourselves for the record.

8 MS. WU: Paloma Wu. I'm a lawyer for Southern Poverty
9 Law Center.

10 MR. OWENS: Jody Owens, Your Honor.

11 MS. JOHNSON: Elissa Johnson for the plaintiffs as
12 well, Your Honor.

13 MR. TEEUWISSEN: Good morning, Your Honor.
14 Pieter Teeuwissen, board attorney for Hinds County, and Anthony
15 Simon, special legal counsel for Hinds County. And we have
16 several county representatives present in the courtroom. May I
17 introduce them?

18 THE COURT: Of course.

19 MR. TEEUWISSEN: Present, Your Honor, this morning we
20 have in the blue shirt Mr. Eric Dorsey, who is the quality
21 assurance officer at Henley-Young. Next to him in the white
22 shirt is Mr. Eddie Burnside, the operations manager at
23 Henley-Young. And next to him is Major Mary Rushing of the
24 sheriff's department, who is also involved in some matters
25 we'll be discussing this morning at Henley-Young.

1 Thank you, Your Honor.

2 THE COURT: Is that it?

3 MR. TEEUWISSEN: Yes, sir. Thank you, Your Honor.

4 MS. WU: Your Honor, Mr. Dixon, the court's monitor,
5 is also here.

6 THE COURT: Oh, hey. Mr. Dixon, how are you?

7 MR. DIXON: Good, Judge.

8 THE COURT: I didn't see you. Mr. Teeuwissen casts a
9 big frame there. I didn't see you sitting behind him there.
10 All right. The parties asked for this status conference. So
11 how do you want to proceed?

12 MS. WU: Thank you, Your Honor, for the opportunity to
13 speak and discuss the status of this matter. We represent the
14 plaintiffs, who are all children who are residing at the
15 Henley-Young Detention Facility. The reason for today's status
16 conference is that the parties moved jointly to extend the
17 consent decree through March of 2019.

18 Our purpose is to take this opportunity to ask for the
19 court's assistance in achieving success in the next eleven
20 months. To that end we'd like to very briefly describe to the
21 court four key topics: Where we've been recently, where we're
22 going, and where we are today, as well as what we're asking
23 from the court.

24 As far as where we've been recently, we recently
25 learned that Mr. McDaniels has temporarily or permanently

1 departed as head of the detention facility. So it is worth
2 discussing moving forward how Henley-Young will have the
3 authority to make the types of decisions necessary to come into
4 compliance with certain provisions.

5 The second significant development is that beginning
6 in October of last year, the facility began housing a new
7 population of children who are being tried as adults. Because
8 these children are children residing at the Henley-Young
9 detention facility, these children are equal class members in
10 this case in every respect.

11 Plaintiffs agree with the court's monitor that as
12 long-term residents the consent decree provisions relating to
13 post-disposition residents apply with equal force to the CTA
14 population because, as is in the consent decree, the
15 postposition population is a proxy for long-term resident, and
16 CTA is our long-term resident. They are anticipated to have a
17 length of stay of between nine months to two years.

18 That the CTA population transition has gone so well
19 thus far is a testament to the structural and cultural
20 integrity of the administration at the facility. It cannot be
21 overstated. It is also a testament to the positive working
22 relationship with this court's monitor, Mr. Dixon, who we're
23 fortunate has both the knowledge and experience with housing
24 children under adult and youth court jurisdiction together.

25 It is fair to say that so far the facility has moved

1 mountains to come to the place where we are now with the
2 consent decree, and nothing that plaintiffs have to say
3 regarding the road to come is meant to detract or minimize from
4 this reality.

5 In order to talk about where we are now, we'd like to
6 draw the court's attention to the chart that we're putting up
7 on the Elmo. And we can pass out copies to the court and to
8 opposing counsel.

9 The chart that's up right now on the Elmo shows all of
10 the 71 provisions in the original consent decree. Across the X
11 axis are all 12 reports thus far that the court monitor has
12 provided. We have color coded it to correspond with the
13 designations that the court monitor himself uses.
14 Noncompliance red, beginning compliance orange, yellow is
15 partial compliance, substantial compliance is green or is
16 black, depending on which amendment to the consent decree it
17 eliminated.

18 Right now, the 12th monitoring report tells us that
19 41 percent of all of the consent decree provisions have been --
20 achieved substantial compliance. That is 29 of the original 71
21 provisions. This 29 includes the 24 which have already been
22 eliminated by amendment.

23 What we'd like to do is to ask for the court's
24 assistance in achieving compliance with the three major subject
25 matter topics that we have had the most ground to cover in the

1 next eleven months. These are mental health, medical, and
2 education.

3 Dr. Boesky is the medical expert in this case that
4 Mr. Dixon has chosen to work with. Her third report makes, by
5 our count, approximately 150 recommendations. When plaintiffs
6 tried to group those recommendations into the preexisting
7 categories provided by the provisions of the consent decree, we
8 found that they relate to approximately 25 provisions of the
9 consent decree, so not simply the mental health care section,
10 but other sections relating to intake screening and the like.

11 Of these 25 provisions, the facility is in substantial
12 compliance with only one. This is less than half of
13 one percent. They -- as to five of the provisions, five are
14 noncompliant and eleven have beginning compliance.

15 If I have permission to approach the bench, I would
16 like to give you a hard copy of it.

17 THE COURT: Okay.

18 (DOCUMENT TENDERED TO COURT)

19 MS. WU: We included at the top of the chart the
20 precise definition of the compliance code measurements that our
21 court monitor uses. It's helpful to note that beginning
22 compliance only requires that a policy be written. It requires
23 zero implementation. So 16 of the 25 provisions relating to
24 mental health in the consent decree are either noncompliance or
25 only at beginning compliance.

1 Dr. Ezike is the medical expert in this case.

2 Dr. Ezike's most recent third report makes approximately 35
3 main recommendations. Those recommendations by our analysis
4 fall into approximately 16 of the preexisting provisions of the
5 consent decree.

6 Two of those 16 provisions are in substantial
7 compliance, which is slightly more than a tenth of a percent.
8 And of those, seven are in beginning compliance, which means,
9 again, that no implementation has been made.

10 Finally, Dr. Brooks is the education subject matter
11 expert. In her most recent third report she makes
12 approximately 25 main recommendations. We categorize those
13 into five preexisting provisions of the consent decree. Of
14 those the county has achieved substantial compliance in only
15 one of five.

16 It's fair to say that the most progress as to the
17 consent decree has been made in the last two years since
18 Mr. McDaniels took the helm and conditions have been friendlier
19 towards progress in those areas.

20 We feel that with 69 percent of the provisions
21 remaining to achieve substantial compliance it would be
22 extremely helpful if the court could provide concrete ways for
23 the parties to continue progress, particularly in these three
24 subject matter areas.

25 In general, we would ask for a schedule of status

1 conferences in the next eleven months and some concrete dates
2 for production of policies. In particular, many of the
3 provisions that defendants have not yet gained compliance with
4 the court monitor has noted that policies are under development
5 or being written.

6 Right now it would be very helpful if we knew which
7 policies were under development or being written. It would be
8 helpful for plaintiffs if we were either included in in some
9 meaningful capacity the review of the remaining policy, only in
10 order to streamline the process, of course, not because those
11 policies require our approval, which they do not.

12 We would be interested to know what the mechanism is
13 that the defendants are using to have the subject matter
14 experts review the policies that are currently under
15 development and that are yet to be written. And we also think
16 it would be helpful to track the types of hiring decisions that
17 the subject matter experts have recommended be made and the
18 types that have been made and are yet to be made.

19 As you can see, plaintiffs are discussing 30,000-foot
20 issues with regards to the next eleven months. We're not
21 discussing any particular provisions. We think it's premature
22 to discuss particular provisions, because we feel that the most
23 productive way to do that would be in the context of a
24 structured assistance with this court, meeting with this court,
25 meeting with defendants.

1 And we do believe that the county is amenable. They
2 can, you know, attest for themselves. But they have been --
3 you know, in the spirit of cooperation have absolutely been
4 willing to talk with us and we're hopeful for the next eleven
5 months.

6 THE COURT: All right. Thank you. Mr. Teeuwissen.

7 MR. TEEUWISSEN: May it please the court.

8 THE COURT: Sure.

9 MR. TEEUWISSEN: Your Honor, would you permit me a few
10 minutes to provide a little context, and then I'll specifically
11 address some of the areas that Ms. Wu has raised? Thank you,
12 Your Honor.

13 Recently in this courthouse, Judge Barbour heard
14 testimony alleging all manner of mistreatment occurring at the
15 privately run East Mississippi Correctional Facility. The
16 warden in that case testified that such was the nature of
17 prisons, the nature of the beast, something to that effect.
18 Regardless of the constitutional merits, the testimony
19 indicated a sad state of affairs.

20 Perhaps this is why Nelson Mandela said, "No one truly
21 knows a nation until one has been inside its jails." Equally,
22 Douglas Hurd, British home secretary for Margaret Thatcher,
23 said, "Prison is an expensive way of making bad people worse."

24 Fortunately, the matter before this court, document
25 119, the joint motion to extend the consent decree, stands as

1 stark contrast to the litigation before Judge Barbour. Here
2 the parties have been cooperative and followed the lead of a
3 federal monitor, a monitor, Your Honor, who guides us through a
4 collaborative problem solving process and a monitor who's not
5 afraid to scold us appropriately when necessary to move us
6 along.

7 Four years ago we stood in this same courtroom and the
8 best Hinds County could offer Your Honor was an argument that
9 somehow a settlement agreement wasn't a consent decree. Your
10 Honor found that the county was at that time effectively in
11 contempt and had made no progress whatsoever, but withheld any
12 sanctions and gave us an attempt to start over.

13 Two years ago this court calmed and cajoled warring
14 parties into a tri-party peace treaty, document 106 in this
15 matter; and somehow that managed to stay out of the media.
16 Just this past December the Mississippi Supreme Court followed
17 the court's lead involving Jurist in Residence Hudson; and
18 there was an agreement reached between Judge Skinner, Judge
19 Priester and the county as to division of duties and funding
20 for various youth court needs.

21 All that circles us back to where we started in this
22 case, Your Honor, in 2011. Are the juveniles in Henley-Young
23 detained in a manner so as to protect and promote their
24 constitutional rights? The answer, Your Honor, is a healthy
25 yes.

1 Juveniles are safe and secure. Juveniles have access
2 to structured education. Juveniles have access to appropriate
3 medical care. The young folks eat well. One young man put on
4 20 pounds in his first month at Henley-Young as opposed to
5 staying in Raymond. But perhaps most importantly, the
6 juveniles now have access to case managers and mental health
7 personnel.

8 Finally, through the various court facilitators'
9 agreements, the number of youth detained for delinquency
10 averages about ten and their stay is limited to 21 days. Gone
11 are the days of 89-day programs without any content.

12 Feeling frisky, Your Honor, the county made a bold
13 move in September of last year and began housing juveniles
14 charged as adults at Henley-Young. While many of us held our
15 breath, we're pleased to announce that the integration is
16 working. That's right. Hinds County now has approximately ten
17 juveniles charged as adults receiving virtually the same
18 increased level of service as the delinquency juveniles.

19 Thus, we are diverting juveniles charged as adults
20 from the dysfunction at other county facilities and, hopefully,
21 offering them a second chance for those who deserve it. And
22 this is done in an environment that is largely calm and
23 arguably calmer than the home life of many of the individuals
24 who we now house.

25 Again, these individuals are safe and secure. The

1 protection of harm issue has enjoyed sustained compliance.

2 That is the most important thing.

3 Now, Your Honor, Hinds County will concede that our
4 work is not done. We need better educational services.

5 Jackson Public Schools just informed us that it did not have
6 funding for summer school at Henley-Young. Seems hard to
7 believe that a district with a \$300 million budget couldn't
8 come up with \$100,000, but it is what it is. That opens the
9 door for other approaches to education.

10 Likewise, our mental health services must continue
11 growing. To this end, the county as of last week engaged the
12 services of a licensed psychologist, Dr. Nanetta --
13 N-A-N-E-T-T-A -- S. Payne, Ph.D. She's licensed by the State
14 of Mississippi and she will provide services at Henley-Young
15 for 20 hours a week in addition to the case managers and mental
16 health personnel who are full-time.

17 A library and reading program would be nice.
18 Likewise, increased mentoring and discussion of career paths is
19 necessary. Stated differently, various types of next-level
20 programming are needed to not only ensure constitutional
21 compliance but really make a difference in the social fabric of
22 the city and the county.

23 To this end the county has recently engaged a
24 leadership development professional. This individual started
25 as a frontline youth detention officer in Ohio. He has worked

1 his way up through the ranks into administrative roles in both
2 youth and adult facilities. He is licensed, some sort of
3 certified management professional. And, best of all, he has
4 original ties to Hinds County.

5 Beginning in June he will take the next year to come
6 in and develop our shift supervisors, our frontline supervisory
7 personnel, as well as the administrative team to ensure that we
8 are all at every level promoting compliance, looking for new
9 ideas, and don't slide from the gains we have made.

10 Your Honor, Henley-Young is, in the best sense of the
11 word, a laboratory for improved detention conditions in
12 Mississippi. We try, we fail, we try again, we fight, we
13 litigate, we listen, and then we try some more. We are
14 building an innovative public facility.

15 Sure, we would all like it done faster. No question
16 about that. Your Honor expressed exasperation in 2014 at the
17 lack of progress and the pace at that time. Since that time,
18 we have significantly increased our compliance in the
19 conditions for these youth. Your Honor has been there. He has
20 seen some of the changes firsthand.

21 And with all due respect to the SPLC, compliance and
22 culture change isn't a scorecard. There's a lot more to it
23 than that.

24 We're proud of the facility we have now. We feel
25 ourselves on the cutting edge by incorporating the juveniles

1 charged as adults. And we see opportunity to improve what we
2 were doing and being a model facility in the state of
3 Mississippi and in the Southeast.

4 As to several of the issues raised by Attorney Wu,
5 Mr. McDaniels chose to run for the position of county court
6 judge. Your Honor is well versed in the history of animosity
7 between the board of supervisors and the existing senior county
8 court judge.

9 Therefore, Mr. Simon and I, in conjunction with
10 Ms. Carmen Davis, the county administrator, who, Your Honor,
11 would have been here, but she's on medical leave, recommended
12 to the board that Mr. McDaniels needed to take a leave of
13 absence. We have made too many gains with Judge Skinner to
14 risk the appearance of the board endorsing one candidate or
15 another. So it was the board's decision upon the
16 recommendation of counsel and Administrator Davis to place
17 Mr. McDaniels on leave.

18 Clearly, if he wins that race, we'll be searching for
19 a new director. If he does not, we will cross that bridge at
20 that time. But, again, looking from the 30,000-foot view, it
21 seemed more important to avoid the politics than to simply keep
22 him in place on the payroll.

23 THE COURT: When is that election?

24 MR. TEEUWISSEN: That election is November, Your
25 Honor, nonpartisan election. He went on leave effective

1 April 1st. The qualifying deadline is May 11th, Mr. Simon
2 says. If somehow he were not to have an opponent, I think we
3 could return him to the facility; but if there's any chance of
4 it being a contested race, with the funding issues that have
5 arisen in the past, the board is going to stay away from it.

6 Meanwhile --

7 THE COURT: Well, excuse me.

8 MR. TEEUWISSEN: Yes, Your Honor.

9 THE COURT: If it's uncontested -- I guess there's
10 been some -- I read some speculation that Judge Skinner might
11 run for county -- I mean for circuit?

12 MR. TEEUWISSEN: And chancery.

13 THE COURT: Okay. But if McDaniels ends up being
14 unopposed, you would return him to the facility until November?
15 Is that the plan?

16 MR. TEEUWISSEN: He would not -- the term does not
17 start until January. We would return him to the facility if
18 he's unopposed until he took over his duties as judge, and then
19 we would have a transition period with him.

20 THE COURT: And use that time to find somebody to
21 replace him?

22 MR. TEEUWISSEN: Yes.

23 THE COURT: And who is filling in for him now?

24 MR. TEEUWISSEN: A combination of Mr. Burnside and
25 Mr. Dorsey. They are the two most senior personnel and have

1 been the most involved in consent decree matters since the
2 inception of this litigation.

3 Moreover, Mr. Simon has taken a larger role, as he did
4 in 2014, with Mr. Bluntson of advising the facility on a
5 day-to-day, every-other-day basis to help Mr. Burnside and
6 Mr. Dorsey and Major Rushing. And Major Rushing is taking an
7 increased role even though she has a consent decree and plenty
8 of headaches herself because of the presence of juveniles
9 charged as adults.

10 Speaking of the JCA population as equal class members,
11 we absolutely agree they are equal class members. It was a
12 challenging decision on how we would integrate those youth.
13 And at Mr. Dixon's recommendation, we have not moved youth who
14 were already detained in Raymond to the facility. We started
15 in September with newly arrested youth who may be processed at
16 Raymond but then immediately brought to the Henley-Young
17 culture so that they are immersed in a positive culture from
18 day one as opposed to being exposed to the things that we
19 are -- the conditions that we are addressing in Raymond.

20 There is one individual who is 15 who's at Raymond,
21 Your Honor. With Mr. Dixon's guidance, we will integrate him
22 to Henley-Young.

23 There are six other individuals, Major Rushing? Five.

24 Five other individuals who are -- will age out this
25 year. We will leave those individuals at Raymond.

1 THE COURT: And the JCAs, how long are they typically
2 staying at Henley-Young?

3 MR. TEEUWISSEN: That's a very -- that's a concern,
4 Your Honor. Right now we have had some who have been there
5 since the fall, and we've been unable to impress upon the
6 District Attorney's Office the need to move those individuals
7 through the system faster.

8 The good news is that they have public defenders
9 assigned by the Hinds County Public Defender's Office,
10 Ms. Michele Purvis-Harris and her staff, who are very
11 competent. And those public defenders do routinely visit their
12 clients at Henley-Young.

13 What we've got to do now, Your Honor --

14 THE COURT: I'm sorry to interrupt --

15 MR. TEEUWISSEN: That's okay.

16 THE COURT: -- but I want to make sure I understand.
17 In looking at the Second Amended Consent Decree, you know, it
18 has a cap of 21 days and I think it says for those youth under
19 the jurisdiction of the youth court.

20 MR. TEEUWISSEN: Correct.

21 THE COURT: And I assume that means that the JCA kids
22 are not subject to that provision, which triggers a couple of
23 the other provisions where there are requirements for people
24 who stay over 30 days, none of which wouldn't apply if you
25 didn't have the JCA kids there.

1 MR. TEEUWISSEN: That's correct, Your Honor.

2 THE COURT: Okay.

3 MR. TEEUWISSEN: And we agree, and I'll take it a step
4 further. In cause number 3:16-cv-00489, which is the adult
5 consent decree, *United States of America v. Hinds County*, in
6 that cause number, document 2-1, section K, paragraphs 78
7 through 84, found on page 36 through 39, addresses the services
8 that we have to provide the JCAs. And it is in large measure
9 an overlap with the consent decree already in place before Your
10 Honor.

11 So we've got to provide those JCAs with the same level
12 of care that we -- and services that we provide the delinquency
13 people. The question is which location. Your Honor is right.
14 That means expanded services for the JCAs at Henley-Young.

15 The decision was made in consultation with Mr. Dixon
16 as well as Mr. Jim Mosler, who's a juvenile expert under the
17 adult consent decree, that the environment was significantly
18 better at Henley-Young and it was better for us to build upon
19 what we have done and provide some additional services at
20 Henley-Young for the JCAs. So we realize that -- I don't want
21 to say it upsets the apple cart but places some additional
22 challenges on us and we accept that.

23 THE COURT: All right.

24 MR. TEEUWISSEN: There was also reference to the
25 mental health issues. Those have been an ongoing challenge. I

1 would disagree with the SPLC that those are as bad as some
2 scorecard indicates, simply because two years ago we moved
3 funding from the youth court to the detention side to hire four
4 case managers, something that had not been done but that
5 Mr. Dixon had recommended. We had to go through litigation on
6 whether the board had authority to budget for that, but it has
7 occurred.

8 We have hired the licensed psychologist and are
9 actively doing all we can -- let's not forget this is
10 Mississippi, Your Honor. There's not a talent pool of
11 professionals who want to work in juvenile detention or
12 corrections settings. I believe the litigation that was before
13 Judge Barbour reflected the difficulties of an adult prison run
14 by a private corporation to provide mental health services.
15 The county faces those same challenges on a more limited
16 budget.

17 We have cast a wide net. We have called for CV's and
18 résumés. It simply takes some time to find the right qualified
19 people to put into the environment. We recognize that is a
20 challenge and want to proceed.

21 The education piece is perhaps the most challenging.
22 I was hoping the SPLC would have some answers as they joined --
23 took the position parallel with JPS with respect to charter
24 schools. I would hope they could figure out how to get JPS to
25 put some resources in the Henley-Young. It has not occurred.

1 As Your Honor is well aware, JPS is a failing school
2 district. It's a failing school district that the State of
3 Mississippi doesn't even want to take over. They created a
4 different approach. Well, that failing school district is our
5 current education provider, and I'm not sure what options we
6 have.

7 I will say this. We have recently been connected with
8 an individual who wants to discuss offering alternative
9 education services. This individual has done in it Washington,
10 D.C., is doing in it Orleans Parish, and provides a different
11 model.

12 We intend -- Mr. Simon and I intend to meet with him
13 in May in New Orleans to see what is being done there for
14 juveniles and see if we can develop a better program than
15 perhaps what JPS is offering or a program that can work in
16 conjunction with JPS to improve the offerings.

17 I'll just be candid, Your Honor, we can't have
18 juveniles in that facility all summer without education. We're
19 going to provide something if we have to hire an instructor to
20 provide GED training. One, it's unfair to the youth who need
21 the education. Two, bored youth create problems at the
22 facility. We need to keep their minds occupied, keep them
23 focused elsewhere.

24 There are no magic bullets for the mental health or
25 education. We've just got to keep marching up the hill, Your

1 Honor. And to that -- and we certainly defer to the guidance
2 of Mr. Dixon. He has done a yeoman's job at getting us where
3 we are, again, between educating us and scolding us. He finds
4 a good balance to keep us moving.

5 He has the respect of the board of supervisors, and I
6 will tell you I don't see the county parting with his services.
7 I think he'd have to tell us he absolutely wouldn't do it
8 before the county would part with his services, whether on a
9 consent decree for this, for the adults or whatever. The board
10 listens to Mr. Dixon and they accept his recommendations
11 wholeheartedly.

12 With that in mind, on the policies and procedures and
13 some of the other matters that I think Ms. Wu is much more --
14 and the SPLC are much more aware of the details than Mr. Simon
15 and I, I think it's best to defer to Mr. Dixon for explanations
16 about those items.

17 There are policies and procedures in place. I
18 understand there may not have been an exchange or review of
19 those, but I think there are some explanations from either
20 Mr. Dixon or -- it would have to be from Mr. Dixon as to
21 perhaps why that has not occurred as envisioned. But it's not
22 like we're running a facility without policies and procedures.

23 And, in fact, the juvenile monitor in the adult
24 consent decree has reviewed the policies and procedures and has
25 not criticized us. In fact, out of all the monitors we have in

1 the adult consent decree -- and we're currently running
2 somewhere in the neighborhood of six -- the juvenile monitor is
3 the only one who's saying we're doing something right.

4 And that's largely based on the efforts of the SPLC
5 and the county working at an arm's length but in a cooperative
6 adversarial sense. I know it's somewhat of an oxymoron,
7 cooperative adversary, but that's what we've been doing. And
8 so we've had -- ultimately, that means the DOJ has also looked
9 at what we're doing for the juveniles as well.

10 It's working. It's a work in progress, but it's
11 working. I don't think any of us are going to be satisfied
12 until we have exceeded every expectation that is here, but
13 culture change does not come easy.

14 Your Honor, that's all I have initially. I'll answer
15 any other questions Your Honor may have about the facility or
16 about the decisions that Hinds County has made, any funding
17 decisions or other matters.

18 I certainly had -- if Your Honor needs to hear from
19 any of them, you're welcome to hear from Mr. Dorsey,
20 Mr. Burnside or Major Rushing. I don't know that they can add
21 anything more specific; but if Your Honor wants to hear
22 anything, they're certainly here before the court and ready to
23 address any matters.

24 THE COURT: All right. Thank you. Let me hear from
25 Mr. Dixon. Does either side wish to have him sworn in? I

1 wasn't planning on doing that.

2 MR. OWENS: Not for the plaintiffs, Your Honor.

3 THE COURT: Mr. Dixon, you can either speak there if
4 you want to or come sit down up here.

5 MR. DIXON: Morning, Your Honor. Whatever you want to
6 do is fine. I'll sit. This was a comfortable chair the last
7 time too. Any questions or --

8 THE COURT: Well, I think Ms. Wu sort of gave us an
9 outline, and I do want to hear your thoughts on it and, you
10 know, I guess starting with Mr. McDaniels' departure, where we
11 are with that and then go down. Let's hit on the education
12 component, the mental health component, as well as the
13 recommendations from the subject area experts. Obviously, I've
14 read your report, but this morning puts it in a little
15 different context I guess.

16 MR. DIXON: Okay. We can start with the
17 administration piece of it with Mr. McDaniels. The county has
18 put in a good team of folks. One of the things that I did,
19 well, was to try to have a collective group of people to work
20 together as a team to get things accomplished.

21 The bulk of those things were done by the quality
22 assurance and the operations manager. Mr. McDaniels' key role
23 was actually the administrative piece in trying to move things
24 along with the county board and those kinds of things and with
25 the county administrator and the attorneys.

1 Based on what I have seen at this point, although he's
2 gone for this short -- for this period of time for ever how
3 long, I don't see anything falling apart based on that. One of
4 the reasons is because the county attorneys and the county
5 administrator have been key partners in trying to ensure that
6 things happen properly at the facility. And, to me, that's
7 always the major -- major part.

8 And the county board has also -- and I've met with
9 them on several occasions. They have been very professional
10 and very engaging in trying to make sure that there was
11 resources there and moving resources around to do some of the
12 things that we need to have done.

13 As relates to the mental health, the key for me --

14 THE COURT: I take it you're comfortable with the plan
15 of sort of waiting to see what happens with the election. You
16 know, if he doesn't get elected, bring him back. It sounds to
17 me like he's done a good job and that -- I mean the reports
18 seem to be favorable towards his -- and I know how hard it was
19 to find him.

20 MR. DIXON: Right.

21 THE COURT: But you're comfortable with sort of
22 playing it out, seeing what happens with the election; if he
23 doesn't prevail, he comes back. If he's unopposed, he comes
24 back in an interim period where during that -- that would give
25 us time to find a permanent replacement?

1 MR. DIXON: Yes.

2 THE COURT: Okay.

3 MR. DIXON: I'm comfortable with that. As it relates
4 to the mental health, Dr. Boesky has been very instrumental in
5 working with the current folks there. One of the keys to this
6 is that they do have policies and procedures. What was needed
7 was a professional there, which they have just hired, to ensure
8 that those things are implemented properly and that there is a
9 process by which those policies and procedures are carried out
10 and someone to identify when there are issues or problems and
11 things that need to be adjusted.

12 I think it's Dr. Payne. I met her last Friday. And
13 she appears to be competent and capable. I put her together
14 with Dr. Boesky last Friday; and they're working out some times
15 to come down to work out all of the other details, because
16 mental health is -- well, let me back up a little.

17 The major concern at any institution is the safety and
18 security aspect. If you don't have the safety and security
19 aspect, you won't be able to do mental health or anything else.
20 So the key for me was to ensure that we had a safe and secure
21 environment and then you tackle all of the other things. And
22 that's what we have done.

23 I'm a firm believer that as Dr. Payne and Dr. Boesky
24 get together, that things will move a lot quicker, you know,
25 with mental health. And I see the same thing happening, you

1 know, with medical.

2 As I've told SPLC and I've also told the county,
3 there's a human factor involved in these things. It's not as
4 simple as just writing some policies and this stuff just being
5 carried out. People have to be trained. You also have to
6 ensure that they are consistent in what they're doing.

7 And that does not mean that you won't have problems
8 from time to time. Having a problem in an institution is, like
9 I've told people, you know, before, if you show me a school
10 where kids don't have problems, I'll show you one that's not
11 open. And you have the worst of the worst.

12 And so it's not that there won't be problems. The
13 issue is how do you resolve those problems and do you have the
14 resources in place and you can identify things to ensure that
15 you're taking care of kids. And that's, you know, what should
16 be occurring.

17 The other thing that I've told them is that I don't
18 think people are giving folks enough credit of what has been
19 accomplished so far. You started out with 77 or 80 kids in a
20 facility that was in horrible condition with no services at
21 all.

22 THE COURT: Right.

23 MR. DIXON: And now you're averaging about 20, 25
24 kids. And, to me, most people in the country would love to be
25 able to do that. That's something that I don't think people

1 have given folks credit on.

2 And also working through the bureaucracies. If they
3 were easy to work through -- it's not like it's the private
4 sector where you say, *I want this done tomorrow*, or you can --
5 it doesn't work that way. And so you have to have the reality
6 of what really happens, you know, in bureaucracy and government
7 to move things, you know, forward.

8 I also advised them there's a few facilities around
9 this country that have been in this thing for 25, 30 years.
10 That's not going to happen here. And so I think we have to
11 give folks credit for what has been accomplished so far. And I
12 don't think they get enough credit for that. That's a major,
13 major accomplishment.

14 When I did this -- and I have experience in it -- it
15 took me nine years to get it where we needed to have it. And
16 so that's why I'm not uncomfortable with what's going on in
17 the -- what's going on in this process. Yeah, I would love to
18 have it done yesterday because I have other things I want to
19 do; but it doesn't work that way.

20 I think -- what was the other question?

21 THE COURT: Well, there was a question Ms. Wu asked
22 about the policies that are under development I guess at this
23 point.

24 And, Ms. Wu, I guess, are you just asking -- I mean,
25 it's throughout his report. But are you asking for like a list

1 of the policies that are currently under development? Is that
2 what you're getting at?

3 MS. WU: Your Honor, we would respectfully disagree
4 that the policies and procedures are in place; they simply need
5 to lift off.

6 THE COURT: No, no, no. That's not what I said.
7 Maybe I misunderstood what you said. His report indicates that
8 there's certain policies and procedures that are under
9 development. Doesn't mean they've been implemented. And I
10 thought you were asking for a list of the ones that they're
11 still working on. Did I misunderstand that?

12 MS. WU: No. For the purpose of making sure we're
13 moving forward apace, we would like to distinguish between the
14 policies that the experts have reviewed, many of which they
15 have said need to be revised, the policies that have not yet
16 been written at all, and the policies that are vaguely under
17 development.

18 THE COURT: Okay. Mr. Dixon, I don't expect you to
19 rattle that off off the top of your head, but can you provide a
20 list that would provide that information?

21 MR. DIXON: Yes. I could get with Dr. Boesky and
22 those, and that's not a difficult task.

23 THE COURT: I think she's just asking for, you know,
24 status, a more specific status as to policies and procedures
25 that are not yet at substantial compliance.

1 MR. DIXON: There's no question. Yes.

2 THE COURT: Okay. All right. Does either side have
3 any questions for Mr. Dixon?

4 MS. WU: Mr. Dixon, do you see the county coming into
5 compliance in the coming year on March --

6 MR. DIXON: Say it again.

7 MS. WU: Do you see the county coming into compliance
8 by March 2019?

9 MR. DIXON: I would hope so. I never guarantee in
10 these things because you never know what's going to happen, and
11 I hate giving concrete because these are not concrete
12 environments.

13 This is not like putting a car together on the
14 assembly line. Sometimes the parts don't work and you go back
15 and you readjust things and you try to get them there. The
16 question is, really, are you making progress on what you're
17 trying to get accomplished.

18 MS. WU: Would you say that in six months we would
19 know whether the county was going to achieve compliance by
20 March 2019?

21 MR. DIXON: I think in six months you'll have some
22 idea of where you're trying to get to. Again, I never
23 guarantee -- I never guarantee that. I just -- I don't know
24 how you do that. In my experience, you could start out and
25 something occurs, funding has to be readdressed, there's things

1 that could occur that you have no control over. And you try to
2 put the best program you can in place and you try to get there,
3 but I never guarantee -- I learned that a long time ago. You
4 don't do that. I'd rather work on it and get there.

5 That's why I don't believe that you should have dates,
6 you know, in these things, because when you tell someone you're
7 going to finish something at a certain time and you don't know
8 all of the dynamics that's involved, then it's like, you know,
9 you didn't give them the correct answer and people are saying,
10 *Well, you didn't -- you said you were going to finish on this*
11 *date and you didn't.*

12 And what I've found in these experiences and my
13 experience in dealing with some of my other colleagues, they
14 start out saying, *Oh, we're going to finish this in two years;*
15 and here it is eight years later, they're still dealing with
16 it.

17 I don't see that happening here because I think
18 they're making tremendous progress. But I never guarantee
19 dates.

20 MS. WU: Is there anything that the court can do to
21 help ensure that the county achieves compliance by March 2019?

22 MR. DIXON: Unless the court has a magic ball, I don't
23 know how you do that.

24 THE COURT: I do.

25 MR. DIXON: I don't know how you do that. I know --

1 you asked me the same thing but different ways. I'm going to
2 give you the same answer.

3 MS. WU: Are you aware of whether the facility has
4 full authority without Mr. McDaniels in place to hire, fire,
5 create new positions, post new positions, hire for any
6 positions, adopt policies?

7 MR. DIXON: Oh, no question. No question. And I
8 think with the -- with Dr. Payne coming in, I think that's
9 going to make it just that much better, because those are
10 professionals that's doing what needs to be done.

11 And Mr. Burnside and Mr. Dorsey have actually been the
12 key people in this process of moving things even before
13 Mr. McDaniels came. They needed someone to help them move it.
14 And what I see happening in the county now is that I know --
15 and I show up on unannounced visits, and so I see that the
16 county is still moving in that direction.

17 The attorneys, you know, Pieter and Anthony and
18 Ms. Davis, everything I've seen they have not, you know,
19 slacked off or moved any different direction than where we need
20 to go.

21 MS. WU: This may be a more technical question, but
22 are you aware of whether they have the institutional
23 organizational authority to sign off on policies to allocate
24 funding towards new positions, that kind of thing?

25 MR. DIXON: No. I think that with them getting with

1 the attorneys, based on what I've seen, that they have helped
2 them do that. I think they've told them what they needed and
3 they've acquiesced to that. So that's what I've seen. Yeah.

4 MS. WU: In about -- of the entire universe of
5 policies and procedures that need to be in place in order to
6 come into full compliance, about what percentage are in final
7 form and being implemented today?

8 MR. DIXON: Oh, I don't know the percentage.

9 THE COURT: He's going to provide a list that will
10 tell us.

11 MS. WU: Okay.

12 If the court were to order that we have a 60-day or a
13 90-day status conference in order to check in about progress,
14 do you think that would help the county achieve compliance?

15 MR. DIXON: That's a maybe. Based on my experience in
16 working in Hinds County, they've actually made a lot of
17 progress without the court having any intervention except for,
18 you know, the extensions of stuff. I think that -- you know,
19 my professional opinion, that they're moving the way they
20 should be moving. I don't know how else to -- to place it.

21 One of the biggest recommendations that I would have
22 if I was going to have the court involved was to something
23 happen -- that something is put in place so that the kids
24 receive their educational services during the school -- during
25 the summer.

1 To me, that would be one of the keys, because
2 education, mental health, medical, all those things, case
3 management, all come together. And if a kid has some serious
4 educational deficiencies, then you want to be able to identify
5 those. And if there's no school, then it's very difficult to
6 identify those. And that's one of the key problems that you
7 have with our kids.

8 So -- and that would be one of the things that I would
9 ask the court to do if I was going to ask them to do anything.

10 MS. WU: I just want to touch on a couple of things on
11 Dr. Boesky's report. Are there still no mental health or
12 substance abuse treatment being provided to youth at
13 Henley-Young?

14 MR. DIXON: Well, there's not the level I think that
15 she wants. There's some services being provided, but it's not
16 at the level. That's why it was a key to get the -- Dr. Payne
17 in so that she could move that to the next level.

18 You have your QMHPs now, but you don't have the --
19 they don't have the -- I want to say the medical knowhow to
20 look at the different diagnoses and the different programmatic
21 things that need to occur once the kids have been identified.
22 And that's what Dr. Boesky is there for.

23 And with Dr. Payne coming in, I think that's going to
24 pretty much reduce that, and they will have those things put in
25 place. That's why I am not really concerned about the policies

1 and procedures at this point, because they do have stuff.
2 However, Dr. Payne is going to codify those things better and
3 make them more -- I wouldn't want to use the word
4 "appropriate," for lack of a better term, but a better level of
5 services that the kids would get with a high-level professional
6 looking at it.

7 MS. WU: Dr. Boesky's September 2016 report
8 recommended hiring at least two full-time licensed
9 doctoral-level clinical psychologists. What yardstick will you
10 use to determine whether the current 30 hours per week
11 hiring --

12 MR. DIXON: The number of kids.

13 MS. WU: -- is sufficient?

14 MR. DIXON: The number of kids you have. You set your
15 systems up based on the population that you have in the
16 facility. When we were looking at it, we were talking about if
17 the facility was full, what would you need to have. And so
18 with the facility averaging, you know, 25, 30 kids, you know, I
19 don't think you need to have -- it's not necessary to have two
20 full-time, you know, folks.

21 I have a facility of 400 kids and we have three, you
22 know, licensed, you know, psychiatrists. And so -- and it's
23 one -- and we have them broken up in centers. And there's 30
24 kids to a center and there's one, you know, full-time
25 psychologist for those 30 kids.

1 THE COURT: Mr. Dixon, let me ask you a question about
2 that. You know, in some of these reports from the subject
3 matter experts, they make recommendations that are helpful,
4 instructive and good recommendations, but they may go beyond
5 what the consent decree requires.

6 And at this point I'm more concerned with making sure
7 that we address all of the problems identified in the consent
8 decree, which, as you've said, and I completely agree, there's
9 a lot of work that's been done. There's a lot of work that
10 remains to be done. And I'm afraid sometimes if you put too
11 many ornaments on a tree, it tips over.

12 And I don't really want the facility worrying about
13 things that are -- would be lagniappe at this point. I want
14 the basics covered first. And I'm wondering, when you go
15 through these reports and you make your report and your
16 recommendation is based on those reports, are you thinking in
17 terms of, *Okay. This is -- this would be great, but this is*
18 *not required by this provision of the consent decree?*

19 MR. DIXON: Yes, that was correct. I'm not looking at
20 the pie in the sky. I'm looking at do we have the basics in
21 place. And my position has been if you have the basics in
22 place, then everything else will take care of itself.

23 THE COURT: All right. Thank you. Anything else for
24 Mr. Dixon?

25 MS. WU: With regards to the suicide prevention

1 policies, is there -- are there plans to make a suicide
2 resistant room or is the new hire supposed to be creating
3 the -- doing implementation for the system?

4 MR. DIXON: Yeah, that would be Dr. Boesky -- I always
5 get that -- and Dr. Payne. That would be their -- what they
6 think should happen. You know, some facilities I've worked in
7 they do have that; some facilities don't. But, again, as I've
8 said, you know, in the past, we -- we have to understand that
9 this is supposed to be short term.

10 Juvenile detention centers are the emergency rooms of
11 the juvenile justice system. They're not supposed to be the
12 kids stay there for long periods of time. Now, the JCAs are
13 going to be there or the -- what do you call them? That's what
14 they are?

15 MR. TEEUWISSEN: Yes.

16 MR. DIXON: They're going to be longer. And, of
17 course, you have to modify your programming, you know, based on
18 that. But it's still the idea of kids are only supposed to be
19 in for a very short period of time. And you triage them and
20 you get some services together. You -- it's the beginning of
21 the rehab process. It's not the rehabilitation process.

22 And I think we have to educate people more on that.
23 And if we educate them more on that, you're not going to need
24 as much, because the kids are not going to be in there for a
25 long period of time.

1 MS. WU: It's not within the purview of the facility
2 to decide how long a CTA stays there. Right?

3 MR. DIXON: Beg your pardon?

4 MS. WU: It's not within the purview of the facility
5 to decide how long the children charged as adults will stay in
6 the facility?

7 MR. DIXON: No, no. That's the court. The court
8 determines that.

9 MS. WU: And they may be there for a couple of years.

10 MR. DIXON: They could be. I have some that's been
11 for a couple of years. But you have to modify your programs to
12 address those things. That's why education, to me, is one of
13 the key components of your programming, because you have to
14 have ways of ensuring that kids have a structured program
15 daily.

16 And, to me, the educational program is a structured
17 program, which means you can also identify a lot of problems
18 that kids have. If they're not in school, then it's very
19 difficult to deal with those problems or identify those
20 problems.

21 MS. WU: That's all I have. Thank you very much.

22 MR. DIXON: Okay. You're welcome.

23 THE COURT: Mr. Teeuwissen, would you like to ask any
24 questions?

25 MR. TEEUWISSEN: No questions, Your Honor, but I do

1 have one brief but important matter I need to put on the
2 record.

3 THE COURT: Okay. Mr. Dixon, thanks. You can return.

4 MR. DIXON: Okay.

5 THE COURT: Yes, sir.

6 MR. TEEUWISSEN: Your Honor, one of the -- one of the
7 many challenges involves facility pay. Mr. Dixon in the fall
8 through the efforts of Mr. McDaniels, Mr. Burnside and
9 Mr. Dorsey, identified some unappropriated funding within the
10 facility budget. And I'd be remiss if I didn't give Ms. Davis
11 the credit.

12 Effective February 1st of this year, all frontline
13 detention personnel received an increase in pay so that they
14 are now making the same as the individuals who are providing
15 detention to the adults, who have also received an increase in
16 pay.

17 Now, Your Honor, the pay is still woefully below where
18 we would want it to be, but I do think it's important for Your
19 Honor to know that Mr. Dixon made that recommendation and that
20 funding -- existing funding was reprogrammed to promote that.

21 The importance of that is we hope to see a decrease in
22 staff turnover which, again, fosters a better environment. And
23 I think Your Honor is well aware that in any detention facility
24 turnover is probably one of the largest challenges.

25 Ms. Davis also has -- addresses some of the issues

1 that SPLC has raised in terms of her authority. Mr. McDaniels
2 reported to her as county administrator. And, again, she just
3 went on medical leave. It's about a six-weeks recovery time
4 from her procedure. She'll be back May 21st.

5 So not only is there full authority to implement
6 anything that's necessary, Ms. Davis worked with Mr. McDaniels
7 to ensure that his transition into -- on leave status would not
8 have any hiccups in the process by herself taking on additional
9 responsibilities. And she fully supports Mr. Burnside and
10 Mr. Dorsey from a day-to-day standpoint. Thank you, Your
11 Honor.

12 THE COURT: All right. Thank you. Well, let me just
13 say this quickly, and I guess I'll echo what Mr. Dixon said.
14 If you look at that chart, up until about June of 2014 or so
15 there was basically nothing that was done. And that chart --
16 you can see where the contempt order was entered on that chart.
17 It's pretty obvious. And then you can see later, once we sort
18 of worked out the who's-in-charge-type issues, you saw more
19 progress after that.

20 I never thought any of this would be easy. I do think
21 that once the county took it seriously, there's been a lot of
22 progress made. But if you hand any organization the number of
23 requirements that we have handed this organization, even a good
24 organization would have a hard time implementing everything
25 that's on the list. And so it's not something that happens

1 overnight. It is cultural.

2 It has been impacted by turnover, not only in the
3 administration, but also -- of the facility, but also just the
4 employees of the facility. It's a process and the process, you
5 know, takes time. It is not a case that I would like to hand
6 over to another judge when I retire.

7 And I do -- Mr. Teeuwissen and Mr. Simon, I do want to
8 thank the both of you because I think that you've been somewhat
9 implemental in -- let me say irreplaceable in getting the
10 county on board with what we need to do. Unfortunately,
11 there's still a lot more to do. And you just signed an
12 agreement that you're going to make a lot of progress in the
13 next 90 days, which is ambitious, but that's what you've agreed
14 to.

15 I don't -- you know, I'm not opposed to having status
16 conferences. Mr. Dixon doesn't seem to think that's helpful.
17 I don't mind doing it. I'm reading these reports anyway and if
18 the parties, you know, want to add something to what's already
19 been written. I do think that given the 90-day period that
20 you've put into this Second Amended Consent Decree that it
21 would make sense to have a little checkup in about 90 days just
22 to see where we are on all that.

23 And, Mr. Dixon, how long do you think you need to
24 prepare that -- just the list of policies and procedures and
25 where they are in terms of status?

1 MR. DIXON: Probably in the next couple of weeks.

2 THE COURT: Okay. If you would, provide that to the
3 parties and also a copy to me. The obvious block that sort of
4 stands out here is the mental health component. And it
5 certainly seems now that you've hired a licensed psychologist,
6 that that's one of the requirements that Mr. Dixon has listed
7 throughout that section and it also touches on some other
8 sections, like intake, for example, as I recall. So I would
9 expect to see some pretty good progress in the next 90 days in
10 that area.

11 I guess I'll just ask the parties to contact
12 Ms. Powell here and get it on the calendar. I don't know that
13 we need to do this in open court. I feel like a lot of times
14 these types of conversations are more productive in my
15 conference room, but y'all wanted this on the record. I'll do
16 it however you want to do it.

17 And let me I guess add one last thing.
18 Mr. Teeuwissen, I'm going to ask the county to within two weeks
19 docket a report explaining your plans to the extent they've
20 been worked out regarding the summer school issue. You
21 indicated that JPS has I guess pulled the plug financially, but
22 that the county's committed to providing something. And I know
23 that's going to be a challenge. So just give us an update in
24 about two weeks, because the summer is rapidly approaching.

25 MR. TEEUWISSEN: Yes, sir, Your Honor.

1 THE COURT: All right. Ms. Wu, is there anything else
2 that you would like to cover or take up at this time?

3 MS. WU: Not at this time, Your Honor. Thank you.

4 THE COURT: All right. Mr. Teeuwissen, how about you?

5 MR. TEEUWISSEN: No, Your Honor.

6 THE COURT: All right. Mr. Dorsey and Mr. Burnside,
7 thank you for being here, and I appreciate it. I met you guys
8 over at the facility and I've seen you in action, so to speak.
9 Appreciate your efforts and appreciate you stepping up here
10 while Mr. McDaniels is out.

11 Mr. Dixon, as always, thank you for your help.

12 And if there's nothing else, we're adjourned. Yeah,
13 there is something else.

14 MS. WU: Pardon me, Your Honor. I would like to enter
15 in as an exhibit the chart, if possible.

16 THE COURT: Not a problem. Make that P-1.

17 MS. WU: Thank you, Your Honor.

18 (EXHIBIT P-1 MARKED)

19 THE COURT: All right. Anything else?

20 MS. WU: No.

21 THE COURT: All right. We're adjourned. Thank you.

22 (HEARING CONCLUDED)

23

24

25

1 CERTIFICATE OF REPORTER
2

3 I, MARY VIRGINIA "Gina" MORRIS, Official Court
4 Reporter, United States District Court, Southern District of
5 Mississippi, do hereby certify that the above and foregoing
6 pages contain a full, true and correct transcript of the
7 proceedings had in the aforementioned case at the time and
8 place indicated, which proceedings were recorded by me to
9 the best of my skill and ability.

10 I certify that the transcript fees and format
11 comply with those prescribed by the Court and Judicial
12 Conference of the United States.

13 This the 17th day of September, 2018.
14

15 s/ Gina Morris
16 U.S. DISTRICT COURT REPORTER
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price drop

price drop

Why are youths charged with murder and other violent crime housed at juvenile center in Jackson?

Jimmie E. Gates, Mississippi Clarion Ledger

Published 3:53 p.m. CT Sept. 18, 2018 | Updated 10:00 a.m. CT Sept. 19, 2018



(Photo: File photo/The Clarion-Ledger)

Youths charged as adults with violent crimes including capital murder, murder and armed robbery are now housed at the Henley-Young Juvenile Justice Center in Jackson, prompting a call for more funding for additional detention officers and other needs.

“It used to be a daycare facility, but now it is really a jail,” said Anthony Simon, an attorney for Hinds County.

The reason the youths are now at Henley-Young: A federal consent decree to make reforms to Hinds County's detention facilities including juvenile justice.

The goal is to have youths charged with serious crimes held in a different location from adult inmates. Youthful inmates were separated from adults inmates at the Raymond Detention Center, but they all were at the detention center.

Simon said initially three youths charged as adults were moved to the juvenile center in September of last year. The center now averages about 16 youths daily charged as adults, Simon said.

A juvenile over the age of 13 charged with a crime like murder or armed robbery — offenses that for anyone 18 or older would carry a penalty of life imprisonment or death — stands trial as an adult in criminal court.

The juvenile center had been a temporary holding facility for up to 90 days for youths accused of minor offenses. But with the youths charged with violent offenses being housed there as well, it has become more of a jail and staying there for a longer term, Simon said.

At least two juveniles at the center are charged with capital murder and one with murder.

The three youths initially transferred last year from the Raymond Detention Center to the juvenile center are still there and haven't been indicted, Simon said.

Last week, Simon urged Hinds County supervisors to provide more money for the center citing the additional needs including more detention officers and an ID security badge system.

Supervisor Peggy Hobson Calhoun asked Simon why the initial three youths are still in the center?

“We need to fix our entire Hinds County criminal justice system,” Simon said. “The criminal justice system isn't moving.”

Hinds County District Attorney Robert Shuler Smith said some officials try to cherry pick cases to show a backlog that doesn't exist.

Smith said when juveniles are charged as adults with a violent crime it requires thorough investigation before a case is presented to a grand jury.

Also, Smith said he has been requesting additional money for his office to run efficiently, but hasn't received additional funding.

10/24/2018 Youths charged as adults with violent crime now housed in juvenile center.
Simon estimates \$250,000 to \$300,000 more a year would go a long way toward addressing current needs at Henley-Young.

"I know Hinds County Board of Supervisors isn't responsible for moving or prosecuting the youths at Henley-Young," Calhoun said. "But can the board make a request to move those youths through the criminal justice system?"

If indicted, the youths would remain at the juvenile justice center, but if convicted, they would become the custody of the Mississippi Department of Corrections.

Simon has been working with a group of county officials, the U.S. Department of Justice and others on the consent decree the county signed with the Justice Department to reform the county's detention system.

A federal court monitor was appointed to oversee the process.

The most recent monitors report released in August said the last site visit at that time provided the opportunity for the expert on juvenile justice to spend the majority of his time at the Henley Young facility and dig deeper into the successes and challenges of the transition of juveniles charged as adults to that facility.

"While placement at Henley Young remains a vast improvement over the Raymond Detention Center, there has been a notable increase in the frequency and nature of behavioral issues among juveniles charged as adults," monitor Elizabeth Simpson said.

Simpson said many of the recommendations contained in prior reports and/or requirements of the settlement agreement have not been implemented, so it is not surprising that the hopes of a successful transition are running into the reality of dealing with older, long-term youth.

More: [Hinds supervisors pass \\$57.6M general fund budget without a tax increase \(/story/news/politics/2018/09/13/no-tax-increase-hinds-county-resident-upcoming-budget-year/1283678002/\)](#)

More: [Federal jail monitor cites problems, urges closing the Hinds County jail in Jackson \(/story/news/politics/2018/08/20/court-appointed-monitor-urges-officials-consider-closing-downtown-jail/1042266002/\)](#)

Contact [Jimmie E. Gates \(/https://www.clarionledger.com/staff/12607/-jimmie-e.-gates/\)](#)
at 601-961-7212 or [jgates@gannett.com \(/mailto:jgates@gannett.com/\)](mailto:jgates@gannett.com). Follow him
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Summary Chart I

MONITOR AND EXPERT FINDINGS RE: 13 KEY PROVISIONS¹

Structured Programming (Provisions 3.1, 4.1)

Medical Care (Provisions 12.1, 12.2)

Individualized Treatment Plans (Provisions 5.1, 5.2, 5.3, 5.4)

Mental Health Care (Provisions 13.3, 13.4, 13.5, 13.6)

Suicide Prevention (14.4)²

¹ This chart summarizes material from the subject matter experts' most recently-filed reports and from the Monitor's three most recently-filed reports. The Monitor's three most recently-filed reports are his 12th, 11th, and 10th. 12th Monitoring Rep., Mar. 22, 2018, ECF No. 118; 11th Monitoring Rep., Sept. 25, 2017, ECF No. [113]; 10th Monitoring Rep., Feb. 27, 2017, ECF No. 112. Dr. Boesky's most recent report is her fourth. Mental Health Serv. Rev. Rep. 14, Aug. 21, 2018, ECF No. 124-1. (Citations to her report refer to ECF-assigned pagination, as her report is not continuously paginated.) Dr. Carol Cramer Brooks' most recent report is her Fourth. Educ. Prog. Rev. Rep. 12, Sept. 19, 2018, ECF No. 126. Dr. Ngozi Ezike's most recent report is her fourth. Henley-Young Juv. Just. Ctr. Detention Division – Health Serv. Rev., Oct. 24, 2018, ECF No. 127.

² **Substantial Compliance (SC):** “Practices follow the county-approved policies, training materials or other documents; practices follow policy with rare exception and exceptions lead to corrective action; trained staff fill all positions and vacancies are filled within 3 months; the [C]ounty has completed work in an acceptable manner; policies, procedures and practice and training are operational and quality-assurance audited and audit exceptions lead to corrective action; outcomes meet or exceed agreement requirements.”

Partial Compliance (PC): “Policy and procedure is implemented in some but not all locations or times; staff are hired but not trained; the [C]ounty is working on implementation but tasks are not completed; system implemented at some but not all locations or times, outcomes meet or exceed agreement requirements some of the time and in certain area[s].”

Beginning Compliance (BC): “Policy and procedure is written by the [C]ounty but not implemented; funding and hiring authority are approved by the County but positions are not filled; training materials prepared and approved by the [C]ounty but training not started.”

Non Compliance (NC): “No action taken and immediate steps needed to maintain schedule or prevent further delay. A policy may exist, but the policy may need significant revision or modifications and rarely translates into practice.” 12th Monitoring Rep. 14, Mar. 2018, ECF No. 118.

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
Cell Confinement	3.1	Are youth engaged in structured, rehabilitative and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays? (7).	PC	<ul style="list-style-type: none"> • “School is a major component of facility programming and should be seen as such. Therefore, while youth are in Henley-Young educational services must be provided.”(Dixon 25). • “With the exception of the one EES student, JCAs did not receive an education during the 2017-2018 school year.” (Brooks 12). • “JCAs who are 16 and under are eligible to participate in the JPS school program. At the time of my site visit, this included three students.” (Brooks 12). • “No school program for JCAs that are over 16.” (Brooks 12). • “All general education students enrolled for 10 or more days must have an Individualized Academic Plan (IAP). During the 2017-2018 school year there were 56 students enrolled for 10 or more days. Of those 56 students, I randomly chose 28 students to review their IAPs. Of the 28 students, 10 students or 36% had a completed IAP in their folders. For an additional 7 students, school was not available to complete the assessment and goal setting due to summer break. Those students who had incomplete IAPs had missing test scores, missing goals, generic goals, or just no IAP in the file at all.” (Brooks 13). • “There does not appear to be evidence of JPS and the county working together to complete the requirements necessary to affect positive change on the school program or to fulfill the requirements of this MOU.” (Brooks 19). • “Continue to maintain policies and procedures for this provision (Dixon 25; Dixon 30, 11th Monitoring Rep.). • “Review the schedules to be sure that they adequately reflect all daily activities.” (Dixon 25; Dixon 30, 11th Monitoring Rep.). • “Develop positive behavior management systems with rewards and consequences for all youth including JCAs.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Develop monthly recreation and education schedules for all youth.” (Dixon 25). • “Purchase frames for facility activities and schedule.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Facility administrators documented walkthroughs.” (Dixon 25). • “Ensure JCAs are included in programming.” (Dixon 25; Brooks 12). • “Hire recreation staff.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Fully develop award and incentive program.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Develop and implement an appropriate education program for all youth in the HYJJC including the JCAs.” (Brooks 12). • “Hold teachers accountable for getting to school on time so that youth are actually getting the required time of

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
				<p>instruction, not just on paper.” (Brooks 14).</p> <ul style="list-style-type: none"> • “Utilize staff that have down time, i.e. no class because of low population to plan and implement educational opportunities for those not in the school program.” (Brooks 14).
Structured Programming	4.1	Is Henley-Young administering a "daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells? (8).	PC	<ul style="list-style-type: none"> • “Now the administration must develop programming for the JCAs who have been transferred to the facility and include them into the overall facility programming. Structured education for these youth is a must as most are limited in their educational progress and are also behind in their academic pursuits, which much research has shown. Frankly many of these youth cannot read. Therefore, any programming must include the JCAs and continue to have the following: As stated in my previous reports, A. Comprehensive policies and procedures B. Reasonable rules and expectations C. Order D. Organization and clarity F. Clear rewards and incentives G. Reasonable and consistently implemented sanctions H. Case management to ensure youth are there is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and progress youth are making during their stay. I. good programming which includes an all-inclusive educational program. It should be noted as stated in my previous report, that education is a major component of programming in a juvenile facility including the JCAs therefore programming, scheduling and school should be tied together.” (Dixon 29-30). • “Continue to develop adequate policies and procedures for this provision, which includes JCAs.” (Dixon 30). • “Continue to provide adequate schedules for weekdays and weekend programming and act on it including JCAs.” (Dixon 30). • “Continue to develop an adequate monthly recreation schedule with age appropriate games and programs.” (Dixon 30; Dixon 34, 11th Monitoring Rep.). • “Hire case management staff.” (Dixon 30; Dixon 30, 11th Monitoring Rep.; Dixon 35, 10th Monitoring Rep.).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.1	Is Henley-Young ensuring that youth have "access to adequate rehabilitative services" and that children placed in the facility post-disposition will receive constitutionally compliant rehabilitative services"? (9).	PC	<ul style="list-style-type: none"> • Compliance rating of PC. (Boesky 4). • “Continue to review light weight residents in program (i.e. disturbing the family peace) and find alternative placement for them.” (Dixon 31; Dixon 34, 11th Monitoring Rep.). • “Continue to develop adequate policy and procedures to meet this provision including JCAS.” (Dixon 31; Dixon 30, 11th Monitoring Rep.). • “Youth Support Specialists should gather key information regarding youths’ current situation, estimated length of time in the Detention Center, and what will likely happen to them, when they attend youths’ court proceedings or by contacting juvenile court professionals/ “Youth Court Counselors” or the attorney of “Juveniles Charged as Adults.” (Boesky 5). • “Youth Support Specialists should communicate with Hinds Behavioral Health and Marion Counseling representatives located at HYJCC if youth on their caseloads are involved/should be involved with either of those agencies 3. As advocates, Youth Support Specialists should question referrals to inpatient psychiatric facilities when appropriate (e.g., no acute Mental Health disorder; psychiatric facility being used as a “placement” when YCC or Case Worker have not made other arrangements; when youth have had unhelpful or harmful experiences in the facility in the past; when intensive, home-based family oriented treatment in the community is needed).” (Boesky 5).
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.2	Are youth in “need of mental health and/or substance abuse treatment and/or who are in the facility post disposition" receiving appropriate treatment plans? (9).	BC	<ul style="list-style-type: none"> • Compliance rating of BC. (Boesky 6). • “No treatment plans have yet been developed for youth to address Mental Health or Substance Use treatment at the Detention Center.” (Boesky 6). • “Purchase case management system.” (Dixon 32; Dixon 35, 11th Monitoring Rep.). • “Continue to develop adequate mental health policies and procedures for this provision to include JCAs.” (Dixon 32). • “Increase the Clinical Psychologist’s hours to “Full-Time” as has been recommended in each of my reports.” (Boesky 6). • “The Behavioral Health Team should create a “Treatment Plan Form” that is practical and effective for treatment planning in a Juvenile Detention setting.” (Boesky 6). • “The Behavioral Health Team in the Detention Center should develop Individual Treatment Plans (ITPs) for youth on Mental Health and Substance Use “caseloads,” as well as any youth who are in the Detention facility post-disposition.” (Boesky 6)

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.3	<p>Has Henley-Young implemented policies and procedures for the required content of treatment plans, which shall include;</p> <ul style="list-style-type: none"> • Are the treatment plans individualized? (10). • Do the treatment plans identify the mental and/or behavioral health and/or rehabilitative issues to be addressed? (10). • Do treatment plans describe any mental health, medication or medical course of action to be pursued, including the initiation of psychotropic medication? (10). • Do treatment plans include a description of planned activities to monitor the efficacy of any medication of the possibility of side effects? (10). • Do treatment plans include a description of any behavioral management plan or strategies to be undertaken? (10). • Do treatment plans include a description of any counseling or psychotherapy to be provided? (10). • Do treatment plans include a determination of whether the type or level of treatment needed can be provided in the youth's current placement? (10). 	BC	<ul style="list-style-type: none"> • Compliance rating of BC. (Boesky 7). • “Develop comprehensive policies and procedures for this provision.” (Dixon 33). • “Provide intensive training to all staff members.” (Dixon 33; Dixon 36, 11th Monitoring Rep.). • “Provide auxiliary training to all other direct care staff.” (Dixon 33; Dixon 37, 11th Monitoring Rep.; Dixon 38, 10th Monitoring Rep.). • “Increase the Clinical Psychologist’s hours to ‘Full-Time’ as has been recommended in each of my reports.” (Boesky 7). • “The Treatment Plans should be: individualized, strength-based and involve the youth; Written clearly, without jargon, so all adults interacting, managing and treating the youth understand the treatment goals and what services should be provided to help youth achieve them.” (Boesky 7). • “The Treatment Plans should: contain treatment objectives that are specific, objective, measurable and achievable; consider whether or not a youth’s current diagnosis is reliable and valid before using it as a primary piece of information in the development of the plan; include interventions to be provided, staff who will be implementing interventions, and timetables for objectives to be met.” (Boesky 7-8). • “Develop a formal process to ensure the Youth Support Specialists find out key information regarding youth’s expected length of stay, as well as previous/current Mental Health treatment as soon as possible to help determine the most effective type of information to include in a youth’s treatment plan.” (Boesky 8).

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SUMMARY CHART I				
MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
Provision Topic	No.	Requirement	Rating	Selected Findings and Recommendation
		<p>Do treatment plans include a plan for monitoring the course of treatment, and if necessary, for revising the treatment plan? (10).</p> <ul style="list-style-type: none">• Do treatment plans include a description of the precise terms of the facility’s long-term and short-term objectives for the youth, the full range of services to be provided, and procedure, and timetables and staff assignments for the implementation of such treatment plan? (10).• Do treatment plans include a plan for regularly engaging the family in the youth’s treatment plan? (10).• Do treatment plans include a comprehensive re-entry plan that will assist the youth re-enroll in their home school and access medical, mental health, vocational and rehabilitative services based in the community? (10).		

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.4	Do treatment plans include a program of periodic staff reviews every three weeks and evaluations of each youth's progress under his/her individualized treatment plan and of the appropriateness of the plan itself and Henley-Young's plan for such review? (10).	PC	<ul style="list-style-type: none"> • “Compliance rating of BC.” (Boesky 8). • “Develop comprehensive policies and procedures to meet the needs for this provision to include JCAs.” (Dixon 34). • “Continue to provide adequate staffing for this program.” (Dixon 34; Dixon 38, 11th Monitoring Rep.). • “Provide training to all staff.” (Dixon 34; Dixon 37, 11th Monitoring Rep.; Dixon 39, 10th Monitoring Rep.). • “Identify roles and responsibilities of direct care, treatment and educational staff through policies and procedures and adequate funding and staffing.” (Dixon 34; Dixon 37, 11th Monitoring Rep.). • “Hold Multi-Disciplinary Treatment Team (MTT) meetings at least once weekly to 1) discuss newly-arriving JCAs and non-JCAs if they will be in the Detention Center for more than seven days 2) discuss youth significantly struggling in the facility and 3) to regularly review youths' Individual Treatment Plans.” (Boesky 9). • “Individual Treatment Plans should be reviewed regularly.” (Boesky 9).
Medical Care	12.1	<p>Are youth receiving a full physical exam within 72 hours after their detention hearing or disposition order, as applicable? (15).</p> <p>Are you receiving access to medical professionals and/or prescription medications when needed? (15).</p> <p>Are youth provided prompt transportation to a local hospital in the case of a medical emergency? (15).</p>	BC	<ul style="list-style-type: none"> • “The Nurse Practitioner sees patients referred by the nurses but does not perform a physical on all admitted youth.” (Ezike 4). • “Youth admitted when no nurse is on duty are brought to the clinic the following day to be assessed.” (Ezike 4). • “Cursory physical exams are performed by the nurses which can result in missed health diagnoses.” (Ezike 5). • “Youths are appropriately sent to the ER for services that cannot be provided at the facility but the issue of hospital documents from the treating hospital/Emergency Department not returning with the youth persists.” (Ezike 6). • “There were several medications found on the cart that were expired (Cetirizine, Psyllium, Omeprazole). • “Medication cart contained many prescriptions medications that belonged to released youths.” (Ezike 7). • “Medical staff reports that they are unaware when youth are being released from the facility.” (Ezike 7). • “Problem lists were present and filled out in 50% of the reviewed charts.” (Ezike 8). • “Individual charts have papers in no established order. Charts are varied from one to another for additional lack of uniformity. To look for a specific document, every section and page of the chart must be reviewed because of the lack of chart organization.” (Ezike 8). • “Develop policies, procedures and protocols for this provision (Including JCAs).” (Dixon 53). • “Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.). • “Provide training for staff members who administer medication to residents on proper usage and possible side effects. Also, train the staff on emergency protocols if side effects occur.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.). • “Have a licensed medical professional review and sign off on policy, procedures and protocols.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
Provision Topic	No.	Requirement	Rating	Selected Findings and Recommendation
				<ul style="list-style-type: none">• “Have a licensed health professional periodically review and provide supervision to the nurse at facility.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Develop forms to coincide with provision.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Remove medication from bags and place them in secure, organized areas and develop forms to determine what medications are present in the facility at all times.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Hire or have on contract a physician to review medical area.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Ensure that residents received vision exams, dental screenings, mental health screenings, hearing tests, etc.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Order folders with 2 dividers, end tab, classification folders in letter size with 2 prongs for medical charts.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “The best practice would be for a clinical provider conduct complete assessments on every admitted youth within 72 hours. This would be in addition to the initial nurse assessment upon admission. This would better ensure that subtle exam findings and clues obtained from the history and physical would not be missed, but instead, uncover medical diagnoses and/or necessary prevention strategies.”(Ezike 5).• “... There should be medical staff on duty at the facility around the clock.” (Ezike 5).• “Complete physical exams should be performed on all youth including documentation of genital development.” (Ezike 5).• “There should be a physician available to consult by phone on the youth admitted if/when there is no medical staff on site.” (Ezike 5).• “BMI’s should be added to intake forms to screen for obesity.” (Ezike 5).• “There should be an established care plan for youth who test positive on the urine drug screen. Consider referral to the QMHP for further evaluation to rule out dependence. ” (Ezike 5).• “A formalized agreement, e.g. a Memorandum of Agreement, is still needed between the Detention Center and/or the Health Care vendor and the University of Mississippi Medical Center Hospital and Central Mississippi Medical Center. The agreement should delineate a standard protocol for sending physician notes, x-ray reports, and lab test results back to the facility with the patient after discharge.” (Ezike 7).• “There should be better communication between medical and detention center staff to ensure youth take their prescribed medication with them upon release.” (Ezike 7).

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				<ul style="list-style-type: none"> • “It should be possible to have all youth cleared by nursing before release.” (Ezike 7).
Medical Care	12.2	When necessary, is a medical professional available to examine youth confined at the facility to identify and treat medical needs? (15).		<ul style="list-style-type: none"> • “During the weekdays, there is a registered nurse that works the day shift, approximately 8a-4p. There is a 2nd nurse that works from 4p-8p. There is no nursing coverage from 8p-8a. On Saturday and Sundays, an RN works a 12 hour shift each day from 8a – 8p. There is a total of four nurses on staff that cover the facility from 8a-8p seven days per week.” (Ezike 2-3). • “Nurse Practitioner is at the facility about 4 hours weekly and only sees patients referred to her by the nurses.” (Ezike 3). • “60% of youth were admitted between 8PM and 8 AM when there was no medical staff on site.”(Ezike 3). • “Hire qualified medical professional for nights and weekend care.” (Dixon 54; Dixon 56, 11th Monitoring Rep.; Dixon 57, 10th Monitoring Rep.). • “Develop policies, procedures and protocols for this provision (Including JCAs).” (Dixon 54). • “Provide training for staff on this provision.” (Dixon 54; Dixon 56, 11th Monitoring Rep.; Dixon 57, 10th Monitoring Rep.). • “Ensure medical protocols are child/youth centered.” (Dixon 54). • “It is noted again that it is very critical that the vendor make necessary changes to the policies, procedure, and protocols to be adapted for care of adolescents.” (Ezike 3). • “The medical provider for this adolescent population should be a clinician with expertise in pediatrics and/or adolescents. The current physician is an adult medicine specialist.” (Ezike 4). • “More coordination is needed between Henley Young management and QCHC’s Head nurse at the site to review the status of the medical operations and identify needed coordination.” (Ezike 4). • “The nurse practitioner should be given more hours to give more timely visits.” (Ezike 4). • “Nursing coverage hours for the facility should be expanded to decrease the total hours without any medical coverage.” (Ezike 4).
Mental Health Care	13.3	Is Henley-Young developing individual mental health treatment plans for youth who are under the care of a mental health provider? (17).	NC	<ul style="list-style-type: none"> • “Compliance rating of BC.” (Boesky 14). • “No Treatment Plans have yet been developed for youth to address Mental Health or Substance Use treatment at the Detention Center.” (Boesky 14). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 58). • “Provide training to staff on policies and procedures.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 60, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 60, 10th Monitoring Rep.).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
				<ul style="list-style-type: none"> • “Increase the Clinical Psychologist’s hours to ‘Full-Time.’” (Boesky 14). • “The Behavioral Health Team should create a “Treatment Plan Form” that is practical and effective for treatment planning in the juvenile detention setting.” (Boesky 14).
Mental Health Care	13.4	Is Henley-Young developing and implementing policies and procedures for referring residents in need of psychiatric services to a licensed psychiatrist for a timely mental health evaluation? (17).	NC	<ul style="list-style-type: none"> • “Apart from admitted youth on psychotropic medications and suicidal patients, it is not clearly identified which other youth are referred to see the psychiatrist.” (Ezike 10). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 58). • “Provide training to staff on policies and procedures.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 61, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 61, 10th Monitoring Rep.). • “Additional work is needed to formalize in policy and procedure the criteria for psychiatric referral.” (Ezike 10). • “Ensure all youth that need to be referred to the Psychiatrist for issues related to psychotropic medication are being referred in a timely manner.” (Boesky 15).
Mental Health Care	13.5	Does Hinds County employ or contract for sufficient psychiatric services to permit a psychiatrist to fulfill the following functions: <ul style="list-style-type: none"> • Conduct needed psychiatric evaluations prior to place youth on psychotropic medications; • Monitor, as appropriate, the efficacy and side effects of psychotropic medications; • Participate in treatment team meetings for youth under the psychiatrist’s care; • Provide individual counseling and psychotherapy when needed; • Evaluate and treat in a timely manner all youth referred as possibly being in need of psychiatric services; and 	NC	<ul style="list-style-type: none"> • “The contracted psychiatrist was wholly unaware of the provisions surrounding psychiatric care at the facility.” (Ezike 8). • “There is a single psychiatrist that covers the facility. The currently assigned psychiatrist is present on site 1-2 hours maximum per week.” (Ezike 8). • “There is a lack of coordination between the psychiatrist and counselors at the facility. Neither the psychiatrist nor the counselors are aware of the others findings.” (Ezike 8). • “A psychiatrist is contracted for 8 hours weekly to cover 4 sites – Downtown, Raymond, County Farm and Henley Young. On site psychiatric coverage at Henley Young is less than 2 hours per week.” (Ezike 9). • “Psychiatry at Henley-Young is not part of the Behavioral Health Department. This separation creates some barrier structures. Coordination of care for the youth by the facility’s Behavioral Health team and the psychiatrist is not optimal.” (Ezike 9). • “Draft copy of QCHC’s Juvenile Policy and Procedure Manual dated August 6, 2018 was shared electronically. Draft manuals as related to intake procedures poorly reflects the actual process that takes place.” (Ezike 13). • “Review of the draft manual suggests that there have been little modifications or policy adjustments for the juvenile population.” (Ezike 13). • “23%-56% of youth were taking psychotropic medication while in the Detention Center.” (Boesky 16). • “Psychiatrist comes to the Detention Center for one hour a week or less.” (Boesky 16). • “Psychiatrist appears to have a significant amount of training and experience, but does not appear to have specialized training in “children” or “adolescents.”” (Boesky 16).

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		<ul style="list-style-type: none"> • Provide adequate documentation of treatment. • All evaluations and services outlined above may be performed and/or provided through employees of Hinds Behavioral Health or any other duly qualified Mental Health agency. (17-18). 		<ul style="list-style-type: none"> • “Little to no communication or collaboration between the Psychiatrist and the Mental Health Professionals working in the Center, nor the Youth Support Specialists, nor the living unit staff – all of whom work in facility full-time.” (Boesky 16). • “Psychotropic Medication” policy “(developed by Quality Correctional Health Care) was dated 2005 and last reviewed in 2009. It is unclear if this policy has since been updated.” (Boesky 16). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 59). • “Provide training to staff on policies and procedures.” (Dixon 59; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 59; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “More hours of psychiatric care are needed to comply with the provisions to review records, to see patients on psychotropic medications every 30 days, and to participate in treatment team meetings.” (Ezike 8). • “The specific provisions of the federal agreement as related to psychiatric services should be shared directly with the medical director of the vendor and/or with the psychiatry provider.” (Ezike 8). • “Psychiatric hours should be increased to permit the psychiatrist to participate in multi-disciplinary meetings... Additional psychiatric hours will promote compliance with required monthly follow up visits and to see all referrals in a time manner.” (Ezike 10). • “QCHC’S Juvenile Policy and Procedure Manual needs to be updated and finalized.” (Ezike 13). • “Review and evaluate if the Psychiatrist is providing enough “psychiatric time” given the number of youth on psychotropic medication and the complexity of their Mental Health disorders.” (Boesky 16). • “A formal mechanism should be developed for the Psychiatrist to receive brief feedback from staff working on the living units regarding youth’s mood and behavior before youth are evaluated for psychotropic medication.” (Boesky 18). • “If a youth has been assessed by one of the full-time Mental Health Professionals or is receiving individual or group therapy from them, mechanism should be developed for the Psychiatrist to receive brief feedback from the Mental Health Professionals regarding the youth’s affect, behavior, and progress in the treatment.” (Boesky 17). • “When youth display a pattern of negative/concerning behavior, medical staff should be contacted to see if you are supposed to be taking prescribed psychotropic medication, but do not have access to it at the facility.” (Boesky 17). <ul style="list-style-type: none"> ○ “If so, the nurse should attempt to have parents/caregivers bring it to the facility.” (Boesky 17). ○ “If the parents cannot/do not bring the medication, the youth should be seen by the Psychiatrist.” (Boesky 17). • “Psychiatrist should meet with any youth in the facility struggling with Suicidal thoughts/behavior or self-injury who do not have access to psychotropic medication that has been prescribed to them.” (Boesky 17).

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				<ul style="list-style-type: none"> • “On days when Psychiatrist is at the facility, he should participate in the brief multi-disciplinary “Mental Health” meeting to discuss youth on Safety Alert status, and those exhibiting other signs.” (Boesky 17). • “Weekly Multi-Disciplinary Treatment Team meeting should be scheduled during time the Psychiatrist is at the facility.” (Boesky 17). • “Formal process should be developed for the Psychiatrist to briefly inform the Mental Health Professionals of relevant information resulting from Psychiatric Assessments of youth.” (Boesky 18). • “A very brief summary of any changes to a youth’s psychotropic medication should be sent to the Behavioral Health department and Supervisors of the living units.” (Boesky 18). • “Ensure the Psychiatrist and nurse are working off the most recent Quality Correctional Health Care policy on Psychotropic Medication. If it truly was last reviewed in 2009, the policy should be reviewed as soon as possible and updated as necessary.” (Boesky 18). • “Psychiatrist should obtain training in “child/adolescent” psychiatric services, as well as Complex Trauma.” (Boesky 18).
Mental Health Care	13.6	Do the psychiatrist and/or counselors review incident reports, disciplinary reports, suicide watch logs, and lockdown logs of youth under their care to determine whether their treatment is working and, if not, how it should be modified? (18).	NC	<ul style="list-style-type: none"> • “The psychiatrist is apparently unaware of incident reports, lockdown logs, disciplinary reports, etc. of the patients as evidenced by charting.” (Ezike 8). • “The same findings as per Provision 12.1.” (Ezike 9). • “There is a lack of coordination between the psychiatrist and counselors at the facility. The contracted psychiatrist and behavioral therapist have little to no contact with the facility behavioral health team workers.” (Ezike 9). • Note: Not reviewed by Mr. Dixon or Dr. Boesky. • “The mental health of the residents in the custody of the facility needs to be closely monitored at all times.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 60). • “Provide training to staff on policies and procedures.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Facility needs documentation from a mental health organization on plan of action for residents receiving a mental health services.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Policies and procedures shall be reviewed and signed by a licenses mental health professional (psychiatrist, etc.).” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “A new medical records system should be devised to permit the mental health specialists (psychologists, therapists, counselors) and the psychiatrist to see each other’s notes.” (Ezike 10).

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				<ul style="list-style-type: none"> • “The specific provisions of the federal agreement as related to psychiatric services should be shared directly with the medical director of the vendor and/or the psychiatry provider.” (Ezike 9).
Suicide Prevention	14.4	When a youth is placed on any level of suicide watch, is a report made within 24 hours to the youth court, as well as to the youth’s guardian, and his/her defense attorney? (19).	BC	<ul style="list-style-type: none"> • “Compliance rating of PC.” (Boesky 19). • “But these rooms/cells have shelves, desks, seats, sinks, vents with medium size holes, and metal bed frames – all of which youth can tie a noose through or around.” (Boesky 19). • “No “Suicide-Resistant” rooms on any of the living units.” (Boesky 19). • “JCAs must now be included” in the development of policies and procedures for making and disturbing the reports in this provision. (Dixon 62). • “Provide training for staff on policies and procedures and document training.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “Facility needs to ensure that the suicide prevention policy is included in the overall mental health program.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “Policies and procedures shall be reviewed and signed by a licensed mental health professional.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “Create at least one “Suicide-Resistant” room/cell on each unit immediately.” (Boesky 20). “Must be close to staff tower.” (Boesky 20). • “House all youth on Precautionary Status and Safety Alert status in Suicide-resistant rooms once they are available.” (Boesky 20). • “Ensure staff are vigilant with their observation/supervision of youth on Precautionary Status/Safety Alert, as well as all youth in the facility, especially when they are in their rooms.” (Boesky 20). • “Because youths may be minimizing or exaggerating risk of suicidal thoughts, watch all youth closely, especially when initially admitted.” (Boesky 20).

STATUS CONFERENCE OF JULY 25, 2018
J.H. ET AL V. HINDS COUNTY, 3:11-CV-327-DPJ-FKB
 CHIEF JUDGE DANIEL P. JORDAN III
 UNITED STATES DISTRICT COURT
 SOUTHERN DISTRICT OF MISSISSIPPI

To:	Status Conference Participants
From:	Plaintiffs
Subject:	Requests for Assistance with Compliance
	All citations are to the Second Amended Consent Decree (March 30, 2018).
Attachments:	<ol style="list-style-type: none"> 1. Outstanding Facility Policies, Staffing, and Training Issues; 2. Cell Confinement and Disciplinary Practices and Procedures; 3. Confinement/Mental Health Nexus: A Case Study; 4. Confinement/Mental Health Nexus: Additional Examples; 5. Need for Records Protocol: Plaintiffs' Letter

A. Requests for Assistance

The 12th Monitoring Report (March 19, 2018) referenced (1) 40-50 policies and/or procedures the facility should develop or modify (approximately half referenced CTAs); (2) staffing vacancies the facility should fill; (3) new staff the facility should hire; and (4) current staff the facility should train. (Attachment 1) Plaintiffs seek the following:

1. Confirmation that the facility intends to follow the above-listed recommendations in the 12th Monitoring Report, as listed in Attachment 1;
2. Access to a facility-maintained spreadsheet listing all current policies and all those listed in Attachment 1 regarding their status:
not drafted / draft only / in force needs modification / in force needs review / in force and final;
3. A date by which the facility will procure psychiatric care within a timeframe to effectuate: 1.2 (securing medications for youth with a valid, current prescription within 8 hours of admission) 13.2 (30 day med evals); 13.3 (transport to community psych); 13.4 (timely evals); 13.5 (treatment team meetings); 13.6 (timely treatment and evals for potential patients, counseling, review of disciplinary actions “to determine whether . . . treatment is working and, if not, how it should be modified”);
4. Confirmation that confinement may only occur as provided by 3.2, 3.3, and 6.2, as provided in Attachment 2;
5. Confirmation that all residents of Henley-Young, including CTAs, will attend full days of school once the school year begins;

B. Recurring Records & Response Time

1. Agree on a timeframe within which records “relevant to assessing the [County’s] compliance” shall be made available to Plaintiffs. (18.1) (*See, e.g.,* Attachment 5; still need highlighted records)
2. Agree to on Mondays provide:
 - a. Incident reports (receiving)
 - b. Any mental health records produced as a follow-up to incident reports
 - c. Any staff disciplinary records produced as a follow-up to incident reports
 - d. Any confinement records for any type of confinement (including for events that occur at school)
 - e. Any files created during intake for new admits
 - f. Programming schedule for weekdays, weekends, and any variable schedule for CTAs
 - g. The psychiatrists’ actual work hours (if no record is kept, then their schedule)
 - h. QMHP staff members’ actual work hours (if no record is kept, then their schedule)
 - i. Medical staff members’ actual work hours (if no record is kept, then their schedule)
 - j. Document(s) indicating staff positions filled and vacant
 - k. Current complete roster
 - l. Current table of contents for the facility handbook indicating the status of policies/procedures

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ATTACHMENT 1

OUTSTANDING FACILITY POLICIES, STAFFING AND TRAINING ISSUES AS PROVIDED IN THE
INDEPENDENT COURT-MONITORS' 12TH MONITORING REPORT

Source:	12 th Monitoring Report (March 19, 2018)
Key:	Policies, Procedures, & Records: Numbered in Black Staffing and Training: Bullets in Red

Provision	Intake	
1.(1)	All Residents Admitted to Henley Young	<ol style="list-style-type: none"> 1. "Fully develop admitting policies and procedures to reflect provision" (p. 19) <ul style="list-style-type: none"> • "Develop training records" (p.19) • "The Court should provide staffing for intake purposes" (p. 19) • "The facility should provide enough staff to fully cover the care and custody issues in the facility" (p. 19) • "Ensure all staff who admit residents are properly trained" (p.19)
1.(2)	MAYSI-2 Mental Health Screening	<ol style="list-style-type: none"> 2. "Develop comprehensive policy and procedures for this provision" (p. 19) 3. "Develop resident files that are organized and arranged properly" (p. 19) 4. "Develop process whereby facility staff and court employees develop a system for the sharing of information and reviewing of residents; files which are centrally located and accessible to detention staff" (p. 20) <ul style="list-style-type: none"> • "Identify person or person(s) whose responsibility is to score the instrument," (p.19) • "Develop training and provide documentation of training" (p.19)
1.(3)	Prescription Medications	<ol style="list-style-type: none"> 5. "Maintain written policy and procedures or protocol for this provision" (p. 20) <ul style="list-style-type: none"> • "Hire a Medical Doctor, physician's assistant or a practitioner. This person must be involved in developing the medical department and to direct medical care" (p. 20) • "Document staff training on distribution and side effects of medication," (p. 20)
1.(6)	Strip Search Policy	<ol style="list-style-type: none"> 6. "Staff must be provided with the necessary training with information stating the trainer, name of the training class/course, time, date and location of training." (p.21) <ul style="list-style-type: none"> • "Continue to provide enough staff for adequate coverage 24/7" (p. 22)

Provision	Staffing and Overcrowding	
		<ul style="list-style-type: none"> • The facility had 9 vacancies. • Hire and develop staffing for a certified restraint team (RTs) "County will need to hire several new staff for these enhanced positions and to train several of the existing Henley-Young staff to make up this new team" (p. 11)

Provision	Cell Confinement	
3.(1)	Structured, Rehabilitative & Educational Programming	<ol style="list-style-type: none"> 7. "Continue to maintain policies and procedures for this provision. Ensure JCAs are included in programming" (p. 25) <ul style="list-style-type: none"> • "Hire recreation staff" (p. 25)

Provision	Structured Programming	
4	Educational, Rehabilitative, and/or Recreational Programs	<ol style="list-style-type: none"> 8. "Continue to develop adequate policies and procedures for this provision, which includes JCAs" (p. 30)

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Provision	Individualized Treatment Plans/Treatment Program	
5.(1)	Residents Access to Adequate Rehabilitative Services	9. "Continue to develop adequate policy and procedures to meet this provision to include JCAs" (p. 31)
5.(2)	Health and/or Substance Abuse Treatment	10. "Continue to develop adequate mental health policies and procedures for this provision to include JCAs" (p. 32) 11. "Develop case management policies and procedures" (p. 32)
5.(3)	Treatment Plans	12. "Develop comprehensive policies and procedures for this provision that includes the contents (A-K)" (p. 33) <ul style="list-style-type: none"> • "Provide intensive training to all staff members. Train staff in various treatment modalities i.e. cognition, behavioral modification, modeling, psychotherapy, reality therapy, group therapy and group dynamics and other skills." (p. 33) • "Create treatment teams" (p. 33) • "Provide auxiliary training to all other direct care staff." (p. 33)
5.(4)	Review of Individual Treatment Plans	13. "Develop comprehensive policies and procedures for this provision to include JCAs" (p. 34) <ul style="list-style-type: none"> • "Provide training to all staff," (p. 34)
5.(5)	Evening and Weekend Programs and Activities	14. "Develop comprehensive policies and procedures to meet the needs for the provision to include JCAs" (p. 34)
5.(6)	Quality Assurance Program	15. "Develop comprehensive policies and procedures to meet the needs for this provision for the facility, school program and SICU program" (p. 36)

Provision	Use of Restraints	
7.(2)	Mechanical Restraints - Transportation	<ul style="list-style-type: none"> • "Continue to develop and provide remedial training for this provision including JCAs." (p. 40) • "Additional supervision needed to ensure mechanical restraints are not misused." (p. 40)
7.(3)	Misuse of Mechanical Restraints	16. "Update the comprehensive policies and procedures for this provision, this should also include JCAs." (p. 40) <ul style="list-style-type: none"> • "Additional supervision needed to ensure mechanical restraints are not misused." (p. 40)
7.(4)	Mental Health - Use of Mechanical Restraints	17. "Continue to develop comprehensive policy and procedures for this provision with mental health professionals including JCAs" (p. 41) 18. "Develop Mental Health protocols for this provision including JCAs" (p. 41) 19. "Revise restraint policy for juveniles," (p. 41) <ul style="list-style-type: none"> • "Provide training for staff on policy and procedures and document training." (p. 41) • "Provide training on de-escalation techniques including JCAs." (p. 41) • "Hire mental health professional or agency (see Dr. Boesky's report." (p. 41)

Provision	Use of Force	
8.(1)	No Misuse of Use of Force	<ul style="list-style-type: none"> • "Adapt an appropriate curriculum for training staff on the use of verbal de-escalation skill and safe use of physical restraints or mechanical restraints," (p. 45)
8.(2)	Notice to Medical	20. "Continue to develop comprehensive policies and procedures for this provision"

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	Professional After Use of Force	(p. 46)
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Provision	Meals and Nutrition	
9.(3)	Provide Drinking Water Throughout the Day	21. "Continue to develop a policy for incidents regarding water quality and procedures to address them," (p. 48)

Provision	Hygiene and Sanitation	
11.(1)	Provide Appropriate Hygiene Products	<ul style="list-style-type: none"> "Retain a licensed barber and/or beautician," (p. 25)
11.(6)	Fire Safety, Weather Emergencies, Sanitation Practices, Food Safety, and Provide Safe Environment	<ul style="list-style-type: none"> "Develop adequate staff training regarding fire safety," (p. 52) "Ensure that all areas in this provision are addressed by a certified professional," (p. 75)

Provision	Medical Care	
12.(1)	Provide Residents With Adequate Medical Care	22. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 53) 23. "Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities" (p. 53) 24. "Have a licensed medical professional review and sign off on policy, procedures and protocols" (p. 53) <ul style="list-style-type: none"> "Provide training for staff members who administer medication to residents on proper usage and possible side effects. Also, train the staff on emergency protocols if side effects occur." (p. 53) "Have a licensed health professional periodically review and provide supervision to the nurse at facility," (p. 53) "Hire or have on contract a physician to review medical area" (p. 53)
12.(2)	Provide Medical Professional When Needed	25. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 54) <ul style="list-style-type: none"> "Hire qualified medical professional for nights and weekend care," (p. 54) "Provide training for staff on this provision," (p. 54)
12.(3)	Implement a Sick Call Policy to Ensure 24-Hour Services	26. "Develop policies, procedures and protocols for this provision" (p. 54) <ul style="list-style-type: none"> "Provide training for staff on this provision," (p. 54)
12.(4)	Prescription Medications Only Dispensed by Medical Staff	27. "Develop policies, procedures and protocols to address this provision. These policies, procedures and protocols must include the appointment of a medication administration protocol" (p. 55) <ul style="list-style-type: none"> "Ensure that the training is comprehensive make certain that all medical contingencies are considered." (p. 55) "The staff should be trained on what side effects to look for drugs commonly prescribed to residents with mental health needs," (p. 55) "Provide training to staff on the policy, procedures and protocols for this provision." (p. 55)
12.(5)	Provide Medical and Mental Health Services	28. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 55) <ul style="list-style-type: none"> "Provide training to staff on policies, procedures and protocols." (p. 55) "Provide training to staff on HIPAA requirements, and document training," (p.

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		55) • “Designate a HIPPA Privacy Officer” (p. 55)
12.(6)	Proper Monitoring Residents Who Require Individualized Attention	29. “Develop policies, procedures and protocols to address this provision. (Including JCAs)” (p. 56) • “Provide training to staff on the policies, procedures and protocols for this provision.” (p. 56) • “Annual competency training.” (p. 56)

Provision	Mental Health Care	
13.(1)	Provide Adequate Mental Health Care	30. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 57) • “Provide training to staff on policies and procedures and provide documentation of training.” (p. 57)
13.(2)	Residents and Psychotropic Medications	31. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 57) • “Provide training to staff on policies and procedures.” (p. 57)
13.(3)	Within 72 Hours of Admittance Complete an Individualized Mental Health Treatment Plan	32. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 58) 33. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (Psychiatrist, etc.).” (p. 58) • “Provide training to staff on policies and procedures.” (p. 58)
13.(4)	Implement Policies and Procedures for Referrals	34. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 58) 35. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 58) • “Provide and document training to staff on policies and procedures.” (p. 58)
13.(5)	Sufficient Psychiatric Services	36. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 59) 37. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 59) • “Provide training to staff on policy and procedures and document training.” (p. 59)
13.(6)	Psychiatrist and/or Counselors to Record Review to Ensure Proper Care	38. “The facility needs to develop policies and procedures to address this provision. (Including JCAs).” (p. 60) 39. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 60) • “Provide and document training to staff on policies and procedures and document training.” (p. 60)

Provision	Suicide Prevention	
14.(1)	Multi-Tiered Suicide Prevention Policy	40. “Develop policies and procedures to address this provision. (Executed). However, now JCAs must be included.” (p. 60) 41. “Facility needs to ensure that the suicide prevention policy is included in the overall mental health program” (p. 61) 42. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 60) • “Provide and document training for staff on policy and procedure.” (p. 60)
14.(2)	Evaluate Highest Level of Suicide Watch Every 12 Hrs by Medical	43. “Develop policies and procedures to address this provision. (Executed). However, JCAs must now be included.” (p. 61) 44. “Identify a mental health agency to help develop policies, procedures and protocols” (p. 61)

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	Professional	<p>45. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61)</p> <p>46. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 61)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policy and procedure." (p. 61)
14.(3)	Closely Monitor Suicide Watch Residents During All Activities	<p>47. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>48. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <p>49. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policy and procedure." (p. 62) • "The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area." (p. 62)
14.(4)	Court Shall Be Notified Within 24 Hours of Any Residents on Suicide Watch	<p>50. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>51. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <p>52. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policy and procedure." (p. 62) • "The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area." (p. 62)

Provision	Family Support and Interaction	
15.(4)	Phone Calls Shall Be Allowed Based on Policy	<p>53. "Case Managers develop policies and procedures that will help youth interact with attorneys and provide documentation of those interactions" (p. 64)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policies and procedures." (p. 64)

Provision	Miscellaneous Provisions	
16.(1)	Provide Equal Access to All Services	<p>54. "Develop policies and procedures and practices for this provision including JCAs. See Ms. Brooks report." (p. 65)</p>
16.(3)	Prohibit the Use of Profanity in the Presence of Residents	<ul style="list-style-type: none"> • "Provide training to staff in the proper de-escalation techniques of residents." (p. 66) • "Administration must provide enough supervision to reduce or eliminate insulting behavior by staff." (p. 66) • "Provide training for staff on policies and procedures and document training." (p. 66)
16.(4)	Provide Adequate Grievance Policy	<ul style="list-style-type: none"> • "Provide training for staff on policies and procedures and document training." (p. 67) • "Provide training for residents on policies and procedures and document training." (p. 67)
16.(5)	Provide Residents of All Ages With the Opportunity to See Their Attorneys and/or Residents Court Counselor	<p>55. "Develop policies and procedures and practices for this provision including JCAs" (p. 68)</p> <p>56. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 68)</p> <p>57. "Develop policies and procedures based on the prison rape elimination act" (p. 68)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policies and procedures." (p. 68)



STATUS CONFERENCE OF JULY 25, 2018
J.H. ET AL V. HINDS COUNTY, 3:11-CV-327-DPJ-FKB
CHIEF JUDGE DANIEL P. JORDAN III
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI

To:	Status Conference Participants
From:	Plaintiffs
Subject:	Cell Confinement and Disciplinary Practices and Procedures Permitted Under the Second Amended Consent Decree

All citations are to the Second Amended Consent Decree (March 30, 2018). For clarity, descriptive labels have been assigned to different types of restrictions on liberty; otherwise all are “confinement.”

A. Default Rule Regarding “Cell Confinement” (3.2)

1. All youth “shall be engaged in structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays.” (3.2) This includes youth in suicide watch cells and in booking cells “unless medically counter-indicated.” (3.2)

B. Three Exceptions Only to the Default Rule

1. **Protective Custody** (3.2: “Cell Confinement”)
2. **Immediate Injury Prevention Status** (3.3: “Cell Confinement”)
A non-disciplinary hold may be used to prevent a “serious threat of immediate bodily injury to others,” requiring:
 - ii) documentation of every hold and “the justification for determining that a youth poses an immediate, serious threat of bodily harm”;
 - iii) all children “shall be released from their cells daily to attend school, maintain appropriate personal hygiene and to engage in one hour of large muscle exercise”;
 - iv) no episode may exceed 12 hours without administrative approval;
 - v) visual checks are conducted every 15 minutes.
3. **Disciplinary Status** (6.2: “Disciplinary Practices and Procedures”)
A child alleged to have violated a non-“major rule” may not be confined. Violation of an unlimited number of “major rules” on an occasion may result in one (1) episode of confinement, requiring:
 - i) no episode may exceed 24 hours *total*;
 - ii) no episode may exceed 8 hours *without* the youth having (a) received written notification of the alleged rule violation; and (b) participated in a due process hearing before an impartial staff member;
 - iii) children “shall be released daily from their cells to attend school, maintain appropriate personal hygiene, and to engage in one hour of large muscle exercise.”

Note: According to the Consent Decree in *U.S. v. Hinds Co*, 3:16-cv-489–WHB–JCG, the CTAs at Henley-Young may not be subject to any disciplinary confinement exceeding one (1) hour.

STATUS CONFERENCE OF JULY 25, 2018
J.H. ET AL V. HINDS COUNTY, 3:11-cv-327-DPJ-FKB

ATTACHMENT 3
EXAMPLES OF CONFINEMENT/MENTAL HEALTH NEXUS:
A CASE STUDY (REDACTED)

Source: Facility File & client interviews (with permission to share specified facts).

1. 11/16/17: Resident placed on “Precautionary Status”
 - a. “Case Manager observed resident as he was escorted to the unit, it appears he is saddened by walking with his head down and crying.” Resident used to cut himself.
2. 11/20/17: Case Manager Refers Resident to Mental Health Department
 - a. Case Manager Galloway referred S. Elmore to mental health for further assessment. Resident “has stated that he was diagnosed with post-traumatic stress disorder,” “answered yes to 8 of 16 questions on a distress evaluation,” and has been having [violent nightmares.]
3. 11/22/17: Resident is seen by Dr. Kumar
 - a. “He states that he took some pills for PTSD.”
4. 1/17/18: Resident is seen by Dr. Kumar
 - a. “I need help with sleep meds.”
5. 12/5/17 – 12/7/17: Resident placed in confinement
 - a. 48 hours (“Threatening staff”)
6. 12/21/17 – 12/27/17: Resident placed in confinement
 - a. 144 hours or 6 days of Administrative Isolation for “Assaulting Unit Officer Perry Ward”
7. 2/7/18 – 2/9/18: Resident placed in confinement
 - a. 48 hours (“Fighting”)
8. 2/21/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. Pt. “had major complaints about his mental health. No prior mental health history. Pt. explained due to his case he’s worried, mind racing and can’t seem to slow it down because of his anxiety.”
9. 4/2/18 – 4/5/18: Resident placed in confinement
 - a. 72 hours (“Fighting”)
10. 4/11/18 – 4/12/18: Resident placed in confinement
 - a. 18 hours of “Administrative Isolation” (“Fighting, Flooding room”)
11. 4/12/18 – 4/14/18: Resident placed in confinement
 - a. 48 hours following the 18 hours of Administrative Isolation (“Flooding room, Fighting, Throwing resident food, Destroying room”)
12. 4/20/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. “He reports poor sleeping hygiene due to stress. Pt. stated he has been somewhat depressed due to the death of his grandmother, he noted to be more irritable since her death (his grandmother’s death is March 2018). Pt. has noted to be anxious.”
13. 4/27/18 – 4/30/18: Resident placed in confinement
 - a. 72 hours (“Passing contraband (During Visitation)”)
14. 5/9/18: Resident seen by a Licensed Professional Counselor (LPC)

STATUS CONFERENCE OF JULY 25, 2018

J.H. ETAL V. HINDS COUNTY, 3:11-cv-327-DPJ-FKB

- a. "Pt. shared that he used to be treated for PTSD. Pt. reports feeling a depression. Pt. continues to be anxious."
- 15. 5/23/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. "reports waking up in the middle of the night (most nights)," due to having violent nightmares
- 16. 5/29/18 – 5/31/18: Resident placed in confinement
 - a. 48 hours ("Tampering with security locks")
- 17. 6/4/18 – 6/7/18: Resident placed in confinement
 - a. 72 hours ("fighting")
- 18. 6/20/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. "Continues to have sleep disturbances in the middle of the night. Pt. stated the sleep disturbances are associated with bad dreams. Pt. stated his dreams have gotten worse.... "Now it's like someone is sending me a message that I going to get killed." Pt. repeated to the clinician that he suffered from PTSD

Total Hours Spent in Isolation: 570 hours, or 23.75 days



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Southern Poverty Law Center
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www.splcenter.org

July 12, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Need for Psychiatric Care and Provision of Psychotropic Medications
J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB**

Dear Pieter and Anthony:

Based on our facility monitoring visits, we are concerned that psychiatric care and psychotropic medications are not being provided to residents in accordance with the Second Amended Consent Decree. As a result, residents have reported worsening symptoms in recent months due to untreated and undertreated psychiatric conditions.

Residents are reportedly: (1) not regularly receiving currently-prescribed medications; and (2) not being evaluated by a clinician licensed to prescribe psychotropic medication.

Provision 13.2 of the Second Amended Consent Decree requires that “youth who are confined for longer than thirty (30) continuous days and who are prescribed psychotropic medications, shall be evaluated by a psychiatrist every thirty (30) days.” Provision 13.5 requires that Hinds County employ or contract with a psychiatrist to, among other duties: (a) “conduct needed psychiatric evaluations prior to placing youth on psychotropic medications”; (b) “monitor, as appropriate, the efficacy and side effects of psychotropic medications”; (c) “evaluate and treat in a timely manner all youth referred as possibly being in need of psychiatric services”; and (d) “provide adequate documentation of treatment.”

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 2 of 3

Pursuant to Provision 18.1 of the Second Amended Consent Decree, we request the following:

- (1) the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young;
- (2) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity;
- (3) the schedule of psychiatric services actually delivered from March 1, 2018, to the present;
- (4) the schedule of services expected to be provided from the present moving forward;
- (5) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED], and [REDACTED].

We are concerned that these four class members, [REDACTED], and [REDACTED] are not receiving adequate psychiatric care. We request that they be evaluated immediately by a licensed psychiatrist; some relevant facts are outlined below.

[REDACTED]
On June 29, 2018, [REDACTED] was seen “slitting his wrist with a toothbrush” following two episodes of confinement and use of force by multiple officers using arm and leg restraints within a three day period. Both uses of substantial force appear to have resulted after [REDACTED] declined to go to his room. The incident report of June 27, 2018, explains that leg restraints were used in part to keep [REDACTED] from hurting himself or others. However, the facility approved the reporting officer’s decision not to notify mental health. [REDACTED] has been a resident at Henley-Young for 20 days.

[REDACTED]
On June 14, 2018, we requested in a meeting with the facility that [REDACTED] be evaluated by a psychiatrist to treat his symptoms, which had been previously successfully treated in the community with prescribed psychotropic medication.

[REDACTED] has repeatedly made unsuccessful requests to facility clinicians to be evaluated and receive treatment for his worsening symptoms of Post-Traumatic Stress Disorder, with which he has been diagnosed with since age 13. The most recent clinician that [REDACTED] met with for psychiatric services advised [REDACTED] that he does not have the authority to prescribe any psychotropic medications. [REDACTED] has been a resident at Henley-Young for 240 days.

[REDACTED]
[REDACTED] has been at Henley-Young for more than ten days and has not received the prescription medications that he was prescribed and taking in the community to treat his diagnosed psychiatric condition. [REDACTED] reports that he has requested medication from both the nurse and the psychiatrist. His mother also called the facility requesting that her son be provided with both of the medications he was prescribed in the community: Vyvanse and Clonidine. Pursuant to Provision 1.3 of the Second Amended Consent Decree, “Prescription medications will be secured for all youth who have a valid, current prescription within 8 hours of admission, if possible, but in no case, longer than 24 hours after admission, including weekends and holidays.” [REDACTED] has been a resident at Henley-Young for 13 days.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 3 of 3

██████████
On June 14, 2018, we requested in a meeting with the facility that ██████████ be evaluated by a psychiatrist to treat symptoms of his psychiatric disorder, which had previously been successfully treated with Seroquel. ██████████ is still not receiving medication to treat his psychiatric disorder. He has also been the subject of multiple incident reports in recent months. Unfortunately, the facility has approved the decision that mental health not be notified when ██████████ is the subject of incident reports, including those with disturbing facts. ██████████ has been a resident at Henley-Young for 77 days.


Relationship Between Lack of Psychiatric Care & Discipline/Confinement

██████████ have all been subject to confinement and we are concerned they are not receiving appropriate psychiatric care. The facility's practice of refusing to involve appropriate mental health staff in the disciplinary process is concerning, particularly because multiple children with untreated diagnosed psychiatric disorders have in recent months been subjected to three or five day-long periods of disciplinary confinement that violate the Second Amended Consent Decree.

We look forward to reviewing these records and confirming that these class members have received the requested psychiatric evaluation from a licensed psychiatrist. Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone number at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER



Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Acting Director, HYJC



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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 17, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Records—Revised Weekly Request & Outstanding Requests
*J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB***

Dear Pieter and Anthony:

In preparation for the upcoming status conference, we require the routine facility documents that we have requested pursuant to the Second Amended Consent Decree and not yet received. They are listed in the table on the next page.

As you know, we cannot monitor the facility or fulfill our duties as class counsel without adequate time to review and evaluate relevant records. We are obligated to have assessed the requested documents in preparation for the status conference and so reserve the right to obtain them by way of a motion to compel if necessary. Unless you advise otherwise, we plan to pick up copies of all outstanding documents listed in the table at the facility at 10:00 a.m. on Friday, July 20, 2018.

To avoid this situation hereafter, please provide the records below on a weekly basis by email.

1. Incident reports (the facility already delivers every week by email)
2. All mental health records produced as a follow-up to incident reports
3. All discipline and confinement records (including regarding events that occur at school)
4. All files created during intake for new admits
5. Programming schedule, including the school schedule applicable to CTAs
6. The psychiatrists' actual work hours (if no record is kept, then their schedule)
7. Medical staff members' actual work hours (if no record is kept, then their schedule)
8. QMHP staff members' actual work hours (if no record is kept, then their schedule)
9. Document(s) indicating staff positions filled and vacant
10. Current complete roster

We also request a copy of any records produced to the Court Monitor in preparation for his visits.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018

Page 2 of 3

CURRENTLY-OUTSTANDING RECORDS REQUESTS	DATES REQUESTED & RE-REQUESTED
<p><u>Plaintiffs' Initial Request of April 20, 2018:</u> “(1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions)”</p>	<p>1. April 20, 2018 (Email to Defendants); 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants); 3. June 14, 2018 (Meeting with Court Monitor and Defendants)</p> <p>Partial response received on June 14, 2018. SPLC received a draft version of new policies and requested the final ones when made. They went into effect on July 1, 2018 and we have not received the final versions.</p>
<p><u>Plaintiffs' Initial Request of May 14, 2018:</u> “All documents and video footage related to and created as a result of the events of May 12, 2018... our requests includes, but is not limited to;” (1) any documentation in the facility’s possession that was created by the Hinds County Sheriff’s Department or other law enforcement organization as a result of the event; (2) any documentation of medical assessments made of residents or staff; and (3) any document evidencing follow-up actions taken by the facility as a result of the events.”</p>	<p>1. May 14, 2018 (Email to Defendants) 2. May 14, 2018 (Monitoring Visit) 3. May 15, 2018 (Monitoring Visit) 4. May 22, 2018 (Monitoring Visit)</p> <p>SPLC received video footage of events of May 12, 2018 and medical reporting follow-up forms relating to the events of May 12, 2018.</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...[f]or the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 15, 2018 (Monitoring Visit) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...copies of all documents these four children have signed or been asked to sign as a result of Saturday’s events.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of July 12, 2018:</u> (4) “the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young; (5) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity; (6) the schedule of psychiatric services actually delivered from March 1, 2018, to the present; (7) the schedule of services expected to be provided from the present moving forward; (8) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED]”</p>	<p>1. July 12, 2018 (Letter to Defendants)</p>

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018

Page 3 of 3

We look forward to receiving and reviewing these records, all of which are “relevant to assessing the [County’s] compliance” with the Second Amended Consent Decree. Provision 18.1.

Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink, appearing to read 'Paloma Wu', with a stylized, cursive script.

Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Operations Manager, HYJJC

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
Requests for “any new or updated policies (since October 31, 2017);” and “the forms referenced in the policies (blank versions).” ¹	<ol style="list-style-type: none"> 1. April 20, 2018 (E-Mail to Defendants) 2. April 23, 2018 (E-Mail to Defendants) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants) 4. June 14, 2018 (Meeting with Court Monitor and Defendants) 5. July 17, 2018 (E-Mail to Defendants) 6. July 20, 2018 (Plaintiffs’ Counsel go to facility to pick up policies as stated in email sent on July 17, 2018. Updated policies are not available for Plaintiffs’ Counsel.) 7. July 27, 2018 (E-Mail to Defendants) 8. August 1, 2018 (Plaintiffs’ Counsel go to facility to pick up records and policies as stated in letter sent on July 27, 2018. Records and policies are not available for Plaintiffs’ Counsel). 9. August 2, 2018 (Plaintiffs’ Counsel called Defendants and left messages notifying them that they would come by the facility again to obtain policies. Policies were not available when plaintiffs arrived at facility.) 10. August 6, 2018 (Plaintiffs’ Counsel met Defendants at the facility. Defendants explained to Plaintiffs’ Counsel that the only policies that have been revised since October of 2017 are the anti-bullying and off-site transportation policies that were sent to Plaintiffs on April 24, 2018.)² 	<ul style="list-style-type: none"> • Ex. 15, E-Mail from Pls.’ Counsel re: Request for Records: Current Policies, Forms, and Staffing, to Henley-Young (Apr. 20, 2018). • Ex. 16, E-Mail from Pls.’ Counsel re: Reforwarding Request for Records: Current Policies, Forms and Staffing, to Henley-Young (Apr. 23, 2018). • Ex. 17, Letter from Pls.’ Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.’s Counsel (July 17, 2018). • Ex. 2, Letter from Pls.’ Counsel re: Responding to Judge Jordan’s Requests from Status Conf. of July 25, 2018, to Def.’s Counsel (July 27, 2018). • Ex. 19, E-Mail from Pls.’ Counsel re: Pls.’ Counsel’s Attempts to Copy Resident Files, to Def.’s Counsel and Henley-Young (Sept. 18, 2018).

¹ On April 24, 2018, Defendants advised they had identified only two policies “either revised or created after October 2017.” On July 14, 2018, Defendants provided draft policies pertaining to behavior management isolation, visitation, phone calls, a behavior points system and due process isolation. Plaintiffs have not received the final version of these policies.

² On September 18, 2018 defendants advised that, “Mr. Dorsey has already emailed all of our policies and procedures to you all on October 31, 2017,” and included a screenshot of an email dated October 31, 2017 with a zip file titled, “Policy & Procedures,” which contained the facility’s SOP Manual as of October 2017. Ex. 20, E-Mail from Henley-Young re: Policies and Procedure Manual, to Pls.’ Counsel (Sept. 18, 2018).

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
	11. August 14, 2018 (Plaintiffs' Counsel meet with Dr. Payne and request all behavioral health policies that her and Dr. Boesky have been working on) 12. September 14, 2018 (E-Mail to Defendants) 13. September 17, 2018 (E-Mail to Defendants) 14. September 18, 2018 (E-Mail to Defendants)	
Requests for "new or updated staffing lists or charts (reflecting filled and unfilled positions)."	1. April 20, 2018 (E-Mail to Defendants) 2. April 23, 2018 (E-Mail to Defendants) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants) 4. June 14, 2018 (Meeting with Court Monitor and Defendants) 5. July 17, 2018 (E-Mail to Defendants) 6. July 27, 2018 (E-Mail to Defendants)	<ul style="list-style-type: none"> Ex. 15, E-Mail from Pls.' Counsel re: Request for Records: Current Policies, Forms, and Staffing, to Henley-Young (Apr. 20, 2018). Ex. 16, E-Mail from Pls.' Counsel re: Reforwarding Request for Records: Current Policies, Forms and Staffing, to Henley-Young (Apr, 23, 2018). Ex. 17, Letter from Pls.' Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.'s Counsel (July 17, 2018). Ex. 2, Letter from Pls.' Counsel re: Responding to Judge Jordan's Requests from Status Conf. of July 25, 2018, to Def.'s Counsel (July 27, 2018).
Requests for "documentation in the facility's possession that was created by the Hinds County Sheriff's Department or other law enforcement organization as a result of the event."	1. May 14, 2018 (E-Mail to Defendants) 2. May 14, 2018 (Monitoring Visit) 3. May 15, 2018 (E-Mail to Defendants) 4. May 15, 2018 (Monitoring Visit) 5. May 15, 2018 (E-Mail to Defendants) 6. May 22, 2018 (Monitoring Visit) 7. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)	<ul style="list-style-type: none"> Ex. 21, E-mail and Letter from Pls.' Counsel re: Requesting Records Pertaining to May 12, 2018 Incident, to Henley-Young (May 14, 2018). Ex. 22, E-mail from Pls.' Counsel re: Request for Confirmation of Compliance with SACD and Release from Lockdown, to Henley-Young (May 15, 2018).

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
		<ul style="list-style-type: none"> Ex. 23, E-mail from Pls.’ Counsel re: Forwarding Request for Confirmation of Compliance with SACD and Release from Lockdown, to Defs.’ Counsel (May 15, 2018).
Regarding Officer Albert Byrd, requesting “personnel records” and “grievances, formal or informal complaints, disciplinary actions, or reports of incidents involving him in the past three years.”	<ol style="list-style-type: none"> May 15, 2018 (E-Mail to Defendants) May 15, 2018 (E-Mail to Defendants) 	<ul style="list-style-type: none"> Ex. 22, E-mail from Pls.’ Counsel re: Request for Confirmation of Compliance with SACD and Release from Lockdown, to Henley-Young (May 15, 2018). Ex. 23, E-mail from Pls.’ Counsel re: Forwarding Request for Confirmation of Compliance with SACD and Release from Lockdown, to Defs.’ Counsel (May 15, 2018).
Requesting “the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young.”	<ol style="list-style-type: none"> July 12, 2018 (E-Mail to Defendants)³ 	<ul style="list-style-type: none"> Ex. 24, Letter from Pls.’ Counsel re: Need for Psychiatric Care and Provision of Psychotropic Medications, to Def.’s Counsel (July 12, 2018).
Requesting “contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity.”	<ol style="list-style-type: none"> July 12, 2018 (E-Mail to Defendants) 	<ul style="list-style-type: none"> Ex. 24, Letter from Pls.’ Counsel re: Need for Psychiatric Care and Provision of Psychotropic Medications, to Def.’s Counsel (July 12, 2018).
Requesting “the schedule of	<ol style="list-style-type: none"> July 12, 2018 (E-Mail to Defendants) 	<ul style="list-style-type: none"> Ex. 24, Letter from Pls.’ Counsel re: Need for

³ Defendants provided Plaintiffs with the licensing certificate and CV of Licensed Professional Counselor Brenda Frelax and the licensing certificate of Licensed Professional Counselor Monica Louise Harper. Neither of these individuals provides psychiatric care at Henley-Young.

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
psychiatric services actually delivered from March 1, 2018, to the present” and “the schedule of services expected to be provided from the present moving forward.”		Psychiatric Care and Provision of Psychotropic Medications, to Def.’s Counsel (July 12, 2018).
<p>Requesting “on a weekly basis by email” the following:</p> <ol style="list-style-type: none"> 1. Incident reports (the facility already delivers every week by email) 2. All mental health records produced as a follow-up to incident reports 3. All discipline and confinement records (including regarding events that occur at school) 4. All files created during intake for new admits 5. Programming schedule, including the school schedule applicable to CTAs 6. The psychiatrists’ actual work hours (if no record is kept, then their schedule) 7. Medical staff members’ actual work hours (if no record is kept, then their schedule) 8. QMHP staff 	<ol style="list-style-type: none"> 1. July 17, 2018 (E-Mail to Defendants) 2. July 27, 2018 (E-Mail to Defendants) 3. August 1, 2018 (Plaintiffs go to facility to pick up records and policies as stated in letter sent on July 27, 2018. Records and policies are not available for plaintiffs). 	<ul style="list-style-type: none"> • Ex. 17, Letter from Pls.’ Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.’s Counsel (July 17, 2018). • Ex. 2, Letter from Pls.’ Counsel re: Responding to Judge Jordan’s Requests from Status Conf. of July 25, 2018, to Def.’s Counsel (July 27, 2018).

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
members' actual work hours (if no record is kept, then their schedule) 9. Document(s) indicating staff positions filled and vacant 10. Current complete roster."		
Requesting a copy of the "records produced to the Court Monitor in preparation for his visits."	1. July 17, 2018 (E-Mail to Defendants)	<ul style="list-style-type: none"> Ex. 17, Letter from Pls.' Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.'s Counsel (July 17, 2018).
Requesting "records created by the facility to (1) to review staff responses to suicide attempts and assaults involving Gray."	1. September 26, 2018 (Letter to Defendants)	<ul style="list-style-type: none"> Ex. 25, Letter from Pls. Counsel re: Investigating Inadequate Provision of Mental Health Care to Youth, to Def.'s counsel. (Sept. 26, 2018).

From: Paloma Wu
Sent: Friday, April 20, 2018 9:59 AM
To: jmcDaniels@co.hinds.ms.us; Eric Dorsey
Cc: eburnside@co.hinds.ms.us; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; 'jowens@drms.ms'; anthonySimonpllc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center)
Subject: Request for Records: Current Policies, Forms, and Staffing

Dear Mr. McDaniels and Mr. Dorsey,

I hope you are well. We understand the County has been working to update policies and procedures. In preparation for our April 24th status conference, SPLC requests (1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); and (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions).

If the records cannot be emailed, we are available to pick the records up at the facility at any time and hope to do so before the status conference. Please inform us in writing as soon as possible if the County cannot produce the requested information.

Do not hesitate to contact me with any questions or concerns. Thank you in advance for your attention to this matter.

Best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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From: Paloma Wu
Sent: Monday, April 23, 2018 11:47 PM
To: Eric Dorsey; eburnside@co.hinds.ms.us
Cc: Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; anthonymsimonpllc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center); jmcDaniels@co.hinds.ms.us
Subject: RE: Request for Records: Current Policies, Forms, and Staffing

Mr. Burnside and Mr. Dorsey,

Thank you very much for taking the time to meet today. I'm re-forwarding our records request below (for all new/updated policies, all blank forms, and filled/unfilled staff positions).

All the best,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Paloma Wu
Sent: Friday, April 20, 2018 9:59 AM
To: jmcDaniels@co.hinds.ms.us; Eric Dorsey
Cc: eburnside@co.hinds.ms.us; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; 'jowens@drms.ms'; anthonymsimonpllc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center)
Subject: Request for Records: Current Policies, Forms, and Staffing

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If the records cannot be emailed, we are available to pick the records up at the facility at any time and hope to do so before the status conference. Please inform us in writing as soon as possible if the County cannot produce the requested information.

Do not hesitate to contact me with any questions or concerns. Thank you in advance for your attention to this matter.

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From: Paloma Wu
Sent: Tuesday, July 17, 2018 4:52 PM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net
Cc: Leonard Dixon (Juvenile Temporary Detention Center); Ibdixon1; Eddie Burnside; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'
Subject: J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB: Letter re Revised Weekly & Outstanding Records Requests
Attachments: 180717_Letter to the County re Revised Weekly & Outstanding Records Requests (FINAL EMAILED).pdf

Dear Pieter and Anthony,

Please see the attached letter regarding outstanding records requests and a new weekly request to avoid future delays. As noted in our letter, we sincerely hope to avoid having to seek enforcement of the monitoring/records provision. However, we are obligated as class counsel to have reviewed these records in preparation for the upcoming status conference. We have requested most of them three or more times. As noted, we will be at the facility at 10:00 a.m. on Friday to pick them up to begin review. We hope to hear from you. I'm available by cell at 601-715-5491.

Sincerely,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
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Fighting Hate
Teaching Tolerance
Seeking Justice

Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 17, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Records—Revised Weekly Request & Outstanding Requests
*J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB***

Dear Pieter and Anthony:

In preparation for the upcoming status conference, we require the routine facility documents that we have requested pursuant to the Second Amended Consent Decree and not yet received. They are listed in the table on the next page.

As you know, we cannot monitor the facility or fulfill our duties as class counsel without adequate time to review and evaluate relevant records. We are obligated to have assessed the requested documents in preparation for the status conference and so reserve the right to obtain them by way of a motion to compel if necessary. Unless you advise otherwise, we plan to pick up copies of all outstanding documents listed in the table at the facility at 10:00 a.m. on Friday, July 20, 2018.

To avoid this situation hereafter, please provide the records below on a weekly basis by email.

1. Incident reports (the facility already delivers every week by email)
2. All mental health records produced as a follow-up to incident reports
3. All discipline and confinement records (including regarding events that occur at school)
4. All files created during intake for new admits
5. Programming schedule, including the school schedule applicable to CTAs
6. The psychiatrists' actual work hours (if no record is kept, then their schedule)
7. Medical staff members' actual work hours (if no record is kept, then their schedule)
8. QMHP staff members' actual work hours (if no record is kept, then their schedule)
9. Document(s) indicating staff positions filled and vacant
10. Current complete roster

We also request a copy of any records produced to the Court Monitor in preparation for his visits.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018

Page 2 of 3

CURRENTLY-OUTSTANDING RECORDS REQUESTS	DATES REQUESTED & RE-REQUESTED
<p><u>Plaintiffs' Initial Request of April 20, 2018:</u> “(1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions)”</p>	<p>1. April 20, 2018 (Email to Defendants); 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants); 3. June 14, 2018 (Meeting with Court Monitor and Defendants)</p> <p>Partial response received on June 14, 2018. SPLC received a draft version of new policies and requested the final ones when made. They went into effect on July 1, 2018 and we have not received the final versions.</p>
<p><u>Plaintiffs' Initial Request of May 14, 2018:</u> “All documents and video footage related to and created as a result of the events of May 12, 2018... our requests includes, but is not limited to;” (1) any documentation in the facility’s possession that was created by the Hinds County Sheriff’s Department or other law enforcement organization as a result of the event; (2) any documentation of medical assessments made of residents or staff; and (3) any document evidencing follow-up actions taken by the facility as a result of the events.”</p>	<p>1. May 14, 2018 (Email to Defendants) 2. May 14, 2018 (Monitoring Visit) 3. May 15, 2018 (Monitoring Visit) 4. May 22, 2018 (Monitoring Visit)</p> <p>SPLC received video footage of events of May 12, 2018 and medical reporting follow-up forms relating to the events of May 12, 2018.</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...[f]or the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 15, 2018 (Monitoring Visit) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...copies of all documents these four children have signed or been asked to sign as a result of Saturday’s events.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of July 12, 2018:</u> (4) “the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young; (5) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity; (6) the schedule of psychiatric services actually delivered from March 1, 2018, to the present; (7) the schedule of services expected to be provided from the present moving forward; (8) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED].”</p>	<p>1. July 12, 2018 (Letter to Defendants)</p>

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018

Page 3 of 3

We look forward to receiving and reviewing these records, all of which are “relevant to assessing the [County’s] compliance” with the Second Amended Consent Decree. Provision 18.1.

Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink, appearing to read 'Paloma Wu', with a stylized, cursive script.

Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Operations Manager, HYJJC

From: Pieter Teeuwissen <pteeuwissen@bellsouth.net>
Sent: Friday, July 27, 2018 4:02 PM
To: Paloma Wu
Cc: anthonymsimonpllc@bellsouth.net; Eddie Burnside; Jody Owens; Elissa Johnson; Ava Cilia; mdutro@drms.ms; Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1
Subject: Re: J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB: Letter re Judge Jordan's Requests (Policies, Agreements, Records)

Good Afternoon Paloma,

It seems the parties are drifting apart. We look forward to discussing your requests further next week.

In the meantime, where are these contract professionals and/or community based services you suggest? Clearly you know something that those of us in this community don't.

We look forward to you sharing your's and SPLC's knowledge. Have a good weekend!

PT/Sent from my iPhone

On Jul 27, 2018, at 3:42 PM, Paloma Wu <paloma.wu@splcenter.org> wrote:

Dear Pieter and Anthony,

Please see the attached letter following up on Judge Jordan's directions to the parties during the status conference of July 25, 2018.

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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<180727_Letter to the County re Judge Jordan's Requests on Policies, Agreements, Records (FINAL EMAILED).pdf>

From: Ava Cilia
Sent: Friday, September 14, 2018 9:51 AM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net; Eddie Burnside
Cc: Jody Owens; Paloma Wu; Vidhi Bamzai
Subject: RE: Henley-Young: Copying Resident Files

As we've agreed and pursuant to Provision 18.1 of the Consent Decree, plaintiffs will come to the facility with scanners at noon on Monday, September 17, to scan the entire files (including medical and mental health) of all of our clients currently housed at Henley-Young. We also request to scan:

1. Four former residents' entire files: [REDACTED]
2. All current facility policies, procedures, and blank versions of all forms/slips/templates referred to in the policies & procedures. (We have requested these without success, including on April 20, 2018; May 23, 2018; June 14, 2018; July 17, 2018; July 20, 2018; July 27, 2018; August 1, 2018; August 2, 2018. And August 6, 2018.)

Thank you again for your time and attention, and we look forward to seeing you on Monday.

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

From: Eddie Burnside [mailto:eburnside@co.hinds.ms.us]
Sent: Wednesday, September 12, 2018 1:48 PM
To: Ava Cilia
Subject: RE: Henley-Young: Copying Resident Files

See you Monday.

From: Ava Cilia [mailto:Ava.Cilia@splcenter.org]
Sent: Wednesday, September 12, 2018 12:45 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

We will come Monday at noon.

Thank you very much,
Ava

Ava Cilia

From: Ava Cilia
Sent: Tuesday, September 18, 2018 1:44 PM
To: Eddie Burnside
Cc: Eric Dorsey
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

We will come to the facility at 9:00 a.m. on Thursday the 20th to make copies of the documents we have requested. As stated in my previous emails, we request:

1. The entire files of all of our clients currently housed at Henley-Young, (including but not limited to all records kept by medical, mental health, and facility staff and administrators).
2. Five former residents' entire files (including but not limited to all records kept by medical, mental health, and facility staff and administrators): [REDACTED]
[REDACTED]
3. All current facility policies, procedures, and blank versions of all forms/slips/templates referred to in the policies & procedures. (We have requested these without success, including on April 20, 2018; May 23, 2018; June 14, 2018; July 17, 2018; July 20, 2018; July 27, 2018; August 1, 2018; August 2, 2018, August 6, 2018, September 14, 2018, and September 17, 2018.)

To avoid further delay in obtaining the above-requested files, please let me know in advance of Thursday if there will be any problems with making any of these files, policies, procedures or forms available to us.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

From: Eddie Burnside [mailto:eburnside@co.hinds.ms.us]
Sent: Monday, September 17, 2018 1:21 PM
To: Ava Cilia
Cc: Eric Dorsey
Subject: RE: Henley-Young: Copying Resident Files

Ava,

I am sorry but I have to reschedule your time to make copies. Thursday, the 20th at 9:00 a.m. would be a good time. Please send me a list of the files that you would like to review and copy.

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]
Sent: Monday, September 17, 2018 12:50 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Cc: Eric Dorsey <edorsey@co.hinds.ms.us>
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

I came by the facility at noon to make copies of the requested resident files but they were not pulled or available for me to begin copying. Please advise when the requested files will be ready and we can come to make the copies.

Thank you very much,
Ava

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]
Sent: Wednesday, September 12, 2018 1:48 PM
To: Ava Cilia
Subject: RE: Henley-Young: Copying Resident Files

See you Monday.

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]
Sent: Wednesday, September 12, 2018 12:45 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

We will come Monday at noon.

Thank you very much,
Ava

From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]
Sent: Wednesday, September 12, 2018 11:19 AM
To: Ava Cilia
Subject: RE: Henley-Young: Copying Resident Files

Ava,

I can't allow files out of the facility but I'm okay with you all coming to the facility to make copies. Please bring your own paper. Would Monday or Tuesday afternoon be good for you?

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]
Sent: Wednesday, September 12, 2018 10:53 AM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>; anthonysimonpllc@bellsouth.net; Pieter Teeuwissen <pteeuwissen@bellsouth.net>
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

Thanks for getting back to us so quickly.

I just left you a voicemail to verify whether or not it is ok for us to take the files off-site. If we are able to take the files off-site we can have a professional copy service copy all of the files and return them within 24 hours. Otherwise, we will need to use your machines to make the copies at Henley-Young (we can bring paper). If the facility only has one copying machine, this will likely take more than a day and will require a few of us to be at the facility to make the copies. Please let me know what you prefer.

Thanks so much,

Ava

From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]
Sent: Wednesday, September 12, 2018 8:38 AM
To: Ava Cilia
Subject: RE: Henley-Young: Copying Resident Files

Ava,

It would be best for you all to come to the facility and make copies.

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]
Sent: Tuesday, September 11, 2018 5:42 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>; Pieter Teeuwissen <pteeuwissen@bellsouth.net>; anthonysimonpllc@bellsouth.net
Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>
Subject: Henley-Young: Copying Resident Files

Eddie,

Pursuant to Provision 18.1 of the Second Amended Consent Decree, plaintiffs request complete copies of the entire files (all parts) of all of our clients currently housed at Henley-Young, (including but not limited to all records kept by medical, mental health, and facility staff and administrators).

If it is most convenient for the facility to make the files this week, we can reimburse the reasonable costs. If it is more convenient for us to arrange off-site copying, we can make arrangements with a copy service and can pick up all of the

files this Thursday at noon (9/13/2018) and return them by COB Friday (9/14/2018). Please let us know your preference by tomorrow at noon.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

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Sent: Wednesday, September 12, 2018 11:19 AM

To: Ava Cilia

Subject: RE: Henley-Young: Copying Resident Files

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Sent: Wednesday, September 12, 2018 10:53 AM

To: Eddie Burnside <eburnside@co.hinds.ms.us>

Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>; anthonysimonpllc@bellsouth.net; Pieter Teeuwissen <pteeuwissen@bellsouth.net>

Subject: RE: Henley-Young: Copying Resident Files

Eddie,

Thanks for getting back to us so quickly.

I just left you a voicemail to verify whether or not it is ok for us to take the files off-site. If we are able to take the files off-site we can have a professional copy service copy all of the files and return them within 24 hours. Otherwise, we will need to use your machines to make the copies at Henley-Young (we can bring paper). If the facility only has one copying machine, this will likely take more than a day and will require a few of us to be at the facility to make the copies. Please let me know what you prefer.

Thanks so much,

Ava

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Sent: Wednesday, September 12, 2018 8:38 AM

To: Ava Cilia

Subject: RE: Henley-Young: Copying Resident Files

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From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]

Sent: Tuesday, September 11, 2018 5:42 PM

To: Eddie Burnside <eburnside@co.hinds.ms.us>; Pieter Teeuwissen <pteeuwissen@bellsouth.net>; anthonysimonpllc@bellsouth.net

Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>

Subject: Henley-Young: Copying Resident Files

Eddie,

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If it is most convenient for the facility to make the files this week, we can reimburse the reasonable costs. If it is more convenient for us to arrange off-site copying, we can make arrangements with a copy service and can pick up all of the files this Thursday at noon (9/13/2018) and return them by COB Friday (9/14/2018). Please let us know your preference by tomorrow at noon.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

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From: Eddie Burnside <eburnside@co.hinds.ms.us>
Sent: Tuesday, September 18, 2018 2:15 PM
To: Ava Cilia
Subject: FW:
Attachments: email splc.jpg

Ava,

Mr. Dorsey has already emailed all of our policies and procedures to you all on October 31, 2017. I will have all of the requested files and forms related to each policy ready for you on Thursday.

From: Eric Dorsey
Sent: Tuesday, September 18, 2018 2:04 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Subject:

This E-mail may contain legally privileged and/or confidential information intended only for the individual or entity named in the message. If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited. If this communication was received in error, please notify us by reply E-mail and delete the original message.



Tue 10/31/2017 11:33 AM

Eric Dorsey

FW: Full SOP manual

To 'Elissa Johnson'

Cc Johnnie McDaniels; Eddie Burnside

 Message  Policy & Procedures.zip (8 MB)

Elissa, I have attached the full SOP (Standard Operating Procedures) manual which consist of 113 policies. The file attached is a .zip file due to the size of the manual. If you have any problems viewing any documents please feel free to contact to me.

Eric Dorsey
Quality Assurance Coordinator
Henley-Young Juvenile Justice Center
940 E. McDowell Road
Jackson, MS 39204
☎ 601-985-3000
📠 601-985-3082
✉ edorsey@co.hinds.ms.us

MISSION:

To create and maintain a safe, secure, stable, and mind-changing environment for each child in our care.

"Every accomplishment starts with the decision to try. Dreams don't work unless you do"

From: Paloma Wu
Sent: Monday, May 14, 2018 2:23 PM
To: Eric Dorsey; Eddie Burnside
Cc: Pieter Teeuwissen; anthonymsimonpllc@bellsouth.net; Leonard Dixon (Juvenile Temporary Detention Center); Ibdixon1; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'
Subject: Request for Records re: May 12, 2018 Incident & Request to Shorten Waiting Time During Facility Visits
Attachments: 5.12.18_ [REDACTED].ICR.PDF

Dear Mr. Burnside and Mr. Dorsey,

We are writing to request all documents and video footage related to and created as a result of the events of May 12, 2018, that are described in incident report we received today, May 14, 2018 which is attached to this email.

Our requests includes, but is not limited to (1) any documentation in the facility's possession that was created by the Hinds County Sheriff's Department or other law enforcement organization as a result of the event; (2) any documentation of medical assessments made of residents or staff; and (3) any document evidencing follow-up actions taken by the facility as a result of the events.

If they are available, we can pick the documents up this afternoon, as Ava Cilia, SPLC's community advocate, will be visiting the facility shortly.

We are hoping today and in the future to advise the facility prior to visiting of the class members we plan to meet—in hopes that notifying the facility beforehand can shorten the amount of waiting time between interviews, **which can be 20-30 minutes (resulting in 1-2 hours of waiting-time built-in per visit).**

This afternoon, we would like to interview [REDACTED].

If the County cannot produce the requested information, please inform us in writing as soon as possible. Also, please let us know if there is anything more we can do to shorten the amount of waiting time before and between interviews, and if prior notice helps.

Thanks very much for your time and consideration,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Eric Dorsey [<mailto:edorsey@co.hinds.ms.us>]
Sent: Monday, May 14, 2018 11:46 AM
To: Jody Owens; Elissa Johnson; Ava Cilia; Paloma Wu; 'mdutro@drms.ms'
Cc: 'JLledger@dps.ms.gov'; Eddie Burnside; Johnnie McDaniels
Subject: Weekly Incident Reports (HYJJC)

HENLEY-YOUNG JUVENILE JUSTICE CENTER

Supervisor Incident Report Checklist

CHECKLIST

EACH INCIDENT REPORT WRITTEN WILL REQUIRE SUPERVISORS TO COMPLETE THE CHECKLIST. IF STAFF ANSWER NO TO ANY QUESTION, THE SUPERVISOR SHALL PERFORM A CORRECTIVE ACTION FOR STAFF TO CORRECT ANY ISSUE(S) WITH THE SUBMITTED REPORT BEFORE SUBMITTING TO ADMINISTRATION.

Resident Name [REDACTED] Incident:

1. Did staff accurately state the who, what, when, where and why in narrative? ☐ Yes ☐ No
2. Was verbal de-escalation used to de-escalate the situation? ☒ Yes ☐ No ☐ N/A Is it documented in the report? ☐ Yes ☐ No
3. Was the nurse notified? ☒ Yes ☐ No ☐ N/A (If yes, please attach medical report)
4. Checked for spelling, grammar and adequate details? ☒ Yes ☐ No
5. All sections filled out completely? ☒ Yes ☐ No
6. If use of force was used, did staff thoroughly document all techniques used? ☒ Yes ☐ No ☐ N/A
7. Was Mental Health notified? ☐ Yes ☐ No ☒ N/A
8. Did staff properly document the use of restraints? ☐ Yes ☐ No ☒ N/A
9. All staff involved submitted a report? ☒ Yes ☐ No ☐ N/A

COMMENTS

Supervisor Signature: [REDACTED]

Date: 5-12-18

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]	(2) Resident Name: [REDACTED]
(3) Resident Name: [REDACTED]	Date of Occurrence: 5/12/18
Time of Occurrence: 13:37pm	Time of Report: 15:13pm
Reporting Officer/Staff: [REDACTED]	Type of Incident: Refuse to lock up & Assault on Officer

Location of Incident: B-pod(Ossie Davis)

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date at approximately 13:37pm I [REDACTED] were monitoring all resident when resident [REDACTED] was walking around using Profanity and fussing. Therefore I [REDACTED] asked all resident to lock up due to residents [REDACTED] being loud and making threats toward I [REDACTED]. Once all the residents refused to lockdown I [REDACTED] radio all available officers for assist. [REDACTED] [REDACTED] [REDACTED] [REDACTED] & [REDACTED] reported to B-pod(Ossie Davis) to restraint all residents that were in the altercation. Resident [REDACTED] refused to lock up and begin to run around the pod and in the process the residents running around they begin to throw objects and knock over trash cans. I [REDACTED] started to restraint resident [REDACTED] and while trying to restraint resident [REDACTED] tried to assault myself [REDACTED] by swinging but didnt make contact. Resident [REDACTED] somehow was able to break loose and continue to run around the pod. As I was trying to restraint resident [REDACTED] that's when resident [REDACTED] yelled for resident [REDACTED] and stated GET THIS NIGGA OFF ME, resident [REDACTED] grabbed a cup filled with tea and threw it and hit myself [REDACTED] in the back. When resident [REDACTED] was able to free himself due to resident [REDACTED] resident [REDACTED] and resident [REDACTED] begin to get into fighting stand trying to attack myself [REDACTED] [REDACTED] asked me to leave the pod due to resident [REDACTED] and [REDACTED] trying to attack me. Central control notified HINDS COUNTY SHERIFF DEPT. Hinds county deputy enter the pod and escorted the residents to intake for lockdown.

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in injury to resident? no	Incident result in injury to staff? yes
If yes, was treatment received? yes	
Was restraints used? If so, what kind of restraints? no	For how long? n/a

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
ofc	[REDACTED]	
ofc	[REDACTED]	
ofc	[REDACTED]	
sr.ofc	[REDACTED]	
Rec	[REDACTED]	

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input checked="" type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input checked="" type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input checked="" type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input checked="" type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☐ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT
[REDACTED]				

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]	(2) Resident Name: [REDACTED]
(3) Resident Name: [REDACTED]	Date of Occurrence: 5/12/18
Time of Occurrence: 1300	Time of Report: 1410
Reporting Officer/Staff: [REDACTED]	Type of Incident: Assault on officer/ Riot
Location of Incident: Ossie Davis Pod	

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On 5/12/18 at approximately 1300, Resident [REDACTED] started to jump on tables in the pod. [REDACTED] and [REDACTED] asked [REDACTED] to get down, but he refused. [REDACTED] started locking the other residents down. [REDACTED] asked Resident [REDACTED] and [REDACTED] to lock down they refused. Resident [REDACTED] started to Riot by throwing the garbage can in the pod. [REDACTED] slung trash all over the pod. Residents [REDACTED] and [REDACTED] went through slamming all the doors that were open to their cell. [REDACTED] and [REDACTED] called for assistance. [REDACTED], [REDACTED], [REDACTED], [REDACTED] entered the unit. Resident [REDACTED] started to try and wrestle [REDACTED]. [REDACTED] and [REDACTED] assisted with trying to restrain Resident [REDACTED]. [REDACTED] tried restraining Resident [REDACTED], and had to take him to the floor in a CPI control hold, and tried to handcuff him. [REDACTED] assisted with the Restraint. Resident [REDACTED] came and moved both myself and [REDACTED] out the way to get Resident [REDACTED] up off the floor. Neither of the residents would lock up. To gain control [REDACTED] had central to call Hinds County Sherriff Department. Resident [REDACTED] got up, and [REDACTED] grabbed him. I [REDACTED], assisted [REDACTED] Resident [REDACTED] picked me up to try and get to Resident [REDACTED]. Resident [REDACTED] threw a whole cup of tea on [REDACTED] and [REDACTED]. [REDACTED] tried talking to all residents, and advised them to lock up; they refused. Resident [REDACTED] tried fighting [REDACTED]. Hinds County Sherriff Department came and gained control. Operations Manager Eddie Burnside was called. [REDACTED] was called. I [REDACTED] strained my back and hurt my wrist in the mist of restraining.

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in injury to resident? NO	Incident result in injury to staff? NO
If yes, was treatment received?	
Was restraints used? If so, what kind of restraints? YES/ HANDCUFFS	For how long? 30mins

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Assault on officer/ Riot
Detention Officer	[REDACTED]	Assault on officer/ Riot
Detention Officer	[REDACTED]	Assault on officer/ Riot
Senior Officer	[REDACTED]	Assault on officer/ Riot
Rec	[REDACTED]	Assault on officer/ Riot

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input checked="" type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input checked="" type="checkbox"/>	

CONFINEMENT

Following the Incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☒ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

Witness Statement

Name: [REDACTED]	Youth: [REDACTED]	Staff: [REDACTED]	Date: 05/12/2018
NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Be as specific as possible)			

At approximately 13:15 I [REDACTED] was on the Rec Yard and [REDACTED] called for assistance . That's when I [REDACTED] went in and saw that [REDACTED] was trying to get his Residents to lock up .But they refused to lock up Resident [REDACTED] threw the trash can and then [REDACTED] were all running around the pod.

Signature: [REDACTED]

Date: 5/5/18 5-12-18 MG

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]		(2) Resident Name: [REDACTED]	
(3) Resident Name: [REDACTED]		Date of Occurrence: 5/12/18	
Time of Occurrence: 1450		Time of Report: 1502	
Reporting Officer/Staff: [REDACTED]		Type of Incident: Inciting a riot/ assault on staff	
Location of Incident: Ossie Davis			

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date at approximately 1315 I [REDACTED] was responding to a call for assistance on the Ossie-Davis unit when I did witness fellow officers in a physical altercation with several residents. Resident [REDACTED] threw a drink on [REDACTED] and [REDACTED]. After repeated attempts to force comply by way of CPI holds [REDACTED] gave the order to Central Control to call the Hinds County Sheriffs office to get control of the situation.

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in injury to resident?	Incident result in injury to staff? Yes
If yes, was treatment received? Yes	
Was restraints used? If so, what kind of restraints? No	For how long?

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff on Duty
Detention Officer	[REDACTED]	Staff on Duty

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input checked="" type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☐ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]		(2) Resident Name: [REDACTED]	
(3) Resident Name: [REDACTED]		Date of Occurrence: 5/12/18	
Time of Occurrence: 1300		Time of Report: 1504	
Reporting Officer/Staff: [REDACTED]		Type of Incident: Assault on staff/ Riot	
Location of Incident: Ossie Davis Pod			

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date and time, I [REDACTED] was called to Ossie Davis Pod to assist in a riot. When I arrived to B-pod all 4 Residents were trying to fight [REDACTED] [REDACTED] [REDACTED], [REDACTED], [REDACTED], and [REDACTED] tried gaining control by talking to them ,but they kept trying to fight staff,and kept closing doors as we opened them. Due to several officers complaining of being hurt. I, [REDACTED], radioed, Central Control to call Hinds County Sherriff Office to gain control. Hinds County Sheriff Department entered the building at 1340. Mr. Burnside was called and arrived at 1355. All residents were seen by [REDACTED].

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in [REDACTED]	Incident result in injury to staff?
If yes, was treatment received?	
Was restraints used? If so, what kind of restraints? YES/HANDCUFFS	For how long? 30MINS

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Assault on Staff/Riot
Detention Officer	[REDACTED]	Assault on Staff/Riot
Detention Officer	[REDACTED]	Assault on Staff/Riot
Rec.	[REDACTED]	Assault on Staff/Riot
Rec.	[REDACTED]	Assault on Staff/Riot

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input checked="" type="checkbox"/>	Preventing injury to other detainee <input checked="" type="checkbox"/>
Non-compliance <input type="checkbox"/>	Preventing damage to property <input type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input checked="" type="checkbox"/>
Other: <input checked="" type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☒ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]	(2) Resident Name: [REDACTED]
(3) Resident Name: [REDACTED]	Date of Occurrence: 5/12/18
Time of Occurrence: 1450	Time of Report: 1502
Reporting Officer/Staff: [REDACTED]	Type of Incident: Inciting a riot/ assault on staff

Location of Incident: Ossie Davis

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date at approximately 1315 I [REDACTED] was responding to a call for assistance on the Ossie-Davis unit when I did witness [REDACTED] being surrounded by the residents on the unit. The resident refused to comply with the repeated command to go to their rooms. Resident [REDACTED] threw the trash can across the floor and threw a drink on [REDACTED] and [REDACTED]. The above mentioned residents assaulted all officer involved. After repeated attempts to force comply by way of CPI holds [REDACTED] gave the order to Central Control to call the Hinds County Sheriffs office to get control of the situation.

Staff Signature: [REDACTED]

Date: 5/12/18

Incident result in injury to resident? Yes

Incident result in injury to staff? Yes

If yes, was treatment received? Yes

Was restraints used? If so, what kind of restraints? No

For how long?

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff on Duty

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)

THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)

Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input checked="" type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☐ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

Eric Dorsey | Quality Assurance Coordinator

Henley-Young Juvenile Justice Center

940 E. McDowell Road

Jackson, MS 39204

☎ 601-985-3000

📠 601-985-3082

✉ edorsey@co.hinds.ms.us

MISSION:

To create and maintain a safe, secure, stable, and mind-changing environment for each child in our care.

QUOTE:

"Every accomplishment starts with the decision to try. Dreams don't work unless you do"

This E-mail may contain legally privileged and/or confidential information intended only for the individual or entity named in the message. If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited. If this communication was received in error, please notify us by reply E-mail and delete the original message.

From: [Paloma Wu](#)
To: [Eric Dorsey](#); [Eddie Burnside](#); [Pieter Teeuwissen](#); anthonysimonpllc@bellsouth.net
Cc: [Leonard Dixon \(Juvenile Temporary Detention Center\)](#); [lbdixon1](#); [Jody Owens](#); [Elissa Johnson](#); [Ava Cilia](#); ["mdutro@drms.ms"](mailto:mdutro@drms.ms)
Subject: Request for Confirmation of Compliance with Second Amended Consent Decree & Release From Lockdown
Date: Tuesday, May 15, 2018 11:35:55 AM

Dear Mr. Burnside and Mr. Dorsey,

Thank you for your communication thus far regarding the events of May 12, 2018. As explained below, we are concerned that the County may have violated the Second Amended Consent Decree's disciplinary and confinement provisions. Most concerning is that the youth involved in the incident on May 12 have already been on lockdown for longer than the 24 hours permitted by Provision 6.2 of the Second Amended Consent Decree.

As a result, the children should be immediately released from lockdown and permitted to resume participation in facility programming.

We appreciate that you altered course yesterday to allow us legal visits with our clients; thank you also for producing the video footage. Particularly at this time of transition for the facility's staff and its population, we sincerely value your leadership and longstanding commitment to the facility's residents.

We ask that you review the below-listed provisions of the Second Amended Consent Decree and confirm that the facility has taken the necessary steps to ensure that the County is fully complying.

1. Involuntary Confinement Is Time-Limited to 24 Hours. Under no circumstances shall youth be subjected to involuntary cell confinement for longer than 24 hours for disciplinary purposes. Provision 6.2.
2. Involuntary Confinement Requires Certain Out-Of-Cell Activities. In every circumstance that a youth placed is placed on involuntary cell confinement, such youth shall be released daily from their cells to attend school, and to engage in one hour of large muscle exercise, maintain appropriate personal hygiene. Provision 6.2.
3. No Exception to Out-of-Cell Activities Is Made For Youth Duly Determined to Pose A Current/Immediate Serious Threat of Bodily Injury Only if the facility has documented in writing its justification for determining that a child poses an immediate, serious threat of bodily injury to others may the facility confine that child in a cell longer than 12 hours without administrative approval. Such youth must still be daily released to attend school, engage in one hour of large muscle exercise, and maintain personal hygiene. Provision 3.3.
4. Involuntary Confinement Requires A Due Process Hearing Within 8 Hours: Under no circumstances shall a youth be confined to a cell longer than 8 hours for rule violation without receiving written notification of the alleged rule violation and the occurrence of a disciplinary review/ due process hearing before an impartial staff member, which includes participation by the accused youth. Provision 6.2.
5. Restraints May Only Be Used Past 15 Minutes If Certain Requirements Are Met. No youth shall be restrained for longer than 15 minutes, unless restraints are approved by a mental health professional or as reasonably necessary to prevent the youth from engaging in acts of self-harm or harm to others. Provision 7.4.
6. Treatment Plans Should Be Reviewed/Revised If Not Working. Psychiatrists and/or

counselors shall review, if necessary, incident reports, disciplinary reports, and lockdown logs of youth under their care to determine whether their treatment is working and, if not, how it should be modified. Provision 13.6.

For the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans, per Second Amended Consent Decree Provision 18.1.

In addition, for Officer Albert Byrd, please provide his personnel records. Please also include any grievances, formal or informal complaints, disciplinary actions, or reports of incidents involving him in the past three years.

As requested in our previous email of 5/14/18, we look forward to reviewing (1) the Sheriff's incident reports; (2) any documentation of medical or mental health assessments made as a result of the events (youth and staff); and (3) all documentation of follow-up actions taken as a result of the events, including follow-up investigations, debriefs, and/or trainings.

If the County disagrees or cannot respond with the requested information, please inform us in writing as soon as possible.

I'll be by the facility today for a client visit with Ava and am looking forward to saying hello. I can also pick up any of the above-listed records available by that time.

Thank you,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

NOTICE: This communication was sent by an attorney and may contain confidential and/or privileged information intended only for the addressee. If you have received this e-mail in error or if you are not the intended recipient, please advise by return e-mail and then delete this e-mail and your reply immediately without reading or forwarding to others.

From: [Paloma Wu](#)
To: [Pieter Teeuwissen](#); anthonysimonpllc@bellsouth.net
Cc: [Leonard Dixon \(Juvenile Temporary Detention Center\)](#); [lbdixon1](#); [Jody Owens](#); [Elissa Johnson](#); [Ava Cilia](#); ["mdutro@drms.ms"](mailto:mdutro@drms.ms)
Subject: RE: Request for Confirmation of Compliance with Second Amended Consent Decree & Release From Lockdown
Date: Tuesday, May 15, 2018 10:46:19 PM

Dear Pieter and Anthony,

As you know, four children remain in lockdown and under conditions of lockdown that flatly violate a half-dozen terms of the Second Amended Consent Decree.

We respectfully request that the County respond by Wednesday before noon confirming that these children have been released from lockdown and permitted to resume participation in facility programming.

We also respectfully request that the County confirm it is treating these class members according to the remaining five relevant terms of the Second Amended Consent Decree listed in our email below.

Finally, we request that the County advise Plaintiffs immediately if any of the four children are being charged with a criminal offense as a result of Saturday's events.

In addition to the documents listed in our email below, we request copies of all documents these four children have signed or been asked to sign as a result of Saturday's events.

Plaintiffs are concerned that the County is setting a disturbing precedent. Just weeks ago, parties confirmed during our April 24th status conference before Judge Jordan that children under adult court jurisdiction held at Henley-Young are in all respects equal class members in this case.

If the County cannot respond with the requested information by *Wednesday before noon* and with the requested documents *by the end of the week*, please inform us in writing as soon as possible.

Thank you, and we look forward to continuing to work together.

Best,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Paloma Wu
Sent: Tuesday, May 15, 2018 11:36 AM
To: Eric Dorsey; Eddie Burnside; Pieter Teeuwissen; anthonysimonpllc@bellsouth.net
Cc: Leonard Dixon (Juvenile Temporary Detention Center); [lbdixon1](#); Jody Owens; Elissa Johnson; Ava Cilia; ["mdutro@drms.ms"](mailto:mdutro@drms.ms)
Subject: Request for Confirmation of Compliance with Second Amended Consent Decree & Release From Lockdown

Dear Mr. Burnside and Mr. Dorsey,

Thank you for your communication thus far regarding the events of May 12, 2018. As explained below, we are concerned that the County may have violated the Second Amended Consent Decree's disciplinary and confinement provisions. Most concerning is that the youth involved in the incident on May 12 have already been on lockdown for longer than the 24 hours permitted by Provision 6.2 of the Second Amended Consent Decree.

As a result, the children should be immediately released from lockdown and permitted to resume participation in facility programming.

We appreciate that you altered course yesterday to allow us legal visits with our clients; thank you also for producing the video footage. Particularly at this time of transition for the facility's staff and its population, we sincerely value your leadership and longstanding commitment to the facility's residents.

We ask that you review the below-listed provisions of the Second Amended Consent Decree and confirm that the facility has taken the necessary steps to ensure that the County is fully complying.

1. Involuntary Confinement Is Time-Limited to 24 Hours. Under no circumstances shall youth be subjected to involuntary cell confinement for longer than 24 hours for disciplinary purposes. Provision 6.2.
2. Involuntary Confinement Requires Certain Out-Of-Cell Activities. In every circumstance that a youth placed is placed on involuntary cell confinement, such youth shall be released daily from their cells to attend school, and to engage in one hour of large muscle exercise, maintain appropriate personal hygiene. Provision 6.2.
3. No Exception to Out-of-Cell Activities Is Made For Youth Duly Determined to Pose A Current/Immediate Serious Threat of Bodily Injury Only if the facility has documented in writing its justification for determining that a child poses an immediate, serious threat of bodily injury to others may the facility confine that child in a cell longer than 12 hours without administrative approval. Such youth must still be daily released to attend school, engage in one hour of large muscle exercise, and maintain personal hygiene. Provision 3.3.
4. Involuntary Confinement Requires A Due Process Hearing Within 8 Hours: Under no circumstances shall a youth be confined to a cell longer than 8 hours for rule violation without receiving written notification of the alleged rule violation and the occurrence of a disciplinary review/ due process hearing before an impartial staff member, which includes participation by the accused youth. Provision 6.2.
5. Restraints May Only Be Used Past 15 Minutes If Certain Requirements Are Met. No youth shall be restrained for longer than 15 minutes, unless restraints are approved by a mental health professional or as reasonably necessary to prevent the youth from engaging in acts of self-harm or harm to others. Provision 7.4.
6. Treatment Plans Should Be Reviewed/Revised If Not Working. Psychiatrists and/or counselors shall review, if necessary, incident reports, disciplinary reports, and lockdown logs of youth under their care to determine whether their treatment is working and, if not, how it should be modified. Provision 13.6.

For the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans, per Second Amended Consent Decree Provision 18.1.

In addition, for Officer Albert Byrd, please provide his personnel records. Please also include any grievances, formal or informal complaints, disciplinary actions, or reports of incidents involving him in the past three years.

As requested in our previous email of 5/14/18, we look forward to reviewing (1) the Sheriff's incident reports; (2) any documentation of medical or mental health assessments made as a result of the events (youth and staff); and (3) all documentation of follow-up actions taken as a result of the events, including follow-up investigations, debriefs, and/or trainings.

If the County disagrees or cannot respond with the requested information, please inform us in writing as soon as possible.

I'll be by the facility today for a client visit with Ava and am looking forward to saying hello. I can also pick up any of the above-listed records available by that time.

Thank you,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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From: Paloma Wu
Sent: Thursday, July 12, 2018 4:56 PM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net
Cc: Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'
Subject: Letter to the County re: Delivery of Psychiatric Care & Psychotropic Medication (Residents [REDACTED])
Attachments: 180712_Letter to the County re [REDACTED] (FINAL EMAILED).pdf

Dear Pieter and Anthony,

Please see the attached letter regarding the provision of psychiatric services and our requests regarding [REDACTED].

All the best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 12, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Need for Psychiatric Care and Provision of Psychotropic Medications
*J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB***

Dear Pieter and Anthony:

Based on our facility monitoring visits, we are concerned that psychiatric care and psychotropic medications are not being provided to residents in accordance with the Second Amended Consent Decree. As a result, residents have reported worsening symptoms in recent months due to untreated and undertreated psychiatric conditions.

Residents are reportedly: (1) not regularly receiving currently-prescribed medications; and (2) not being evaluated by a clinician licensed to prescribe psychotropic medication.

Provision 13.2 of the Second Amended Consent Decree requires that “youth who are confined for longer than thirty (30) continuous days and who are prescribed psychotropic medications, shall be evaluated by a psychiatrist every thirty (30) days.” Provision 13.5 requires that Hinds County employ or contract with a psychiatrist to, among other duties: (a) “conduct needed psychiatric evaluations prior to placing youth on psychotropic medications”; (b) “monitor, as appropriate, the efficacy and side effects of psychotropic medications”; (c) “evaluate and treat in a timely manner all youth referred as possibly being in need of psychiatric services”; and (d) “provide adequate documentation of treatment.”

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 2 of 3

Pursuant to Provision 18.1 of the Second Amended Consent Decree, we request the following:

- (1) the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young;
- (2) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity;
- (3) the schedule of psychiatric services actually delivered from March 1, 2018, to the present;
- (4) the schedule of services expected to be provided from the present moving forward;
- (5) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED].

We are concerned that these four class members, [REDACTED] and [REDACTED], are not receiving adequate psychiatric care. We request that they be evaluated immediately by a licensed psychiatrist; some relevant facts are outlined below.

[REDACTED]
On June 29, 2018, [REDACTED] was seen “slitting his wrist with a toothbrush” following two episodes of confinement and use of force by multiple officers using arm and leg restraints within a three day period. Both uses of substantial force appear to have resulted after [REDACTED] declined to go to his room. The incident report of June 27, 2018, explains that leg restraints were used in part to keep [REDACTED] from hurting himself or others. However, the facility approved the reporting officer’s decision not to notify mental health. [REDACTED] has been a resident at Henley-Young for 20 days.

[REDACTED]
On June 14, 2018, we requested in a meeting with the facility that [REDACTED] be evaluated by a psychiatrist to treat his symptoms, which had been previously successfully treated in the community with prescribed psychotropic medication.

[REDACTED] has repeatedly made unsuccessful requests to facility clinicians to be evaluated and receive treatment for his worsening symptoms of Post-Traumatic Stress Disorder, with which he has been diagnosed with since age 13. The most recent clinician that [REDACTED] met with for psychiatric services advised [REDACTED] that he does not have the authority to prescribe any psychotropic medications. [REDACTED] has been a resident at Henley-Young for 240 days.

[REDACTED]
[REDACTED] has been at Henley-Young for more than ten days and has not received the prescription medications that he was prescribed and taking in the community to treat his diagnosed psychiatric condition. [REDACTED] reports that he has requested medication from both the nurse and the psychiatrist. His mother also called the facility requesting that her son be provided with both of the medications he was prescribed in the community: Vyvanse and Clonidine. Pursuant to Provision 1.3 of the Second Amended Consent Decree, “Prescription medications will be secured for all youth who have a valid, current prescription within 8 hours of admission, if possible, but in no case, longer than 24 hours after admission, including weekends and holidays.” [REDACTED] has been a resident at Henley-Young for 13 days.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 3 of 3

██████████
On June 14, 2018, we requested in a meeting with the facility that ██████████ be evaluated by a psychiatrist to treat symptoms of his psychiatric disorder, which had previously been successfully treated with Seroquel. ██████████ is still not receiving medication to treat his psychiatric disorder. He has also been the subject of multiple incident reports in recent months. Unfortunately, the facility has approved the decision that mental health not be notified when ██████████ is the subject of incident reports, including those with disturbing facts. ██████████ has been a resident at Henley-Young for 77 days.

Relationship Between Lack of Psychiatric Care & Discipline/Confinement

██████████ have all been subject to confinement and we are concerned they are not receiving appropriate psychiatric care. The facility's practice of refusing to involve appropriate mental health staff in the disciplinary process is concerning, particularly because multiple children with untreated diagnosed psychiatric disorders have in recent months been subjected to three or five day-long periods of disciplinary confinement that violate the Second Amended Consent Decree.

We look forward to reviewing these records and confirming that these class members have received the requested psychiatric evaluation from a licensed psychiatrist. Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone number at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER



Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Acting Director, HYJC

From: Ava Cilia
Sent: Wednesday, September 26, 2018 5:06 PM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net
Cc: Eddie Burnside; Jody Owens; Paloma Wu; Vidhi Bamzai
Subject: Letter to Hinds County re HY Resident [REDACTED]
Attachments: 180926_Letter re [REDACTED]_(FINAL MAILED).pdf

Counsel,

Please see the attached letter that was postmarked today, September 26, 2018.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org



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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

September 26, 2018

BY US MAIL AND ELECTRONIC MAIL

Mr. Pieter Teeuwissen
Mr. Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

Re: J.H., et al. v. Hinds County, Mississippi; Civil Action No. 3:11cv327 DPJ-FKB

Dear Counsel:

We are writing to request that resident [REDACTED], whose legal name is [REDACTED], be evaluated for immediate transfer to an inpatient facility or discharged from Henley-Young.

As you know, [REDACTED], a transgender resident, has repeatedly engaged in self-injurious behavior and has attempted suicide multiple times. During a visit with Plaintiffs' counsel last week, [REDACTED] reported she was denied her prescribed psychotropic medication despite daily requests. During a visit, and as observed by Plaintiffs' counsel, [REDACTED] presented with fresh blood on her wrists and forearms from self-inflicted wounds. [REDACTED] was violently assaulted in recent weeks by two male residents. [REDACTED] reported to staff that one of these residents had raped her at another facility.¹ [REDACTED] has filed a grievance indicating that she feels unsafe housed with male residents at night.² At the time of our visit, [REDACTED] had not been seen by a psychiatrist.

[REDACTED] treatment is in violation of provisions 1.3 and 13.5(e) of the Second Amended Consent Decree ("SACD"). Specifically, [REDACTED] lack of treatment violates the SACD requirements that residents have access to their prescribed medication and psychiatric services. We respectfully request that [REDACTED] be discharged from the facility or transferred to an inpatient facility. In addition to the suicide notes included in [REDACTED] file, she informed Plaintiffs' counsel that she is suicidal, plans to harm herself, and is not being housed in a suicide-proof cell.

¹ Incident Report re: "Suicide Note," dated Sept. 4, 2018 (rec'd by Pls 09/12/18).

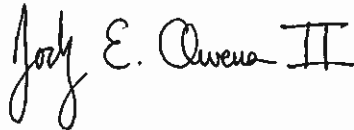
² Grievance Form written by [REDACTED] dated Sept. 6, 2018 (rec'd by Pls 09/13/18).

We request all records created by the facility (1) to review staff responses to suicide attempts and assaults involving [REDACTED]; and (2) to obtain psychiatric medication and inpatient evaluation during her two most recent stays at the facility.

In the event it is helpful for getting resident [REDACTED] the care she needs, the appendix attached to this letter outlines the documentation we do have regarding resident [REDACTED] stay. Thank you and we look forward to your response. As always, please do not hesitate to contact our office to discuss this matter or let us know how we can be of assistance. I can be reached at 601-948-8882.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink that reads "Jody E. Owens II". The signature is written in a cursive, flowing style.

Jody E. Owens, II
Director, Mississippi Office

cc: Mr. Eddie Burnside

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September 26, 2018

APPENDIX

September 4, 2018:³ Staff wrote an incident report indicating that [REDACTED] gave a suicide note to staff stating that she did not want to live anymore. [REDACTED] was placed on Safety Alert 3.

September 5, 2018:⁴ Staff wrote an incident report that [REDACTED] was continuing to have suicidal thoughts and engaging in self-injurious behavior, including cuts on her wrist. [REDACTED] indicated that she had harmed herself in her room earlier that morning. Plaintiff-requested records included a suicide note written by [REDACTED], dated September 5.

September 16, 2018:⁵ Staff wrote an incident report indicating that resident [REDACTED] was continuing to harm herself by cutting her wrists and attempting to choke herself. She also stated that she was going to commit suicide.

September 17, 2018:⁶ Staff wrote an incident report indicating that [REDACTED] was seen by mental health staff after defecating in a cup and showing the cup to staff.

September 17, 2018:⁷ Staff wrote an incident report indicating that [REDACTED] attempted to intentionally swallow sharp objects and successfully cut her wrists, which were visible to staff. The report indicates that [REDACTED] was not seen by any medical staff that night because none were on duty.

September 18, 2018:⁸ Staff wrote an incident report indicating that [REDACTED] went into her cell and told staff, "I'm cutting myself, look." Resident [REDACTED] "kept flashing whatever object he was using to cut on himself but no one could ever see what it was." [REDACTED] room was checked, but no objects were found.

September 18, 2018: Counsel met with [REDACTED] at Henley-Young. [REDACTED] had visible cuts on her wrists and forearms and dried blood in her fingernails. [REDACTED] reported that she had tried to commit suicide by hanging herself on September 17, 2018

in the holding cell. [REDACTED] explained that she tried hanging herself again on the afternoon of September 18, 2018 on C Pod. When asked by counsel, [REDACTED] explained that she had a plan to try to commit suicide again. She would not disclose what that plan was. [REDACTED] does not think that her mother has been notified of her suicide attempts.

[REDACTED] explained that she has been diagnosed with PTSD and major depressive disorder since the age of five. At the time of her admittance to Henley-Young, she was prescribed and taking Tenex and another medication whose name she could not remember. [REDACTED] reportedly told the nurse on September 16th, 17th and 18th that she was prescribed and needed that medication. As of

³ Incident Report re: "Suicide Note," dated Sept. 4, 2018 (rec'd by Pls 09/12/18).

⁴ Incident Report re: "Self-Injury," dated Sept. 5, 2018 (rec'd by Pls 09/12/18).

⁵ Incident Report re: "Preventing Self Injury," dated Sept. 16, 2018 (rec'd by Pls 09/17/18).

⁶ Incident Report re: "Resident Defecated in a Cup," dated Sept. 17, 2018 (rec'd by Pls 09/24/18).

⁷ Incident Report re: "Resident Attempting to Harm Himself," dated Sept. 17, 2018 (rec'd by Pls 09/24/18).

⁸ Incident Report re: "Non-compliance," dated Sept. 18, 2018 (rec'd by Pls 09/24/18).

⁹ Plaintiffs have not received an incident report describing [REDACTED] attempted hanging.

Page 4

September 26, 2018

September 18, she still had not received her medication. She reported feeling anxious, worried, depressed, and fidgety since she had been off of her medication.

██████████ has been treated at mental-health hospitals multiple times and for up to a year. As of September 18, ██████████ had not been seen by a psychiatrist despite her continuing self-injurious behaviors, multiple suicide attempts, history of mental health hospitalizations and prescription of medication.

September 19, 2018:¹⁰ Staff wrote an incident report indicating that hand and leg restraints were used to carry ██████████ to D Pod after she stole and broke pencils from school to presumably harm herself with.¹¹

¹⁰ Incident Report re: "Attempt to Injure Self," dated Sept. 19, 2018 (rec'd by Pls 09/24/18).

¹¹ On September 6, 2018 ██████████ wrote a grievance stating that she worried for her life on D Pod. ██████████ has been attacked by two different male residents in the past three weeks at Henley-Young.

Court-Appointed Monitor's Third Monitoring Report
United States v. Hinds County, et al. Civ. No. 3:16cv489 WHB-JCG

Elizabeth E. Simpson, J.D.
Court-Appointed Monitor

David M. Parrish
Corrections Operations

Jacqueline M. Moore, RN, Ph.D.
Corrections Medicine

Jim Moeser
Juvenile Justice

EXECUTIVE SUMMARY

The Monitoring Team has now completed a year at the Hinds County Detention Center. The first site inspection was completed in October 2016 as a baseline visit. Subsequent to the first visit, there have now been three additional site visits completed as monitoring visits. Although compliance activities started slowly and a number of early deadlines in the Settlement Agreement were missed, there has nonetheless been progress made in a number of areas. However, there continue to be some critical areas of deficiency having substantial impact on the health and safety of the prisoners. As required by the Settlement Agreement, the areas of deficiency are identified in the Monitoring Reports. In addition to the Monitoring Reports, priority recommendations have been identified after each visit to allow for immediate attention to areas that could either be addressed quickly or presented the most pressing health and safety concerns.

The third site visit took place from October 16, 2017 through October 20, 2017. This Monitoring Report describes the findings from that visit. In keeping with the previously adopted process, priority recommendations were provided subsequent to the October site visit. And, as required by the Settlement Agreement, the body of this report contains a listing of each substantive requirement of the Settlement Agreement and a description of the status of compliance as of the time of the site visit. This executive summary highlights some areas of progress and those areas of greatest concern. This report reflects conditions at the time of the site visit. Any progress since that time will be reflected in the report on the next site visit.

Corrections Operations

After an extensive review and reconciliation of Sheriff's Office and County records, the number of authorized positions in the Hinds County Sheriff's Office has been determined to be 410. Of those, 140 are assigned to Operations and 270 are assigned to Detention Services. Within the Detention Division 5 positions are allocated to Detention Administration, 154 to the Raymond Detention Center ("RDC"), 49 to the Jackson Detention Center ("JDC") and 62 to the Work Center ("WC"). Currently, 250 of those positions are filled. The goal for the fiscal year (October 2017 through September 2018) is to have and fill 275 positions in Detention. The five unfunded positions will have to be funded either by transferring them from the Operations side of the Sheriff's Office or by identifying the necessary funding somewhere in the Operations budget and using that money to create and fund five new positions in Detention.

The salary increase, previously reported as applying to all ranks within the Detention Services Division, with a five-step merit increase system, was not implemented as planned; however, a significant increase for Detention Officers and Sergeants did go into effect on October 1st. A

merit step plan will be put in place once a procedure for step achievement has been developed by the Sheriff's Office and adopted by the County.

Construction of the wall separating Units 3 and 4 at the Work Center is almost complete. The units currently each have 100 beds. Thirty-six beds need to be removed from each unit as soon as possible because the units are not capable of accommodating 100 inmates each based on their size and configuration. In short order, all four, 64-bed units should then be available for housing of pre-trial and sentenced felons and misdemeanants in any combination, based on appropriate behavior. Priority needs to be given to adding secondary security fencing for each recreation yard, as they are not adequately protected at this time.

Building maintenance is still a major issue, particularly at the RDC. The roll up, drive through, sally-port doors have been reported as "out of order" during each site visit for the past year. Currently, two out of three pod security doors leading to the central corridor cannot be closed. Numerous showerheads and even entire plumbing boxes are missing in shower stalls throughout the facility. This situation has obviously existed for a period of time prior to the Monitoring Team's initial Baseline Visit.

Basic security measures throughout the Jail System continue to be ignored. During the most recent site visit the door to master control at the RDC was found standing open. It was also noted that the interlocking vestibule doors were routinely overridden throughout the facility. In addition, the entry door to the main corridor at the WC was observed standing ajar, held open with a wooden wedge. Law enforcement officers were seen walking throughout the administrative areas of the RDC while armed, in contravention of the standard practice that requires firearms to be secured in the gun locker by the entrance to the facility. Convenience of operations must not take precedence over security.

Renovation of the transfer waiting area at the JDC and the booking component of the RDC needs to proceed apace. The holding cells at the JDC cannot be upgraded to meet basic standards. The only solution is to demolish them and add their space to the processing area to create a usable place for transfer waiting. The facility commander has already taken steps to clean and paint the area and to install a television to keep inmates occupied while they await their court appearances. At the RDC, the County is actively examining the practicality of opening up all of Booking to make it operate as a true "open booking" area.

Suicide watches, and the cells in which they are maintained at the RDC, do not comply with the requirements of the Settlement Agreement. The assigned Detention Officer sits at a desk outside a door to a vestibule area which leads to another set of doors for the two cells that house suicidal inmates. There is virtually no visibility into the cells even through the door windows because they have been so heavily modified and damaged over the years. During the most recent site

visit, one assigned officer was found to have a total of three days of experience on duty subsequent to his 40 hours of pre-service training. This critical post requires a seasoned officer who is familiar with jail operations. It is essential that the suicide watch procedure be revised and that suicide watches be maintained in a different setting. Utilization of a four-cell isolation unit may be the most practical answer, with three cells closed and one left open for the inmates to access toilet and water facilities. This will require an officer to be assigned inside the unit as if he/she were working in a mini-direct supervision unit.

Food service at the three facilities is provided by a private contractor. While general sanitation and operational practices appear to be in place, inmates at the RDC and JDC receive a hot meal for breakfast and lunch and a cold meal for dinner. At the WC the cold meal is at noontime, while hot meals are served for breakfast and supper. As a matter of uniformity, the vendor should be required to serve according to the same schedule at each facility—a hot breakfast, cold lunch and hot supper. The food service contractor should also be required to provide a new rotating menu every three months, approved by a certified dietician. The current menu was last revised in March 2014. This discrepancy was pointed out during the June site visit, but no corrective action was taken other than to update the signature line on the 2014 menu.

A more integrated response on the part of the Sheriff's Office to the Settlement Agreement was noted during this site visit. Personnel from all areas of the agency as well as from various levels, not just command staff, participated in a series of productive meetings regarding Information Technology issues, Training and Report Writing.

Youthful Offenders

Significant progress has been made as a result of the county's decision to transition juvenile offenders to the Henley Young (HY) Juvenile Detention facility. Beginning on/about September 1, 2017 Hinds County began placing any "new" juvenile offenders (referred to as JCAs – Juveniles Charged as Adults) at HY, and as of the end of this site visit there were five JCA youth in placement at Henley Young and nine JCAs remaining at the RDC.

Many of the requirements of the Settlement Agreement for this case are consistent with and/or complementary to the provisions of the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree, and significant progress has been reported in meeting the requirements of that Decree. Movement towards substantial compliance with the components of this agreement related to JCAs should be much easier, assuming this transition continues.

The decision poses a potential conflict with the Hinds County/SPLC Decree as it relates to the 21-day placement limit for youth under that decree and potentially the limit on the total number of youth (maximum 32) in placement at Henley Young. Steps to reconcile the discrepancy between the two cases need to be taken as soon as possible, and a number of additional steps to

ensure a safe and successful transition for all JCAs need to occur prior to complete transition. It is possible that the transition of all JCAs to Henley Young may be completed by the time of the next site visit at which time more detailed work can be done to confirm whether the requirements in this case are being met at Henley Young.

The status of the JCAs at RDC remains relatively unchanged, albeit benefiting somewhat from the reduced number of juveniles in placement. There is little evidence of further movement toward the compliance requirements for those youth. Concerns about the limited educational programming, mental health services, training of supervising staff, and case processing in adult court remain.

Medical and Mental Health

There continues to be a shortage of nurses and health care staff in the Hinds County Jail System. There are three full time vacancies and one part time vacancy. (1 RN, 2 LPNs and a PT RN at Henley Young). The current contract is budgeted for 7 RN's and 10 LPN's for all three facilities and Henley Young. The discharge planner left after three months and the file clerk position is vacant. The dental assistant performs some part time filing.

Medical records are in disarray at all facilities. There is no organization of the medical record which makes auditing a difficult process. Quality Correctional Health Care ("QCHC") has developed an Electronic Medical Record ("EMR") system but does not have internet reception. Follow up with IT is necessary to resolve this problem.

There was some progress and some regression in the efforts to divert individuals with mental illness out of the jail and into community services. Hinds County Behavioral Health held a Sequential Intercept meeting on August 16-17, 2017. There were 45 participants from the mental health community and law enforcement officials. Dr. Crockett, the Executive Director of Hinds County Behavioral Health, reported that the meeting was very successful. The Gaines center is putting together a report. Mental health first aid training is planned for November 2017 for both the correctional staff and the health care staff.

The discharge planner that had been hired since the last site visit resigned shortly before this site visit. There were reported problems regarding the effectiveness of the work that was done. It was reported that the discharge planner made 60 referrals but only one appointment was kept. The discharge planner did not follow through with efforts to provide more in-reach into the facility that might improve this outcome. A two-week supply of discharge medicine is available when an inmate is released from the jail but release procedures do not ensure that the releasing inmate obtains the medications from medical before being discharged.

Chronic care consisting of diabetics, hypertension, AIDS, COPD is in place at JDC and WC, but not at RDC. Food services were unable to indicate that there was a special diet menu reviewed by a certified dietician. During the site visit, there was one inmate requesting a Kosher diet. Security insisted that special diet requests must come from medical and medical stated that it only prescribes diets for medical not religious reasons. There needs to be a means identified in the Policies and Procedures and the Inmate Handbook to provide religious diets.

As noted above, suicide watches are not being performed adequately. During the visit there were nine inmates on suicide watch. The inmates were housed in two cells which were not able to accommodate four grown men. As a result, there were three altercations which occurred in the suicide units during our visit. Logs of suicidal inmates are not maintained well. National standards and paragraph 44a of the Settlement Agreement require that watches are maintained every 15 minutes at irregular times unless constant observation is necessary (paragraph 42h of the Settlement Agreement). Logs sheets had times and watches recorded that had not occurred.

There were a number of altercations that occurred between the inmates. Two of the charts reviewed recorded that inmates had been stabbed multiple times. Interviews with inmates indicated that they did not feel safe in the jail.

Criminal Justice and Correctional System Issues

The County has made significant progress in eliminating the incidence of people being held on unlawful orders regarding fines and fees. This was largely due to the new Supreme Court Rules on Criminal Procedure and a class action against the City of Jackson. However, the County had previously made progress by eliminating the practice of researching old fines and fees and converting those into jail days. And the County assisted in educating the stakeholders regarding the constitutional and new local law requirements in this area.

Jail staff is working to track inmates being booked into the facility in order to identify their release dates. However, this continues to be a fractured process with numerous systemic pitfalls. It continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals-two in records and another not in records-who are tracking individuals and maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between records and booking for overseeing the documentation. Several systemic problems were reported. Records does not routinely get the “no bill” list which identifies people who the grand jury did not indict. The three individuals do not have access to the new circuit court system providing court event information on cases after 2014. Cases initiated in Byram and Clinton often get lost in the system. There also appears to be a lack of

knowledge on the part of both detention and medical staff regarding competency proceedings and the status of defendants who are involved in those proceedings. Consultation with the National Institute of Corrections when their budget is eventually approved should continue to be sought to provide the overhaul that this system needs. Staff should continue to audit the records and track individuals.

The paper grievance system was replaced by a computerized system. This may be an improvement in the long run but the system is currently fairly dysfunctional for the submission of grievances. The system is also either dysfunctional or not understood in its ability to generate reports. Many prisoners are not recognized by the system and therefore unable to submit grievances. The Work Center has found the system completely unusable in this respect. The staff does not know how to generate reports, if it is possible, to meet the requirements of the Settlement Agreement and be useful to them.

The County and the Jail specifically, participated in the Sequential Intercept Mapping exercise hosted by the Hinds County Behavioral Health agency. This is a good first step towards developing more diversion opportunities. The County has contracted with a consultant to assist in the development of a Criminal Justice Coordinating Council (“CJCC”). It is now necessary for the County to move forward with that work with the assistance of the consultant. A number of systemic problems impacting the jail including the incarceration of many individuals with mental illness can only be solved with the collaboration of other stakeholders.

Priority Recommendations

Following the June 2017 site visit, the Monitoring Team identified steps that could be taken to make interim improvements identified as Priority Recommendations. An action plan was created to identify the action steps required to achieve the Priority Recommendations and also identifying the responsible individuals and a target date for each action item. This has proven useful in organizing the compliance efforts and a number of priority items have been achieved. These include:

- An acceptable staffing analysis has been completed;
- Salary increases for detention officers have been implemented;
- A unit at the Work Center has been divided by a wall which allows for housing of different classifications in the unit;
- Operational changes have been made at JDC to relieve congestion in the booking area;
- A contract with a consultant for the development of a CJCC has been completed;
- A decision has been made on the housing of juveniles charged as adults; and
- The routine detention of any prisoners on any unlawful fines and fees orders has been eliminated.

Additional progress has been made in some of the other priority recommendations. This reflects a significant amount of effort on the part of the County and Sheriff staff. Not all of the priority recommendations, however, were completed and some, such as the policies and procedures need additional work to be satisfactory. These areas are reflected in the updated and revised priority recommendations attached as Attachment 1. Other areas of improvement or lack thereof are covered in the executive summary above and the detail below.

MONITORING ACTIVITIES

The Monitoring Team conducted a site visit October 16th through October 19th, 2017. The site visit schedule was as follows:

HINDS COUNTY SITE VISIT SCHEDULE OCTOBER 16-19, 2017

	Simpson	Parrish	Moore	Moeser
Monday 8:30	Simpson and Parrish meet with Major Rushing and Synarus	Simpson and Parrish meet with Major Rushing and Synarus		
Monday 9:00	Simpson and Parrish at RDC Booking and Release	Simpson and Parrish at RDC Booking and Release		
Monday 11:00	Simpson and Parrish meet with Board of Supervisors	Simpson and Parrish meet with Board of Supervisors		
Monday P.M.	Simpson meet with Kanisha Jones re court orders and grievances	Parrish reviews staffing efforts; Meet with Major Rushing, Doris Coleman and Synarus		
Monday 5:15	Simpson and team meet with JMI	Simpson and team meet with JMI	Simpson and team meet with JMI	Simpson and team meet with JMI
Tuesday 8:30	Intro Meeting	Intro Meeting	Intro Meeting	Intro Meeting
Tuesday A.M.	Simpson, Parrish, and Moore at RDC Mental health/seg housing	Simpson, Parrish, and Moore at RDC Mental	Simpson, Parrish, and Moore at RDC Mental health/seg housing	Moeser met with staff at Southern Poverty Law Center re:

		health/seg housing	Interviews with selected inmates. Chart reviews	coordination with HY Consent Decree
Tuesday P.M.	Simpson and Moore meet with QCHC re mental health Simpson meet with Tanika Moore re court orders	Parrish tour RDC	Simpson and Moore meet with QCHC re mental health Moore review medical records	Moeser at HY; Met with leadership team at Henley Young, including Judge Priester; Continued discussions with SPLC staff re: status of transition and future plans; meeting(s) with HY Executive Director ; met with staff responsible for behavior management programming at HY
Tuesday P.M.- 4:30	Team Meeting on Mental Health	Team Meeting on Mental Health	Team Meeting on Mental Health	Team Meeting on Mental Health
Wednesday A.M.	8:00 Simpson meet with Sheriff Simpson and Parrish meet with RDC architect Parrish and Simpson meet with classification Simpson meet with Records	Simpson and Parrish meet with RDC architect Parrish and Simpson meet with classification Parrish at RDC	Moore at RDC, medical record review and staff interviews Observation of psychiatric sick call. Review of mental health records and inmates on suicide watch	Moeser at RDC; review juvenile records (incidents, grievances, etc.); review youth medical records;

Wednesday P.M.	2:00 Simpson meet with Dr. Crockett at Hinds County Behavioral Health Simpson meet with District Attorney Simpson meet with JDC re grievances	Parrish at RDC	Moore at JDC Review of medical records, review of juvenile medical records, observation of medication pass evening shift	Continue juvenile record review; met with program officer re programming; Briefly observed ABE class and met with ABE instructor;
Thursday A.M.	Simpson and Parrish meet with training and top staff re reporting Simpson meet with Deputy Neal and Ms. Shuler at Work Center	Simpson and Parrish meet with training and top staff re reporting Parrish at RDC	Moore at RDC chart reviews and interviews with staff	Moeser at HY; Met with Henley Young school Principal, three Case Managers; interviewed three of the five Juveniles Charged as Adults (JCAs) re: their transition, experience @ HY, behavior management system, incentives, etc.
Thursday P.M.	Simpson at federal court hearing	Parrish meet with IT and captains re reporting	Moore at Work Center and RDC Chart reviews, interviews with nurses that were on-staff	Moeser continue @ HY with above; Interview youth at RDC; meet w. programming officer; review

				juvenile unit daily log; interview Sgt. Tower; Join meeting re: IT at RDC
Friday	Exit Meeting	Exit Meeting Parrish at JDC	Exit Meeting	Exit Meeting

Prior to the site visit, the County provided documents on an ongoing basis in response to standing document requests. The Monitoring Team members reviewed the documents relevant to their areas of expertise. The County has improved its ability to provide the requested documentation, however, it is not yet complete or in the format requested or required by the Settlement Agreement. The Monitoring Team will continue to work with the County to improve its ability to produce the required documentation and reports.

In the course of the site visit, the team interviewed numerous staff members, contractors, prisoners and stakeholders as mentioned below when relevant. In addition, facility and prisoner records on site were reviewed during the course of the site visit again as referenced below when relevant. Of particular note was the review of the training modules provided prior to the site visit and the review of architectural drawings during the site visit. With respect to youthful prisoners, on-site activities included activities at both Henley Young and RDC as there are youth charged as adults at both facilities at this time. With respect to medical and mental health, prisoner medical records and QCHC records were reviewed.

COMPLIANCE OVERVIEW

The Monitoring Team will track progress towards compliance with the following chart. This chart will be added to with each Monitoring Report showing the date of the site visit and the number of Settlement Agreement requirements in full, partial or non-compliance. Requirements that have not yet been triggered such as an annual review are listed as NA (not applicable) at this time. Sustained compliance is achieved when compliance with a particular settlement agreement requirement has been sustained for 18 months or more. The count of 92 requirements is determined by the number of Settlement Agreement paragraphs which have substantive requirements. Introductory paragraphs and general provisions are not included. Some paragraphs may have multiple requirements which are evaluated independently in the text of the report but are included as one requirement for purposes of this chart. The provisions on Youthful Offenders were evaluated in the text below for compliance at Henley Young and Raymond Detention Center but only the results for Raymond Detention Center are included in the totals in this chart.

Site Visit Date	Sustained Compliance	Full Compliance	Partial Compliance	NA at this time	Non-compliant	Total
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2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92

INTRODUCTORY PARAGRAPHS

Text of paragraphs 1-34 regarding “Parties,” “Introduction,” and “Definitions” omitted.

SUBSTANTIVE PROVISIONS

PROTECTION FROM HARM

Consistent with constitutional standards, the County must take reasonable measures to provide prisoners with safety, protect prisoners from violence committed by other prisoners, and ensure that prisoners are not subjected to abuse by Jail staff. To that end, the County must:

37. Develop and implement policies and procedures to provide a reasonably safe and secure environment for prisoners and staff. Such policies and procedures must include the following:

- a. Booking;
- b. Objective classification;
- c. Housing assignments;
- d. Prisoner supervision;
- e. Prisoner welfare and security checks (“rounds”);
- f. Posts and post orders;
- g. Searches;
- h. Use of force;
- i. Incident reporting;
- j. Internal investigations;
- k. Prisoner rights;
- l. Medical and mental health care;
- m. Exercise and treatment activities;
- n. Laundry;
- o. Food services;
- p. Hygiene;
- q. Emergency procedures;
- r. Grievance procedures; and
- s. Sexual abuse and misconduct.

Partial Compliance

Prior to and during the June site visit, the Hinds County Sheriff's Office's (HCSO) first effort to issue a Policies and Procedures Manual (P&P Manual) was critiqued by the Monitoring Team and Justice Department representatives. Because it did not adequately address the requirements of the Settlement Agreement, the decision was made to solicit technical assistance from the National Institute of Corrections (NIC) or a private corrections consultant. That effort resulted in an unacceptably lengthy schedule. The private vendor indicated that the estimated completion date would be at least a year off. Consequently, the HCSO has arranged with Jackson State University to provide the re-writing service. Although no specific date is on record, it is anticipated that the job can be completed in a more timely fashion because the University is a local institution. It is essential that the concerns and recommendations outlined in the Second Monitoring Report be addressed. Until this project is accomplished, the Detention Services Division will continue to operate without adequate written directives and compliance with many aspects of the Settlement Agreement cannot be achieved.

As reported in the executive summary, many inmates at RDC reported they were concerned for their safety. Two charts were reviewed and two inmates were interviewed that had alleged to have been attacked. Patient 1 indicated that he had been attacked by 12 inmates in C 3. He had been sent to the ER with contusions on his head. A CAT scan was performed. RDC took pictures of his injuries. The second inmate complained that he was jumped and stalked by multiple inmates on 10/11/17. He was now housed in the observation unit. His chart revealed that he had lacerations of his left brow and shoulder and that the hospital initially thought that he might have kidney failure from the injuries. This has not been the case but he does not want to return to general population. The lack of a safe environment is reflected throughout this report including the insufficient staffing, the lack of adherence to security requirements, the presence of contraband, the high number of people on suicide watch-some reportedly because they do not feel safe in the units, and the fights occurring in the suicide cells. Those issues are addressed under the related specific Agreement requirement.

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail, including at least five years of related management experience for their positions, and a bachelor's degree. When the Jail Administrator is absent or if the position becomes vacant, a qualified deputy administrator with comparable education, training, and experience, must serve as acting Jail Administrator.

Partial Compliance

At the time of the site visit there had been no change in the status of this paragraph since the last Report; in fact, there had been no change since the Baseline Visit a year ago. Subsequent to the site visit, the Acting Training Director was appointed to be the Deputy Jail Administrator. The

monitoring team will assess whether the appointment provides the appropriate level of expertise at the time of the next site visit. However, of immediate concern is that the Deputy Administrator was the Acting Training Director and had made progress in the area of orientation and training. The newly appointed Training Director is not experienced in corrections and does not have the necessary background to provide training in this area.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members. At minimum, Jail supervisors must have at least 3 years of field experience, including experience working in the Jail. They must also be familiar with Jail policies and procedures, the terms of this Agreement, and prisoner rights.

Partial Compliance

With three additional supervisors added since the last site visit, there are now 30 Lieutenants and Sergeants. All have at least a high school diploma or GED and eight have AA degrees; however, seven had less than three years of relevant work experience at the time of their promotion. Familiarity with the P&P Manual will be determined once it is published in final form.

40. Ensure that no one works in the Jail unless they have passed a background check, including a criminal history check.

Non-Compliant

This paragraph is still carried as non-compliant because there has not been sufficient time during the site visits to review all individual employee records and the HCSO has not submitted documentation that supports compliance. As a preliminary step, such documentation, attesting to compliance, should be submitted to the Monitor.

41. Ensure that Jail policies and procedures provide for the “direct supervision” of all Jail housing units.

Non-Compliant

There has been no change with regard to this issue since the last site visit. Once the P&P Manual is re-issued it will be reviewed to determine compliance. It should be noted, however, that implementation of the direct supervision related policies will require that an officer be assigned inside each housing unit at the RDC. Only the WC currently operates as a direct supervision jail and has enough staff assigned to do so. The JDC cannot function as a direct supervision facility because of its linear design.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Jail. The parties recognize that the

Board allocates to the Sheriff lump sum funding on a quarterly basis. The Sheriff recognizes that sufficient staffing of the Jail should be a priority for utilizing those funds. To that end, the County must at minimum:

- a. Hire and retain sufficient numbers of detention officers to ensure that:
 - i. There are at least two detention officers in each control room at all times;
 - ii. There are at least three detention officers at all times for each housing unit, booking area, and the medical unit;
 - iii. There are rovers to provide backup and assistance to other posts;
 - iv. Prisoners have access to exercise, medical treatment, mental health treatment, and attorney visitation as scheduled;
 - v. There are sufficient detention officers to implement this Agreement.
- b. Fund and obtain a formal staffing and needs assessment (“study”) that determines with particularity the minimum number of staff and facility improvements required to implement this Agreement. As an alternative to a new study, the September 2014 study by the National Institute of Corrections may be updated if the updated study includes current information for the elements listed below. The study or study update must be completed within six months of the Effective Date and must include the following elements:
 - i. The staffing element of the study must identify all required posts and positions, as well as the minimum number and qualifications of staff to cover each post and position.
 - ii. The study must ensure that the total number of recommended positions includes a “relief factor” so that necessary posts remain covered regardless of staff vacancies, turnover, vacations, illness, holidays, or other temporary factors impacting day-to-day staffing.
 - iii. As part of any needs assessment, the study’s authors must estimate the number of prisoners expected to be held in the Jail and identify whether additional facilities, including housing, may be required.
- c. Once completed, the County must provide the United States and the Monitor with a copy of the study and a plan for implementation of the study’s recommendations. Within one year after the Monitor’s and United States’ review of the study and plan, the County must fund and implement the staffing and facility improvements recommended by the study, as modified and approved by the United States.
- d. The staffing study shall be updated at least annually and staffing adjusted accordingly to ensure continued compliance with this Agreement. The parties recognize that salaries are an important factor to recruiting and retaining qualified personnel, so the County will also annually evaluate salaries.
- e. The County will also create, to the extent possible, a career ladder and system of retention bonuses for Jail staff.

Partial Compliance

Since the Second Monitoring Report was submitted, the County and the HCSO have moved forward to identify and set actual and necessary staffing levels within the Detention Services Division. As a result of the combined efforts of the County's Workforce Development Group and members of the Monitoring Team, the NIC Staffing Analysis (2014) has been updated. A total of 433.1 positions are required in order to fill all posts throughout the Jail System. This figure takes into account appropriate relief factors. They are allocated as follows:

Administration-----	5.0
Jackson Detention Center-----	83.6
Work Center-----	64.1
Raymond Detention Center--	280.4
Total-----	433.1

Recognizing that the County cannot afford to increase staffing to that level immediately, a goal of 275 positions was set for FY 2017-18. Currently, there are 250 authorized Detention positions with 20 more authorized and funded for the fiscal year. That leaves a total of five positions that must either be funded and added to the total or be permanently reassigned from within other areas of the Sheriff's Office. Significant progress has been made to fill vacancies. While there were only 199 Detention positions occupied by employees in June, by October that number had risen to 238. The number of currently authorized positions in Detention Administration and at each facility follows:

Administration-----	5 (4 are filled)
Jackson Detention Center-----	49 (all are filled)
Work Center-----	62 (52 are filled)
Raymond Detention Center---	154 (132 are filled)
Total-----	270 (238 are filled)
The goal for FY 2017-18 is---	275

The issue of future bed space and facility needs has not been addressed to date. The proposed salary schedule, previously reported, was originally supposed to include a significant increase for all ranks within Detention from Officer to Captain, with a five-step merit salary increase for each supervisory rank. Although the merit increase system was not approved and funded, a salary increase was approved for Detention Officers and Detention Sergeants. Effective October 1, 2017, they received 26.05% and 6.9% raises respectively. Detention Officers now start work at \$27,500 per year while Sergeants earn approximately \$32,500. This realignment for the most critically undercompensated officers has made the position of Detention Officer much more competitive in the local marketplace and is reflected in the remarkable employment statistics that

have been posted recently. If the HCSO and County are successful in creating a validated, merit based career ladder within the various Detention ranks, it will go a long way toward reducing the excessive turnover rate that has plagued the Jail System.

- f. Develop and implement an objective and validated classification and housing assignment procedure that is based on risk assessment rather than solely on a prisoner's charge. Prisoners must be classified immediately after booking, and then housed based on the classification assessment. At minimum, a prisoner's bunk, cell, unit, and facility assignments must be based on his or her objective classification assessment, and staff members may not transfer or move prisoners into a housing area if doing so would violate classification principles (e.g., placing juveniles with adults, victims with former assailants, and minimum security prisoners in a maximum security unit). Additionally, the classification and housing assignment process must include the following elements:
 - i. The classification process must be handled by qualified staff who have additional training and experience on classification.
 - ii. The classification system must take into account objective risk factors including a prisoner's prior institutional history, history of violence, charges, special needs, physical size or vulnerabilities, gang affiliation, and reported enemies.
 - iii. Prisoner housing assignments must not be changed by unit staff without proper supervisor and classification staff approval.
 - iv. The classification system must track the location of all prisoners in the Jail, and help ensure that prisoners can be readily located by staff. The County may continue to use wrist bands to help identify prisoners, but personal identification on individual prisoners may not substitute for a staff-controlled and centralized prisoner tracking and housing assignment system.
 - v. The classification system must be integrated with the Jail prisoner record system, so that staff have appropriate access to information necessary to provide proper supervision, including the current housing assignment of every prisoner in the Jail.
 - vi. The designation and use of housing units as "gang pods" must be phased out under the terms of this Agreement. Placing prisoners together because of gang affiliation alone is prohibited. The County must replace current gang-based housing assignments with a more appropriate objective classification and housing process within one year after the Effective Date.

Partial Compliance

Improvement in the area of Classification continues to be noted with each site visit. As was reported previously, a Classification Officer is now on duty seven days per week on day shift which was made possible by the assignment of a Sergeant and six Detention Officers to the Section. They are responsible for the placement of all inmates during an extended day shift and follow up on all movements that occur during their absence on the evening and night shifts. This is accomplished by requiring the shift commanders to submit a written move report to Classification whenever a change of cell/location is made. An override by Classification can then be ordered if required. The need to have a single point of information for every inmate in the Jail System was highlighted in the Second Monitoring Report. The consolidation of Classification and Records into a single Unit/Section was recommended. To date no concrete action has been taken with regard to this matter other than to coordinate with NIC in order to obtain technical assistance. Follow up on that effort should be given priority. In addition, the Classification Sergeant should submit recommended policies regarding Classification for inclusion in the P&P Manual. There are currently no written directives or Post Orders in place governing Classification operations other than memoranda generated by the Sergeant. It appears that Classification procedures are adapting with the changing conditions within the Jail System. Both pre-trial and sentenced felons and misdemeanants are now held at the WC since it has evolved from a facility dedicated to sentenced low risk inmates into a full service, general population jail.

- g. Develop and implement positive approaches for promoting safety within the Jail including:
 - i. Providing all prisoners with at least 5 hours of outdoor recreation per week;
 - ii. Developing rewards and incentives for good behavior such as additional commissary, activities, or privileges;
 - iii. Creating work opportunities, including the possibility of paid employment;
 - iv. Providing individual or group treatment for prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions, who would benefit from therapeutic activities;
 - v. Providing education, including special education, for youth, as well as all programs, supports, and services required for youth by federal law;
 - vi. Screening prisoners for serious mental illness as part of the Jail's booking and health assessment process, and then providing such prisoners with appropriate treatment and therapeutic housing;
 - vii. Providing reasonable opportunities for visitation.
- h. Ensure that policies, procedures, and practices provide for higher levels of supervision for individual prisoners if necessary due to a prisoner's individual circumstances. Examples of such higher level supervision include (a) constant

observation (i.e., continuous, uninterrupted one-on-one monitoring) for actively suicidal prisoners (i.e., prisoners threatening or who recently engaged in suicidal behavior); (b) higher frequency security checks for prisoners locked down in maximum security units, medical observation units, and administrative segregation units; and (c) more frequent staff interaction with youth as part of their education, treatment and behavioral management programs.

- i. Continue to update, maintain, and expand use of video surveillance and recording cameras to improve coverage throughout the Jail, including the booking area, housing units, medical and mental health units, special management housing, facility perimeters, and in common areas.

Non-Compliant

There has been no change in conditions within the facilities regarding outside recreation. It is still not available at JDC or the RDC other than for juveniles being tried as adults. As was previously noted, this has been the case for at least five years at the RDC and apparently since the 1970's at the JDC since there is no outside recreation area at that facility. Only the WC meets the standard as outlined in the Settlement Agreement. Documentation of hourly, thirty minute and fifteen minute well-being checks has not improved since the last site visit, but an orientation and training session with all supervisory personnel (lieutenant and above) held during the October site visit should help to standardize the completion of these required documents. Video recording capabilities have not changed since the last site visit; however, hand held recording devices are reportedly on order.

With respect to the requirement to provide individual and group treatment, there is one-to-one counseling provided on Mondays and Fridays with a Ph.D. psychologist. He saw approximately 101 patients in August 2017. His hours are insufficient to cover the needs of all three jail facilities. There is no group therapy provided for either the youth or other inmates with behavioral health problems. Currently the only groups provided are those provided by a Chaplain to the youth housing unit. The groups consist of NA and AA, however the youth complained that there is too much of a religious overtone in the groups.

The treatment that is provided does not substantially comply with the requirement for individual therapy. Most medication renewals should take approximately 15 minutes. New intake evaluations should generally take 45 minutes or longer depending upon the inmate's past history and current problems. Care at RDC is very rushed allowing only 5 minutes per patient.

Psychiatric sick call and mental health charts were reviewed. Five charts were reviewed and eight interactions with the psychiatrist were observed. The psychiatrist spent about five minutes with each patient. The patients were scheduled for a re-ordering of medications and one was a new patient. A chart review indicated insufficient follow up on reported mental health symptoms.

and a lack of therapeutic intervention. The ongoing behavior issues of the patient in one of the isolation units and his isolation as a result of that behavior without any change in medication or other therapeutic interventions is a prime example of the lack of appropriate therapeutic services.

The facility is now tracking the number of inmates that are receiving Haldol Deaconate. As of 9/27/2017, there were 8 inmates at RDC receiving the medication and 1 inmate at Jackson. This number has decreased significantly from the first monitoring report. Unfortunately, none of the inmates had mental health consents on their chart other than the initial consent signed at intake.

Inmates are screened at booking by Detention Officers. The nurses hired to do intake screening resigned. Following this screening, an additional health assessment is conducted by RN nursing staff during the booking process. Due to a lack of space in the booking area for this medical assessment, inmates are now brought to the medical unit for their secondary assessment. The second assessment includes a suicide screen. Inmates with mental health problems are referred to the psychologist or social worker. If the inmate is on psychotropic medication, they are referred to the psychiatrist for an order to continue the medication. Medications are verified at booking by the nurses. Intake nurses are supposed to be provided 7-3 PM, 4-11PM Monday through Friday and 7 pm to 7 am three times per week. County staff stated that the booking area will be revamped and a secure space will exist for medical intake screenings and that the area will be staffed 24 hours per day.

Although inmates are screened for mental health issues, there is not appropriate therapeutic housing as required by paragraph 42(g)(vi). One unit is identified as the mental health unit but it is simply a segregation unit where they place individuals with mental health issues. It is not appropriately designed or staffed as a mental health unit and there is no therapeutic programming.

The physical portion of the health assessment form is inadequate. The only areas for inclusion are a checkmark for normal and abnormal findings without adequate space to identify what the findings are. Revision of the form is necessary in order to require and allow for the recording of more detail such as abnormal findings.

A review of five medical records was performed with the objective to see how soon a mental health professional saw an inmate after he was booked into the jail. The charts were randomly selected from inmates that had been booked into RDC in the last three weeks.

Date arrested	Date referred	Referral completed by mental health
7/15/17	7/26/17	8/21/17
7/14/17	7/15/17	7/26/17
5/22/17	5/23/17	6/7/17

5/27/17	Request of SGT	8/28/17
7/14/17	7/26/17	8/21/17

The mental health referral was identified as the first mental health evaluation. It could have been by a bachelor's level social worker, psychologist or psychiatrist. The sample size is too small to derive definite conclusions but it does appear that nursing referrals are not made in a timely manner to mental health staff and that it takes the inmates 2-3 weeks to enter the mental health caseload. This study will be repeated during the next audit with a larger sample size. Additional criteria will be added which looks at the time of the arrest and the time the inmate is seen by nursing staff.

As a result of the chart review, it appears that many inmates that need mental health treatment go untreated for weeks before they enter the system. Even when identified, mentally ill prisoners receive inadequate care. Individual sessions with the psychiatrist were cancelled on a weekly basis due to time constraints. Dr. Kumar generally provides psychiatric care on Wednesdays and starts at JDC and then provides care at the other facilities. The care is very rushed which cannot be considered as therapeutic care. Statistical reports show that Dr. Kumar sees a range of 100 to 150 inmates per month during his visits.

Suicide watch conditions are not adequate to deal with the inmates who require close supervision. The two cells located in the Medical Unit are unsuitable for such use. It is impossible to observe what is going on in them because the tiny windows are literally obscured with retrofitted metal and screening that makes them almost opaque. In addition, the assigned officer sits outside a second door leading to the general cell area, which makes direct supervision impractical. The Detention Services Division should consider utilizing a four cell isolation unit associated with one of the housing units at the RDC as an alternative area for supervising suicidal inmates. One cell could be left open so that inmates have access to toilet and water facilities. The other three cells should remain locked. Four or more inmates could be supervised in such a setting with an officer physically located inside the isolation unit, equipped with a work station/desk, phone, radio and emergency alarm. In this way the officer would serve as assigned officer in a "mini-direct supervision unit".

While there is a full time social worker who could evaluate whether an inmate needs to be on suicide watch, she does not perform this function and many suicide threats occur after she has left for the day. The result is that a large number of inmates have been assigned to suicide watch without being first screened by a mental health professional. In August and September there were 22 inmates each month placed on suicide precautions for verbalizing a suicide threat.

Inmates on suicide watch are placed in a suicide cell designed for two persons. There is limited visibility into the cell. On the days of the audit, one cell contained four adult inmates and the other cell five adult inmates. As a result, there were three altercations of inmates in these cells

due to overcrowding of the cells. An additional issue is that inmates placed in lockdown complain of suicidal ideation in order to be transferred to the suicide cells. The suicide cells have also been used by inmates to escape gang activities or to carry out gang-related activities. The last altercation in the suicide cell during the site visit was gang related. An inmate from lockdown unit entered the suicide unit and immediately started a fight with another inmate that was in the suicide cell. Suicide units are for inmates suffering from acute mental health problems such as acute psychosis or other conditions causing an acute risk of self-harm and who have not been stabilized through other interventions. Suicide units are intended to stabilize the patient as quickly as possible so that the patient can return to a less restricted housing unit. Unfortunately, inmates placed in the current suicide cells receive no additional mental health therapy. When they are released they are returned to general population or lockdown cells.

Contributing to the problem in responding to suicide comments is the lack of sufficient correctional staffing at RDC to provide one to one staffing. In the future, the facility should explore crisis intervention with Hinds County Behavioral Health and admit the patient to St. Luke's Hospital. Another recommendation is to add a part time social worker that would work 20 hours per week at RDC and/or mental health technicians that would be on-call for one to one suicide watches. This position could perform a suicide assessment and screenings on inmates that verbalize self-harm or on new intakes that are booked in the facility. The individual might also be responsible for group therapy which could include life skill groups such as anger management, domestic violence, parenting etc.

Based on a review of visitation records covering a two week period (October 2-16, 2017), it appears that only at the JDC are some of the inmates able to visit with family and friends. Of 82 scheduled video visitation connections, 50 were actually completed at that facility. This means that about 20% of the inmates were able to have a visit each week. At the RDC and WC, which share video visitation equipment, only 12 inmates were able to have a visit although 53 visits were scheduled. Thus only 1.2% of the inmates at those facilities were able to have a visit each week. While the Inmate Handbook requires inmates to schedule visitation seven days in advance between the hours of 8:00 AM and 5:00 PM, in reality visitation is apparently not a viable privilege for most of the inmates in the Jail System.

43. Include outcome measures as part of the Jail's internal data collection, management, and administrative reporting process. The occurrence of any of the following specific outcome measures creates a rebuttable presumption in this case that the Jail fails to provide reasonably safe conditions for prisoners:

- a. Staff vacancy rate of more than 10% of budgeted positions;
- b. A voluntary staff turnover rate that results in the failure to staff critical posts (such as the housing units, booking, and classification) or the failure to maintain experienced supervisors on all shifts;

- c. A major disturbance resulting in the takeover of any housing area by prisoners;
- d. Staffing where fewer than 90% of all detention officers have completed basic jailer training;
- e. Three or more use of force or prisoner-on-prisoner incidents in a fiscal year in which a prisoner suffers a serious injury, but for which staff members fail to complete all documentation required by this Agreement, including supervision recommendations and findings;
- f. One prisoner death within a fiscal year, where there is no documented administrative review by the Jail Administrator or no documented mortality review by a physician not directly involved in the clinical treatment of the deceased prisoner (e.g. corporate medical director or outside, contract physician, when facility medical director may have a personal conflict);
- g. One death within a fiscal year, where the death was a result of prisoner-on-prisoner violence and there was a violation of Jail supervision, housing assignment, or classification procedures.

Non-Compliant

The last reported turnover rate for Detention was 43% in 2016. Although recruiting efforts have paid off with 58 Detention Officers hired since January 2017, the number of vacancies still stands at 32, which equates to an 11.85 vacancy rate. Required posts at the WC and JDC appear to be more frequently filled than at the RDC. This is partly due to the fact that approximately 25% of rated capacity at those two facilities is either closed for renovation (HU-4 at the WC) or not occupied because of the low daily census (one wing at the JDC). Consequently, even though there are 10 vacancies at the WC and the number of authorized positions at the JDC is inadequate, both facilities are able to cope well with current conditions. The staffing situation at the RDC is better than was observed during previous site visits, but it is still inadequate to meet inmate supervision requirements. Based on inspection and a review of daily duty rosters, it appears that approximately half of the housing units are now being staffed with an officer. Unfortunately, he/she is placed in the safety vestibule leading to the housing unit instead of physically inside it. While it is not possible to supervise inmates from that position, until all staff have been trained on the principles and dynamics of direct supervision, the command decision that led to this situation is understandable. While training records are more comprehensive than any time to date, it is still not possible to determine exactly how many officers have not completed the basic 40 hour orientation class before being assigned to a post. It should be noted, however, that every new officer questioned during the most recent inspection of the facilities had completed the orientation class prior to assignment.

44. To complement, but not replace, “direct supervision,” develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate. To that end:

- a. Rounds must be conducted at least once every 30 minutes in general population housing units and at least once every 15 minutes for special management prisoners (including prisoners housed in booking cells).
- b. All security rounds must be conducted at irregular intervals to reduce their predictability, and must be documented on forms or logs.
- c. Officers must only be permitted to enter data on these forms or logs at the time a round is completed. Forms and logs must not include pre-printed dates or times. Officers must not be permitted to fill out forms and logs before they actually conduct their rounds.
- d. The parties anticipate that “rounds” will not necessarily be conducted as otherwise described in this provision when the Jail is operated as a “direct supervision” facility. This is because a detention officer will have constant, active supervision of all prisoners in the detention officer’s charge. As detailed immediately below, however, even under a “direct supervision” model, the Jail must have a system in place to document and ensure that staff are providing adequate supervision.
- e. Jail policies, procedures, and practices may utilize more than one means to document and ensure that staff are supervising prisoners as required by “direct supervision,” including the use and audit of supervisor inspection reports, visitation records, mealtime records, prisoner worker sheets, medical treatment files, sick call logs, canteen delivery records, and recreation logs. Any system adopted to ensure that detention officers are providing “direct supervision” must be sufficiently detailed and in writing to allow verification by outside reviewers, including the United States and Monitor.

Partial Compliance

There have been a few positive changes regarding the completion of rounds and documentation of well-being checks, but the system-wide response to this requirement is inconsistent at best. At the WC officers document hourly well-being checks in the unit logs for general population inmates; however, command staff and supervisors should set and enforce standard entries since it is not clear what some officers mean or what they did based on the jail slang and abbreviations that are used. This recommended action should be institutionalized throughout the entire Jail System. Thirty minute well-being checks were found to be properly documented on an inmate who was housed in a segregation cell. At the JDC hourly logs for general population and 30 minute logs for those in confinement/segregation were maintained as required. The previously reported recommendation, to place the segregation log adjacent to the inmates rather than in the control room, has been implemented. At the RDC there has been little change since the last site visit. One notable difference is that the unit logs are now frequently maintained at the entrance to the respective units rather than in the control room. While this is a step in the right direction, no amount of documentation can take the place of assigning an officer inside each unit so that

they can operate under the principles of direct supervision. In Booking a log calling for 30 minute well-being checks was located inside the staff office area, not by the individual cells as had previously been recommended. In addition, because of the nature of the inmates being temporarily held in this area, and the lack of knowledge about their backgrounds during the booking process, well-being checks need to be conducted every 15 minutes.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail. To that end, the County must ensure that the Jail employs Qualified Training Officers, who must help to develop and implement a formal, written training program. The program must include the following:

- a. Mandatory pre-service training. Detention officers must receive State jailer training and certification prior to start of work. Staff who have not received such training by the Effective Date of this Agreement must complete their State jailer training within twelve months after the Effective Date of this Agreement. During that twelve month period, the County must develop an in-house detention training academy.
- b. Post Order training. Detention officers must receive specific training on unit-specific post orders before starting work on a unit, and every year thereafter. To document such training, officers must be required to sign an acknowledgement that they have received such training, but only after an officer is first assigned to a unit, after a Post Order is updated, and after completion of annual retraining.
- c. "Direct supervision" training. Detention officers must receive specific pre- and post-service training on "direct supervision." Such training must include instruction on how to supervise prisoners in a "direct supervision" facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective "direct supervision."
- d. Jail administrator training. High-level Jail supervisors (*i.e.*, supervisors with facility-wide management responsibilities), including the Jail Administrator and his or her immediate deputies (wardens), must receive jail administrator training prior to the start of their employment. High-level supervisors already employed at the Jail when this Agreement is executed must complete such training within six months after the Effective Date of this Agreement. Training comparable to the Jail Administration curriculum offered by the National Institute of Corrections will meet the requirements of this provision.
- e. Post-service training. Detention officers must receive at least 120 hours per year of post-service training in their first year of employment and 40 hours per year after their first year. Such training must include refresher training on Jail policies. The training may be provided during roll call, staff meetings, and post-assignment

meetings. Post-service training should also include field and scenario-based training.

- f. Training for Critical Posts. Jail management must work with the training department to develop a training syllabus and minimum additional training requirements for any officer serving in a critical position. Such additional training must be provided for any officer working on a tactical team; in a special management, medical or mental health unit; in a maximum security unit; or in booking and release.
- g. Special management unit training. Officers assigned to special management units must receive at least eight hours of specialized training each year regarding supervision of such units and related prisoner safety, medical, mental health, and security policies.
- h. Training on all Jail policies and procedures including those regarding prisoner rights and the prevention of staff abuse and misconduct.

Partial Compliance

With the change of Training Directors previously noted, efforts to enhance training have escalated. A 40-hour orientation block of instruction is now provided to all new hires. While that insures that Detention Officers receive at least a modicum of training and relevant job information before being assigned to a post, it does not prepare them to work independently. A copy of the Settlement Agreement is now given to each employee for orientation and reference purposes. It has been reproduced in a compact booklet form similar in size to the Inmate Handbook. The 120-hour block of instruction (basic academy) that is required during the first year of employment is also now being provided; however, according to Training records there are more than 30 officers who have still not completed this training. Records are not available to determine whether or not officers receive 40 hours of in service training annually after their first year of employment. Information regarding Post Order training, Critical Post training, Special Management Unit training and Direct Supervision training has as yet not been provided.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail. To that end, the County must:

- a. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. Personal Identification Numbers (PINs) allocated for budget purposes represent a salaried slot and are not a restriction on personnel assignment authority. While the Sheriff may retain final authority for personnel decisions, the Jail's policies and procedures must document and clearly identify who is responsible for a personnel

decision, what administrative procedures apply, and the basis for personnel decisions.

- b. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail, including any who are not already reporting to the Jail Administrator and the Jail's chain of command. This provision covers road deputies assigned to supervise housing units and emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances.
- c. Ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- d. Ensure that staff conduct daily inspections of all housing and common areas to identify damage to the physical plant, safety violations, and sanitation issues. This maintenance program must include the following elements:
 - i. Facility safety inspections that include identification of damaged doors, locks, cameras, and safety equipment.
 - ii. An inspection process.
 - iii. A schedule for the routine inspection, repair, and replacement of the physical plant, including security and safety equipment.
 - iv. A requirement that any corrective action ordered be taken.
 - v. Identification of high priority repairs to assist Jail and County officials with allocating staff and resources.
 - vi. To ensure prompt corrective action, a mechanism for identifying and notifying responsible staff and supervisors when there are significant delays with repairs or a pattern of problems with equipment. Staff response to physical plant, safety, and sanitation problems must be reasonable and prompt.

Non-Compliant

Until the P&P Manual is revised and re-issued, compliance with this paragraph cannot be achieved. The revision work is underway in concert with Jackson State University, but as yet there is no estimated date of completion. As was previously reported, supervisors still do not document the results of their rounds. Maintenance issues are not resolved in a timely fashion, particularly at the RDC. Conditions at the JDC and WC are better, primarily because staffing levels are better at those facilities than at the RDC. Once the housing units there are properly staffed and function under the principles of direct supervision, it should be possible to achieve higher maintenance standards.

47. Ensure that staff members conduct random shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband. Such shakedowns must be

conducted in each housing unit at least once per month, on an irregular schedule to make them less predictable to prisoners and staff.

Non-Compliant

Random shakedowns are still not conducted by Detention Officers as they should be; however, in a significant policy change, law enforcement officers no longer go into the facilities to conduct shakedowns independently as last occurred on June 7, 2017. That practice was counter-productive in that it undercut the authority of the Detention Officers and, worse yet, was done outside the scope of the Detention chain of command. A recent shakedown of Pod C, Unit 3 at the RDC was conducted appropriately utilizing law enforcement officers in support of, not in place of, Detention staff. Further it was conducted under the command of the Detention Services Division Administrator. Unfortunately, the results of the shakedown revealed that the prevalence of contraband in the Jail System continues to be completely unacceptable. Items found included 12 cellphones, 15 phone chargers, one cellphone battery, five bags of marijuana, 33 bags of tobacco, one razor, two sets of ear buds, eight cigarette lighters, one knife, one Allen wrench, a flat piece of metal, four large screws, an unspecified number of containers filled with bleach and various prescription medications. All of this contraband was found in one general population unit that routinely houses fewer than 66 inmates.

48. Install cell phone jammers or other electronic equipment to detect, suppress, and deter unauthorized communications from prisoners in the Jail. Installation must be completed within two years after the Effective Date.

Non-Compliant

There has been no change in the status of this paragraph. Because of legal barriers, cell phone jammers cannot resolve the problem of unauthorized communications. Other alternatives have been suggested to the County by both the DOJ and Monitoring Team and the Correctional Expert has suggested potential vendors who can supply appropriate equipment. No action has been taken to address this issue to date.

49. Develop and implement a gang program in consultation with qualified experts in the field that addresses any link between gang activity in the community and the Jail through appropriate provisions for education, family or community involvement, and violence prevention.

Partial Compliance

There is no change in the status of this paragraph. Updated information was not provided on the actions of the law enforcement investigative officer who is now assigned to conduct investigations within the Jail System.

USE OF FORCE STANDARDS

Consistent with constitutional standards, the County must take reasonable measures to prevent excessive force by staff and ensure force is used safely and only in a manner commensurate with the behavior justifying it. To that end, the County must:

50. Develop and implement policies and procedures to regulate the use of force. The policies and procedures must:

- a. Prohibit the 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;
- b. Prohibit the 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, visitors, or property;
- c. Prohibit the use of force against a prisoner after the prisoner has ceased to resist and is under control;
- d. Prohibit the use of force as punishment or retaliation;
- e. Limit the level of force used so that it is commensurate with the justification for use of force; and
- f. Limit use of force in favor of less violent methods when such methods are more appropriate, effective, or less likely to result in the escalation of an incident.

Non-Compliant

Until the P&P Manual is revised, re-issued and approved, compliance with this paragraph cannot be achieved. While use of force documentation is improving, according to the monthly summary, there were still only eight such reports for the entire Jail System for the month of October. Of those, seven were described as "muscling", a term that needs to be clarified. In a separate report for the RDC, nine use of force cases were generated in October. The inconsistency in documentation brings into doubt the accuracy of reporting.

51. Develop and implement policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to use of force and after any use of force. These policies and procedures must specifically include the following requirements:

- a. Staff members must obtain prior supervisory approval before the use of weapons (e.g., electronic control devices or chemical sprays) and mechanical restraints unless responding to an immediate threat to a person's safety.
- b. If a prisoner has a serious medical condition or other circumstances exist that may increase the risk of death or serious injury from the use of force, the type of force that may be used on the prisoner must be restricted to comply with this provision. These restrictions include the following:

- i. The use of chemical sprays, physical restraints, and electronic control devices must not be used when a prisoner may be at risk of positional asphyxia.
 - ii. Electronic control devices must not be used on prisoners when they are in a location where they may suffer serious injury after losing voluntary muscle control (e.g., prisoner is standing atop a stairwell, wall, or other elevated location).
 - iii. Physical strikes, holds, or other uses of force or restraints may not be used if the technique is not approved for use in the Jail or the staff member has not been trained on the proper use of the technique.
- c. Staff members must conduct health and welfare checks every 15 minutes while a prisoner is in restraints. At minimum, these checks must include (i) logged first-person observations of a prisoner's status while in restraints (e.g. check for blood flow, respiration, heart beat), and (ii) documented breaks to meet the sanitary and health needs of prisoners placed in emergency restraints (e.g., restroom breaks and breaks to prevent cramping or circulation problems).
- d. The County must ensure that clinical staff conduct medical and mental health assessments immediately after a prisoner is subjected to any Level 1 use of force. Prisoners identified as requiring medical or mental health care during the assessment must receive such treatment.
- e. A first-line supervisor must personally supervise all planned uses of force, such as cell extractions.
- f. Security staff members must consult with medical and mental health staff before all planned uses of force on juveniles or prisoners with serious mental illness, so that medical and mental health staff may offer alternatives to or limitations on the use of force, such as assisting with de-escalation or obtaining the prisoner's voluntary cooperation.
- g. The Jail must have inventory and weapon controls to establish staff member responsibility for their use of weapons or other security devices in the facility. Such controls must include:
 - i. a sign-out process for staff members to carry any type of weapon inside the Jail,
 - ii. a prohibition on staff carrying any weapons except those in the Jail's tracked inventory, and
 - iii. random checks to determine if weapons have been discharged without report of discharge (e.g., by checking the internal memory of electronic control devices and weighing pepper spray canisters).
- h. A staff member must electronically record (both video and sound) all planned uses of force with equipment provided by the Jail.
- i. All staff members using force must immediately notify their supervisor.

- j. All staff members using a Level 1 use of force must also immediately notify the shift commander after such use of force, or becoming aware of an allegation of such use by another staff member.

Non-Compliant

There are no recorded instances of staff members obtaining supervisory approval prior to using weapons and mechanical restraints; nor is there any record of chemical sprays, physical restraints and electronic control devices being used when a prisoner may be at risk of positional asphyxia. At this point it is not possible to determine whether or not Detention staff are following prescribed procedure. There are no records noted to date that reflect whether or not an inmate was placed on a 15 minute watch while in restraints. Restraints are not utilized at any of the facilities except for transport.

The P&P Manual is still under review and will be re-issued once it has been revised. Until then, compliance with this paragraph is not possible. Currently, 15 minute well-being checks are maintained only for inmates under suicide watch although it is expected that detainees in Booking holding cells will be similarly monitored henceforth. To date no documentation has been submitted reflecting a planned use of force which would necessitate video recording, supervisory authorization or communication/coordination with medical staff. Inmates with serious or potentially serious medical problems are not identified prior to pepper spray use, nor do correctional staff contact medical staff before force is used on juveniles with serious mental health conditions. A recent innovation at the RDC allows OC spray canisters to be weighed so that it can be determined whether or not they have been used.

A review of the uses of force reports for September 2017 reported that there were 28 uses of force reports written. Four inmates were escorted to medical for evaluation. Tasers were used but pepper spray was not utilized. If the inmate required hospitalization, he was immediately sent to the ER. As previously stated, inmates sustaining serious injuries from the use of force are sent to the hospital. On the reports sent in the drop box there was no resolution written by medical staff. It could be in the chart; however, time did not permit a review of charts.

As previously recommended, a protocol should be developed and posted in the medical exam area for inmates that are tased or pepper sprayed and that it include the documentation of vital signs and the rinsing of eyes in the cases of pepper spray use. An eye wash station should be set up with disposable saline solution bottles or an attachment that fits on the sink. Training on the use of force on seriously mentally ill inmates and inmates that may adversely be affected by pepper spray should be added to the training curriculum and roll call.

QCHC has been tasked with the development of medical policies following the use of pepper spray or tasers. These policies have not yet been developed.

USE OF FORCE TRAINING

52. The County must develop and implement a use of force training program. Every staff member who supervises prisoners must receive at least 8 hours of pre-service use of force training and annual use of force refresher training.

Non-Compliant

The Training Director has accessed on line training modules offered by the Mississippi Department of Standards and Training which address at least some components of the Settlement Agreement. While it is not totally compliant, it represents a step in the right direction. The requirement for every member who supervises prisoners to receive at least eight hours of pre-service training and annual use of force refresher training has not been met.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Non-Compliant

These topics cannot be addressed until the P & P Manual is revised and published.

54. The County must randomly test at least 5 percent of Jail Staff members annually to determine whether they have a meaningful, working knowledge of all use of force policies and procedures. The County must also evaluate the results to determine if any changes to Jail policies and procedures may be necessary and take corrective action. The results and recommendations of such evaluations must be provided to the United States and Monitor.

Non-Compliant

This cannot be completed until the revised P&P Manual is issued, officers are trained and sufficient time has passed to conduct the random testing of at least five percent of Jail staff.

55. The County must update any use of force training within 30 days after any revision to a use of force policy or procedure.

Non-Compliant

This cannot be updated until the requisite training has been completed.

USE OF FORCE REPORTING

To prevent and remedy the unconstitutional use of force, the County must develop and implement a system for reporting use of force. To that end, the County must:

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Non-Compliant

There has been no change with regard to this paragraph. It cannot be addressed until the P&P Manual is revised and issued to all personnel. The inadequacy and inconsistency of the existing use of force forms is still an issue. While a standard, computer based form is being developed, supervisory review is still inadequate. It must include a recommendation for approval, disapproval and/or corrective action.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible, and no later than by the end of that staff member's shift. Staff members must accurately complete all fields on a Use of Force Report. The failure to report any use of force must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination. Similarly, supervisors must also comply with their documentation obligations and will be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change with regard to this paragraph. The requirement cannot be analyzed until the P&P Manual is revised and issued to all personnel. While report writing is improving throughout the Jail System, it is still not possible to determine whether incident reports are submitted in a timely fashion or whether supervisors follow up as required. Use of Force and Incident Report documentation, while better, is still inadequate. Some reports include no supervisory review. In those cases where supervisory review is documented it does not indicate approval, disapproval or recommended follow up action. While reports sometimes indicate that the involved inmate was referred to Medical for treatment/evaluation, the results of the treatment/evaluation are seldom included as a supplement to the original incident report. A training session with Detention, Operations and Information Technology personnel representing various supervisory ranks, that was held during the October site visit, should help to standardize and improve the quality of documentation.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events. At minimum, use of force reports must document the following information:

- a. A unique tracking number for each use of force;

- b. The names of all staff members, prisoner(s), and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. A description of the events leading to the use of force, including what precipitated or appeared to precipitate those events;
- f. A description of the level of resistance, staff response, and the type and level of force (including frequency and duration of use). For instance, use of force reports must describe the number of discharges from electronic control devices and chemical munitions canisters; the amount of discharge from chemical munitions canisters; whether the Staff Member threatened to use the device or actually discharged the device; the type of physical hold or strike used; and the length of time a prisoner was restrained, and whether the prisoner was released from restraints for any period during that time;
- g. A description of the staff member's attempts to de-escalate the situation without use of force;
- h. A description of whether the staff member notified supervisors or other personnel, including medical or mental health staff, before or after the use of force;
- i. A description of any observed injuries to staff or prisoners;
- j. Whether medical care was required or provided to staff or prisoners;
- k. Reference to any associated incident report or prisoner disciplinary report completed by the reporting officer, which pertains to the events or prisoner activity that prompted the use of force;
- l. A signature of the staff member completing the report attesting to the report's accuracy and completeness.

Non-Compliant

Although this paragraph must still be carried as "Non-Compliant", it is anticipated that it will move toward "Partial Compliance" by the time of the January 2018, site visit. The Use of Force report forms are now being generated through the Jail Management System (JMS). Although staff have not been adequately trained to date, once they are familiar with the computer created forms and how they link electronically with the original Incident Report associated with each event, there should be a major improvement in the quality of documentation. A training and orientation session was held during the October site visit involving Information Technology, Training, Operations, Detention, Justice Department and Monitoring Team staff. Many areas of inconsistency and concern were addressed.

USE OF FORCE SUPERVISOR REVIEWS

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force. At minimum:

- a. A supervisor must review all use of force reports submitted during the supervisor's watch by the end of the supervisor's watch.
- b. A supervisor must ensure that staff members complete their use of force reports by the end of their watch.
- c. Reviewing supervisors must document their findings as to the completeness of each staff member's use of force report, and must also document any procedural errors made by staff in completing their reports.
- d. If a Use of Force report is incomplete, reviewing supervisors must require Staff Members to provide any required information on a revised use of force report, and the Jail must maintain both the original and any revised report in its records.
- e. Any supervisor responsible for reviewing use of force reports must document their use of force review as described in Paragraph 62 sufficiently to allow auditing to determine whether an appropriate review was conducted.
- f. All Level 1 uses of force must be sent to the shift commander, warden, Jail Administrator, and IAD.
- g. A Level 2 use of force must be referred to the shift commander, warden, Jail Administrator, and IAD if a reviewing supervisor concludes that there may have been a violation of law or policy. Level 2 uses of force may also be referred to IAD if the County requires such reporting as a matter of Jail policy and procedure, or at the discretion of any reviewing supervisor.

Non-Compliant

The status of this paragraph is unchanged. Appropriate supervisory review cannot be determined until the P&P Manual is revised and issued. In addition, the standardized, computer generated incident and use of force forms must actually be used by all personnel. At present supervisors merely sign their names on forms or review them electronically. Their signature does not reflect agreement, disagreement or recommended action.

60. After any Level 1 use of force, responding supervisors will promptly go to the scene and take the following actions:

- a. Ensure the safety of everyone involved in or proximate to the incident. Determine if anyone is injured and ensure that necessary medical care is or has been provided.
- b. Ensure that photos are taken of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in a use of force incident. Photos must be taken no later than two hours after a use of force. Prisoners may refuse to consent to photos, in which case they should be asked to sign a waiver indicating that they have refused consent. If they refuse to sign a waiver, the shift commander must document that consent was requested and refused.

- c. Ensure that staff members and witnesses are identified, separated, and advised that communications with other staff members or witnesses regarding the incident are prohibited.
- d. Ensure that victim, staff, and witness statements are taken confidentially by reviewing supervisors or investigators, outside of the presence of other prisoners or involved staff.
- e. Document whether the use of force was recorded. If the use of force was not recorded, the responding supervisors must review and explain why the event was not recorded. If the use of force was recorded, the responding supervisors must ensure that any record is preserved for review.

Non-Compliant

There has been no change with regard to compliance with the requirements of this paragraph. Currently, supervisors do not routinely collect witness statements or take photographs. The revision of the P&P Manual and the standardized incident report and use of force report forms will move the County towards compliance, but it will be essential for supervisors to be trained to follow through and to provide complete and accurate information. Consistent review and follow up corrective action will be essential.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor of Captain rank or above who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Non-Compliant

Although the number of use of force reports continues to increase, it is not necessarily an indication of more violence, rather it may represent improved reporting on the part of staff. All three facilities had submissions. Supervisors still do not follow through with the requirements of this paragraph. Although medical care issues are documented, photographs are not taken, nor is reference to them made in the reports. Witnesses are seldom questioned and supervisors do not make comments about recording of the incidents. While using the paper report forms supervisors have historically not made any recommendations or indicated whether or not they concurred with the action taken. While using the new computer-generated forms supervisors seldom followed through with any recommendation or action because it was not automatically required of them.

62. Reviewing supervisors must document the following:

- a. Names of all staff members, prisoner(s), and other participants or witnesses interviewed by the supervisor;
- b. Witness statements;
- c. Review date and time;
- d. The findings, recommendations, and results of the supervisor's review;
- e. Corrective actions taken;
- f. The final disposition of the reviews (e.g., whether the Use of Force was found to comply with Jail policies and procedures, or whether disciplinary action was taken against a staff member);
- g. Supporting documents such as incident reports, logs, and classification records. Supervisors must also obtain and review summary medical and mental health records describing –
 - i. The nature and extent of injuries, or lack thereof;
 - ii. The date and time when medical care was requested and actually provided;
 - iii. The names of medical or mental health staff conducting any medical or mental health assessments or care.
- h. Photos, video/digital recordings, or other evidence collected to support findings and recommendations.

Non-Compliant

Supervisors do not follow through with the requirements of this paragraph. They simply sign the incident and use of force reports (without making a recommendation of any type) on the older paper forms; on the new computer-generated forms they often take no action because, to date, the system did not require them to do so.

INCIDENT REPORTING AND REVIEW

To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement a system for reporting and reviewing incidents in the Jail that may pose a threat to the life, health, and safety of prisoners. To that end, the County must:

63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information in order to respond appropriately to reportable incidents.

Non-Compliant

The P&P Manual must be revised and issued to all personnel before the level of compliance can be determined. Computer generated, standardized forms are being developed for use by all personnel.

64. Ensure that Incident Reports include an accurate and detailed account of the events. At minimum, Incident Reports must contain the following information:

- a. Tracking number for each incident;
- b. The names of all staff members, prisoner, and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. Type of incident;
- f. Injuries to staff or prisoner;
- g. Medical care;
- h. All staff involved or present during the incident and their respective roles;
- i. Reviewing supervisor and supervisor findings, recommendations, and case dispositions;
- j. External reviews and results;
- k. Corrective action taken; and
- l. Warden and Administrator review and final administrative actions.

Non-Compliant

The comments associated with the previous paragraph apply to this one as well. Hopefully, the computer-generated forms being developed for use by all personnel will address the previously noted deficiencies.

65. Require each staff member directly involved in a reportable incident to accurately and thoroughly complete incident reports as promptly as possible, by the end of the staff member's shift. At minimum:

- a. Staff members must complete all fields on an Incident Report for which they have responsibility for completion. Staff members must not omit entering a date, time, incident location, or signature when completing an Incident Report. If no injuries are present, staff members must write that; they may not leave that section blank.
- b. Failure to report any reportable incident must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination.
- c. Supervisors must also comply with their documentation obligations and will also be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change in the status of this paragraph. At present, it is not possible to determine whether or not incident reports are being routinely submitted on all reportable incidents. While the number of untoward events that are documented appears to be increasing over time, the fact that there are no reports on file regarding late releases or lost money and property is indicative of a failure to document significant incidents. Based on a review of

records and through conversation with staff, it is known that inmates have been held beyond their scheduled release dates, yet no incident reports are on file.

66. Ensure that Jail supervisors review and respond appropriately to incidents. At minimum:

- a. Shift commanders must document all reportable incidents by the end of their shift, but no later than 12 hours after a reportable incident.
- b. Shift commanders must report all suicides, suicide attempts, and deaths, no later than one hour after the incident, to a supervisor, IAD, and medical and mental health staff.
- c. Any supervisor responsible for reviewing Incident Reports must document their incident review within 24 hours of receipt of an Incident Report sufficiently to allow auditing to determine whether an appropriate review was conducted. Such documentation must include the same categories of information required for supervisor use of force reviews such as names of individuals interviewed by the supervisor, witness statements, associated records (e.g. medical records, photos, and digital recordings), review dates, findings, recommendations, and case dispositions.
- d. Reportable incidents must be reviewed by a supervisor not directly involved in the incident.

Partial Compliance

While a more definitive determination cannot be made until the P&P Manual is revised and issued, it does appear, from a review of paper generated reports, that supervisors are reviewing incident reports in a timely fashion. Most reflect same day review based on signature dates. That determination cannot be made at this time with regard to the new computer-generated forms.

SEXUAL MISCONDUCT

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero-tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;
- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;

- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Non-Compliant

There does not appear to be any change in the status of this paragraph. The P&P Manual, as originally submitted in April, does not meet the requirements of the Settlement Agreement. It should be noted that there are no notices regarding the PREA posted throughout the Jail System although the Inmate Handbook does contain a brief reference to it. At present, there is no record on file to reflect compliance. The health administrator reported that there were no cases of sexual misconduct this visit. If an inmate complains of a sexual assault, they are sent to the hospital and a rape kit is performed.

An in-service on PREA provisions for the health staff is essential.

INVESTIGATIONS

68. The County shall ensure that it has sufficient staff to identify, investigate, and correct misconduct that has or may lead to a violation of the Constitution. At a minimum, the County shall:

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely (within 60 days of referral) investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement, within 90 days of its Effective Date. At a minimum, an investigation will be conducted if:
 - i. Any prisoner exhibited a serious injury;
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or

- iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- b. Per policy, investigations shall:
 - i. Be conducted by qualified persons, who do not have conflicts of interest that bear on the partiality of the investigation;
 - ii. 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
 - iii. 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.
- c. Provide investigators with pre-service and annual in-service training so that investigators conduct quality investigations that meet the requirements of this Agreement;
- d. Ensure that any investigative report indicating possible criminal behavior will be referred to the appropriate criminal law enforcement agency;
- e. Within 90 days of the Effective Date of this Agreement, IAD must have written policies and procedures that include clear and specific criteria for determining when it will conduct an investigation. The criteria will require an investigation if:
 - i. Any prisoner exhibited serious, visible injuries (e.g., black eye, obvious bleeding, or lost tooth);
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
 - i. a brief summary of all completed investigations, by type and date;
 - ii. a listing of investigations referred for administrative investigation;
 - iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
 - iv. 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.

- v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.
- g. Jail management 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 and United States.

Partial Compliance

There has been no substantive change with regard to this paragraph since the Second Monitoring Report. Compliance with this paragraph cannot be achieved until the P&P Manual is revised and issued to all personnel and documentation is available to verify that actions taken are consistent with those policies and procedures. The number of IAD investigative reports submitted through Dropbox actually reflects a decrease during the current reporting period. In one case, a Detention Officer was found to be guilty of making a false statement, refusal or non-compliance with a direct lawful order and making improper use of his official position to include introduction of contraband to the facility. Although appropriate action may have been taken by the HCSO, there is no documentation of the disposition of the investigation that has been provided to the Monitor to date even though the IAD investigation is dated August 14, 2017.

GRIEVANCE AND PRISONER INFORMATION SYSTEMS

Because a reporting system provides early notice of potential constitutional violations and an opportunity to prevent more serious problems before they occur, the County must develop and implement a grievance system. To that end:

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

The use of the new kiosk system will eventually allow the prisoners to report grievances without the intervention of detention officers. However, the system is newly implemented and is not working as it should. A number of prisoners reported that when they try to submit a grievance the system will not accept their pin and they are kicked out of the system. Corrections officers confirmed that this is true. Staff have not identified an alternative method for submitting grievances for those prisoners. The system at the Work Center was completely non-functioning at the time of the site visit and the facility had reverted to paper grievances. Improvements to the system should be addressed promptly. In the interim, prisoners that cannot access the kiosk system should be able to submit paper grievances. The Inmate Handbook will need to be updated and will need to provide more detail to assist prisoners in using the system. The grievance

protocol in the current Handbook does not even reflect the process that was in place prior to the kiosks being implemented. Medical grievances are unusually low for the size of the population. This should be evaluated to ensure that prisoners understand that the grievance process can be used for medical grievances.

70. Grievance policies and procedures must be applicable and standardized across the entire Jail.

Non-Compliant

It was reported that there is now one Inmate Handbook that applies to all facilities. However, that Inmate Handbook, as noted above, describes a grievance procedure that has not existed in any of the facilities since the time monitoring began. Also, as noted above, because of problems with the kiosk system, the Work Center is not using the kiosk system. There should be training of staff on the kiosk system so that they can assist prisoners as needed.

71. All grievances must receive appropriate follow-up, including a timely written response by an impartial reviewer and staff tracking of whether resolutions have been implemented or still need implementation. Any response to a medical grievance or a grievance alleging threats or violence to the grievant or others that exceeds 24 hours shall be presumed untimely.

Partial Compliance

The new system creates a spreadsheet to track grievances and responses. The Grievance Officer can track who has been assigned to respond to a grievance on the spreadsheet. There are currently several problems with the process that prevent compliance. The person assigned to respond to a grievance is assigned based on housing and subject matter. However, this results in some situations in the responding individual not being impartial. The assignments need to be evaluated both generally and in the specific case to ensure that an impartial person is reviewing the grievance. At least one grievance was marked as resolved because it was referred to an individual to resolve. Referral alone does not constitute a resolution. At RDC, there is no one routinely checking to ensure that all grievances have been responded to and no one ensuring whether resolutions have been implemented. The new system has no means known to staff for marking a grievance as an emergency or otherwise identifying emergent grievances.

The number of grievances reported to medical for RDC seems very low. There was one grievance in June, 2 in July, 9 in August, and 15 grievances in September. The grievances were for a variety of issues with delayed care being the most frequent followed by missed medication. One inmate that was a diabetic requested his diabetic shoes from his property. The response was that it was not a medical issue. The need for diabetic shoes is a medical issue in that a diabetic inmate may develop ulcers due to poor fitting shoes. The physician should examine this patient. QCHC must coordinate with security when there are grievances that might involve security

rather than deny those grievances as non-medical. A similar impasse was reached with an inmate requesting a Kosher diet. QCHC would not order the diet because it was not a medical issue. The Jail would not allow the diet without an order from medical. The failure to provide the diet, however, resulted in the inmate refusing to eat and having increased mental health symptoms. All grievances were answered within 5 days. Medical grievances go directly to the medical department.

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

The staff is currently not well-trained on the capabilities of the system. They will need to be trained so that they can assist prisoners with accessing the system once it is functional. Staff did not know whether a different language could be selected and utilized with the system. Neither did staff know whether it had a voice recognition feature. These questions should be addressed to the vendor. Currently, the staff assumes that other prisoners will assist with prisoners who cannot access the current system. This does not meet the requirements of this paragraph.

73. The County must ensure that all current and newly admitted prisoners receive information about prison rules and procedures. The County must provide such information through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding the Jail's disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse, battery, and assault; accessing medical and mental health care; emergency procedures; visitation; accessing the grievance process; and prisoner rights. The County must provide such information in appropriate languages for prisoners with LEP.

Non-Compliant

As noted above, the grievance procedure described in the Inmate Handbook is not the one that is utilized and would not be consistent with paragraph 69 above. There is nothing in the Handbook describing how to report misconduct, sexual abuse, or battery and assault. The procedure for a medical or other inmate request is now outdated. The Handbook does not describe prisoner rights. Punishment is being assigned in excess of that listed for rules infractions. It was previously reported that a translation into Spanish was being worked on but that has not been provided.

RESTRICTIONS ON THE USE OF SEGREGATION

In order to ensure compliance with constitutional standards and to prevent unnecessary harm to prisoners, the County must develop and implement policies and procedures to limit the use of segregation. To that end, this Agreement imposes the following restrictions and requirements:

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Partial Compliance

During the October site visit, discussions with Classification staff set in place procedures which should make it possible for all detainees to be classified and assigned to appropriate housing within 24 hours of entry to the RDC. While this still does not comply with the requirement that classification take place within eight hours of intake, it represents another step toward compliance with that standard. Although it was previously reported that the single cells in Booking were no longer used for long term housing, during the October site visit it was discovered that an inmate with medical issues was, once again, housed there in a negative pressure cell. The situation was immediately rectified and the inmate was placed in a negative pressure cell in the Medical Unit.

At the RDC none of the housing units are properly designed to serve as a confinement/segregation unit. The recommendations that were made in the Second Monitoring Report need to be implemented. Confinement housing should be sub-divided into small components of from four to sixteen cells (modules) within a 48 to 64 cell unit. Without this design feature the job of keeping problem prisoners separate from each other is extremely difficult. Because the configuration at the RDC has 50 or more cells opening to a common day room, it is impossible to allow each inmate out of the cell individually in a 24 hour period. Segregation housing is very labor intensive to operate. Realistically, three officers are required to operate a 64 bed confinement unit. All of these issues are exacerbated at the RDC because the shortage of officers makes it impossible to assign one to many of the adult housing units.

The monitoring team as a group interviewed several patients that were in lockdown. The conditions in the segregation unit reflected significant problems. Inmates reported being in fear of their lives, unable to file grievances, denied a religious diet, and having insufficient light with the lights in the cells being non-functional. Time did not permit the monitoring team to verify all of the information provided by the inmates. It was verified that one inmate had been in altercations with other inmates and the lighting in the cells was poor with most of the cell ceiling lights being non-functional. It was also verified that a Kosher diet was not being provided. The inmates were shouting and throwing food and other items out of their cells.

75. The County must document the placement and removal of all prisoners to and from segregation.

Non-Compliant

There has been little change in the status of this paragraph. Documentation of inmates housed in the two, five bed confinement/segregation modules at the WC were found to be current although well-being checks were conducted at 30 minute, rather than 15 minute intervals. The same conditions were found at the JDC. During an inspection of HU B-3, which is currently designated as a segregation housing area, the well-being logs taped to the front of each cell were all signed by the officer at precisely the same time in exact 30 minute increments—a physical impossibility. On the following day, the well-being logs were no longer taped to the cell fronts; instead, they were located in the officer’s Unit Log.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner’s mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Non-Compliant

Segregation rounds are conducted by nursing staff on a daily basis at all three facilities. Nurses see each patient that is housed in segregation. Units that are utilized include B-3 and B-3 Isolation. The social worker conducts segregation rounds on all inmates placed in segregation twice a week. There is no notification by correctional staff prior to placement of an inmate on disciplinary sanctions or suicide precautions.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness. These safeguards must include the following:

- a. All decisions to place a prisoner with serious mental illness in segregation must include the input of a Qualified Mental Health Professional who has conducted a face-to-face evaluation of the prisoner in a confidential setting, is familiar with the details of the available clinical history, and has considered the prisoner’s mental health needs and history.
- b. Segregation must be presumed contraindicated for prisoners with serious mental illness.
- c. Within 24 hours of placement in segregation, all prisoners on the mental health caseload must be screened by a Qualified Mental Health Professional to

determine whether the prisoner has serious mental illness, and whether there are any acute mental health contraindications to segregation.

- d. If a Qualified Mental Health Professional finds that a prisoner has a serious mental illness or exhibits other acute mental health contraindications to segregation, that prisoner must not be placed or remain in segregation absent documented extraordinary and exceptional circumstances (i.e. for an immediate and serious danger which may arise during unusual emergency situations, such as a riot or during the booking of a severely psychotic, untreated, violent prisoner, and which should last only as long as the emergency conditions remain present).
- e. Documentation of such extraordinary and exceptional circumstances must be in writing. Such documentation must include the reasons for the decision, a comprehensive interdisciplinary team review, and the names and dated signatures of all staff members approving the decision.
- f. Prisoners with serious mental illness who are placed in segregation must be offered a heightened level of care that includes the following:
 - i. If on medication, the prisoner must receive at least one daily visit from a Qualified Medical Professional.
 - ii. The prisoner must be offered a face-to-face, therapeutic, out-of-cell session with a Qualified Mental Health Professional at least once per week.
 - iii. If the prisoner is placed in segregation for more than 24 hours, he or she must have his or her case reviewed by a Qualified Mental Health Professional, in conjunction with a Jail physician and psychiatrist, on a weekly basis.
- g. Within 30 days of the Effective Date of this Agreement, A Qualified Mental Health Professional will assess all prisoners with serious mental illness housed in long-term segregation. This assessment must include a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Prisoners requiring follow-up for additional clinical assessment or care must promptly receive such assessment and care.
- h. If a prisoner on segregation decompensates or otherwise develops signs or symptoms of serious mental illness, where such signs or symptoms had not previously been identified, the prisoner must immediately be referred for appropriate assessment and treatment by a Qualified Mental Health Professional. Any such referral must also result in a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Signs or symptoms requiring assessment or treatment under this clause include a deterioration in cognitive, physical, or

verbal function; delusions; self-harm; or behavior indicating a heightened risk of suicide (e.g., indications of depression after a sentencing hearing).

- i. The treatment and housing of prisoners with serious mental illness must be coordinated and overseen by the Interdisciplinary Team (or Teams), and guided by formal, written treatment plans. The Interdisciplinary Team must include both medical and security staff, but access to patient healthcare information must remain subject to legal restrictions based on patient privacy rights. The intent of this provision is to have an Interdisciplinary Team serve as a mechanism for balancing security and medical concerns, ensuring cooperation between security and medical staff, while also protecting the exercise of independent medical judgment and each prisoner's individual rights.
- j. Nothing in this Agreement should be interpreted to authorize security staff, including the Jail Administrator, to make medical or mental health treatment decisions, or to overrule physician medical orders.

Non-Compliant

Some RDC segregation practices can be thought to inflict further harm on inmates suffering from inadequate medical care. Inmates in these cells receive less contact with and less monitoring by providers than the acuity of their condition demands. When they are released to the general population inmates receive little follow-up care. Due to the effects of isolation, placement in segregation endangers mentally ill inmates and the risk of harm increases with the length of isolation and severity of their mental illness. Despite these dangers RDC does not have a meaningful mechanism that allows mental health staff to review an inmate's chart prior to placement. Moreover, many mental health patients end up in segregation as a result of symptoms of mental illness and as described under suicide prevention, many inmates try to commit suicide in segregation cells.

There are no interdisciplinary team meetings. Mental health staff should meet with the Major, Classification officer, Captain on a weekly basis to discuss housing, treatment goals and medications for seriously mental ill offenders. The meetings should last no longer than 30-45 minutes and two or three of the most mentally ill inmates should be discussed. When the unit designated as a mental health unit is actually operated as a therapeutic mental health unit as required by paragraph 42(g)(vi), the interdisciplinary team meeting should take place with the staff of that unit.

YOUTHFUL PRISONERS

As long as the County houses youthful prisoners, it must develop and implement policies and procedures for their supervision, management, education, and treatment consistent with federal

law, including the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. **Within six months of the Effective Date of this Agreement, the County will determine where it will house youthful prisoners. During those six months, the County will consult with the United States, the monitor of the Henley Young Juvenile Detention Center Settlement Agreement, and any other individuals or entities whose input is relevant.** The United States will support the County's efforts to secure appropriate housing for youthful prisoners, including supervised release. **Within 18 months** after the Effective Date of this Agreement, the County will have **completed** transitioning to any new or replacement youthful prisoner housing facility.

Partial Compliance

The County has taken a significant step toward compliance with this requirement. Specifically, beginning September 1, the transition of Youthful Prisoners (Juveniles Charged as Adults – JCAs) began by placing “new” JCAs at the Henley Young Juvenile Justice Center (hereinafter referred to as Henley Young). In this case, “new” refers to JCAs that had not already been in placement at the RDC other than for a short time, i.e. a few days following booking up to one youth indicating he had been at RDC about three weeks. As of this site visit, five JCAs were housed at Henley Young. Consequently, the number of JCAs remaining at the RDC is diminishing, with eleven JCAs in placement as of the start of the site visit. During the week of the site visit, two of those youth turned age 18 and were transferred to an adult unit at RDC, leaving nine JCAs at RDC at the end of the site visit. The current plan is to continue this transition. In order to meet the requirement of the Agreement, all JCAs would have to be transitioned out of RDC by January 19, 2018 (note previous report erroneously referenced this date as June 2018). None of the youth remaining at RDC will turn 18 prior to that date so absent changes in their court case that results in placement elsewhere these youths will need to be moved. These remaining JCAs present greater challenges in transitioning to Henley Young, at least in part resulting from their long-term confinement at the RDC and the resulting “adulthood” they have experienced by being housed in a setting that has offered little programming, minimal mental health services, often inadequate supervision, and generally poor living conditions. The concerns related to transitioning remaining JCAs is echoed in the September 25, 2017 Henley Young Monitoring report filed by Mr. Leonard Dixon, the court-appointed monitor for the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree related to the Henley Young facility.

Pertinent sections of that report include:

“During my visit to the County Jail, the young adult unit was in extreme poor condition, no programs were available, the young adults were constantly on lockdown and there were inadequate supervision for them. Transitioning from a jail environment which is run by sworn officers to Henley-Young which is staffed with unsworn staff may lead to an increase in violence toward both staff and residents. This will have to be addressed and managed properly.

If this transition is to occur I would recommend a slow transfer of these young adults into Henley-Young to mitigate the negative impacts from integrating these young adults into a relatively structured facility. An initial carefully planned selective transitional program should be developed to slowly move these young adults a few at a time into Henley-Young on a weekly or biweekly basis. This transition process is critical if the facility is to maintain its compliance with the consent decree. There also needs to be additional security for these adult inmates. The physical plant needs greater security hardware (i.e. fencing for outdoors, outdoors ground security, outdoor windows security etc.) and new stringent staffing security protocols in place before this transition takes place.... and

I am concerned that the integration of young adults into Henley-Young may possibly jeopardize and potentially undermine all the hard work and effort put in place by the County if the above- mentioned recommendations are not carefully considered or adhered to”.¹

The decision to utilize Henley Young for JCAs does create an immediate conflict with the Hinds County/SPLC Consent Decree related to the maximum length of stay (21 days) that will need to be resolved. It is our understanding that the parties for both cases are aware of this conflict, and some resolution of that conflict will need to occur. The court should be advised of any progress on this issue.

Finally, as noted in the initial Baseline Report and as referenced in other reports, making this transition successful (safe for all youth and staff as well as meeting both Agreement requirements), additional steps will need to be taken, including but not limited to:

1. Continue to house “new” JCAs (male and female) at Henley Young after booking at RDC;
2. Additional physical plant modifications related to perimeter and living unit security;
3. Constructing of additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley Young;
4. Reviewing staffing alignment and positions to ensure additional staffing and supports as additional JCAs are transferred from RDC. While the Henley Young agreement calls for a direct supervision staff/youth ratio of 1/8, a 1/6 ratio for the JCA youth that remain at RDC is recommended;
5. Addressing case processing concerns in the adult system that has resulted in very lengthy periods of confinement for JCAs at RDC and, absent changes will result in similar lengths of stay at Henley Young. This not only delays resolution of the youth’s case but also increases the likelihood that the population of JCAs at Henley Young will grow and create additional challenges for operation of the facility as a whole. Note that the Dixon Monitoring Report

¹ Dixon, Leonard. *Henley Young Compliance Monitoring Report*. J.H., ET AL, Vs. Hinds County Mississippi. Filed September 25, 2017. pp. 11-12.

provides some specific recommendations in this regard that would provide more timely and appropriate outcomes for JCAs;

6. Making structural improvements to the living units that will support more effective supervision and programming for youth including:
 - a. Installing soundproofing materials (e.g. acoustic ceiling tiles, acoustic wall panels, carpeting in portions of the floor) to reduce the noise level created by normal adolescent behavior(s); noise that makes it not only difficult to properly interact with/supervise youth but also adds to the overall noise level that unnecessarily elevates the emotional level of youth;
 - b. Removing the steel tables and replace them with movable, security grade tables and chairs that are more comfortable, flexible, and permit rearrangement for purposes of programming in small groups, separation of youth within a unit, and/or even individual program purposes; and
7. Continuing to implement practices and policies that limit the number of non-JCA youth confined at Henley Young. In recent months, the average daily population of non-JCA youth has declined considerably, making it possible to “free up” at least one, and possibly two, housing units for JCA youth. This has been accomplished in large part by implementing a detention screening tool that helps limit youth being admitted, authorizing the release of youth that can be supervised in the community, reducing the use of Henley Young for probation violations, and ensuring timely processing of cases in the youth court. Use of Henley Young for non-JCA youth should be limited to those youth that pose a danger to the community or circumstances in which it is necessary to secure a youth’s appearance in court; and for those youth only as long as those conditions remain a concern. Continued administrative and judicial leadership to support alternatives to confinement will be critical to making it possible to utilize Henley Young safely and effectively for all youth.

All of these steps will become increasingly important as the number of JCAs at Henley Young grows, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible.

REPORTING COMPLIANCE ON THE REMAINING CONDITIONS WILL REFERENCE ONE/BOTH LOCATIONS AS APPROPRIATE.

For any youthful prisoners in custody, the County must:

78. Develop and implement a screening, assessment and treatment program to ensure that youth with serious mental illness and disabilities, including developmental disabilities, receive appropriate programs, supports, education, and services.

Partial Compliance at Henley Young

Moving to Partial Compliance on this component is solely the result of transitioning some youth to the Henley Young facility. Any JCAs booked at RDC and then housed at Henley Young are screened for mental health concerns using the MAYSI-II, a common screening tool that is appropriate for use with adolescents. Additionally, the County has hired three additional case managers to help support individualized planning and services and has been in the process of hiring an on-site psychologist. However, the case manager positions are relatively new and the nature of their role and responsibilities is still being developed; and, the psychologist position remains unfilled, as a previous offer was made to a potential employee but that offer was ultimately rejected. Based on interviews with staff at Henley Young, comments included in Mr. Dixon's recent report are appropriate. Work on roles and policies are in the early stages but the progress is promising.

As noted in the prior Compliance Report, implementing a more comprehensive mental health program also means integrating what is known about the mental health needs of youthful prisoners with multiple requirements of the operation including reducing the use of seclusion/restraints, increased training for staff supervising youth, and development of a behavioral management program. Significant progress toward this goal has been made at Henley Young, including developing a contractual relationship for various services with the Hinds County Behavioral Health unit, and will be evaluated further in subsequent visits.

Finally, further information related to this requirement may be available upon receipt of a report by Dr. Boesky, the consultant hired to assess mental health services for the Henley Young Consent Decree.

Non-Compliant at RDC

There is no evidence of any change in how JCAs confined at RDC are screened and/or served in relation to the various components required in this provision. Mental health services remain limited to dealing with crisis situations (i.e. suicide concerns) and issues related to psychotropic medications (i.e. adjustments in medications). Thus, there is no evidence of any substantive programming/services to deal with issues related to developmental disabilities or integration of any such services into a behavioral health approach to addressing the needs of youth at RDC.

In the last Compliance Report, it was noted that there were increasing concerns about the number and nature of incidents for JCAs of suicide ideation/expression, but in reviewing the RDC youth's files and other information provided by the County, that concern has subsided in recent months; perhaps consistent with the reduction in the number of youth at RDC.

On a positive note, Deputy Newell has been given the task of developing some additional supportive life skill programming for adults, including young adults, at RDC. He has recruited fifteen volunteers to offer a variety of group programs that inmates can participate in, for example decision-making, AODA support, money management, anger management, parenthood, etc. Those programs are being planned to be implemented in later October/early November, and review of progress in this regard can be done during the next site visit.

Recommendations:

1. Assuming the transition of JCAs to Henley Young continues, the case manager recently employed to work with the JCA youth at Henley Young should begin outreach to the remaining JCAs at RDC to begin a more complete assessment process and assist in the transition of those youth to Henley Young; and
2. The County should continue efforts to secure a psychologist for Henley Young consistent with the terms of that Consent Decree or, at a minimum, on a contractual basis.

79. Ensure that youth receive adequate free appropriate education, including special education.

Partial Compliance at Henley Young

Education services at Henley Young are provided by the Jackson Public School (JPS) system. As youth transition to Henley Young they are assessed by JPS staff related to their education status including whether they have been receiving special education services. This is a first step in meeting the condition of this requirement, but at this point the determination has been made that only youth 15 and under will be integrated into the regular JPS program at Henley Young. The current plan calls for the 16 & 17 year old JCAs placed at Henley Young to be placed in a developing GED instruction/testing program. For some youth that will be an appropriate placement, while for others it will not likely be consistent with what is appropriate and/or legally required (particularly for youth that are eligible for special education services). Unfortunately, the majority of youth already at Henley Young as well as those remaining to be transferred from RDC fall in the 16-17 year old category.

Further concerns related to the education program at Henley Young include (1) whether or not the amount of instructional time provided for youth is consistent with state requirements, and (2) whether youth at Henley Young are provided services in a way that will permit them to keep up with where they were at academically prior to admission and/or whether they are able to receive credit (time and/or actual course credit) that will support successful reentry back into the community and a school program at the time of release.

These concerns are even more relevant for JCA youth for longer periods of time, periods that will likely span multiple academic semesters. In some ways, having youth for longer periods of

time should enable JPS to provide a more complete education program, e.g. assess needs and gather appropriate educational records, provide individualized programming, provide remedial support as needed to allow youth to “catch up”, and ultimately provide credits that can be applied to subsequent programming.

In addition to meeting the needs of youth while placed at Henley Young, it will be increasingly important that there is adequate programming at RDC for those youth who “age out” of Henley Young and return to RDC and/or that there is sufficient transition planning done to ensure that youth receive required/appropriate services no matter where they ultimately are released to/placed at.

Finally, the state of compliance with this requirement will be further informed by a pending report being submitted to Mr. Dixon by Carol Kramer-Brooks, a well-respected expert on educating youth in confinement. Conclusions and recommendations in that report will be reviewed and assist in planning the next site visit.

Non-Compliant at the Raymond Detention Center

The JCAs at RDC have continued to benefit, albeit on a very limited basis, from the continued support of a volunteer for Adult Basic Education (ABE) services. With a reduced number of youth to serve, the volunteer has been focusing more on providing individualized instruction, but that remains limited to two-three times/week for relatively brief periods of time (e.g. 1-2 hours). As noted in the prior report, the ABE program is dependent on the availability and interest of the volunteer, and that person is not certified to fully assess educational needs or administer GED testing (if appropriate). Leadership reported that they are in the process of recruiting a certified GED instructor that will enable increased services for young adults, but it is not clear to what extent that individual will serve JCAs if/when that position is secured.

There remains no routine screening process (other than assessment related to ABE skills) to determine whether and what educational services a juvenile or youthful offender was engaged in prior to admission that would help determine what the appropriate, and often legally required, services should be for the youth while confined. As well as providing some increased GED programming for adults, as JCAs are transitioned out of RDC there will still be a need to assess young adults placed at RDC that may be eligible for special education services.

80. Ensure that youth are properly separated by sight and sound from adult prisoners.

Substantial Compliance at Henley Young

Since there are no adult prisoners placed at Henley Young, this provision is met, and as JCA youth in placement turn 18, they will be transferred to RDC.

Partial Compliance at the Raymond Detention Center

Youth are housed in a separate unit so that the potential for contact with adults is minimized. The initial Policies and Procedures provided, however, fall short of emphasizing the need for this separation/proper supervision to be carried through all aspects of the operation, lacking reference to how youth might be moved throughout the facility, e.g. to medical, the classroom, or holding/transportation to court. Further revision of Policies/Procedures has apparently been contracted out to Jackson State University and the timeline for completion is uncertain but not imminent.. Any revision (as well as related training) should clearly include a requirement to document (via an Incident Report) any instance in which improper contact occurs.

As noted in prior reports, there is no evidence of signage or consistent policies that indicate appropriate attention to the requirements of the Prison Rape Elimination Act (PREA) related to youthful offenders, including separation and supervision.

81. Ensure that the Jail's classification and housing assignment system does not merely place all youth in the same housing unit, without adequate separation based on classification standards. Instead, the system must take into account classification factors that differ even within the youth sub-class of prisoners. These factors include differences in age, dangerousness, likelihood of victimization, and sex/gender.

Partial Compliance at the Raymond Detention Center and Henley Young

With only one unit in RDC, this provision cannot be fully met. Separation of some JCAs has been achieved simply through the process of placing new JCAs at Henley Young. The number of youth remaining at RDC has declined as noted, and the youth remaining tend to be older and have alleged to have committed very serious offenses.

At this point in time, the JCA youth at Henley Young are assigned to one housing unit. As the transition continues it may be possible to utilize two of the Henley Young housing units in a way that permits appropriate classification, but that will be dependent on a number of factors, including: (1) maintaining the number of non-JCA youth as low as possible; (2) reconciling any conflicts between this Settlement Agreement and the SPLC/Hinds County Consent Decree; and (3) the creation of additional program space(s).

The criteria and process for classification will need to be finalized and evaluated as additional youth are transferred from RDC.

82. Train staff members assigned to supervise youth on the Jail's youth-specific policies and procedures, as well as on age-appropriate supervision and treatment strategies. The County must ensure that such specialized training includes training on the supervision and treatment of youth, child and adolescent development, behavioral management, crisis intervention, conflict

management, child abuse, juvenile rights, the juvenile justice system, youth suicide prevention and mental health, behavioral observation and reporting, gang intervention, and de-escalation.

Partial Compliance at Henley Young

Supervising staff at Henley Young receive basic detention officer certification through the state. In reviewing that standard curriculum and notes from Mr. Dixon's most recent report, I agree that the focus of that training provides some baseline knowledge that is useful, but it lacks the kind of focus on working with youthful offenders that is needed be effective with juveniles and young adults. In addition to this state training and the facility orientation training, all staff apparently receives Non-Violent Crisis Intervention training (and refresher training) certified by the Crisis Prevention Institute. This is a curriculum that is commonly used in juvenile detention settings and places an emphasis on verbal de-escalation skills and, if necessary, restraint and protection skills that are safe and more appropriate when used with juveniles.

Time did not permit a full review of training records, but Mr. Dixon's report indicates that there is good documentation related to staff training. Henley Young is making notable progress toward substantial compliance, and continuing to develop specific training programs related to adolescent development, professional communications, mental health, gang recognition skills, behavior management, and dealing with suicide/self-harm behaviors will further advance the safety and effectiveness of the facility for all youth, not just the JCAs. Further review of all training records and curriculum at Henley Young should be a priority for the next site visit.

Non-Compliant at the Raymond Detention Center

The last specialized training for supervising youthful prisoners was held in June prior to the site visit. Ten staff participated in the training, although seven of the ten are staff currently assigned to the JDC, leaving only three RDC staff receiving the training. And, it appears that no effort has been made to then clearly assign those trained staff to the juvenile unit (A-1) with the exception of Sgt. Tower. While the general course of training for new detention officers does include some basic elements that are appropriate for juveniles, the lack of additional training and lack of focus on assigning specific staff to the juvenile unit is of significant concern. Overall this is a step backward from the prior plan to train more officers and assign them to the juvenile unit.

That concern was perhaps best illustrated by an incident on August 27 when a juvenile, D.C., ended up with a broken jaw resulting from a fight with another juvenile on the unit. In reviewing the Incident Report, speaking with Warden Rushing and Mr. Bennis (Internal Affairs), and viewing the video recording of the lead-up to the incident, it was clear that there were three to four points in the minutes before the fight occurred in which a more experienced and well-trained officer could have and likely would have intervened to prevent the fight from occurring. So, while there was an officer providing direct supervision on the unit (recall prior concerns that there were periods of time when a staff was not on the unit), the officer did not respond at all to

the precursors of the fight and in fact did not respond after either. It was not until some other youth helped D.C. down the stairs and brought him to attention of the next staff member on the unit that medical support was called. Per the report(s) D.C. had significant injuries that required the use of oxygen, transport to the hospital, and eventually having his jaw wired shut. D.C. was then placed in isolation in a medical monitoring unit and was still on that unit at the time of this site visit. Of additional concern is that the Internal Affairs follow up report of the incident had not been completed at the time of the site visit, and the conclusion that the officer essentially did nothing overtly wrong is confusing at best. Clearly, negligence on the part of the officer in failing to intervene was a contributing factor in the resulting incident.

Recommendations included in the prior report remain largely appropriate as long as juveniles remain at RDC, including: (1) training any/all staff working with youthful prisoners (keeping in mind that much of the training is appropriate for supervising young adult offenders as well as youth under age 18); (2) assigning only properly trained staff to the juvenile unit; (3) training key supervisory staff so they can properly reinforce the training that was received and properly evaluate officer performance; (4) and integrating knowledge gained in the training in development of a behavioral management program and related policies/procedures.

83. Specifically prohibit the use of segregation as a disciplinary sanction for youth. Segregation may be used on a youth only when the individual's behavior threatens imminent harm to the youth or others. This provision is in addition to, and not a substitute, for the provisions of this Agreement that apply to the use of segregation in general. In addition:

- a. Prior to using segregation, staff members must utilize less restrictive techniques such as verbal de-escalation and individual counseling, by qualified mental health or other staff trained on the management of youth.
- b. Prior to placing a youth in segregation, or immediately thereafter, a staff member must explain to the youth the reasons for the segregation, and the fact that the youth will be released upon regaining self-control.
- c. Youth may be placed in segregation only for the amount of time necessary for the individual to regain self-control and no longer pose an immediate threat. As soon as the youth's behavior no longer threatens imminent harm to the youth or others, the County must release the individual back to their regular detention location, school or other programming.
- d. If a youth is placed in segregation, the County must immediately provide one-on-one crisis intervention and observation.
- e. The County must specifically document and record the use of segregation on youth as part of its incident reporting and quality assurance systems.
- f. A Qualified Medical Professional, or staff member who has completed all training required for supervising youth, must directly monitor any youth in segregation at least

every fifteen (15) minutes. Such observation must be documented immediately after each check.

- g. Youth may not be held in segregation for a continuous period longer than one (1) hour during waking hours. If staff members conclude that a youth is not sufficiently calm to allow a break in segregation after one hour, they must contact a Qualified Mental Health Professional. The Qualified Mental Health Professional must assess the youth and determine whether the youth requires treatment or services not available in the Jail. If the youth requires mental health services that are not provided by the Jail, the Qualified Mental Health Provider must immediately notify the Jail Administrator and promptly arrange for hospitalization or other treatment services.
- h. If a youth is held in segregation for a continuous period longer than two (2) hours, Staff Members must notify the Jail Administrator.
- i. Any notifications or assessments required by this paragraph must be documented in the youth's individual record.

Partial Compliance at Henley Young

Based on conversations with staff and youth, segregation as defined in this agreement is uncommon in that there are short periods of time when youth may be confined to a cell for disciplinary reasons but not for a majority of waking hours. This is consistent with the general operation of a reasonable behavior management system in which most of the behavior is managed by adhering to a full daily routine of constructive pro-social activities, promoting sound direct supervision practices, and shaping behaviors through use of a well-designed incentive system.

However, it is apparent that policies do permit the use of cell confinement/segregation for up to three days for non-JCA youth and up to five days for JCA youth. Further review of the policies, practices, and documentation related to the use of cell confinement will need to be completed during the next site visit.

While there are some differences in the language of the Henley Young Consent Decree and this Agreement, Mr. Dixon's most recent report does reference those requirements and includes the following:

During this visit and my review of documentation, I found that the facility was not abusing isolation practices. However, I would recommend the administration closely review incidents reports to ensure that staff is accurate when placing residents in confinement (i.e. Resident M.C. on 2/9/2017 was escorted back to B Pod however there is no mention of the resident going to his room; Resident J.P. on 2/15/2017 was escorted back to his pod again there was no mention of the resident placed in his room after flooding his room; Resident J.P. on 2/9/2017 he was escorted to his room B101 but there is no indication that he was placed on BMI for 15 minutes to cool down and Resident L.M. on 6/13/2017 was escorted to his room for acting out however there is no indication that he was placed in his room even though the

incident report shows that he was placed in his room). These are areas that must be persistently monitored.²

Note that his specific concerns relate to documentation (rather than evidence of the overuse of cell confinement), which is critical for ensuring staff accountability and overall compliance with proper policies. Overall, implementing a comprehensive behavior management system that includes the strategic use of various forms of “time outs” or short term room confinement (e.g. up to one hour) for disciplinary purposes only when necessary is a fairly complex task. Mr. Dixon’s recommendations that this continue to be a focus of policy development and staff training is appropriate.

Non-Compliant at the Raymond Detention Center

There remains no evidence of sufficient policies/procedures or documentation related to the use of room confinement or other forms of isolation/segregation for youth, although youth report that use of extended room confinement is not occurring. In a discussion with Sgt. Tower she continues to report that there were occasional times when she addressed behavioral concerns by placing youth in their cell for short periods of time, e.g. 30 minutes, to calm a situation of concern that she was observing. However, as noted earlier, the youth that had his jaw broken in the incident of August 27 was placed in a medical isolation cell since the incident and complained of being able to be out of his cell on rare occasion and not having hot water for a shower. While concerns about his health and the potential of risk of further harm if returned to the juvenile unit were legitimate, something other than extended isolation in this manner should be developed for such cases. Per Warden Rushing, the plan was for the youth to return to the juvenile unit the week following the October site visit.

Recommendation: Steps toward compliance can be made by (1) developing clear policies/procedures, consistent with the Agreement requirements, related to the use of segregation or other forms of isolation/confinement for disciplinary purposes; and (2) keeping a room confinement log that documents any period of time in which a youth is placed in segregation/room confinement for disciplinary purposes that includes the name of the youth, the time confined, the officer implementing the confinement, brief reason for the confinement, and any involvement of medical/mental health staff to review confinement if it is extended; and (3) require the writing of an Incident Report for any such confinement that exceeds one hour.

84. Develop and implement a behavioral treatment program appropriate for youth. This program must be developed with the assistance of a qualified consultant who has at least five years of experience developing behavioral programs for institutionalized youth. The Jail’s behavioral program must include all of the following elements:

² Dixon, Leonard. *Henley Young Compliance Monitoring Report*. J.H., ET AL, Vs. Hinds County Mississippi. Filed September 25, 2017. p.14.

- a. The behavioral program must include positive incentives for changing youth behavior, outline prohibited behaviors, and describe the consequences for prohibited behaviors.
- b. An individualized program must be developed by a youth's interdisciplinary treatment team, and properly documented in each youth's personal file. Documentation requirements must include the collection of data required for proper assessment and treatment of youth with behavioral issues. For instance, the County must track the frequency and duration of positive incentives, segregation, and targeted behaviors.
- c. The program must include safeguards and prohibitions on the inappropriate use of restraints, segregation, and corporal punishment.

Partial Compliance at Henley Young

In moving toward compliance with the County/SPLC Consent Decree, many steps have been taken to develop staffing and programming to meet the requirements of this paragraph. For example:

1. Three case managers have been hired to work with youth in placement to provide some individualized counseling, provide some group programming, serve as a link to other needed resources to address behavioral and mental health needs, and keep youth informed of their court status. As this role is further developed, the case manager can be a facilitator for the kind of treatment team approach envisioned in this requirement;
2. The County continues searching for a psychologist on an employee or contractual basis to provide support for on-going treatment of all youth, including the JCA youth;
3. A rudimentary point/level system is in place that links expectations for youth to various privileges/rewards they can earn, and the JCAs interviewed all referenced some activities and privileges they had received. This system remains a work in progress, as there are a number of improvements that can be made as it is used for all youth; but, particularly it should be enhanced with additional requirements/incentives for JCA youth (e.g. provide for individualized goal-setting, compliance with additional programming expectations, use of peer support, etc.);
4. Based on brief conversations with staff and youth and consistent with the information included in Mr. Dixon's most recent report, there is a daily schedule of programming that keeps youth relatively active and engaged in a variety of constructive activities. Keeping youth active in "normalized" activities is an important component of managing the behavior of youth in the facility as well as promoting more effective reentry when they are released; and
5. Use of isolation, extensive cell confinement, use of restraints, and corporal punishment are not permitted according to facility policies/procedures. Disciplinary procedures do provide for periods of cell confinement for up to three days (non-JCA youth) or five days (JCAs), but actual use for any/all youth appears to be for short periods of time, e.g. hours to several

hours. However, further review of policies/procedures and the documentation of the use of cell confinement for disciplinary or safety purposes will need to be done on future visits.

While there remains room for improvement on these requirements, certainly Henley Young is much further along in meeting them than anything that has developed at RDC. Additional information related to this requirement is available in Mr. Dixon's most recent report, but further review of policies/procedures should take place on the next site visit.

Recommendation: While the fact that a point/level system exists is a big step toward compliance, the system should be improved in various ways, including: (1) further integration of that system along with increasing the variety of programming (e.g. cognitive-behavioral programs, life skills programming, etc.); (2) further refining the level system to better define expectations for youth for the "recreation" aspect of the system (recreation is a general term apparently used for all types of activities including school, physical recreation, various groups, etc.); (3) especially for JCA youth beginning to incorporate other longer-term requirements and incentives, focusing particularly on education and other pro-social skill development; and (4) increasing communication between staff and youth related to behavioral expectations and how youth are "scored" on the system. Further technical assistance would be helpful in making these and other improvements to the current system.

Non-Compliant at the Raymond Detention Center

There has been no substantive change related to these provisions. The County has not identified a consultant to help them take steps to develop even a rudimentary behavioral management program. A small step forward in a potential foundation for such a program is the development of a "daily schedule" for programming, but absent any other incentives (group or individual) there remains no behavioral program to speak of. Some "rewards" for group behavior(s) have been provided but those have been on an ad hoc, incidental basis rather than built into any kind of systemic approach. Finally, as previously noted, there is no real assessment (other than for the Adult Basic Education programming), no treatment team, no individualized goal setting, or other components of a complete behavioral management program.

LAWFUL BASIS FOR DETENTION

Consistent with constitutional standards, the County must develop and implement policies and procedures to ensure that prisoners are processed through the criminal justice system in a manner that respects their liberty interests. To that end:

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order. Examples of inadequate paperwork include, but are not limited to undated or

unsigned court orders, warrants, and affidavits; documents memorializing oral instructions from court officers that are undated, unsigned, or otherwise fail to identify responsible individuals and the legal basis for continued detention or release; incomplete arresting police officer documents; and any other paperwork that does not establish a lawful basis for detention.

Non-Compliant

Determining the lawful basis for detention including on-going detention after some court activity continues to be difficult. In addition to booking staff, there are three individuals-two in records and the court liaison-tracking the lawful basis of detention. They are all three using separate spreadsheets and lists. There continues to be a lack of business process to check all law enforcement and court documents. The Monitor did not conduct an extensive review of files during this site visit. There was at least one individual who continued in custody without valid paperwork from the court although paperwork was subsequently provided by the public defender. Another individual remained in custody as a result of an order that was confusing and efforts to clarify it had proved unsuccessful. The indicted and non-indicted lists were substantially improved but still included people on one list that should have been on the other and some individuals were charged with a felony but were not on either list. There is significant confusion regarding the status of individuals who are in the competency process. At least one individual appeared to have been found incompetent and non-restorable. The records did not reflect the legal basis for his continued detention in the detention facility.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in Bearden v. Georgia, 461 U.S. 660 (1983) and Cassibry v. State, 453 So.2d 1298 (Miss. 1984). The County must develop and implement policies consistent with the applicable federal law and the terms of this Agreement.

Non-Compliant

At the time of the site visit there was no one in the facility on an unlawful order for failure to pay fines and fees compared to a 100 inmates detained on unlawful fines and fees orders at the time of the February visit. With the municipal class action and the adoption of Supreme Court rules for criminal procedure, the jail has not been receiving unlawful orders. This requirement is listed as non-compliant because the jail has not developed or implemented policies as specified in paragraphs 87 through 89 below. As the Supreme Court rules are very new, it would be advisable to have policies to address orders that are not compliant with the new rules.

87. No person shall be incarcerated in the Jail for failure to pay fines or fees absent (a) documentation demonstrating that a meaningful analysis of that person's ability to pay was conducted by the sentencing court prior to the imposition of any sentence, and (b) written findings by the sentencing court setting forth the basis for a finding that the failure to pay the

subject fines or fees was willful. At a minimum, the County must confirm receipt from the sentencing court of a signed “Order” issued by the sentencing court setting forth in detail the basis for a finding that the failure to pay fines or fees was willful.

Partial Compliance

The County has been pro-active in ensuring that valid court orders are utilized. The County sponsored a training session on the new rules as related to orders on fines and fees. This is to be commended. This requirement is carried as partial compliance in that a process was not adopted to address non-compliant orders. If this becomes moot because of the rule change, the parties could explore dropping this requirement.

88. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a person for failure to pay fines or fees, Jail staff must promptly notify Jail administrators, Court officials, and any other appropriate individuals to ensure that adequate documentation exists and must obtain a copy to justify continued detention of the prisoner. After 48 hours, that prisoner must be released promptly if the Jail staff cannot obtain the necessary documentation to verify that the failure to pay fines or fees was willful, and that person is incarcerated only for the failure to pay fines or fees.

Partial Compliance

See response to number 87 above.

89. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a prisoner for failure to pay fines or fees, and if that person is incarcerated for other conviction(s) or charge(s), other than the failure to pay fines and/or fees, Jail staff must promptly notify Jail administrators, Court officials, and other appropriate individuals to ensure that adequate documentation exists and to ascertain the prisoner’s length of sentence. If Jail staff cannot obtain a copy of the necessary documentation within 48 hours of the prisoner’s incarceration, Jail staff must promptly arrange for the prisoner’s transport to the sentencing court so that the court may conduct a legally sufficient hearing and provide any required documentation, including the fines or fees owed by the prisoner, and an assessment of the prisoner’s ability to pay and willfulness (or lack thereof) in failing to pay fines or fees.

Partial Compliance

See response to number 87 above.

90. Jail staff must maintain the records necessary to determine the amount of time a person must serve to pay off any properly ordered fines or fees. To the extent that a sentencing court does not specifically calculate the term of imprisonment to be served, the Jail must obtain the necessary information within 24 hours of a prisoner’s incarceration. Within 48 hours of incarceration, each

prisoner shall be provided with documentation setting forth clearly the term of imprisonment and the calculation used to determine the term of imprisonment.

Partial Compliance

The WC continues to maintain a spreadsheet. There are some individuals who have a sentence of confinement. Some of these individuals show fines and fees but with the notation of a payment plan in effect. This signifies that they will be released after the sentence of confinement. The Monitor will continue to track these entries to ensure that individuals are released after the confinement period. There was no documentation that prisoners were provided with documentation of their release date although they do typically have the orders from the court.

91. No pre-trial detainee or sentenced prisoner incarcerated by the County solely for failure to pay fines or fees shall be required to perform physical labor. Nor shall any such detainee or prisoner receive any penalty or other adverse consequence for failing to perform such labor, including differential credit toward sentences. Any physical labor by pre-trial detainees or by prisoners incarcerated solely for failure to pay fines or fees shall be performed on a voluntary basis only, and the County shall not in any way coerce such pre-trial detainees or prisoners to perform physical labor.

Non-Compliant

This has become a limited issue now that virtually no individuals are working off fines and fees. The recent standard practice at the WC is to give half the amount of credit towards fines and fees for individuals who do not perform physical labor. This includes individuals who cannot perform physical labor because of a medical or mental health condition. Captain Chandler stated that individuals with medical conditions did get the full amount of credit without working. However, Deputy Neal stated that only in special situations would they get full credit. He would make the recommendation to the Captain based upon criteria such as how long the prisoner has been incarcerated, the nature of the charge and generally a subjective judgement. There needs to be a written policy requiring that individuals who cannot work because of a medical or mental health condition or other disability receive full credit towards fines and fees.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:

- i. Individuals who have completed their sentences;
- ii. Individuals who have been acquitted of all charges after trial;
- iii. Individuals whose charges have been dismissed;
- iv. Individuals who are ordered released by a court order; and
- v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Non-Compliant

The Monitor did not do a thorough review of files for release at this site visit. At last review RDC continued to rely on inmate requests to identify prisoners entitled to release. RDC did not track the sentences of individuals at RDC. During this site visit, by report and random check, it appeared that individuals who are entitled to release because they came in on a probation warrant and did not receive a hearing in 21 days was more routine and accurate. There was still not an accurate method for accessing court records to verify information regarding court events and, in some instances, there was a lack of understanding of court events. There were seven cases in which the current status of the defendant was incorrect or uncertain. At the time of the site visit, it could not be determined with certainty whether any of the seven were entitled to release.

93. The County must develop and implement a reliable, complete, and adequate prisoner records system to ensure that staff members can readily determine the basis for a prisoner's detention, when a prisoner may need to be released, and whether a prisoner should remain in detention. The records system must provide Jail staff with reasonable advance notice prior to an anticipated release date so that they can contact appropriate agencies to determine whether a prisoner should be released or remain in detention.

Non-Compliant

It continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals-two in records and another not in records-who are tracking individuals and maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between records and booking for overseeing the documentation. Several systemic problems were reported. Records does not routinely get the "no bill" list which identifies people who the grand jury did not indict. These individuals would be entitled to release if no other case is holding them. The three individuals do not have access to the new circuit court system providing court event information on cases after 2014. They were unaware that they could access the circuit court docket on earlier cases. Ongoing difficulties tracking cases initiated in Byram and Clinton were reported. It was said that these cases often get lost in the system. This was identified as arising from the lack of communication that resulted from that community

conducting its own preliminary hearings with its own public defender office. There also appears to be a lack of knowledge on the part of both detention and medical staff regarding competency proceedings and the status of defendants who are involved in those proceedings. One individual was believed to be waiting for a hospital bed when, in fact, he was waiting for a trial date. Another individual had been found incompetent and non-restorable. He appeared to be on the list waiting for a civil commitment bed but no one could explain the jail's continuing authority to detain the individual. The two individuals did not appear on the indicted or unindicted list. Another 5 individuals, as reported above, had case status that was unclear. In one instance, the lack of clarity resulted in efforts to get a hearing set in the wrong court which left the case stagnant.

Priority recommendations have been made in this area. Consultation with the National Institute of Corrections or an alternative should continue to be sought to provide the overhaul that this system needs. Staff should continue to audit the records and track individuals. A knowledgeable attorney should provide a training on the competency process and how the jail and the medical staff should be tracking these individuals.

94. Jail record systems must accurately identify and track all prisoners with serious mental illness, including their housing assignment and security incident histories. Jail staff must develop and use records about prisoners with serious mental illness to more accurately and efficiently process prisoners requiring forensic evaluations or transport to mental hospitals or other treatment facilities, and to improve individual treatment, supervision, and community transition planning for prisoners with serious mental illness. Records about prisoners with serious mental illness must be incorporated into the Jail's incident reporting, investigations, and medical quality assurance systems. The County must provide an accurate census of the Jail's mental health population as part of its compliance reporting obligations, and the County must address this data when assessing staffing, program, or resource needs.

Non-Compliant

The Jail record system does not identify persons with serious mental illness. While there are incident reports submitted, the forms do not have a place to indicate if the individual had a mental health illness. And there is no electronic method of identifying individuals with mental illness at the time an incident is occurring. Unless a computerized program is developed between the contractor and the medical vendor, officers will not know in advance of inmates with special mental health needs. Health staff can identify the information after the fact, which may be useful but does not allow security staff to adjust its response to a developing incident based on possible mental health issues.

The QCHC staff could not identify the number of individuals on the mental health caseload. They provided a list of 60 individuals all of whom were listed with an SMI diagnosis. The staff

could not say whether this list was what was understood to be the mental health case load. QCHC also provided the number of encounters with the psychiatrist and the psychologist. This was not broken down by how many individual patients were seen or whether they were assessments or for ongoing care. Based on this information, it would appear that the Jail is significantly under identifying persons with mental illness.

Although Jail and QCHC staff attempt to move individuals to the state hospital as needed, this continues to be a systemic problem. There are only 15 forensic beds at the State Hospital to serve the entire state for competency evaluations or restoration. There are an additional 20 beds that are for individuals for civil commitments. Of the 15 forensic beds, two are reserved for females.

The social worker at RDC maintains a list of all inmates who are waiting to go to the state hospital or require competency evaluations. This list is updated with their current status in the process. Court orders for competency are sent to Sgt. Lewis who is in charge of transportation. He provides a copy to the social worker. The list tracks when a competency hearing was held, if the patient was sent to Mississippi State Hospital and if they were returned to the Hinds County Jail System. At the time of the site visit there were 23 names on the list. However, the state hospital has only 8 people on their list for people waiting for a state hospital bed. A similar discrepancy was noted last time. As mentioned above, there appears to be a lack of knowledge on the part of both detention and medical staff as to competency proceedings and the status of individuals in those proceedings. QCHC and legal staff should review the list with the state hospital to ensure the correct status of those individuals.

The jail based restoration to competency program reported its progress since its inception in June, 2017. The program reports that three individuals were restored to competency in the program and are no longer waiting for a state hospital bed. It is understood that the services are minimal and are being provided in an extremely non-therapeutic environment. This program is a pilot program and should be evaluated. As a substitute for state hospital restoration, an appropriate therapeutic environment that does not currently exist in the jail will need to be created. However, the twice-weekly sessions with mental health workers does provide some therapeutic interaction that does not otherwise exist in the facility.

Medical Records are still in paper copy. The EMR was unsuccessful due to problems with connectivity. Until this issue is resolved, it is recommended that a four folder chart is utilized with tabs that describe the various services. Old records can be separated from new admissions by utilizing colored paper.

A medical quality assurance program is in its beginning stages. A case study was performed on an inmate that missed his 4 AM medications on 21 days between January 2017 and March 2017. The psychiatrist was contacted and medication times were adjusted. Nurses were required to

obtain refusals of medication and to bring inmates in for counseling after three refusals. The study was a good start at a CQI program but it did not list the participants or the date and time of the study.

The second study focused on daily booking statistics. Daily booking statistics were examined during the month of May 2017. Daily booking statistics were compared to the QCHC intake log. The study was a bit confusing but the result was that daily booking statistics were not being cross checked with the intake log. Policy changes were made to correct this problem. This study also lacked attendees present, date and time of study

As discussed below, transition planning has not been provided. A transition planner was hired by QCHC but then resigned.

95. All individuals who (i) were found not guilty, were acquitted, or had charges brought against them dismissed, and (ii) are not being held on any other matter, must be released directly from the court unless the court directs otherwise. Additionally:

- a. Such individuals must not be handcuffed, shackled, chained with other prisoners, transported back to the Jail, forced to submit to bodily strip searches, or returned to general population or any other secure Jail housing area containing prisoners.
- b. Notwithstanding (a), above, individuals may request to be transported back to the Jail solely for the purpose of routine processing for release. If the County decides to allow such transport, the County must ensure that Jail policies and procedures govern the process. At minimum, policies and procedures must prohibit staff from:
 - i. Requiring the individual to submit to bodily strip searches;
 - ii. Requiring the individual to change into Jail clothing if the individual is not already in such clothing; and
 - iii. Returning the individual to general population or any other secure Jail housing area containing prisoners.

Non-Compliant

Individuals are not being released from the Court at this time.

96. The County must develop, implement, and maintain policies and procedures to govern the release of prisoners. These policies and procedures must:

- a. Describe all documents and records that must be collected and maintained in Jail files for determining the basis of a prisoner's detention, the prisoner's anticipated release date, and their status in the criminal justice system.
- b. Specifically, detail procedures to ensure timely release of prisoners entitled to be released, and procedures to prevent accidental release.

- c. Be developed in consultation with court administrators, the District Attorney's Office, and representatives of the defense bar.
- d. Include mechanisms for notifying community mental health providers, including the County's Program of Assertive Community Treatment ("PACT") team, when releasing a prisoner with serious mental illness so that the prisoner can transition safely back to the community. These mechanisms must include providing such prisoners with appointment information and a supply of their prescribed medications to bridge the time period from release until their appointment with the County PACT team, or other community provider.

Non-Compliant

Policies and procedures have been adopted. There are two policies that may relate to this requirement-the policy on records and the policy on booking which includes some requirements related to release. These policies do not have the specificity or the breadth required by this paragraph. The Monitoring Team and DOJ provided comments on these policies and a second draft should be forthcoming. Neither the DA's office nor the defense bar has been involved in the drafting. The level of specificity required by this paragraph will require significant revision of the policy.

Neither the County nor QCHC have developed sufficient mechanisms for the transition of persons with mental illness into community based services. As stated earlier the discharge planner was an RN from another County who was unfamiliar with the resources at Hinds County. The discharge planner met with Hinds County Behavioral Health (HCBC) on three occasions. Each time they requested that she send them information which she never followed through on. One of the problems with referrals to HCBC was that the address of the inmate at booking was not updated by the officers. Thus, HCBC staff was unable to track the inmates for their upcoming appointments. Other items that were not provided to HCBC was a release of information and the current medicine that the inmate was taking. The mental health specialist from HCBC indicated that during the month of July there were only 7 referrals made. HCBC attempted to schedule a weekly time when they would regularly go to the jail and connect with clients. The discharge planner did not follow through with this plan. When this position is filled again, it is recommended that the health administrator and the Behavioral Specialist from HCBC are involved in the interview and orientation process.

Nursing states that inmates are provided with two weeks of discharge medications if they know that the patient is released from the jail. However, the nurses do not know when an inmate is released and ensuring that medications are provided has not been made part of the releasing process. This is an issue that should be addressed by both custody and medical.

Hinds County Behavioral Health received a grant from the GAINS Center to conduct a two day meeting on Sequential Intercept Mapping as an approach to decriminalize individuals with serious mental illness. A two day meeting was held on August 16-17, 2017. There were 45 participants involved. Participants were from all disciplines such as judges, warden, police chief, QCHC staff, crisis team members, day outreach center members, psychiatrist from the State Hospital, and staff from Merritt Hospital and St. Dominic's Hospital.

The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of inmates with mental health illness. Using the model, a community can develop targeted strategies that evolve over time to increase the diversion of individuals from entering the criminal justice system. The GAINS center will develop a report for Hinds County Behavioral Health.

97. The County must develop, implement, and maintain appropriate post orders relating to the timely release of individuals. Any post orders must:

- a. Contain up-to-date contact information for court liaisons, the District Attorney's Office, and the Public Defender's Office;
- b. Describe a process for obtaining higher level supervisor assistance in the event the officer responsible for processing releases encounters administrative difficulties in determining a prisoner's release eligibility or needs urgent assistance in reaching officials from other agencies who have information relevant to a prisoner's release status.

Non-Compliant

The County has not yet developed post orders in this area.

98. Nothing in this Agreement precludes appropriate verification of a prisoner's eligibility for release, including checks for detention holds by outside law enforcement agencies and procedures to confirm the authenticity of release orders. Before releasing a prisoner entitled to release, but no later than the day release is ordered, Jail staff should check the National Crime Information Center or other law enforcement databases to determine if there may be a basis for continued detention of the prisoner. The results of release verification checks must be fully documented in prisoner records.

Partial Compliance

The booking staff reportedly now runs an NCIC check at the time of booking and again at release. This will be verified at the next site visit. The business processes of booking and release need to be evaluated and revised in conjunction with the NIC consultation.

99. The County must ensure that the release process is adequately staffed by qualified detention officers and supervisors. To that end, the County must:

- a. Ensure that sufficient qualified staff members, with access to prisoner records and to the Jail's e-mail account for receiving court orders, are available to receive and effectuate court release orders twenty-four hours a day, seven days a week.
- b. Ensure that staff members responsible for the prisoner release process and related records have the knowledge, skills, training, experience, and abilities to implement the Jail's release policies and procedures. At minimum, the County must provide relevant staff members with specific pre-service and annual in-service training related to prisoner records, the criminal justice process, legal terms, and release procedures. The training must include instruction on:
 - i. How to process release orders for each court, and whom to contact if a question arises;
 - ii. What to do if the equipment for contacting other agencies, such as the Jail's fax machine or email service, malfunctions, or communication is otherwise disrupted;
 - iii. Various types of court dispositions, and the language typically used therein, to ensure staff members understand the meaning of court orders; and
 - iv. How and when to check for detainers to ensure that an individual may be released from court after she or he is found not guilty, is acquitted, or has the charges brought against her or him dismissed.
- c. Provide detention staff with sufficient clerical support to prevent backlogs in the filing of prisoner records.

Non-Compliant

Staffing levels in Booking are still inadequate. There is routinely only one officer and one booking clerk assigned (in addition to an ID officer, although sometimes even that post is not covered). They should routinely have at least two officers assigned in order to be able to receive arrestees and monitor those who are held in the cells, and there should be at least two booking clerks on duty.

100. The County must annually review its prisoner release and detention process to ensure that it complies with any changes in federal law, such as the constitutional standard for civil or pre-trial detention.

Non-Compliant

There has not been an initial review of this process to determine consistency with federal law.

101. The County must ensure that the Jail's record-keeping and quality assurance policies and procedures allow both internal and external audit of the Jail's release process, prisoner lengths of stay, and identification of prisoners who have been held for unreasonably long periods without charges or other legal process. The County must, at minimum, require:

- a. A Jail log that documents (i) the date each prisoner was entitled to release; (ii) the date, time, and manner by which the Jail received any relevant court order; (iii) the date and time that prisoner was in fact released; (iv) the time that elapsed between receipt of the court order and release; (v) the date and time when information was received requiring the detention or continued detention of a prisoner (e.g., immigration holds or other detainers), and (vi) the identity of the authority requesting the detention or continued detention of a prisoner.
- b. Completion of an incident report, and appropriate follow-up investigation and administrative review, if an individual is held in custody past 11:59 PM on the day that she or he is entitled to release. The incident report must document the reason(s) for the error. The incident report must be submitted to the Jail Administrator no later than one calendar day after the error was discovered.

Non-Compliant

The record keeping process does not at this time allow for an audit other than a review of individual files. Incident reports are not prepared for errors in releasing.

102. The County must appoint a staff member to serve as a Quality Control Officer with responsibility for internal auditing and monitoring of the release process. This Quality Control Officer will be responsible for helping prevent errors with the release process, and the individual's duties will include tracking releases to ensure that staff members are completing all required paper work and checks. If the Quality Control Officer determines that an error has been made, the individual must have the authority to take corrective action, including the authority to immediately contact the Jail Administrator or other County official with authority to order a prisoner's release. The Quality Control Officer's duties also include providing data and reports so that release errors are incorporated into the Jail's continuous improvement and quality assurance process.

Partial Compliance

The Jail has two individuals who are tracking inmates booked into the facility. One is tracking the circuit court cases and the other is tracking lower court cases. These individuals attempt to identify individuals entitled to release. These individuals operate independently of the booking and release process and maintain their own spreadsheets. This is a valuable task; however, this should eventually loop back to the booking and release process so that a systemic approach to ensuring proper detention and release is developed. The NIC consultation should address this issue.

103. The County must require investigation of all incidents relating to timely or erroneous prisoner release within seven calendar days by appropriate investigators, supervisors, and the Jail Administrator. The Jail Administrator must document any deficiencies found and any corrective action taken. The Jail Administrator must then make any necessary changes to Jail policies and procedures. Such changes should be made, if appropriate, in consultation with court personnel, the District Attorney's Office, members of the defense bar, and any other law enforcement agencies involved in untimely or erroneous prisoner releases.

Non-Compliant

No documentation was provided of incident reports being created for untimely or erroneous prisoner release or any investigations of such incidents.

104. The County must conduct bi-annual audits of release policies, procedures, and practices. As part of each audit, the County must make any necessary changes to ensure that individuals are being released in a timely manner. The audits must review all data collected regarding timely release, including any incident reports or Quality Control audits referenced in Paragraph 102 above. The County must document the audits and recommendations, and must submit all documentation to the Monitor and the United States for review.

Non-Compliant

Initial policies or procedures have been adopted but require significant revision. There has not been an initial audit of releasing practices.

105. The County must ensure that policies, procedures, and practices allow for reasonable attorney visitation, which should be treated as a safeguard to prevent the unlawful detention of citizens and for helping to ensure the efficient functioning of the County's criminal justice system. The Jail's attorney visitation process must provide sufficient space for attorneys to meet with their clients in a confidential setting, and must include scheduling procedures to ensure that defense attorneys can meet with their clients for reasonable lengths of time and without undue delay. An incident report must be completed if Jail staff are unable to transport a prisoner to meet with their attorney, or if there is a delay of more than 30 minutes for transporting a prisoner for a scheduled attorney visit.

Non-Compliant

The current attorney/client visitation spaces in the pods at the RDC do not allow officers to readily monitor them for safety and security. The situation is exacerbated by the shortage of staff; however, a reasonable solution to the problem is readily at hand as a result of the recent change of video visitation vendors. The new equipment is located inside each housing unit, which makes the old video visitation space, adjacent to the three pod control rooms, available for

repurposing. Once the old equipment and floor mounted stainless-steel stools are removed, the addition of typical office type tables and chairs will create three private, yet easily observed attorney/client visitation rooms.

CONTINUOUS IMPROVEMENT AND QUALITY ASSURANCE

The County must develop an effective system for identifying and self-correcting systemic violations of prisoner's constitutional rights. To that end, the County must:

106. Develop and maintain a database and computerized tracking system to monitor all reportable incidents, uses of force, and grievances. This tracking system will serve as the repository of information used for continuing improvement and quality assurance reports.

Non-Compliant

The data base is getting better, but is not yet a reliable source of information. They are transitioning over from paper incident and use of force forms to an automated system that ties all records on an incident to the original report number. This will hopefully address a current problem by requiring approval/disapproval/action required blocks for supervisors. There continues to be a concern that some incidents and grievances are underreported including late releases, lost money and property, medical grievances and some use of force incidents.

The new computerized grievance system should allow for the compilation of a summary grievance report. Currently, this is not possible for several reasons. As noted above, the system is not functioning properly at this time and many prisoners are unable to submit grievances. The reporting functions of the system are either problematic or not adequately conveyed to staff. Staff reported that they could not generate reports with identified parameters. Another problem is that the prisoner identifies the type of grievance. Most are clicking on "general" rather than the specific type. Staff are unable to correct this so a report by type of grievance would not prove useful. Similarly, there is a separate category for inmate request. This is seldom used and again results in an inability to accurately aggregate the data. If the prisoner replies via the kiosk in any fashion to the grievance response, that is then automatically converted to an appeal. The system needs to be able to generate accurate reports.

107. Compile an Incident Summary Report on at least a monthly basis. The Incident Summary Reports must compile and summarize incident report data in order to identify trends such as rates of incidents in general, by housing unit, by day of the week and date, by shift, and by individual prisoners or staff members. The Incident Summary reports must, at minimum, include the following information:

- a. Brief summary of all reportable incidents, by type, shift, housing unit, and date;

- b. Description of all suicides and deaths, including the date, name of prisoner, housing unit, and location where the prisoner died (including name of hospital if prisoner died off-site);
- c. The names and number of prisoners placed in emergency restraints, and segregation, and the frequency and duration of such placements;
- d. List and total number of incident reports received during the reporting period;
- e. List and Total number of incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of incidents in the three facilities. Although the information was helpful and appreciated, it did not meet the requirements of this paragraph. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. At the present time, the summary reports, particularly from RDC and the WC are difficult to follow and incomplete. Because they are manually compiled, it is difficult to identify trends over time. The computerized summary report should remedy this. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

108. Compile a Use of Force Summary Report on at least a monthly basis. The Use of Force Summary Reports must compile and summarize use of force report data in order to identify trends such as rates of use in general, by housing unit, by shift, by day of the week and date, by individual prisoners, and by staff members. The Use of Force Summary reports must, at minimum, include the following information:

- a. Summary of all uses of force, by type, shift, housing unit, and date;
- b. List and total number of use of force reports received during the reporting period;
- c. List and total number of uses of force reports/incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of use of force in the three facilities. Although the information was helpful and appreciated, it did not meet the requirements of this paragraph in that the reports are manually prepared each month and do not allow for identifying trends over time. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. In meeting with the IT department, it was learned that not all the requirements of this paragraph were addressed. That should be remedied. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

109. Compile a Grievance Summary Report on at least a monthly basis. The Grievance Summary Reports must compile and summarize grievance information in order to identify trends such as most frequently reported complaints, units generating the most grievances, and staff members receiving the most grievances about their conduct. To identify trends and potential concerns, at least quarterly, a member of the Jail's management staff must review the Grievance Summary Reports and a random sample of ten percent of all grievances filed during the review period. These grievance reviews, any recommendations, and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

See response to 106 above.

110. Compile a monthly summary report of IAD investigations conducted at the Facility. The IAD Summary Report must include:

- a. A brief summary of all completed investigations, by type, shift, housing unit, and date;
- b. A listing of investigations referred for disciplinary action or other final disposition by type and date;
- c. A listing of all investigations referred to a law enforcement agency and the name of the agency, by type and date; and
- d. 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.

Non-Compliant

There is currently no summary report of IAD investigations being compiled.

111. Conduct a review, at least annually, to determine whether the incident, use of force, grievance reporting, and IAD systems comply with the requirements of this Agreement and are effective at ensuring staff compliance with their constitutional obligations. The County must make any changes to the reporting systems that it determines are necessary as a result of the system reviews. These reviews and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

An annual review has not been conducted.

112. Ensure that the Jail's continuous improvement and quality assurance systems include an Early Intervention component to alert Administrators of potential problems with staff members. The purpose of the Early Intervention System is to identify and address patterns of behavior or

allegations which may indicate staff training deficiencies, persistent policy violations, misconduct, or criminal activity. As part of the Early Intervention process, incident reports, use of force reports, and prisoner grievances must be screened by designated staff members for such patterns. If misconduct, criminal activity, or behaviors indicate the need for corrective action, the screening staff must refer the incidents or allegations to Jail supervisors, administrators, IAD, or other law enforcement agencies for investigation. Additionally:

- a. The Early Intervention System may be integrated with other database and computerized tracking systems required by this Agreement, provided any unified system otherwise still meets the terms of this Agreement.
- b. The Early Intervention System must screen for staff members who may be using excessive force, regardless of whether use of force reviews concluded that the uses complied with Jail policies and this Agreement. This provision allows identification of staff members who may still benefit from additional training and serves as a check on any deficiencies with use of force by field supervisors.
- c. The Jail Administrator, or designee of at least Captain rank, must personally review Early Intervention System data and alerts at least quarterly. The Administrator, or designee, must document when reviews were conducted as well as any findings, recommendations, or corrective actions taken.
- d. The County must maintain a list of any staff members identified by the Early Intervention System as possibly needing additional training or discipline. A copy of this list must be provided to the United States and the Monitor.
- e. The County must take appropriate, documented, and corrective action when staff members have been identified as engaging in misconduct, criminal activity, or a pattern of violating Jail policies.
- f. The County must review the Early Intervention System, at least bi-annually, to ensure that it is effective and used to identify staff members who may need additional training or discipline. The County must document any findings, recommendations, or corrective actions taken as a result of these reviews. Copies of these reviews must be provided to the United States and the Monitor.

Non-Compliant

There is currently no Early Intervention program.

113. Develop and implement policies and procedures for Jail databases, tracking systems, and computerized records (including the Early Intervention System), that ensure both functionality and data security. The policies and procedures must address all of the following issues: data storage, data retrieval, data reporting, data analysis and pattern identification, supervisor responsibilities, standards used to determine possible violations and corrective action, documentation, legal issues, staff and prisoner privacy rights, system security, and audit mechanisms.

Non-Compliant

The initial P&P Manual that was issued in April, 2017 did not include policies and procedures covering this matter.

114. Ensure that the Jail's medical staff are included as part of the continuous improvement and quality assurance process. At minimum, medical and mental health staff must be included through all of the following mechanisms:

- a. Medical staff must have the independent authority to promptly refer cases of suspected assault or abuse to the Jail Administrator, IAD, or other law enforcement agencies;
- b. Medical staff representatives must be involved in mortality reviews and systemic reviews of serious incidents. At minimum, a physician must prepare a mortality review within 30 days of every prisoner death. An outside physician must review any mortalities associated with treatment by Jail physicians.

Non-Compliant

As reported above, a medical quality assurance program is in its beginning stages. A case study was performed on an inmate that missed his 4 AM medications on 21 days between January 2017 and March 2017. The psychiatrist was contacted and medication times were adjusted. Nurses were required to obtain refusals of medication and to bring inmates in for counseling after three refusals. The study was a good start at a CQI program but it did not list the participants or the date and time of the study.

The second study focused on daily booking statistics. Daily booking statistics were examined during the month of May 2017. Daily booking statistics were compared to the QCHC intake log. The study was a bit confusing but the result was that daily booking statistics were not being cross checked with the intake log. Policy changes were made to correct this problem. This study also lacked attendees present, date and time of study.

A mortality review was completed after the last monitoring report noted this deficiency. The mortality review was incomplete. It does not contain the time the inmate was booked, the time medical was called, and the time the ambulance arrived. Dr. Bates in his mortality review indicated that the patient died of positional asphyxia; however, an autopsy report to support this diagnosis was not attached to the mortality review.

CRIMINAL JUSTICE COORDINATING COMMITTEE

115. Hinds County will establish a Criminal Justice Coordinating Committee ("Coordinating Committee") with subject matter expertise and experience that will assist in streamlining

criminal justice processes, and identify and develop solutions and interventions designed to lead to diversion from arrest, detention, and incarceration. The Coordinating Committee will focus particularly on diversion of individuals with serious mental illness and juveniles. Using the Sequential Intercept Model, or an alternative acceptable to the Parties, the Coordinating Committee will identify strategies for diversion at each intercept point where individuals may encounter the criminal justice system, and will assess the County's current diversion efforts and unmet service needs in order to identify opportunities for successful diversion of such individuals. The Committee will recommend appropriate changes to policies and procedures and additional services necessary to increase diversion.

Non-Compliant

The County is laying the groundwork for a CJCC but has not yet established one.

116. The Coordinating Committee will include representation from the Hinds County Sheriff's Office and Hinds County Board of Supervisors. The County will also seek representation from Hinds County Behavioral Health Services; the Jackson Police Department; Mississippi Department of Mental Health; Mississippi Department of Human Services, Division of Youth Services; judges from the Hinds County Circuit, Chancery, and County (Youth and Justice) Courts; Hinds County District Attorney Office; Hinds County Public Defender Office; relevant Jackson city officials; and private advocates or other interested community members.

Non-Compliant

See 115 above.

117. The Coordinating Committee will prioritize enhancing coordination with local behavioral health systems, with the goal of connecting individuals experiencing mental health crisis, including juveniles, with available services to avoid unnecessary arrest, detention, and incarceration.

Non-Compliant

See 115 above.

118. Within 30 days of the Effective Date and in consultation with the United States, the County will select and engage an outside consultant to provide technical assistance to the County and Coordinating Committee regarding strategies for reducing the jail population and increasing diversion from criminal justice involvement, particularly for individuals with mental illness and juveniles. This technical assistance will include (a) a comprehensive review and evaluation of the effectiveness of the existing efforts to reduce recidivism and increase diversion; (b) identification of gaps in the current efforts, (c) recommendations of actions and strategies to

achieve diversion and reduce recidivism; and (d) estimates of costs and cost savings associated with those strategies. The review will include interviews with representatives from the agencies and entities referenced in Paragraph 116 and other relevant stakeholders as necessary for a thorough evaluation and recommendation. Within 120 days of the Effective Date of this Agreement, the outside consultant will finalize and make public a report regarding the results of their assessment and recommendations. The Coordinating Committee will implement the recommended strategies and will continue to use the outside consultant to assist with implementation of the strategies when appropriate.

Partial Compliance

At the time of the site visit, a consultant had been identified, a contract completed, and the initial visit was underway. The County now must use the technical assistance to develop the CJCC and identify the strategies in this paragraph.

IMPLEMENTATION, TIMING, AND GENERAL PROVISIONS

Paragraphs 119 and 120 regarding duty to implement and effective date omitted.

121. Within 30 days of the Effective Date of this Agreement, the County must distribute copies of the Agreement to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Agreement. At minimum:

- a. A copy of the Agreement must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Agreement must be provided to prisoners upon request.

Partial Compliance

Copies of the Settlement Agreement that were found riveted to the wall in common areas and housing units during the February site visit are no longer there. As expected they have all been pulled apart and destroyed. The Monitor's recommended solution, creation of an Inmate Handbook sized copy that could be given to each employee and inmate, has proven to be a successful solution. While they have not been distributed to the inmate population at this time, and not all staff have copies, it is expected that by the next site visit most staff and inmates should have copies readily available.

Paragraphs 122-129 regarding third party beneficiaries, costs, severability, etc. omitted.

POLICY AND PROCEDURE REVIEW

130. The County must review all existing policies and procedures to ensure their compliance with the substantive terms of this Agreement. Where the Jail does not have a policy or procedure

in place that complies with the terms of this Agreement, the County must draft such a policy or procedure, or revise its existing policy or procedure.

Partial Compliance

At the time of the site visit, the County/Sheriff had adopted an initial set of policies and procedures. These have been reviewed and been found to not be fully compliant with the terms of the agreement. The Monitoring Team and DOJ provided comments and a second round of drafting should be underway. As recommended, the County/Sheriff is identifying key policies to develop first and circulate for review. This will help guide the process in the remaining areas.

131. The County shall complete its policy and procedure review and revision within six months of the Effective Date of this Agreement.

Partial Compliance

Six months expired on January 19, 2017. The policy and procedure review and drafting was completed after that time. Those policies are not sufficiently in compliance so this requirement is listed as partially compliant.

132. Once the County reviews and revises its policies and procedures, the County must provide a copy of its policies and procedures to the United States and the Monitor for review and comment. The County must address all comments and make any changes requested by the United States or the Monitor within thirty (30) days after receiving the comments and resubmit the policies and procedures to the United States and Monitor for review.

Non-Compliant

The policies and procedures were completed and submitted to the United States and the Monitor in April for review and comment. The comments were provided on June 1, 2017. Changes have not been made in the 30-day time frame.

133. No later than three months after the United States' approval of each policy and procedure, the County must adopt and begin implementing the policy and procedure, while also modifying all post orders, job descriptions, training materials, and performance evaluation instruments in a manner consistent with the policies and procedures.

Non-Compliant

The policies and procedures are in need of revision. They should be revised before training and other ensuing operations.

134. Unless otherwise agreed to by the parties, all new or revised policies and procedures must be implemented within six months of the United States' approval of the policy or procedure.

Non-Compliant

There have not yet been policies and procedures approved by the United States.

135. The County must annually review its policies and procedures, revising them as necessary. Any revisions to the policies and procedures must be submitted to the United States and the Monitor for approval in accordance with paragraphs 129-131 above.

NA at this time

Paragraphs 136-158 regarding appointment and duties of the Monitor omitted.

COUNTY ASSESSMENT AND COMPLIANCE COORDINATOR

159. The County must file a self-assessment compliance report. The first compliance self-assessment report must be filed with the Court within four months of the Effective Date and at least one month before a Monitor site visit. Each self-assessment compliance report must describe in detail the actions the County has taken during the reporting period to implement this Agreement and must make specific reference to the Agreement provisions being implemented. The report must include information supporting the County's representations regarding its compliance with the Agreement such as quality assurance information, trends, statistical data, and remedial activities. Supporting information should be based on reports or data routinely collected as part of the audit and quality assurance activities required by this Agreement (e.g., incident, use of force, system, maintenance, and early intervention), rather than generated only to support representations made in the self-assessment.

Partial Compliance

At the time of the site visit, the County provided its first self-assessment. The assessment is a good first step towards compliance with this paragraph but needs to have the level of detail required by this paragraph.

160. The County must designate a full-time Compliance Coordinator to coordinate compliance activities required by this Agreement. This person will serve as a primary point of contact for the Monitor. Two years after the Effective Date of this Agreement, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliant

The County has designated a full-time Compliance Coordinator who is coordinating compliance activities. The Monitor will continue to track this assignment to ensure sustained compliance in this area.

EMERGENT CONDITIONS

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Partial Compliance

Immediate notifications have been provided. However, the County has not been providing notification of over-detention and, in fact, is not currently identifying prisoners who have been detained beyond their release date. The records office needs to be reorganized to implement business practices that accurately identify release dates and process releases. In the interim, the County needs to continue and improve its internal audit procedures to identify individuals entitled to release and prepare incident reports for persons who were detained beyond their legal release date.

Paragraphs 162-167 regarding jurisdiction, construction and the PLRA omitted.

Court-Appointed Monitor's Fourth Monitoring Report
United States v. Hinds County, et al. Civ. No. 3:16cv489 WHB-JCG

Elizabeth E. Simpson
Court-Appointed Monitor

David M. Parrish	Jacqueline M. Moore	Jim Moeser	Dr. Richard Dudley
Corrections Operations	Corrections Medicine	Juvenile Justice	Mental Health

EXECUTIVE SUMMARY

Corrections Operations

While the lack of staff continues to be the most significant problem facing the Detention Services Division (DSD), it is now possible to determine the number of positions that are actually assigned to, and work in, the Division. Currently, 271 positions are authorized and funded. Four additional positions need to be funded or moved from the Operations side of the Sheriff's Office in order to meet the goal of 275 Detention positions in the current fiscal year. Only 239 of the 271 positions are filled, which represents a decrease of 11 since the October site visit. Although the monitoring team set 275 positions as a goal for the current fiscal year, the result of the staffing analysis is that 433 positions are needed to adequately staff the detention facilities. The target of 275 positions is still significantly below the needed staffing level.

The creation of a Policies and Procedures Manual is still a work in progress. After attempting to handle the project in house, the Sheriff's Office and County have decided to contract with Dr. James Austin, an expert in the field of corrections and criminal justice systems, to move forward with the work as expeditiously as possible. The expected completion date is July 2018. Individual policies will be submitted to the Monitor and DOJ staff for review as they are completed. The policies were originally to be provided in January, 2017. A draft set was provided in April, 2017; comments by DOJ and the monitoring team were provided; and a final set of policies and procedures were to be provided 30 days thereafter. The project stalled at that point and now the policies and procedures are significantly overdue. This represents a major hurdle in coming into compliance as staff can not be properly trained until there are adequate policies and procedures to form the basis of the training.

Maintenance issues in the three jail facilities continue to be a problem but most significantly at the Raymond Detention Center (RDC). While both roll up sally port doors in Booking were finally found to be functional during the January/February site visit, major security issues need to be corrected as soon as possible. Two of the three doors that separate the main corridor (Great Hall) from the three pods do not function. This same problem was noted during the October site visit. Further, several of the doors that allow access to the pod control rooms are in such a state of disrepair that maintenance staff have been forced to develop a hand operated latching mechanism which requires an officer in the corridor to lift up a lever in the tracking system so that the door can be opened. The County's plan to replace all of these doors should be carried out as quickly as possible.

At the Work Center (WC) a wall has been built so that the facility now has four housing units. In addition, 36 beds have been removed from each unit so that they are all now rated at 64 inmates. However, Housing Unit 4 is still not on line because of HVAC problems that surfaced when the wall, separating HU3 from HU4 was added. A second chain link fence has been installed outside each recreation yard, but it does not provide the level of security that a solid wall would by limiting visual contact. County maintenance staff are currently working on a solution.

While extensive training is required by the terms of the Settlement Agreement, direct supervision training is critical for DSD staff so that the WC can function according to the principles and dynamics of direct supervision and so that the RDC can be returned to direct supervision operation once officers are permanently re-assigned to the housing units. To that end, the Sheriff's Office needs to obtain the services of the National Institute of Corrections (NIC) to provide "Train the Trainers" instruction. A cadre of qualified trainers can then provide instruction to all DSD staff.

On January 28th the DSD designated C4 Isolation at the RDC as the location for future suicide watches. This four-cell unit can hold four or more inmates in the dayroom space, properly supervised by an officer who is permanently assigned inside the same area. Three of the cells are locked shut (unoccupied) while the fourth is left open so that the inmates have access to water and toilet facilities. This mini-direct supervision unit allows for constant supervision (not just every 15 minutes) of inmates in a much more humane setting than the two cells in Medical that were previously used for suicide watches.

The County has retained the services of JBHM Architects to plan for renovations of Booking at the RDC in order to make it operate as an "open booking", i.e. direct supervision facility. In order to make the structural changes without negatively impacting booking activities, JBHM has created a plan to temporarily relocate Booking to the WC. That also provides the opportunity to create a secure drive through sally port at the WC so that inmates do not have to be processed through the public lobby as they are now.

Over the past year the DSD has undergone a change in reporting systems from paper to electronic. While it will ultimately prove to be an asset to both the staff and administration, the changeover has left the monitoring team without access to critical reporting information and documentation of supervisory review. A second planning and coordination meeting with all affected personnel was held during the January/February site visit in order to identify expectations and to determine how best to achieve the desired results. Hopefully, the gaps in the reporting process will be resolved shortly.

Fire safety is a critical matter in a jail. At the WC there is an alarm and sprinkler system with fire extinguishers readily available to each unit officer; but at the Jackson Detention Center (JDC) and RDC the lack of access to fire hoses and extinguishers as well as the lack of operable alarm and sprinkler systems creates an unsafe environment. Recognizing that, the Department of Justice sent a letter to the County and Sheriff's Office on February 8, 2018, that outlined the seriousness of the situation as well as expected actions. DOJ requested documentation of remedial actions within 30 days which was not provided. This area of concern will receive more detailed attention during the May site visit.

Medical and Mental Health

There continues to be a shortage of nurses and health care staff in the jail facilities. Since the last site visit, the health administrator and regional manager for QCHC have been replaced. The physician resigned two weeks prior to the visit and a new physician has not yet been hired. A new health administrator has been hired. A new corporate director of nursing has been hired for all of the QCHC facilities. The corporate director of nursing has had years of experience in the Florida juvenile and adult system and has made positive changes in the medical unit. A new discharge planner has been hired and she has developed policies and procedures related to releasing inmates. She is working with Hinds Behavioral Health to develop effective discharge planning and reentry practices. There are five nursing positions that are currently unfilled. Medical records are being maintained in paper files and while not completely organized, the organization is much better than previously. QCHC has developed an electronic medical records (EMR) system but it is still not operational due to issues with internet reception.

Chronic care services related to diabetes, hypertension, AIDS, and COPD are in place at all of the facilities. RDC has initiated a chronic care program within the last two months. The other two facilities have maintained chronic care quarterly visits conducted by the nurse practitioner.

The policy on alcohol withdrawal should be addressed and reviewed with the nursing staff. It was noted in the chart review that there were inmates who admitted during the intake process to drinking heavily and daily. However, there were no indications that these inmates were referred to a nursing staff member or placed on a withdrawal protocol. During interviews with nurses, the nurses were not familiar with the withdrawal policy. Similarly, observations of the medication administration indicate problems that should be addressed in both the QCHC policies and procedures and the Security policies and procedures. These include the responsibility of detention officers to assist in supervising inmates and checking for ingestion and signing for refusals.

Continuous Quality Improvement (CQI) studies indicate a high number of missed medications. A corrective action plan has not been initiated. A MAC meeting has not been held since the last monitoring report.

This was the first site visit for the mental health consultant to the monitoring team, and due to prior commitments, the consultant was only able to participate in the site visit for the first two days. Therefore, there was not enough time during this first visit to assess progress towards addressing all of the mental health provisions of the Settlement Agreement. However, during the visit, it became clear that there is inadequate documentation in multiple critical areas required for the facilities' own internal monitoring and review by the monitoring team. For example, due to the absence of full mental health evaluations, psychiatric evaluations (when indicated), and treatment plans it is impossible to assess the quality and effectiveness of mental health treatment. Even when there are mental health emergencies, such as a suicidal inmate, there is no documentation of an evaluation that confirms the emergency status and the precise interventions required; there is no documentation that indicates that the interventions have been followed as prescribed; and there is no documentation of an evaluation that indicates that the emergency has been resolved.

There are also mental health provisions that have not been addressed at all, such as mental health participation in the disciplinary process, mental health monitoring of inmates placed in segregation, mental health assessment in cases of use of force, mental health assessment in cases of sexual abuse and misconduct, and the development of mental health programs that would support inmates with special needs and facilitate the discharge planning for inmates with serious mental illness. It is clear that the current mental health staffing pattern is woefully inadequate to address all of the provisions of this agreement, in that there is simply not enough staff to do the work and in that the scheduling of the existing mental health staff is such that there is no opportunity for mental health staff to meet together and thereby function as a team.

Youthful Offenders

This visit afforded the opportunity to assess the progress made in transitioning Juveniles Charged as Adults (JCAs) to the Henley Young Juvenile facility following the decision to begin placing "new" JCA youth there in September 2017. In general, the transition has been successful and holds out promise that the Henley Young facility, with some substantive facility and programming improvements, can be a long-term solution to meet the requirements of this Agreement. This is in large part the result of the significant progress that the County has made in meeting the requirements of the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree, many of which are essentially the same as this Agreement. It is the understanding of the monitoring team that both the Consent Decree and this Agreement will continue in effect simultaneously.

At the time of this visit there were eleven JCAs in placement at Henley Young and seven JCAs remaining at RDC. Whereas a number of the requirements of the Agreement can be considered

to be in substantial compliance at Henley Young, the status of the JCAs at RDC remains relatively unchanged, albeit benefiting somewhat from the reduced number of juveniles in placement. There is little evidence of further movement toward the compliance requirements for those youth. Concerns about the limited educational programming, mental health services, training of supervising staff, and case processing in adult court remain.

Improvements that need to be made at Henley Young are related to the differing needs and opportunities that result from youth being placed/confined for much longer periods of time. This is reflected in recommendations including enhancing the mental health services, expanding the educational program, modifying the behavioral management program, and developing additional cognitive-behavioral and positive youth development programs. Concerns about the limitations of the Henley Young facility have been referenced in prior reports and should be given heightened attention as the time to make decisions and facility improvements is before problems occur, not after. Therefore, the most important recommendation conveyed in this report is that a plan including action steps, timetables, and resources needed to complete the transition of youth out of RDC be developed as soon as possible.

Criminal Justice and System Issues

There were several areas of progress since the last site visit. The CJCC was convened and the first meeting was held. The Sequential Intercept Mapping, although anticipated under the Settlement Agreement to be facilitated by the CJCC, was actually completed by the Hinds County Behavioral Health agency with a grant from the GAINS Center. The final report was issued and provides a useful road map for developing diversion and re-entry strategies.

The County continues to have no one incarcerated on unlawful orders regarding fines and fees but has not yet adopted policies to ensure a process for addressing this should such orders be used in the future. A full time Quality Control Officer was designated to identify persons who can or should be released. However, this continues to be a reactive process responding to inmate grievances and requests. As previously reported it continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between Records and Booking for overseeing the documentation. Previously reported systemic challenges continue to exist. As a result, a number of people were identified who had been detained beyond their release date and there is inadequate documentation for the detention of others. Consultation with the records expert should be utilized to assist in this area.

The paper grievance system was replaced by a computerized system. Some of the initial problems have been remedied but new problems have been identified. Most troubling is that numerous grievances appear to get lost in the system and, as a result, many grievances never receive a response. The system is also either dysfunctional or not understood in its ability to generate reports. The staff does not know how to generate reports, if it is possible, to meet the requirements of the Settlement Agreement or be useful to them.

More focused attention was provided on PREA compliance and, although there is some new attention to this area, the jail is woefully out of compliance with PREA. This area will require some attention at the higher administrative levels to begin to move towards compliance.

Reporting including the summary reports on incidents, use of force, grievances, and IAD investigations as required by the Settlement Agreement continues to be a work in progress. It appears that progress is being made towards having adequate incident reports and summary reports. However, the reporting currently received by the monitoring team does not meet the requirements of the Settlement Agreement.

Monitoring Activities

The Monitoring Team conducted a Site Visit January 29th through February 2nd. The site visit schedule was as follows:

January 29-February 2, 2018 Site Visit Schedule

Date and Time	Lisa Simpson	Dave Parrish	Jim Moeser	Jackie Moore	Richard Dudley
Monday 9:00 A.M.	Meet with Major Rushing, Fielder, and Synarus				Meet with Major Rushing, Fielder, and Synarus
Monday 10:30	Tour Medical Unit, Meet Medical Staff				Tour Medical Unit, Meet Medical Staff
Monday P.M.	12:30 Meet with Dr. Kumar 2:00 Meet with Dr. Melvin Davis				12:30 Meet with Dr. Kumar 2:00 Meet with Dr. Melvin Davis

	4:00 Meet with Philip Gaines				4:00 Meet with Philip Gaines
Tuesday A.M.	Review records with Kanisha Jones 11:00 Meet with Ken Lewis	9:00 Meet with Major Rushing, Doris Coleman, Synarus and Fielder re staffing levels and position control Tour RDC	At Henley Young meet w. Johnnie McDaniels, Eddie Burnside, Eric Dorsey, Tom Devine, Tamika Barber, Mashara Cook, Brenda Froelich, Fernice Galloway	Meet with Richard Dudley and jointly tour, interview, or look at charts	Meet with Jackie Moore and jointly tour, interview, or look at charts
Tuesday P.M.	1:00 Meet with County Attorney Mumford 3:00 Meet with RDC grievance officer Observe grievance kiosks	Continue work at RDC 4:00 Meet with new FSSO, Rohlan Tucker	Tour at Henley Young; meet w. staff from SPLC	Observe competency session 4:00 Meet with social worker Brown Follow up as needed	Observe competency session 4:00 Meet with social worker Brown Follow up as needed
Wednesday A.M.	Meet with Policy and Procedure team 10:30 Meet on recruiting and training plan (Sheriff, Miller, Fielder) 11:00 Capt. Dalton & Lt. Petty about Chancery Court	Meet with Policy and Procedure team 10:30 Meet on recruiting and training plan 11:00 Capt. Dalton & Lt. Petty about Chancery Court	Tour at RDC; Interview youth; review JCA files; Sgt. Tower; Assistant Admin. Fielder; Lead QCHC Nurse; thru afternoon	Continue at RDC	

Wednesday P.M.	1:30 Meet with Chancery Court Captain Dalton, Major Rushing, Synarus, and Chancery Judge 3:00 Meet with architect	1:30 Meet with Chancery Court- Captain Dalton, Major Rushing, Synarus, and Chancery Judge 3:00 Meet with architect	Continue at RDC as needed Review training records Review programming documentation	Tour JDC	
Thursday A.M.	9:00 Meet with Sheriff, DOJ 10:30 Meeting on reports and summary reports 11:30 Meet with Medical	9:00 Meet with Sheriff, DOJ 10:30 Meeting on reports and summary reports- Supervisory staff and IT	Meeting on reports and summary reports	Follow up at RDC 11:30 Meet with medical	
Thursday P.M.	1:30 Meet with Dalton and JDC grievance staff 3:00 Meet on PREA requirements- PREA officers	Tour JDC with Capt. Dalton & Lt. Petty 2:45 Tour Work Center	Tour Henley Young; Meeting. W. Johnnie McDaniels; Malcolm Sanders Recreation Coord.), Nurse La Flore, Alan Hines (Trng. Officer)	Tour Work Center	
Friday A.M.	Exit Meeting	Exit Meeting	Exit Meeting	Exit Meeting	
		Complete tour of RDC with Captain Fielder			

COMPLIANCE OVERVIEW

The Monitoring Team will track progress towards compliance with the following chart. This chart will be added to with each Monitoring Report showing the date of the site visit and the number of Settlement Agreement requirements in full, partial or non-compliance. Requirements that have not yet been triggered such as an annual review are listed as NA (not applicable) at this time. Sustained compliance is achieved when compliance with a particular Settlement Agreement requirement has been sustained for 18 months or more. The count of 92 requirements is determined by the number of Settlement Agreement paragraphs which have substantive requirements. Introductory paragraphs and general provisions are not included. Some paragraphs may have multiple requirements which are evaluated independently in the text of the report but are included as one requirement for purposes of this chart. The provisions on Youthful Offenders were evaluated in the text below for compliance at Henley Young and Raymond Detention Center but only the results for Raymond Detention Center are included in the totals in this chart.

Site Visit Date	Sustained Compliance	Full Compliance	Partial Compliance	NA at this time	Non-compliant	Total
2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92
1/26-2/2/18	0	1	29	0	62	92

INTRODUCTORY PARAGRAPHS

Text of paragraphs 1-34 regarding “Parties,” “Introduction,” and “Definitions” omitted.

SUBSTANTIVE PROVISIONS

PROTECTION FROM HARM

Consistent with constitutional standards, the County must take reasonable measures to provide prisoners with safety, protect prisoners from violence committed by other prisoners, and ensure that prisoners are not subjected to abuse by Jail staff. To that end, the County must:

37. Develop and implement policies and procedures to provide a reasonably safe and secure environment for prisoners and staff. Such policies and procedures must include the following:

- a. Booking;
- b. Objective classification;
- c. Housing assignments;
- d. Prisoner supervision;
- e. Prisoner welfare and security checks (“rounds”);
- f. Posts and post orders;
- g. Searches;
- h. Use of force;
- i. Incident reporting;
- j. Internal investigations;
- k. Prisoner rights;
- l. Medical and mental health care;
- m. Exercise and treatment activities;
- n. Laundry;
- o. Food services;
- p. Hygiene;
- q. Emergency procedures;
- r. Grievance procedures; (Lisa) and
- s. Sexual abuse and misconduct.

Partial Compliance

Work on writing and issuing a Policies and Procedures Manual that complies with the conditions and standards of the Settlement Agreement has been ongoing for the best part of a year. The first effort, completed in house, resulted in an unsatisfactory compilation of Policies and Procedures and redundant, but somewhat different, Post Orders. They were adopted by the County but upon review by the Monitor and DOJ staff they were found to be inadequate. After some exploration of options, the County has contracted with Dr. Austin to complete the policies and procedures. He has retained the services of Mr. Emmett Sparkman to assist with policy development. Mr. Sparkman has over forty years of corrections experience including time as the Deputy Secretary of the Mississippi Department of Corrections. Individual policies will be submitted to the Monitor and DOJ as they are completed for review and approval. It is anticipated that the entire Manual will be drafted by July 2018.

The policy on alcohol withdrawal should be addressed and reviewed with the nursing staff. There was no indication that inmates who, at the time of intake, admitted to drinking heavily and daily were referred to a nursing staff member or placed on a withdrawal protocol. During interviews with nurses, the nurses were not familiar with the withdrawal policy. Medication administration should also be addressed in the policies and procedures. The officer making

rounds with the nurse did not attempt to control the inmates receiving medication nor did he check the inmate's mouth to ensure that the inmate was not hoarding the medication. Inmates that were no-shows to the medication line were not called to sign a refusal of medication. Refusals should be signed in real time and if the inmate refused to get up then signed by the officer and the nurse. There was an incident in which the door and cabinet in the dental suite was unlocked and dental instruments were stolen. Counts had not been maintained so it was not known how many sharps were missing. Adequate security and accounting of medical equipment should be addressed in the policies and procedures.

Needed policies and procedures related to mental health are addressed below if required by a specific Settlement Agreement provision. However, in order to develop and implement the necessary policies and procedures additional mental health staffing will be required. Based on a review of mental health related provisions of the Agreement, and even just a preliminary assessment of what it will take to address those provisions, it is quite clear that there are not enough mental health staff hours currently available to implement the policies and procedures that would be required to address the mental health related provisions of the Agreement. Furthermore, there is no time that all of the mental health staff are at the facility at the same time in order to discuss and coordinate in a way required to do such things as treatment planning and discharge planning. Therefore, a mental health staffing analysis, with a commitment to increasing the mental health staff is required.

During the next site visit, the consultant will arrange meetings with QCHC, County and Jail staff to clarify with staff the meaning and significance of a provision, to provide background with regard to why such a provision is important, and to describe best practices with regard to addressing a provision. It then offers an opportunity for health and mental health staff, and also often security staff, to discuss relevant issues, questions and concerns, as they jointly move towards the development and/or refinement of policies and an implementation plan. Addressing these provisions will require that other medical staff, security staff, and administrative staff also participate in this effort.

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail, including at least five years of related management experience for their positions, and a bachelor's degree. When the Jail Administrator is absent or if the position becomes vacant, a qualified deputy administrator with comparable education, training, and experience, must serve as acting Jail Administrator.

Partial Compliance

As was previously reported, the Jail Administrator, Major Rushing is well qualified for the job, but has only an AA degree, not the BA degree that the position requires. Captain Richard

Fielder, who previously was the Training Captain, has taken on the post of Assistant Jail Administrator. His education (BA) and experience meet the standard set forth in the Settlement Agreement. This section will continue to be carried as being in Partial Compliance because of the Jail Administrator's AA degree.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members. At minimum, Jail supervisors must have at least 3 years of field experience, including experience working in the Jail. They must also be familiar with Jail policies and procedures, the terms of this Agreement, and prisoner rights.

Partial Compliance

Other than the Assistant Jail Administrator's position, reported above, there have been no changes in supervisory positions. This section continues to be carried as being in Partial Compliance since the P&P Manual has not been issued and it has not been possible to determine whether or not all supervisors are familiar with it and the terms of the Settlement Agreement.

40. Ensure that no one works in the Jail unless they have passed a background check, including a criminal history check.

Non-Compliant

The Jail was requested to provide at the time of the site visit a listing of all current jail employees, the date of their employment and the date of their background check. This was not provided. Until the HCSO provides documentation reflecting that all employees have successfully passed a background check, including a criminal history check, this paragraph will continue to be carried as Non-Compliant.

41. Ensure that Jail policies and procedures provide for the "direct supervision" of all Jail housing units.

Non-Compliant

The Policies and Procedures Manual has yet to be published. Further, no staff members have received training with regard to the principles and dynamics of direct supervision. One of the Priority Recommendations made by the monitoring team subsequent to the January/February site visit was that the County coordinate with the National Institute of Corrections to obtain "Train the Trainers" support so that staff assigned to the WC can be properly trained. Once that is done, it will be possible to rotate officers through that facility to gain hands on experience in direct supervision before they are reassigned to the RDC as it slowly transitions back to being a direct supervision jail.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Jail. The parties recognize that the Board allocates to the Sheriff lump sum funding on a quarterly basis. The Sheriff recognizes that sufficient staffing of the Jail should be a priority for utilizing those funds. To that end, the County must at minimum:

- a. Hire and retain sufficient numbers of detention officers to ensure that:
 - i. There are at least two detention officers in each control room at all times;
 - ii. There are at least three detention officers at all times for each housing unit, booking area, and the medical unit;
 - iii. There are rovers to provide backup and assistance to other posts;
 - iv. Prisoners have access to exercise, medical treatment, mental health treatment, and attorney visitation as scheduled;
 - v. There are sufficient detention officers to implement this Agreement.
- b. Fund and obtain a formal staffing and needs assessment (“study”) that determines with particularity the minimum number of staff and facility improvements required to implement this Agreement. As an alternative to a new study, the September 2014 study by the National Institute of Corrections may be updated if the updated study includes current information for the elements listed below. The study or study update must be completed within six months of the Effective Date and must include the following elements:
 - i. The staffing element of the study must identify all required posts and positions, as well as the minimum number and qualifications of staff to cover each post and position.
 - ii. The study must ensure that the total number of recommended positions includes a “relief factor” so that necessary posts remain covered regardless of staff vacancies, turnover, vacations, illness, holidays, or other temporary factors impacting day-to-day staffing.
 - iii. As part of any needs assessment, the study’s authors must estimate the number of prisoners expected to be held in the Jail and identify whether additional facilities, including housing, may be required.
- c. Once completed, the County must provide the United States and the Monitor with a copy of the study and a plan for implementation of the study’s recommendations. Within one year after the Monitor’s and United States’ review of the study and plan, the County must fund and implement the staffing and facility improvements recommended by the study, as modified and approved by the United States.
- d. The staffing study shall be updated at least annually and staffing adjusted accordingly to ensure continued compliance with this Agreement. The parties recognize that salaries are an important factor to recruiting and retaining qualified personnel, so the County will also annually evaluate salaries.

- e. The County will also create, to the extent possible, a career ladder and system of retention bonuses for Jail staff.

Partial Compliance

As was previously reported, the total required staffing for the Jail System is 433 positions. The goal for the current year is 275 positions, of which 271 have been funded. Four still require funding or else reassignment of that number of positions from other areas of the Sheriff's Office. While 250 positions were reported as filled during the October site visit, that number has dropped to 239 in spite of the fact that the new salary schedule for entry-level officers represented a significant increase in compensation. It should be noted that the career ladder and bonus system outlined in the Settlement Agreement are still not in place. During the January/February site visit, the Sheriff agreed to make Investigator Marquette Funchess the full-time recruiter for the HCSO. Previously only 25% of his time was dedicated to this function. He has worked up a six-month plan of action for recruiting activities which will, hopefully, result in a larger pool of potential employees.

The number of officers assigned to each shift, particularly at the RDC, is insufficient to meet the criteria of the Settlement Agreement. Routinely, less than half the required number is available. Only the juvenile unit (HU A1) at the RDC has an officer assigned to a post inside the unit on each shift; however, the officers assigned have not been trained with regard to direct supervision operation. At best, half of the units have an officer who sits in the vestibule, not inside the unit. Even in the Confinement/Segregation unit, (HU B3), where the inmates are locked down in individual cells, the officer sits in the vestibule, from which position he is supposed to conduct thirty-minute well-being checks on each inmate—an impractical expectation. In Booking little has changed since the last Monitor Report. Routinely, only one Detention Officer is on duty instead of two (exclusive of the ID officer) while one, sometimes two Booking Clerks are on post. It should be noted that a female Booking Clerk is often called upon to handle intake duties when a female detainee is received. This is acceptable in that booking clerks are also detention officers, but the practice reflects the shortage of personnel. As was previously reported, the staffing situation at the JDC and WC is not as critical as at the RDC because portions of those two facilities are currently vacant and they are operating at well below rated capacity.

- f. Develop and implement an objective and validated classification and housing assignment procedure that is based on risk assessment rather than solely on a prisoner's charge. Prisoners must be classified immediately after booking, and then housed based on the classification assessment. At minimum, a prisoner's bunk, cell, unit, and facility assignments must be based on his or her objective classification assessment, and staff members may not transfer or move prisoners into a housing area if doing so would violate classification principles (e.g., placing juveniles with adults, victims with former assailants, and minimum

security prisoners in a maximum security unit). Additionally, the classification and housing assignment process must include the following elements:

- i. The classification process must be handled by qualified staff who have additional training and experience on classification.
- ii. The classification system must take into account objective risk factors including a prisoner's prior institutional history, history of violence, charges, special needs, physical size or vulnerabilities, gang affiliation, and reported enemies.
- iii. Prisoner housing assignments must not be changed by unit staff without proper supervisor and classification staff approval.
- iv. The classification system must track the location of all prisoners in the Jail, and help ensure that prisoners can be readily located by staff. The County may continue to use wrist bands to help identify prisoners, but personal identification on individual prisoners may not substitute for a staff-controlled and centralized prisoner tracking and housing assignment system.
- v. The classification system must be integrated with the Jail prisoner record system, so that staff have appropriate access to information necessary to provide proper supervision, including the current housing assignment of every prisoner in the Jail.
- vi. The designation and use of housing units as "gang pods" must be phased out under the terms of this Agreement. Placing prisoners together because of gang affiliation alone is prohibited. The County must replace current gang-based housing assignments with a more appropriate objective classification and housing process within one year after the Effective Date.

Partial Compliance

There has been no change with regard to compliance in this section since the last reporting period. The Classification Sergeant has prepared some preliminary draft proposals, but has not submitted any Policies and Procedures for inclusion in the P&P Manual as was suggested in the last report. Misdemeanant detainees continue to be assigned directly to the WC from Booking prior to being classified. Movement of inmates by supervisors when Classification officers are not on duty now must be documented by a report that goes to the Classification supervisor so that follow up can occur the following morning. The use of gang pods ended almost a year ago; however, many classification decisions still default to charges rather than behavior.

- g. Develop and implement positive approaches for promoting safety within the Jail including:
 - i. Providing all prisoners with at least 5 hours of outdoor recreation per week;

- ii. Developing rewards and incentives for good behavior such as additional commissary, activities, or privileges;
- iii. Creating work opportunities, including the possibility of paid employment;
- iv. Providing individual or group treatment for prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions, who would benefit from therapeutic activities; (Jackie)
- v. Providing education, including special education, for youth, as well as all programs, supports, and services required for youth by federal law; (Jim and Jackie)
- vi. Screening prisoners for serious mental illness as part of the Jail's booking and health assessment process, and then providing such prisoners with appropriate treatment and therapeutic housing;
- vii. Providing reasonable opportunities for visitation.
- h. Ensure that policies, procedures, and practices provide for higher levels of supervision for individual prisoners if necessary due to a prisoner's individual circumstances. Examples of such higher level supervision include (a) constant observation (i.e., continuous, uninterrupted one-on-one monitoring) for actively suicidal prisoners (i.e., prisoners threatening or who recently engaged in suicidal behavior); (b) higher frequency security checks for prisoners locked down in maximum security units, medical observation units, and administrative segregation units; and (c) more frequent staff interaction with youth as part of their education, treatment and behavioral management programs.
- i. Continue to update, maintain, and expand use of video surveillance and recording cameras to improve coverage throughout the Jail, including the booking area, housing units, medical and mental health units, special management housing, facility perimeters, and in common areas.

Non-Compliant

42 (g)(i) Outdoor recreation is still unavailable to almost all inmates in the Hinds County Jail System. It has never been available at the JDC because there is no outdoor recreation yard. At the RDC it has not been available for over five years. After the riot that caused major damage to Pod C all recreation ceased and most doors to the recreation yards were welded shut, as well as many other doors, including pipe chases, throughout the jail. Only at the WC is outdoor recreation feasible, but even there it is not documented in a format that allows for readily tracking when recreation was made available. Subsequent to the January/February site visit, the WC forwarded a copy of the log entries from HU3 covering 2-1-18 to 2-14-18. A review of those entries revealed that recreation was made available on seven of fourteen days, for a total of five hours and forty minutes. On three days there were log entries made when the recreation

yard was opened but none made to show when it closed. The total documented outdoor recreation was just over half of what is required by the Settlement Agreement.

42(g)(iv) Due to the fact that prisoners' medical records do not include adequate mental health evaluations or treatment plans, at present, it is extremely difficult, if not impossible to assess (internally and/or by the monitor) whether or not any given prisoner with a serious mental illness, developmental disability, or other behavioral or medical condition is receiving appropriate therapeutic interventions. At minimum, a mental health evaluation should include the prisoner's history, a description of the prisoner's signs and symptoms of mental illness and related distress and/or impairments in functioning, and a diagnostic opinion and/or psychodynamic formulation. For prisoners for whom medication might be indicated and/or prisoners who are experiencing some type of mental health emergency, a psychiatric evaluation should also be performed and documented in the medical record. In the absence of such evaluations that are documented in prisoners' medical records, there is no way to know why a prisoner is receiving mental health treatment or what the prisoner is being treated for.

At minimum, a treatment plan should include a list of problems to be addressed noting the therapeutic intervention(s) which will be employed to address each problem and the expected outcome or goal of such treatment within a designated timeframe. If an indicated treatment is simply not available within the facility and significant compromises must be made, this should also be noted in the treatment plan. There should also be evidence that treatment plans are reviewed on a regular basis (consistent with community standards of practice for the treatment of the particular psychiatric difficulty), and that any indicated adjustments in the treatment plan have been made. In addition, since both treatment planning and treatment plan review is a multi-disciplinary effort, mental health, nursing and security staffs must work together to discuss and ensure that everyone understands their role in the development and implementation of the treatment plans. As noted above, this multi-disciplinary treatment planning and review process is one of the efforts that is complicated by the fact that there is no time when all mental health staff are at the facility at the same time, and so options for addressing this complication will also have to be explored. In the absence of treatment plans, there is no way to know whether or not prescribed treatment is appropriate or effective.

Furthermore, the absence of a detailed log for the mental health caseload makes it extremely difficult, if not impossible, to assess (internally and by the monitor) whether or not the overall caseload of prisoners with serious mental illness, developmental disability, or other behavior or medical conditions is receiving appropriate therapeutic interventions. There is a list of prisoners seen by the psychiatrist or the psychologist each week, which also notes if and when another appointment should be scheduled. However, at minimum, a detailed log would list each prisoner on the mental health caseload, with their diagnosis, prescribed treatment, staff providing treatment, most recent and next scheduled visits, and any special circumstances, such as prisoner non-

compliance, suicide watch, segregation, etc. As noted, the lack of this documentation not only affects the monitoring team's ability to determine compliance with the mental health provisions of the Settlement Agreement, it also impacts the ability of the County and medical provider to ensure that appropriate treatment is being provided.

With respect to this provision, current recommended actions are:

1. Mental health evaluations must be performed on all prisoners on the mental health case load. For prisoners for whom medication might be indicated and/or prisoners who are experiencing some type of mental health emergency, a psychiatric evaluation should also be performed.
2. Treatment plans must be developed for each prisoner on the mental health caseload, and must then be periodically reviewed.
3. Documentation of a mental health evaluation and/or psychiatric evaluation, and documentation of a treatment plan and treatment plan review must be included in the prisoner's medical record.
4. A detailed log for the mental health caseload must be developed and maintained.

42(g)(v) An assessment of efforts to comply with this provision was initiated during the site visit, but was not completed. However as of this point, it at least appears that education and other programs, supports, and services for youth remain very limited. This will be explored further during the next site visit.

42(g)(vi) Although there is mental health screening at the time of booking and during the initial health assessment process, the adequacy of this screening is yet to be determined. One tool that would be helpful in this regard is the development and maintenance of a log for self-referral for mental health services and referrals for mental health services made by security staff or other medical staff, which indicates whether or not mental illness was identified during the initial screening processes. Such a log would also indicate how quickly the prisoner was seen, who saw the prisoner, and the outcome, and so it would also help with internal (and external) monitoring/assessment of the responsiveness of mental health to such referrals. In addition, the screening tools used will be further assessed by the monitor.

Recommended actions at this time are to develop the above described log that would track self-referrals for mental health services as well as referrals for mental health services made by security staff or health staff.

See paragraph 74 and paragraph 77 (i and j) regarding housing decisions and the availability of appropriate housing for prisoners with serious mental illness. See section 42 (g)(iv) with regard to the availability of appropriate treatment.

42(g)(vii) Visitation records are similarly problematic. A review of visitation records covering two weeks, from 12-31-17 to 1-13-18 revealed the following--

- (1) At the JDC, 68 inmates were scheduled to have a visit with family and friends; however, only 31 actually were able to complete a visit. The others were cancelled by administration, missed by the inmate or caller, or were interrupted.
- (2) At the RDC and WC visitation records are combined, so it is not possible to differentiate between facilities. A total of 82 inmates were scheduled to visit, but only 36 actually completed their visits. The others were cancelled by administration, missed by the inmate or caller, or listed as “unpaid refusal”. Staff described the “unpaid refusal” as a system problem in that the inmate’s family has money in the account but the recording says number restricted. The provider, Securus has said that the problem is on the jail end.

Based on the number of inmates held at the three facilities, on average only 48% of the inmates at the JDC actually have a visit during a month’s time, while at the RDC and WC that figure is only 14%. Since the majority of the population is held at these two jails, it is apparent that very few inmates in the custody of the Detention Services Division are able to visit with family and friends on a routine basis.

42(h) During a review of the medical records for a small number of prisoners who had been on suicide watch, there was no documentation of a mental health assessment that resulted in the placement of the prisoner on suicide watch or the continuation of an emergency suicide watch originally initiated by security staff who were concerned about a prisoner’s suicide potential. Without such an evaluation, compliance with this provision is not possible as it is the mental health assessment that would form the basis for an opinion on the level of supervision required. There was also no documentation of a mental health assessment that resulted in the termination of a period of suicide watch. In addition, it remains unclear which staff has the authority to terminate/responsibility for terminating a suicide watch. Furthermore, if this authority and responsibility is limited to the psychiatrist and/or the psychologist, there are at least 5 days each week when neither one of them are at the facility to assume this responsibility.

Logs that would document some higher level of supervision by security staff have been requested. Therefore, further assessment is required to determine whether or not there is documentation of security supervision and then whether or not any documented supervision is adequate. As noted above, this is somewhat complicated by the lack of clear mental health orders regarding the level of supervision required, based on mental health assessments.

This is an area where medical policies and security policies when they are completed must be consistent. Assuring a higher level of supervision by must be addressed at the level of policy and practice to clearly delineate the levels of supervision required and the respective roles of security

and mental health staff. This issue also intersects with issues of staffing levels to ensure that such higher levels of supervision can actually be provided.

42(i) Video surveillance capabilities vary greatly between facilities. While the JDC and WC have no such capability, the RDC has been upgraded significantly. Supervisory staff at that facility should take advantage of the ability to monitor and review incidents and daily activity.

43. Include outcome measures as part of the Jail's internal data collection, management, and administrative reporting process. The occurrence of any of the following specific outcome measures creates a rebuttable presumption in this case that the Jail fails to provide reasonably safe conditions for prisoners:

- a. Staff vacancy rate of more than 10% of budgeted positions;
- b. A voluntary staff turnover rate that results in the failure to staff critical posts (such as the housing units, booking, and classification) or the failure to maintain experienced supervisors on all shifts;
- c. A major disturbance resulting in the takeover of any housing area by prisoners;
- d. Staffing where fewer than 90% of all detention officers have completed basic jailer training;
- e. Three or more use of force or prisoner-on-prisoner incidents in a fiscal year in which a prisoner suffers a serious injury, but for which staff members fail to complete all documentation required by this Agreement, including supervision recommendations and findings;
- f. One prisoner death within a fiscal year, where there is no documented administrative review by the Jail Administrator or no documented mortality review by a physician not directly involved in the clinical treatment of the deceased prisoner (e.g. corporate medical director or outside, contract physician, when facility medical director may have a personal conflict);
- g. One death within a fiscal year, where the death was a result of prisoner-on-prisoner violence and there was a violation of Jail supervision, housing assignment, or classification procedures.

Non-Compliant

Currently, 11.8 % of the authorized positions are vacant (271 authorized, 32 vacant). Turnover statistics for 2017 reflect a continuing problem in the Detention Services Division. At the JDC it was 18.4%, at the WC it was 26.0% and at the RDC it was 48.9%. Ideally, a 10% turnover rate should be the goal, but the JDC and WC fall within a manageable range. The RDC's turnover rate, however, is not sustainable. When almost 50% of a facility's staff leave during a one-year period, maintaining continuity and consistency of daily activities is not possible.

44. To complement, but not replace, "direct supervision," develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate. To that end:

- a. Rounds must be conducted at least once every 30 minutes in general population housing units and at least once every 15 minutes for special management prisoners (including prisoners housed in booking cells).
- b. All security rounds must be conducted at irregular intervals to reduce their predictability, and must be documented on forms or logs.
- c. Officers must only be permitted to enter data on these forms or logs at the time a round is completed. Forms and logs must not include pre-printed dates or times. Officers must not be permitted to fill out forms and logs before they actually conduct their rounds.
- d. The parties anticipate that “rounds” will not necessarily be conducted as otherwise described in this provision when the Jail is operated as a “direct supervision” facility. This is because a detention officer will have constant, active supervision of all prisoners in the detention officer’s charge. As detailed immediately below, however, even under a “direct supervision” model, the Jail must have a system in place to document and ensure that staff are providing adequate supervision.
- e. Jail policies, procedures, and practices may utilize more than one means to document and ensure that staff are supervising prisoners as required by “direct supervision,” including the use and audit of supervisor inspection reports, visitation records, mealtime records, inmate worker sheets, medical treatment files, sick call logs, canteen delivery records, and recreation logs. Any system adopted to ensure that detention officers are providing “direct supervision” must be sufficiently detailed and in writing to allow verification by outside reviewers, including the United States and Monitor.

Partial Compliance

Well-being checks continue to be conducted more effectively than previously, although still not in compliance with the Settlement Agreement. In Booking they are conducted at 15-minute intervals. In general population areas of the RDC they are sometimes maintained at hourly intervals, although consistency of entries in the Unit logs is sporadic at best with gaps of four or more hours, and even whole shifts, noted. In Isolation Unit B4, the 15-minute well-being checks are routinely recorded on the individual inmate logs; however, the Unit Log, which was in place during the October site visit, was no longer in use during the January/February site visit. In Confinement/Segregation Unit B3, 30-minute well-being checks are maintained by the officer who sits in the vestibule (see paragraph 42 above). The Settlement Agreement calls for 15-minute well-being checks. At the JDC, general population 30-minute well-being checks were recorded appropriately on forms located at the end of each corridor. The 30-minute confinement/segregation logs for those inmates who were in a lock down status were not maintained on individual forms, as they should have been, (and as they were during the October site visit). Instead, 30-minute Activity Logs were kept on each inmate, which reflected feeding,

out of cell time and other evolutions rather than 30-minute well-being checks. At the WC, officers made inconsistent entries in the Unit Logs which were sometimes hourly and sometimes only sporadic, if at all, throughout the shift. While direct supervision housing does not require the maintenance of a routine well-being check notation when other activity entries reflect continuing supervision, standard procedures regarding log entries need to be developed, so that all officers follow the same practices.

See section 76 with regard to mental health rounds for prisoners in segregation. See section 42 (h) with regard to prisoners who require special management due to acute mental health difficulties.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail. To that end, the County must ensure that the Jail employs Qualified Training Officers, who must help to develop and implement a formal, written training program. The program must include the following:

- a. Mandatory pre-service training. Detention officers must receive State jailer training and certification prior to start of work. Staff who have not received such training by the Effective Date of this Agreement must complete their State jailer training within twelve months after the Effective Date of this Agreement. During that twelve month period, the County must develop an in-house detention training academy.
- b. Post Order training. Detention officers must receive specific training on unit-specific post orders before starting work on a unit, and every year thereafter. To document such training, officers must be required to sign an acknowledgement that they have received such training, but only after an officer is first assigned to a unit, after a Post Order is updated, and after completion of annual retraining.
- c. “Direct supervision” training. Detention officers must receive specific pre- and post service training on “direct supervision.” Such training must include instruction on how to supervise prisoners in a “direct supervision” facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective “direct supervision.”
- d. Jail administrator training. High-level Jail supervisors (*i.e.*, supervisors with facility-wide management responsibilities), including the Jail Administrator and his or her immediate deputies (wardens), must receive jail administrator training prior to the start of their employment. High-level supervisors already employed at the Jail when this Agreement is executed must complete such training within six months after the Effective Date of this Agreement. Training comparable to the Jail Administration curriculum offered by the National Institute of Corrections will meet the requirements of this provision.

- e. Post-service training. Detention officers must receive at least 120 hours per year of post-service training in their first year of employment and 40 hours per year after their first year. Such training must include refresher training on Jail policies. The training may be provided during roll call, staff meetings, and post-assignment meetings. Post-service training should also include field and scenario-based training.
- f. Training for Critical Posts. Jail management must work with the training department to develop a training syllabus and minimum additional training requirements for any officer serving in a critical position. Such additional training must be provided for any officer working on a tactical team; in a special management, medical or mental health unit; in a maximum security unit; or in booking and release.
- g. Special management unit training. Officers assigned to special management units must receive at least eight hours of specialized training each year regarding supervision of such units and related prisoner safety, medical, mental health, and security policies.
- h. Training on all Jail policies and procedures including those regarding prisoner rights and the prevention of staff abuse and misconduct.

Non-Compliant

As was previously noted, then Training Director, Captain Fielder, recently took on the position of Assistant Jail Administrator. In his place Captain Miller assumed responsibility for training. One of the first things that he put into place was elimination of the 40-hour orientation block of instruction for new Detention Officers. Now new employees are immediately assigned to the 120-hour basic recruit academy which they must complete before being assigned to a facility. Training records do not yet reflect how many officers still need to complete this training within the first year of employment or how many officers received 40 hours of in-service training during the past year. Post Order training, Critical Post training, Special Management Unit training and Direct Supervision training are as yet not identified. The HCSO attempted to hire a Director of Detention Training but was unable to attract candidates at the pay level that was offered. The HCSO needs to recruit and hire a Director of Detention Training, at the level of a lieutenant, as soon as possible. This position requires a candidate who has extensive detention experience to ensure that the training curriculum and schedule provides the needed training for detention officers.

During the past year the Division Major attended the Large Jail Network's training program put on by the National Institute of Corrections (NIC), and the Jail and Prisoner Legal Issues seminar hosted by the Americans for Effective Law Enforcement Legal Center. The newly appointed Assistant Jail Administrator is slated to attend New Warden's Training through NIC later this year.

Reportedly, there is a modest amount of mental health training that occurs when security staff persons are in training at the academy. This training curriculum will be reviewed. More recently, an in-service training program, entitled “Mental Health First Aid” has become available, and security staff persons are beginning to receive this training. This training curriculum will also be reviewed.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail. To that end, the County must:

- a. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. Personal Identification Numbers (PINs) allocated for budget purposes represent a salaried slot and are not a restriction on personnel assignment authority. While the Sheriff may retain final authority for personnel decisions, the Jail’s policies and procedures must document and clearly identify who is responsible for a personnel decision, what administrative procedures apply, and the basis for personnel decisions.
- b. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail, including any who are not already reporting to the Jail Administrator and the Jail’s chain of command. This provision covers road deputies assigned to supervise housing units and emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances.
- c. Ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- d. Ensure that staff conduct daily inspections of all housing and common areas to identify damage to the physical plant, safety violations, and sanitation issues. This maintenance program must include the following elements:
 - i. Facility safety inspections that include identification of damaged doors, locks, cameras, and safety equipment.
 - ii. An inspection process.
 - iii. A schedule for the routine inspection, repair, and replacement of the physical plant, including security and safety equipment.
 - iv. A requirement that any corrective action ordered be taken.
 - v. Identification of high priority repairs to assist Jail and County officials with allocating staff and resources.

- vi. To ensure prompt corrective action, a mechanism for identifying and notifying responsible staff and supervisors when there are significant delays with repairs or a pattern of problems with equipment. Staff response to physical plant, safety, and sanitation problems must be reasonable and prompt.

Non-Compliant

Until the P&P Manual is revised and re-issued, compliance with this paragraph cannot be achieved. The revision work was recently assigned to Dr. James Austin with an expected completion date of July 2018. Individual policies will be submitted to the Monitor and DOJ for review and approval as they are completed. No progress has been made with regard to the requirement for supervisors to document the results of their rounds. This long-standing problem needs to be addressed immediately. At a minimum, a supervisor should make an entry in the Unit Log or Control Room Log.

Maintenance issues are still not resolved in a timely fashion, particularly at the RDC. As was previously reported, two of the three primary corridor doors leading from the “Great Hall” to the three pods (A, B and C) still do not function. They are propped open because they cannot be properly secured/locked. In A and B Pods the control room doors also cannot be secured, so maintenance staff have jury rigged a manual locking system that depends upon an officer in the corridor to lift a mechanism located above the door before it can be opened. This totally unacceptable situation can be rectified when the County replaces the security doors into the pods. At that time, they should eliminate the two sets of security doors located in the corridors between the Great Hall and the control rooms since they serve no purpose other than to impede the ability of staff to move between the Great Hall and the housing units. When that work is done, the County should also create a safety vestibule, with two swinging security doors, as the single point of entry to each control room. The single sliding doors located on each side of the three control rooms should be removed and the walls secured. It was also observed that many cells lacked functioning lights causing inmates in segregation cells to lay on the floor and use light coming through from the hall when light was needed.

While the JDC and WC do not have the overall appearance of neglect that afflicts the RDC, they need more timely correction of maintenance problems regarding plumbing and electrical work. An example is the electrical cord that runs across the floor in the lobby of the WC. This obvious violation of fire and safety regulations has been noted during each of the past three site visits. There is still no standard format in place at each of the three facilities for the documentation and repair of maintenance issues.

47. Ensure that staff members conduct random shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband. Such shakedowns must be

conducted in each housing unit at least once per month, on an irregular schedule to make them less predictable to prisoners and staff.

Non-Compliant

Random shakedowns of cells and common areas are still not accomplished and documented as this paragraph requires although a review of incident reports reflects an increase in the number that are conducted. While the monitoring team was informed that shakedowns are now conducted solely by Detention Officers, not by law enforcement officers, at least one incident report, #171283, dated 12-14-17, indicated that such is not the case. On that date, HCSO patrol deputies, SRT Team members and a Mississippi Department of Corrections RRT team conducted a shakedown of RDC, Unit A2. If law enforcement officers are involved, they should provide back up and work under the direction of Detention Center staff. The practice of undercutting the authority and responsibility of Detention Officers by allowing law enforcement and outside agency officers to assume their duties is inappropriate and counterproductive. On January 31, 2018, Assistant Jail Administrator Fielder issued a memo to all personnel that calls for each facility to conduct two shakedowns per month.

48. Install cell phone jammers or other electronic equipment to detect, suppress, and deter unauthorized communications from prisoners in the Jail. Installation must be completed within two years after the Effective Date.

Non-Compliant

While no concrete action has been taken to date to deal with this issue, in December the Jail Administrator received a briefing from Securus Technologies on a Wireless Containment Services (WCS) system, which may be a viable option to control contraband cell phones in the jail facilities.

49. Develop and implement a gang program in consultation with qualified experts in the field that addresses any link between gang activity in the community and the Jail through appropriate provisions for education, family or community involvement, and violence prevention.

Partial Compliance

There has been no change in the status of this paragraph. No additional information was provided during the most recent site visit beyond the fact that a law enforcement officer is assigned to conduct investigations within the Jail System.

USE OF FORCE STANDARDS

Consistent with constitutional standards, the County must take reasonable measures to prevent excessive force by staff and ensure force is used safely and only in a manner commensurate with the behavior justifying it. To that end, the County must:

50. Develop and implement policies and procedures to regulate the use of force. The policies and procedures must:

- a. Prohibit the 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;
- b. Prohibit the 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, visitors, or property;
- c. Prohibit the use of force against a prisoner after the prisoner has ceased to resist and is under control;
- d. Prohibit the use of force as punishment or retaliation;
- e. Limit the level of force used so that it is commensurate with the justification for use of force; and
- f. Limit use of force in favor of less violent methods when such methods are more appropriate, effective, or less likely to result in the escalation of an incident.

Non-Compliant

Since the P&P Manual has still not been revised, reissued and approved, compliance with this paragraph cannot be achieved. The significance of non-compliance was reinforced by two use of force reports in early February that reflected a lack of understanding regarding some of the practices outlined in this paragraph by command level staff, the very people who are responsible for ensuring that subordinate staff follow proper procedures.

51. Develop and implement policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to use of force and after any use of force. These policies and procedures must specifically include the following requirements:

- a. Staff members must obtain prior supervisory approval before the use of weapons (*e.g.*, electronic control devices or chemical sprays) and mechanical restraints unless responding to an immediate threat to a person's safety.
- b. If a prisoner has a serious medical condition or other circumstances exist that may increase the risk of death or serious injury from the use of force, the type of force that may be used on the prisoner must be restricted to comply with this provision. These restrictions include the following:

- i. The use of chemical sprays, physical restraints, and electronic control devices must not be used when a prisoner may be at risk of positional asphyxia.
- ii. Electronic control devices must not be used on prisoners when they are in a location where they may suffer serious injury after losing voluntary muscle control (e.g., prisoner is standing atop a stairwell, wall, or other elevated location).
- iii. Physical strikes, holds, or other uses of force or restraints may not be used if the technique is not approved for use in the Jail or the staff member has not been trained on the proper use of the technique.

Non-Compliant

To date there are no recorded instances of staff members obtaining supervisory approval prior to using weapons and mechanical restraints. The same can be said for the use of chemical sprays, physical restraints and electronic control devices being used when a prisoner may be at risk of positional asphyxia. The fact that a non-approved use of force technique was used during a recent incident by a member of the Detention Services Division command staff (Incident Report #1800268) is reflective of the need for intensive and extensive training for all Detention personnel.

- c. Staff members must conduct health and welfare checks every 15 minutes while a prisoner is in restraints. At minimum, these checks must include (i) logged first-person observations of a prisoner's status while in restraints (e.g. check for blood flow, respiration, heart beat), and (ii) documented breaks to meet the sanitary and health needs of prisoners placed in emergency restraints (e.g., restroom breaks and breaks to prevent cramping or circulation problems).
- d. The County must ensure that clinical staff conduct medical and mental health assessments immediately after a prisoner is subjected to any Level 1 use of force. Prisoners identified as requiring medical or mental health care during the assessment must receive such treatment.

Non-Compliant

The P&P Manual is still under review. Revised policies and post orders should be submitted for review by the Monitor and DOJ staff by July. Fifteen-minute well-being checks are now maintained both in Booking and in the RDC, B4 Isolation Unit. Suicide watch procedures changed on January 28, 2018, with the closure of the two cells in Medical that were previously used for that purpose. Suicide watches are now maintained in C4 Isolation and the assigned officer stays inside the unit making it possible to achieve constant supervision instead of only a 15-minute well-being check. Four or more inmates can be supervised by one officer in this configuration. There is no evidence that mental health staff assess prisoners who have been subjected to Level 1 use of force.

- e. A first-line supervisor must personally supervise all planned uses of force, such as cell extractions.
- f. Security staff members must consult with medical and mental health staff before all planned uses of force on juveniles or prisoners with serious mental illness, so that medical and mental health staff may offer alternatives to or limitations on the use of force, such as assisting with de-escalation or obtaining the prisoner's voluntary cooperation.
- g. The Jail must have inventory and weapon controls to establish staff member responsibility for their use of weapons or other security devices in the facility. Such controls must include:
 - i. a sign-out process for staff members to carry any type of weapon inside the Jail,
 - ii. a prohibition on staff carrying any weapons except those in the Jail's tracked inventory, and
 - iii. random checks to determine if weapons have been discharged without report of discharge (e.g., by checking the internal memory of electronic control devices and weighing pepper spray canisters).
- h. A staff member must electronically record (both video and sound) all planned uses of force with equipment provided by the Jail.
- i. All staff members using force must immediately notify their supervisor.
- j. All staff members using a Level 1 use of force must also immediately notify the shift commander after such use of force, or becoming aware of an allegation of such use by another staff member.

Non-Compliant

To date there has not been a recorded incident of a planned use of force, which would have, in turn, necessitated notification of supervisory staff and video recording of the event. A review of use of force reports for December indicated that there were three such reports written at the RDC, none at the JDC and no monthly report submitted for the WC. In January there were three reports submitted at the JDC and none at the WC, but no monthly report submitted by the RDC. The monthly reports by the three facilities need to be done uniformly utilizing the same format. The only report of a taser being used was at the RDC in November. That report reflected the proper use of the taser in defense of the officer, but also that he threatened to use it on the inmate if he did not comply with an order to submit to a strip search. This coercive use of the taser is in violation of the standards set forth in the Settlement Agreement. Inmates were routinely sent to medical for a follow up review and, when necessary, they were transported to a local hospital for treatment.

There is no evidence that mental health staff is being consulted prior to a planned use of force on juveniles or prisoners with serious mental illness.

USE OF FORCE TRAINING

52. The County must develop and implement a use of force training program. Every staff member who supervises prisoners must receive at least 8 hours of pre-service use of force training and annual use of force refresher training.

Non-Compliant

With the change in Training Directors since the October site visit, there has been a reset in the area of staff training. Use of force is covered during the basic 120-hour academy, but there is no record of comprehensive use of force training for all personnel, either in the academy or through annual in-service training.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Non-Compliant

As was previously reported, these topics cannot be addressed until the P&P Manual is revised and published.

54. The County must randomly test at least 5 percent of Jail Staff members annually to determine whether they have a meaningful, working knowledge of all use of force policies and procedures. The County must also evaluate the results to determine if any changes to Jail policies and procedures may be necessary and take corrective action. The results and recommendations of such evaluations must be provided to the United States and Monitor.

Non-Compliant

This action cannot be undertaken until the revised P&P Manual is issued, officers are trained and sufficient time has passed to conduct the random testing of at least five percent of Jail staff.

55. The County must update any use of force training within 30 days after any revision to a use of force policy or procedure.

Non-Compliant

This cannot be updated until the policies and procedures on use of force have been completed.

USE OF FORCE REPORTING

To prevent and remedy the unconstitutional use of force, the County must develop and implement a system for reporting use of force. To that end, the County must:

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Non-Compliant

There has been no change with regard to this paragraph. It cannot be addressed until the P&P Manual is revised and issued to all personnel. According to Information Technology and Jail staff, the new computerized incident report and use of force report forms contain information that has not been made available to the monitoring team. In addition, it is reported that a separate investigation report that is not linked to the incident and use of force report forms contains additional information. Also, it is reported that on the computer-based forms there is a space for supervisory approval, disapproval and recommended action. Unfortunately, that documentation has not been made available to the monitoring team for review. At present, it is still not possible for a determination to be made as to the adequacy and accuracy of supervisory review. The team has requested that jail and IT staff be able to generate and provide reports to the monitoring team that provide the information needed to determine compliance.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible, and no later than by the end of that staff member's shift. Staff members must accurately complete all fields on a Use of Force Report. The failure to report any use of force must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination. Similarly, supervisors must also comply with their documentation obligations and will be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change with regard to this paragraph. The requirement cannot be analyzed until the P&P Manual is revised and issued to all personnel. While report writing is improving throughout the Jail System, because the incident reports provided to the monitoring team lack information, it is still not possible to determine whether all incident reports are submitted in a timely fashion or whether supervisors follow up as required.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events. At minimum, use of force reports must document the following information:

- a. A unique tracking number for each use of force;
- b. The names of all staff members, prisoner(s), and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. A description of the events leading to the use of force, including what precipitated or appeared to precipitate those events.
- f. A description of the level of resistance, staff response, and the type and level of force (including frequency and duration of use). For instance, use of force reports must describe the number of discharges from electronic control devices and chemical munitions canisters; the amount of discharge from chemical munitions canisters; whether the Staff Member threatened to use the device or actually discharged the device; the type of physical hold or strike used; and the length of time a prisoner was restrained, and whether the prisoner was released from restraints for any period during that time;
- g. A description of the staff member's attempts to de-escalate the situation without use of force;
- h. A description of whether the staff member notified supervisors or other personnel, including medical or mental health staff, before or after the use of force;
- i. A description of any observed injuries to staff or prisoners;
- j. Whether medical care was required or provided to staff or prisoners;
- k. Reference to any associated incident report or prisoner disciplinary report completed by the reporting officer, which pertains to the events or prisoner activity that prompted the use of force;
- l. A signature of the staff member completing the report attesting to the report's accuracy and completeness.

Partial Compliance

During the January/February site visit another training session was held with IT, Investigations, Operations and Detention staff to facilitate compliance with the reporting requirements of the Settlement Agreement. Special emphasis was placed on the need for all incidents to be given a specific number with any supplemental reports and investigation reports tied back to that original number no matter whether that report was a use of force, rule violation, mechanical problem or any other matter worthy of being recorded. While the monitoring team is still unable to see everything that appears in the Jail Management System (JMS), hopefully, the critical measurable details will soon be available through Drop Box.

USE OF FORCE SUPERVISOR REVIEWS

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force. At minimum:

- a. A supervisor must review all use of force reports submitted during the supervisor's watch by the end of the supervisor's watch.
- b. A supervisor must ensure that staff members complete their use of force reports by the end of their watch.
- c. Reviewing supervisors must document their findings as to the completeness of each staff member's use of force report, and must also document any procedural errors made by staff in completing their reports.
- d. If a Use of Force report is incomplete, reviewing supervisors must require Staff Members to provide any required information on a revised use of force report, and the Jail must maintain both the original and any revised report in its records.
- e. Any supervisor responsible for reviewing use of force reports must document their use of force review as described in Paragraph 62 sufficiently to allow auditing to determine whether an appropriate review was conducted.
- f. All Level 1 uses of force must be sent to the shift commander, warden, Jail Administrator, and IAD.
- g. A Level 2 use of force must be referred to the shift commander, warden, Jail Administrator, and IAD if a reviewing supervisor concludes that there may have been a violation of law or policy. Level 2 uses of force may also be referred to IAD if the County requires such reporting as a matter of Jail policy and procedure, or at the discretion of any reviewing supervisor.

Non-Compliant

No final determination can be made until the P&P Manual is revised and re-issued. It was reported that formatting changes have been made in the electronic reporting system that allow the supervisory review required by this paragraph. However, because of the limitation on what the system can provide in paper form, the monitoring staff cannot, as yet, see whether or not supervisors are taking appropriate follow up action on each report.

60. After any Level 1 use of force, responding supervisors will promptly go to the scene and take the following actions:

- a. Ensure the safety of everyone involved in or proximate to the incident. Determine if anyone is injured and ensure that necessary medical care is or has been provided.
- b. Ensure that photos are taken of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in a use of force incident. Photos must be taken no later than two hours after a use of force. Prisoners may

refuse to consent to photos, in which case they should be asked to sign a waiver indicating that they have refused consent. If they refuse to sign a waiver, the shift commander must document that consent was requested and refused.

- c. Ensure that staff members and witnesses are identified, separated, and advised that communications with other staff members or witnesses regarding the incident are prohibited.
- d. Ensure that victim, staff, and witness statements are taken confidentially by reviewing supervisors or investigators, outside of the presence of other prisoners or involved staff.
- e. Document whether the use of force was recorded. If the use of force was not recorded, the responding supervisors must review and explain why the event was not recorded. If the use of force was recorded, the responding supervisors must ensure that any record is preserved for review.

Non-Compliant

The specified actions of this paragraph are not routinely followed by supervisors. A review of recent use of force reports revealed that photographs are seldom taken and waivers related to the refusal to be photographed are not included. Witness statements are virtually non-existent and use of force incidents are not recorded. It would seem that supervisors at the RDC should be able to review video of incidents by examining recordings in Master Control.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor of Captain rank or above who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Non-Compliant

At this point it is still not possible to determine whether or not supervisors are performing their required duties because the monitoring team does not have access to the supplemental information that may be included in the JMS reports. The limited documentation available through Drop Box does not reflect supervisory action regarding approval, disapproval and recommended action on individual reports.

62. Reviewing supervisors must document the following:

- a. Names of all staff members, prisoner(s), and other participants or witnesses interviewed by the supervisor;
- b. Witness statements;
- c. Review date and time;

- d. The findings, recommendations, and results of the supervisor's review;
- e. Corrective actions taken;
- f. The final disposition of the reviews (e.g., whether the Use of Force was found to comply with Jail policies and procedures, or whether disciplinary action was taken against a staff member);
- g. Supporting documents such as incident reports, logs, and classification records. Supervisors must also obtain and review summary medical and mental health records describing –
 - i. The nature and extent of injuries, or lack thereof;
 - ii. The date and time when medical care was requested and actually provided;
 - iii. The names of medical or mental health staff conducting any medical or mental health assessments or care.
- h. Photos, video/digital recordings, or other evidence collected to support findings and recommendations.

Non-Compliant

Until it is possible to review the supervisory review portion of use of force reports it is not possible to determine whether or not supervisors are taking the required actions and appropriately documenting them.

INCIDENT REPORTING AND REVIEW

To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement a system for reporting and reviewing incidents in the Jail that may pose a threat to the life, health, and safety of prisoners. To that end, the County must:

- 63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information in order to respond appropriately to reportable incidents.

Non-Compliant

The P&P Manual must be revised and issued to all personnel before the level of compliance can be determined.

- 64. Ensure that Incident Reports include an accurate and detailed account of the events. At minimum, Incident Reports must contain the following information:
 - a. Tracking number for each incident;
 - b. The names of all staff members, prisoner, and other participants or witnesses;
 - c. Housing classification and location;
 - d. Date and time;

- e. Type of incident;
- f. Injuries to staff or prisoner;
- g. Medical care;
- h. All staff involved or present during the incident and their respective roles;
- i. Reviewing supervisor and supervisor findings, recommendations, and case dispositions;
- j. External reviews and results;
- k. Corrective action taken; and
- l. Warden and Administrator review and final administrative actions.

Partial Compliance

While compliance is dependent upon the publication and issuance of the P&P Manual, Incident Report documentation currently provides for some of the information specified in this paragraph. Reports routinely have a tracking number, list all persons involved, including staff and inmates, although inmate witnesses are infrequently noted. Many reports still do not specify in which facility the incident occurred. Supervisory review information cannot be reviewed and validated until the monitoring team is able to access more sections of the automated report writing system. The same applies to external reviews and results, corrective action taken, Warden/Administrator review and final administrative actions.

65. Require each staff member directly involved in a reportable incident to accurately and thoroughly complete incident reports as promptly as possible, by the end of the staff member's shift. At minimum:

- a. Staff members must complete all fields on an Incident Report for which they have responsibility for completion. Staff members must not omit entering a date, time, incident location, or signature when completing an Incident Report. If no injuries are present, staff members must write that; they may not leave that section blank.
- b. Failure to report any reportable incident must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination.
- c. Supervisors must also comply with their documentation obligations and will also be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change in the status of this paragraph. While documentation of incidents is certainly more routine than was the case just a year ago, the fact that there have still been no reports of lost money and property or late releases and overstay is indicative of a failure to document. During each site visit, a review of inmate records has revealed multiple cases where inmates have been held beyond their scheduled or ordered release, yet no incident reports documenting these situations have been written. Consequently, there has been no follow up and

corrective action taken to include disciplinary action and re-training. Based on the expected experience with money and property at even the best run jails, there will typically be some incidents of lost money or property. For there to be no incident reports in this area suggests that officers have not been trained to provide incident reports on these incidents.

66. Ensure that Jail supervisors review and respond appropriately to incidents. At minimum:

- a. Shift commanders must document all reportable incidents by the end of their shift, but no later than 12 hours after a reportable incident.
- b. Shift commanders must report all suicides, suicide attempts, and deaths, no later than one hour after the incident, to a supervisor, IAD, and medical and mental health staff.
- c. Any supervisor responsible for reviewing Incident Reports must document their incident review within 24 hours of receipt of an Incident Report sufficiently to allow auditing to determine whether an appropriate review was conducted. Such documentation must include the same categories of information required for supervisor use of force reviews such as names of individuals interviewed by the supervisor, witness statements, associated records (e.g. medical records, photos, and digital recordings), review dates, findings, recommendations, and case dispositions.
- d. Reportable incidents must be reviewed by a supervisor not directly involved in the incident.

Partial Compliance

There has been no change in the status of this paragraph; however, validation of supervisory actions has actually been hampered by the transition to an electronic report writing system in that the monitoring team cannot track the actions of supervisors after the initial report has been submitted. Hopefully, the previously mentioned coordination meeting that took place during the January/February site visit will help to rectify this problem.

SEXUAL MISCONDUCT

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;

- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;
- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Non-Compliant

Until the P&P Manual is published and issued, even partial compliance is not possible. Separate from the issuance of adequate policies and procedures, the practices at the jail are woefully inadequate under PREA. There is a PREA Coordinator who is newly focused on achieving compliance and is informed regarding PREA requirements. However, there is a long way to go. Areas of concern include lack of training on PREA, lack of notice to inmates at booking or comprehensive education following, lack of required information in the Inmate Handbook, no postings on how to report, insufficient options for reporting, no volunteer or contractor training, reporting and investigations are inadequate, and the evaluation of remedial measures is non-existent. There needs to be involvement at the highest administrative level to begin to implement measures that would bring the Jail into compliance with PREA. A first step would be to ensure that incident reports are prepared following incidents of sexual assault, that those incidents are adequately investigated, and remedial measures adopted.

INVESTIGATIONS

68. The County shall ensure that it has sufficient staff to identify, investigate, and correct misconduct that has or may lead to a violation of the Constitution. At a minimum, the County shall:

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely (within 60 days of referral) investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious

injury, in accordance with this Agreement, within 90 days of its Effective Date.

At a minimum, an investigation will be conducted if:

- i. Any prisoner exhibited a serious injury;
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- b. Per policy, investigations shall:
- i. Be conducted by qualified persons, who do not have conflicts of interest that bear on the partiality of the investigation;
 - ii. 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
 - iii. 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.
- c. Provide investigators with pre-service and annual in-service training so that investigators conduct quality investigations that meet the requirements of this Agreement;
- d. Ensure that any investigative report indicating possible criminal behavior will be referred to the appropriate criminal law enforcement agency;
- e. Within 90 days of the Effective Date of this Agreement, IAD must have written policies and procedures that include clear and specific criteria for determining when it will conduct an investigation. The criteria will require an investigation if:
- i. Any prisoner exhibited serious, visible injuries (e.g., black eye, obvious bleeding, or lost tooth);
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
- i. a brief summary of all completed investigations, by type and date;

- ii. a listing of investigations referred for administrative investigation;
- iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
- iv. 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.
- v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.
- g. Jail management 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 and United States.

Partial Compliance

There has been no improvement noted with regard to Investigations since the Second Monitoring Report was submitted. Although there is a designated investigator, the monitoring team has not received notification of investigative dispositions on individual cases. While this may be due to technical problems associated with the electronic reporting system, the lack of information is so significant that it is not possible to provide an update on the problems that were noted in the last Monitoring Report. As an example, it is still not known what happened to the officer who was found guilty of making a false statement, refusal or non-compliance with a direct lawful order and making improper use of his official position to include introduction of contraband to the facility. The IAD investigation into this case was dated August 14, 2017.

GRIEVANCE AND PRISONER INFORMATION SYSTEMS

Because a reporting system provides early notice of potential constitutional violations and an opportunity to prevent more serious problems before they occur, the County must develop and implement a grievance system. To that end:

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

The use of the new kiosk system will eventually allow the prisoners to report grievances without the intervention of detention officers. However, the system is still not working as it should. Several problems reported at the time of the last site visit appear to have been remedied. There were no reports at the time of this site visit of inmates not being able to submit grievances because of their pin number being rejected. The system at the WC which was completely non-

functioning at the time of the last site visit appears to be working now. However, it appears that grievances “get lost” in the system. The grievance officer at RDC showed the page in the program which lists all pending grievances and a second page showing pending grievances assigned to her. There were none on either page pending more than 7 days. However, when a report was run looking for all grievances in the category of waiting assignment, 21% of the grievances showed as waiting assignment over 21 days. These were unknown to the grievance officer because they did not appear on the working pages. One inmate was asked to put in his pin so the monitor could view the system as the inmates operate it. He had 14 unanswered grievances going back to November. One that was answered could not be opened to see the response. A similar situation was observed at JDC. The grievance officer’s page and the general page showed nothing over 7 days. However, when a report was run for grievances in the working category, 67% were “working” over 21 days. A report of grievances assigned but not completed showed 87% pending over 21 days. Some of these grievances were assigned to the grievance officer but did not appear on her “pending” page. An inmate who opened his grievance list could not actually open any of the grievances; a report run on his grievances showed 3 grievances dating back to November and December that had not been responded to. Improvements to the system should be addressed promptly. In the interim, the grievance officers will need to run the reports and not rely on the page that supposedly lists all open grievances. There is some confusion with medical grievances. Inmates are using the grievance system to request sick call. Sick call will soon be available through the kiosk system but at this time, they are coming through as grievances.

Although the kiosk system does not require the intervention of a detention officer, the physical set up does not allow for privacy. This could potentially result in an officer observing the grievance being filed. It was reported that inmates can observe another’s PIN number and then used it to purchase commissary on the other inmate’s account. There has also been a problem with inmates communicating with each other through the kiosk system. These issues will need to be addressed.

70. Grievance policies and procedures must be applicable and standardized across the entire Jail.

Non-Compliant

The policy on grievances does not describe the current process of using the kiosk. The practice that is described in the current policy does not comply with the requirements of the consent decree.

71. All grievances must receive appropriate follow-up, including a timely written response by an impartial reviewer and staff tracking of whether resolutions have been implemented or still

need implementation. Any response to a medical grievance or a grievance alleging threats or violence to the grievant or others that exceeds 24 hours shall be presumed untimely.

Partial Compliance

The new system creates a spreadsheet to track grievances and responses. The Grievance Officer can track who has been assigned to respond to a grievance on the spreadsheet. There are currently several problems with the process that prevent compliance. As described above, unbeknownst to anyone many grievances were not showing up on the pending pages and as a result, many grievances are not being responded to. A review of the paper grievances used at the WC until recently also showed many grievances with no response reflected on the grievance. The person assigned to respond to a grievance is assigned based on housing and subject matter. However, this can result in some situations where the responding individual is not impartial. This would be the case where the grievance is about an issue that is the responsibility of the responding individual. The assignments need to be evaluated both generally and in the specific case to ensure that an impartial person is reviewing the grievance. At the RDC, there is no one routinely checking to ensure that all grievances have been responded to and no one ensuring whether resolutions have been implemented. No one is tracking whether medical grievances are being responded to in a timely manner. The new system has no means known to staff for marking a grievance as an emergency or otherwise identifying emergent grievances.

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

The staff is currently not well-trained on the capabilities of the system. They will need to be trained so that they can assist prisoners with accessing the system once it is functional. Prisoners are assisting one another but that carries the risk of them accessing and using another prisoner's PIN number. Staff did not know whether a different language could be selected and utilized with the system. The screen allows one to select Spanish. However, the monitor could not get it to pull up the handbook in Spanish (which had outdated instructions on grievances anyway). Neither did staff know whether it had a voice recognition feature. These questions should be addressed to the vendor. Currently, the staff assumes that other prisoners will assist with prisoners who cannot access the current system. This does not meet the requirements of this paragraph.

73. The County must ensure that all current and newly admitted prisoners receive information about prison rules and procedures. The County must provide such information through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding the Jail's disciplinary process and rules and regulations;

reporting misconduct; reporting sexual abuse, battery, and assault; accessing medical and mental health care; emergency procedures; visitation; accessing the grievance process; and prisoner rights. The County must provide such information in appropriate languages for prisoners with LEP.

Non-Compliant

The Inmate Handbook has outdated information about most of these issues and will need to be updated and will need to provide more detail to assist prisoners in using the system. It is not available in Spanish or any other language.

RESTRICTIONS ON THE USE OF SEGREGATION

In order to ensure compliance with constitutional standards and to prevent unnecessary harm to prisoners, the County must develop and implement policies and procedures to limit the use of segregation. To that end, this Agreement imposes the following restrictions and requirements:

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Partial Compliance

There has been no significant change in compliance with the terms of this paragraph since the October site visit. Classification now takes place within 24 hours of entry to the RDC, but not within eight hours of intake as this paragraph requires. Single cells in the Booking area are being used only for the processing of new detainees. Fifteen-minute well-being checks appear to be current.

75. The County must document the placement and removal of all prisoners to and from segregation.

Partial Compliance

The monthly summary reports submitted by each facility now include a listing of inmates who have been placed on or removed from confinement/segregation. The format for each report is inconsistent, but the basic data is available.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner's mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Non-Compliant

Although the social worker does see at least some of the prisoners being held in segregation, these visits are not the type of mental health rounds described in this provision. A nurse conducts daily rounds of segregation.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness. These safeguards must include the following:

- a. All decisions to place a prisoner with serious mental illness in segregation must include the input of a Qualified Mental Health Professional who has conducted a face-to-face evaluation of the prisoner in a confidential setting, is familiar with the details of the available clinical history, and has considered the prisoner's mental health needs and history.
- b. Segregation must be presumed contraindicated for prisoners with serious mental illness.
- c. Within 24 hours of placement in segregation, all prisoners on the mental health caseload must be screened by a Qualified Mental Health Professional to determine whether the prisoner has serious mental illness, and whether there are any acute mental health contraindications to segregation.
- d. If a Qualified Mental Health Professional finds that a prisoner has a serious mental illness or exhibits other acute mental health contraindications to segregation, that prisoner must not be placed or remain in segregation absent documented extraordinary and exceptional circumstances (i.e. for an immediate and serious danger which may arise during unusual emergency situations, such as a riot or during the booking of a severely psychotic, untreated, violent prisoner, and which should last only as long as the emergency conditions remain present).
- e. Documentation of such extraordinary and exceptional circumstances must be in writing. Such documentation must include the reasons for the decision, a comprehensive interdisciplinary team review, and the names and dated signatures of all staff members approving the decision.
- f. Prisoners with serious mental illness who are placed in segregation must be offered a heightened level of care that includes the following:
 - i. If on medication, the prisoner must receive at least one daily visit from a Qualified Medical Professional.
 - ii. The prisoner must be offered a face-to-face, therapeutic, out-of-cell session with a Qualified Mental Health Professional at least once per week.
 - iii. If the prisoner is placed in segregation for more than 24 hours, he or she must have his or her case reviewed by a Qualified Mental Health

Professional, in conjunction with a Jail physician and psychiatrist, on a weekly basis.

- g. Within 30 days of the Effective Date of this Agreement, A Qualified Mental Health Professional will assess all prisoners with serious mental illness housed in long-term segregation. This assessment must include a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Prisoners requiring follow-up for additional clinical assessment or care must promptly receive such assessment and care.
- h. If a prisoner on segregation decompensates or otherwise develops signs or symptoms of serious mental illness, where such signs or symptoms had not previously been identified, the prisoner must immediately be referred for appropriate assessment and treatment by a Qualified Mental Health Professional. Any such referral must also result in a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Signs or symptoms requiring assessment or treatment under this clause include a deterioration in cognitive, physical, or verbal function; delusions; self-harm; or behavior indicating a heightened risk of suicide (e.g., indications of depression after a sentencing hearing).
- i. The treatment and housing of prisoners with serious mental illness must be coordinated and overseen by the Interdisciplinary Team (or Teams), and guided by formal, written treatment plans. The Interdisciplinary Team must include both medical and security staff, but access to patient healthcare information must remain subject to legal restrictions based on patient privacy rights. The intent of this provision is to have an Interdisciplinary Team serve as a mechanism for balancing security and medical concerns, ensuring cooperation between security and medical staff, while also protecting the exercise of independent medical judgment and each prisoner's individual rights.
- j. Nothing in this Agreement should be interpreted to authorize security staff, including the Jail Administrator, to make medical or mental health treatment decisions, or to overrule physician medical orders.

Non-Compliant

There is no evidence that the required activities under this paragraph are being done. There is no evidence that segregation is presumed contraindicated for prisoners with serious mental illness (SMI). Prisoners with serious mental illness who are on medication and in segregation do have a daily visit from a nurse during medication pass. However, during the limited amount of time that was available during this site visit, it was not possible to assess the extent to which the nurse performing medication pass assessed the prisoner's status. There is no evidence that signs of

decompensation are being observed or addressed. Given the absence of mental health monitoring of prisoners in segregation, it is also quite possible that mental health staff don't know if prisoners are decompensating or developing new signs or symptoms of mental illness.

Although there appears to be a unit where many of the prisoners who suffer from serious mental illness are housed, there is no evidence of an Interdisciplinary Team as described in this provision, and there is no evidence of treatment plans, even treatment plans that only involve mental health staff.

Addressing the requirements of this paragraph will first require addressing some of the larger issues noted under earlier provisions, regarding the performance of mental health evaluations, the development of treatment plans, and the documentation of such evaluations and treatment plans. Once those issue are addressed, there should be a meeting of health and mental health staff, security staff, and the monitors to discuss this provision and plans to move towards compliance with this provision. Such a discussion would have to include what role(s) security staff might play; the identification and selection of security staff who might assume such a role(s); and the training that selected security staff require in order to assume such a role(s).

YOUTHFUL PRISONERS

As long as the County houses youthful prisoners, it must develop and implement policies and procedures for their supervision, management, education, and treatment consistent with federal law, including the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. **Within six months of the Effective Date of this Agreement, the County will determine where it will house youthful prisoners. During those six months, the County will consult with the United States, the monitor of the Henley Young Juvenile Detention Center Settlement Agreement, and any other individuals or entities whose input is relevant.** The United States will support the County's efforts to secure appropriate housing for youthful prisoners, including supervised release. **Within 18 months** after the Effective Date of this Agreement, the County will have **completed** transitioning to any new or replacement youthful prisoner housing facility.

Partial Compliance

Although some Juveniles Charged as Adults (JCAs) had been at Henley Young prior to the last visit, this visit was a better opportunity to evaluate the progress made in transitioning "new" JCAs to the Henley Young Juvenile Detention facility that began with admitting those youth in September 2017 as well as evaluate any substantive changes for JCAs at the Raymond Detention Center (RDC). As of this visit:

- There were eleven JCAs at Henley Young and seven JCAs remaining at the Raymond facility;

- All youth at Raymond, except one, are age 17 and will “age” into adulthood during this calendar year (March, June, July, August, October, and November);
- The remaining JCA will turn 16 in March;
- Of the eleven JCAs at Henley Young, the ages are 17 (5), 16 (4), and 14 (2); as with RDC, some of these youth will “age out” and be transferred to an adult unit at RDC during the calendar year unless otherwise released;
- Charges for the JCAs at Henley Young include Armed Robbery (7 youth), Armed Auto Theft (2), Capital Murder, and Murder;
- Five of the JCAs at Henley Young have been in placement for five months, three more youth for 2-3 months, and 3 youth two weeks or less;
- Only two of the youth in confinement have been indicted in Hinds County. Two additional youth had been indicted in another county prior to their arrest and confinement in Hinds County;
- There were eleven non-JCA youth (all males) being held at Henley Young.

As noted in the previous report and in Mr. Dixon’s Henley Young Monitoring Report, the remaining JCAs at RDC present greater challenges in transitioning to Henley Young as a result of their long-term confinement at the RDC and the resulting “adultification” they have experienced by being housed in a setting that has offered little programming, minimal mental health services, often inadequate supervision, and generally poor living conditions. However, as the number of JCAs at RDC continues to decline, options other than Henley Young may become more practical (e.g. another unit within RDC, housing in a neighboring/other county) pending achieving full compliance with this requirement. It will become increasingly inefficient to utilize a full housing unit for the dwindling number of JCAs held at RDC and getting those youth out of RDC may allow the county to get into an “empty” unit to complete repairs/needed maintenance or even utilize the space for other purposes.

In general, the transition of new JCAs to Henley Young has been successful, albeit not without concerns. The process for booking youth at RDC prior to bringing them to Henley Young has worked well, although ironically the youth admitted to Henley Young during the term of this visit did not come with accompanying documentation (a youth should not be admitted to the facility without required documentation). Both staff and youth express general satisfaction with the transition of JCA youth to Henley Young, and as one might expect most of the youth admitted had been at Henley Young as juveniles.

In sum, the first steps toward transition have been made, but it is not clear that firm decisions have been made to complete the transition, particularly changes needed to address previous recommendations, including:

1. Making additional physical plant modifications at HY related to perimeter and living unit security. There are legitimate concerns that as more serious offenders are held for longer

periods of time, additional security for the perimeter (to prevent escape, incursion from the outside, tossing contraband into the “yard”, etc.) is increasingly critical.

2. Constructing additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley Young;
3. Reviewing staffing alignment and positions to ensure additional staffing and supports as additional JCAs are transferred from RDC. This may include adding security staff to ensure perimeter and access safety;
4. Addressing case processing concerns in the adult system that has resulted in lengthy periods of confinement for JCAs at RDC and, absent changes, will result in similar lengths of stay at Henley Young. This not only delays resolution of the youth’s case but also increases the likelihood that the population of JCAs at Henley Young will grow and create additional challenges for operation of the facility as a whole;
5. Making structural improvements to the living units that will support more effective supervision and programming for youth including:
 - a. Installing soundproofing materials (e.g. acoustic ceiling tiles, acoustic wall panels, carpeting in portions of the floor) to reduce the noise level created by normal adolescent behavior(s); noise that makes it not only difficult to properly interact with/supervise youth but also adds to the overall noise level that unnecessarily elevates the emotional level of youth. This is consistent with recommendations included in the report by Dr. Boesky as it relates to creating a trauma-reducing environment;
 - b. Removing the steel tables and replace them with movable, security grade tables and chairs that are more comfortable, flexible, and permit rearrangement for purposes of programming in small groups, separation of youth within a unit, and/or even individual program purposes; and
6. Continuing to implement practices and policies that limit the number of non-JCA youth confined at Henley Young. At the time of this visit there were eleven non-JCA youth in the facility, all male, making the total for the facility 22, within the 32 limit of the Henley Young agreement. If/as girls are added and/or as the number of both JCA and non-JCA youth held grows the flexibility to manage youth will diminish. It seems inevitable that the need for secure placement of a small number of non-JCA girls and/or JCA girls will occur, so planning needs to consider how that need will be accommodated, whether that be at Henley Young or through some alternate arrangements. In any case, use of Henley Young for non-JCA youth should be limited to those youth that pose a danger to the community or circumstances in which it is necessary to secure a youth’s appearance in court; and for those youth only as long as those conditions remain a concern.

All of these steps will become increasingly important as the number of JCAs at Henley Young grows and/or their length of stay increases, so proper planning (including needed funding)

for/implementation of these changes should be done as soon as possible. County staff indicate that some bonding authority has been approved in the budget and that some portion of those funds can be directed to make these changes. A concern is that given the relative success of the transition to date, the sense of urgency needed to commit the necessary funding in a timely manner is diminished. The County needs to establish, articulate, and implement a plan (including action steps, fiscal resources, and timelines) to complete the transition of Juveniles Charged as Adults (JCAs) to the Henley Young facility.

Reporting compliance on the remaining conditions will reference one or both locations as appropriate.

For any youthful prisoners in custody, the County must:

78. Develop and implement a screening, assessment and treatment program to ensure that youth with serious mental illness and disabilities, including developmental disabilities, receive appropriate programs, supports, education, and services.

Partial Compliance at Henley Young

Continuing Partial Compliance on this component is solely the result of transitioning some youth to the Henley Young facility. Any JCAs booked at RDC and then housed at Henley Young are screened for mental health concerns using the MAYSI-II, a common screening tool that is appropriate for use with adolescents. The Case Managers, now about one year into that role, seem to be adapting well to providing an appropriate and very helpful support role to youth and other staff. The Case Managers are in daily contact with their assigned youth, provide information and support to maintain appropriate family contact(s), interact with court staff, help link youth with external resources, and can intervene to prevent behavioral problems. The counseling staff provide more on-going therapy and support and can help coordinate services with Hinds County Behavioral Health or other resources. These staff provide a good foundation for the day-to-day behavioral health services needed for youth.

However, there are three remaining concerns:

1. As of the site visit the County had not yet been able to secure the services of a qualified psychologist. As noted in prior reports by Dr. Boesky and Leonard Dixon, adding a psychologist will fill in a needed gap in the ability of the program to provide more comprehensive psychological assessments, treatment and other programming for all youth. This is particularly important for JCA youth who will be held for long periods of time. Mr. McDaniels at Henley Young indicated that they were in negotiations with a psychologist at the time of the site visit, however, at last communication, that agreement has not been reached;

2. The only psychiatric time provided to Henley Young is apparently a once-a-week short visit by Dr. Kumar. As noted for the agreement as a whole the amount of psychiatric support allotted is insufficient, let alone for the JCA youth. It seems likely that at most some sort of cursory psychiatric review of records is possible in the limited time available; and
3. The introduction of other coordinated programming (e.g. cognitive-behavioral programs, life skills, AODA, etc.) that could be led by Case Managers and Counselors has been slowed by waiting for the direction/leadership from the psychologist. If there are further delays in filling that role, existing staff should be charged with developing additional programming utilizing any number of well-researched, evidence-supported curriculums.

A more comprehensive assessment of mental health services at Henley Young is available in the December 2017 report from Dr. Lisa Boesky. In that report she highlights both the progress made over the past two years and includes a number of additional recommendations for on-going quality improvement of services. Those recommendations include suggesting improvements in the intake/screening process, strengthening the assessment process (e.g. AODA assessments, trauma assessment), and making physical plant/environmental changes that will support behavior management and educational programming.

Non-Compliant at RDC

There is no substantive change in how JCAs confined at RDC are screened and/or served in relation to the various components required in this provision. Mental health services remain limited to dealing with crisis situations (i.e. suicide concerns) and issues related to psychotropic medications (i.e. adjustments in medications). There has been some increase in the “life skill” programming that youth can participate in, but it is not focusing specifically on mental health or substance abuse issues.

Special Note re: Youthful Prisoner D.C. (DOB: 3/21/2000): A particular concern was raised with RDC staff related to a diagnosed, yet untreated medical condition for this juvenile. Specifically, there was an indication that the youth complained of an abdominal problem that was subsequently diagnosed as a lingual hernia. As of that date the plan was to follow up within 4 weeks for laparoscopic surgery, but as of the time of this site visit there had been no further action taken, apparently because a determination had been made that the surgery was not urgent. Although perhaps not urgent, the youth continued to complain of discomfort, and Hinds County should take the necessary steps to resolve the problem. The Compliance Coordinator conveyed via e-mail (2/13/18) that as of February 5 the plan is to schedule a follow-up evaluation with the surgeon.

Recommendations (continued from prior report):

1. Assuming the transition of JCAs to Henley Young continues, the case manager recently employed to work with the JCA youth at Henley Young should begin outreach to the remaining JCAs at RDC to begin a more complete assessment process and assist in the transition of those youth to Henley Young; and
2. The County should secure a psychologist for Henley Young consistent with the terms of that Consent Decree and should increase psychiatry consultation time.

79. Ensure that youth receive adequate free appropriate education, including special education.

Partial Compliance at Henley Young

Education services at Henley Young are provided by the Jackson Public School (JPS) system. A more detailed review of educational programming is available in the November 2017 report submitted by Carol Cramer-Brooks. As with the report filed by Dr. Boesky, the report recognizes the significant progress (leadership, assessment, instruction, etc.) that has been made in the past two years in meeting the educational needs of youth confined as well as noting some areas for continued improvement. At the time of her review, serving JCA youth was still in its early stages, but key elements of her recommendations remain relevant for all youth, including:

1. More fully integrating education staff as an important part of the overall behavior management system;
2. Improving teachers' ability to provide differentiated instruction (based on the diverse needs of confined youth);
3. Increasing time and resources allotted to providing specialized educational services;
4. Improve classroom and other support spaces;
5. In particular developing a different educational program for JCA, long-term youth who due to their age and length of stay require a different approach than has been developed for the short-term non-JCA youth.

At the time of the last site visit, the plan for JCA youth included integrating younger offenders into the regular school program and developing an appropriate GED program for those youth who may be appropriately assessed to be on that track. However, due to concerns that arose in "mixing" some youth, it is understood that all JCA youth now receive educational instruction on their living unit on a limited basis, i.e. 2-3 hours/day. That is not a sufficient substitute for a full educational assessment and programming consistent with the requirements of this Agreement, particularly for youth who may be eligible for special educational services. Further work needs to be done to implement a more complete educational program for JCA youth, although significant progress will be hampered by the physical plant limitations.

All youth interviewed indicated that there was too much "down time" when there was not structured programming for them to be involved in. The daily schedule for JCA youth does

include “recreation time”, but that term is used generically for any number of unstructured activities other than specific education time. As noted earlier, Henley Young will benefit by the development of additional cognitive behavioral programming, AODA groups and individual work, decision-making skill classes, tutoring, and engaging outside community groups and resources to provide pro-social learning opportunities for youth.

Non-Compliant at the Raymond Detention Center

The program at RDC remains essentially the same as prior reports, with youth benefiting, albeit on a very limited basis, from the continued support of a volunteer for Adult Basic Education (ABE) services. Youth have daily access to individualized instruction for relatively brief periods of time (e.g. 1-2 hours).

There remains no routine screening process (other than assessment related to ABE skills) to determine whether and what educational services a juvenile or youthful offender was engaged in prior to admission that would help determine what the appropriate, and often legally required, services should be for the youth while confined. However, per County staff steps are being taken to have the educational staff at Henley Young that do those assessments begin to do that with the remaining JCA youth at RDC, starting perhaps with the youngest remaining JCA.

Recommendation: Continue development of a more complete educational program, including GED support, at both Henley Young and at the Raymond facility. Using the Jackson Public School staff at Henley Young to assess the needs of the remaining JCAs at Raymond would be a positive step to at least understanding what is needed for those youth and taking additional steps forward.

80. Ensure that youth are properly separated by sight and sound from adult prisoners.

Full Compliance at Henley Young

Since there are no adult prisoners placed at Henley Young, this provision is met, and as JCA youth in placement turn 18, they will be transferred to RDC.

Partial Compliance at the Raymond Detention Center

Youth are housed in a separate unit so that the potential for contact with adults is minimized. As noted in prior reports, the lack of Policies and Procedures make it difficult to determine if the facility has all procedures in place to fully assess compliance, but in talking with youth and staff there is at least an indication that youth are kept on the youthful offender unit and there are not problems with adult contact. As noted in prior reports, there is no evidence of signage or consistent policies that indicate appropriate attention to the requirements of the Prison Rape Elimination Act (PREA) related to youthful offenders, including separation and supervision.

81. Ensure that the Jail’s classification and housing assignment system does not merely place all youth in the same housing unit, without adequate separation based on classification standards. Instead, the system must take into account classification factors that differ even within the youth sub-class of prisoners. These factors include differences in age, dangerousness, likelihood of victimization, and sex/gender.

Partial Compliance at the Raymond Detention Center and Henley Young

With only one unit in RDC, this provision cannot be fully met, but as the number of youth declines and given that all but one youth is 17 years old, this is less of a concern.

The limited number of non-JCA youth at Henley Young has allowed them wisely to utilize two units for housing JCA youth and even some placement of non-JCA youth (on a limited basis) in one of those units. The use of two units allows for lower youth to staff ratios and allows youth to be separated if there is conflict, so to date the staff has made reasonable placement decisions. As with other aspects of this transition, as more youth are housed, this will become an increasingly important decision and will require managing the number of non-JCA youth housed at Henley Young.

82. Train staff members assigned to supervise youth on the Jail’s youth-specific policies and procedures, as well as on age-appropriate supervision and treatment strategies. The County must ensure that such specialized training includes training on the supervision and treatment of youth, child and adolescent development, behavioral management, crisis intervention, conflict management, child abuse, juvenile rights, the juvenile justice system, youth suicide prevention and mental health, behavioral observation and reporting, gang intervention, and de-escalation.

Partial Compliance at Henley Young

In discussion with Alan Hines, Training Coordinator for Henley Young and reviewing the 2017 Training Report, substantial progress has been made in developing a training program, and staff are afforded significant training opportunities. Highlights of the training plan include:

1. Five New Employee Orientation Classes (40 hours total/36 staff) that includes training in Suicide Prevention/Mental Health, Behavioral Management, PREA, Policies and Procedures, and Crisis Intervention. Each certified detention officer must complete 40 hours of on-going training annually in these areas as “refresher” training;
2. New employees and veteran staff are trained and certified in [Crisis Prevention Intervention](#) (CPI), a well-respected curriculum that is appropriate for dealing with crisis situations with youth and focuses on the use of verbal de-escalation as well as providing basic control/restraint techniques that can safely be used with youth. In 2017, 40 staff received CPI certification (a two-year certification), but some of those staff have since left Henley Young;

3. Twenty-nine detention officers completed a state-required 120-hour Basic Adult and Juvenile Detention certification program; and
4. Over 30 staff completed a required CPR certification (two-year certification).

As changes have been made at Henley Young there has been a significant number of new staff hired. In 2017 a total of 31 officers were hired, but given a variety of reasons by year's end only 16 of them remained on staff as certified officers. This was in part due to appropriate termination decisions made by administration, challenges in hiring related to the low salary paid to staff, and some others simply choosing to take a different path. The County has approved a pay raise for detention officers (reallocating funds from several vacant positions) that hopefully will help with recruitment and retention, but the progress made in developing a professional training program is a significant step forward. A more detailed examination of all training records can be completed during the next site visit, but Henley Young is well on its way to Full Compliance in this area.

Non-Compliant at the Raymond Detention Center

The last specialized training for supervising youthful prisoners was held in June 2017 prior to the site visit. Ten staff participated in the training, although seven of the ten are staff currently assigned to the JDC, leaving only three RDC staff receiving the training. And, it appears that no effort has been made to then clearly assign those trained staff to the juvenile unit (A-1) with the exception of Sgt. Tower. While the general course of training for new detention officers does include some basic elements that are appropriate for juveniles, the lack of additional training and lack of focus on assigning specific staff to the juvenile unit is of significant concern. Overall this remains a concern.

While the number of JCAs at RDC has dwindled and the number and severity of problems with youth has also declined, the unit has not been without incidents of concern. There continue to be security problems with the operation of the room doors, youth access to recreation has been more limited, and incidents that should not be occurring with proper supervision and training. For example:

1. On November 9 in the evening there was a physical confrontation/assault of an officer on the unit; this incident occurred after Major Rushing had noted (via camera) that there was no officer on the juvenile unit (at approximately 4:30 p.m.), in violation of policy that requires an officer to be on the unit at all times;
2. On November 28 there was a physical altercation between a staff member and a juvenile following a disruption that included several other youths. What is disconcerting about this incident, based on reports, is that it occurred at **11:10 p.m.**, long after youth should have been securely confined in their cells. Additionally, the reporting officer indicated he was confronted by youth as he entered the unit despite the fact that current policy requires a staff member to be in the unit at all times;

3. On December 11 at **2:00 a.m.** there was an altercation between several youth who had gotten out of their cells, and upon entering the facility staff noted one youth up on the second tier of cells holding a metal bar that could be used as a weapon.

The lack of consistent, trained staff assigned to this unit contributes to an environment in which youth can “run the unit”, taking advantage of new, inexperienced staff as well as continuing to damage the facility. In addition to constant tampering with the security of cell doors, damages occurred to the steel tabletops in the juvenile unit so that **all** tabletops have been removed (either through damage or simply to prevent further damage). The result is the complete absence of anything resembling a table that can be used for dining, writing, playing cards, etc.. A good security step has been taken to reduce the number of cells that can be used for juveniles, but apparently even those cells cannot be properly monitored to ensure they are secure. One can only assume that absent a change in staff assignments, training, and improved supervision these problems will continue.

Recommendations:

1. Related to Henley Young, the recommendation is to sustain the positive progress made in developing core and introductory training programs and then to (a) augment that training through strategic use of “refresher” trainings that can be included as part of staff meetings or other brief training opportunities; and (b) identify additional competencies for which training can be developed (internally or outreach to other community resources), e.g. training in understanding trauma, gang awareness/intervention, family engagement, professional communications, etc.. Increasing the “professionalism” of staff will prove beneficial for management of the facility and help with staff retention;
2. Related to RDC, the recommendation is for leadership to identify, select, train, and schedule a core group of staff to supervise the juvenile unit. In order to cover the unit on a 24/7 basis and provide some flexibility in scheduling, this may require identifying 8-10 staff that can ultimately work as a “team” to ensure greater consistency, safety, and security.

83. Specifically prohibit the use of segregation as a disciplinary sanction for youth.

Segregation may be used on a youth only when the individual’s behavior threatens imminent harm to the youth or others. This provision is in addition to, and not a substitute, for the provisions of this Agreement that apply to the use of segregation in general. In addition:

- a. Prior to using segregation, staff members must utilize less restrictive techniques such as verbal de-escalation and individual counseling, by qualified mental health or other staff trained on the management of youth.
- b. Prior to placing a youth in segregation, or immediately thereafter, a staff member must explain to the youth the reasons for the segregation, and the fact that the youth will be released upon regaining self-control.

- c. Youth may be placed in segregation only for the amount of time necessary for the individual to regain self-control and no longer pose an immediate threat. As soon as the youth's behavior no longer threatens imminent harm to the youth or others, the County must release the individual back to their regular detention location, school or other programming.
- d. If a youth is placed in segregation, the County must immediately provide one-on-one crisis intervention and observation.
- e. The County must specifically document and record the use of segregation on youth as part of its incident reporting and quality assurance systems.
- f. A Qualified Medical Professional, or staff member who has completed all training required for supervising youth, must directly monitor any youth in segregation at least every fifteen (15) minutes. Such observation must be documented immediately after each check.
- g. Youth may not be held in segregation for a continuous period longer than one (1) hour during waking hours. If staff members conclude that a youth is not sufficiently calm to allow a break in segregation after one hour, they must contact a Qualified Mental Health Professional. The Qualified Mental Health Professional must assess the youth and determine whether the youth requires treatment or services not available in the Jail. If the youth requires mental health services that are not provided by the Jail, the Qualified Mental Health Provider must immediately notify the Jail Administrator and promptly arrange for hospitalization or other treatment services.
- h. If a youth is held in segregation for a continuous period longer than two (2) hours, Staff Members must notify the Jail Administrator.
- i. Any notifications or assessments required by this paragraph must be documented in the youth's individual record.

Partial Compliance at Henley Young

Based on conversations with staff and youth and in reviewing incident reports and other records, segregation as defined in this agreement is uncommon in that there are short periods of time when youth may be confined to a cell for disciplinary reasons but not for a majority of waking hours. A number of instances of cell confinement were noted for less than two hours, and appropriate well-being check documentation was provided. Youth did not report being confined to their cells for disciplinary purposes, other than one youth that is referenced in the incident below.

The HY Policy and Procedure Manual (Chapters 3.C.7 and 3.C.8,) articulate policies and expectations for how discipline and rules are to be enforced in a manner that is consistent with the expectations of the Agreement. These procedures cover "Behavior Management Isolation" that may be used for short periods of time only as needed (and only for as long as needed) in

instances where a youth needs to be separated to ensure safety as well as “Due Process Isolation” for up to a limit of 72 hours.

There were two incidents that required longer periods of cell confinement (Due Process Isolation), one an assault on another juvenile and one involving an assault on staff. In both cases, discipline involved a period of cell confinement of approximately 48 hours and in the case of the fight involving youth their separation into different living units. There was documentation of the incident, well-being checks, appropriate referral for involvement of mental health staff, notification of leadership, and a prompt determination of how to successfully get the youth back into the population. However, time did not permit complete review of all details of all aspects required, but again Henley Young is well on its way to Full Compliance. Given the limited number of incidents and relatively short tenure of JCA youth this will remain a focus of review for future site visits.

Non-Compliant at the Raymond Detention Center

There remains no evidence of sufficient policies/procedures or documentation related to the use of room confinement or other forms of isolation/segregation for youth. One source of documentation that may help track this is that staff on the juvenile unit are required to document at least every 30 minutes what each juvenile is doing on the unit. Wading through that documentation is at best a challenge but does reveal a wide range of “activities” that youth are engaged in, with notes that include everything from “on the unit” to “sleeping in room” to “out for program” and various other descriptors. It is not uncommon for a youth to be listed as “sleeping in room” or “in room” for substantial periods of time during what would be considered “waking hours”, and the staff explanation is that the youth is voluntarily in their room. That is consistent with youth continuing to report that room confinement for disciplinary reasons is not occurring. Youth did complain less about not being “let out of their room” at required times, but also indicated they are not getting as much outdoor recreation time as they had been previously. This is apparently the result of a policy change related to how Sgt. Tower supervises the youth weekdays.

Recommendations: Related to Henley Young, the recommendation is to continue to ensure that all staff are consistently documenting any period of cell confinement/isolation, whether part of the behavior management system or for safety reasons; for RDC compliance can be improved by (1) developing clear policies/procedures, consistent with the Agreement requirements, related to the use of segregation or other forms of isolation/confinement for disciplinary purposes; and (2) keeping a room confinement log that documents any period of time in which a youth is placed in segregation/room confinement for disciplinary purposes that includes the name of the youth, the time confined, the officer implementing the confinement, brief reason for the confinement, and any involvement of medical/mental health staff to review confinement if it is extended; and (3) require the writing of an Incident Report for any such confinement that exceeds one hour.

84. Develop and implement a behavioral treatment program appropriate for youth. This program must be developed with the assistance of a qualified consultant who has at least five years of experience developing behavioral programs for institutionalized youth. The Jail's behavioral program must include all of the following elements:

- a. The behavioral program must include positive incentives for changing youth behavior, outline prohibited behaviors, and describe the consequences for prohibited behaviors.
- b. An individualized program must be developed by a youth's interdisciplinary treatment team, and properly documented in each youth's personal file. Documentation requirements must include the collection of data required for proper assessment and treatment of youth with behavioral issues. For instance, the County must track the frequency and duration of positive incentives, segregation, and targeted behaviors.
- c. The program must include safeguards and prohibitions on the inappropriate use of restraints, segregation, and corporal punishment.

Partial Compliance at Henley Young

This site visit afforded the opportunity to review in more detail the behavior management (point/level) system in place at Henley Young. As described in the prior report, the facility has developed a reasonable system that is particularly suitable for short-term residents and to date has been applying that same program for the longer-term JCA youth, with reasonable success. The system identifies basic daily expectations and incentives that contribute to the safe operation of the facility and makes clear what additional privileges youth can earn the next day by meeting those expectations as well as an additional incentive for a good "week". Given the longer time that some JCA youth had been in placement, it was not surprising to hear them be able to reasonably articulate both the expectations and the incentives included in the system. This is in contrast often to short-term youth who do not always grasp the details of such a system. Therefore, the fact that youth seem to understand the system and take some pride in doing well on the system is a definite positive. Additionally, the Policy and Procedure Manual (3.C.5.) for Henley Young clearly articulates the purposes and details that are incorporated into the point system.

That said, the program does not fully meet the requirements of the Agreement as it relates to incorporating individualized, longer-term case planning for JCA youth. The program will benefit by the addition of a psychologist to the staff and the development of a team case planning approach that can identify goals for individual youth to learn and exhibit new and improved pro-social behaviors, sound decision-making skills, and completing other skill and treatment programs. Also, the Agreement requires substantial documentation of how the program is

implemented for individual youth, which will require additional planning to enable staff to do so in a relatively efficient manner.

Non-Compliant at the Raymond Detention Center

There has been no movement toward the development of a behavior management program at RDC. As noted in the prior report, there has been a small step forward in developing a daily schedule, but that schedule remains relatively limited despite some improvements in offering some structured groups led by volunteers. There is no evidence of a consistent set of expectations, incentives to meet those expectations, and/or consistency in how staff view expected behaviors. This is one of the areas in which identifying a core group of staff that can work as a team in providing more defined expectations and incentives could be at least a small step toward meeting this requirement for youth remaining at RDC.

Recommendation: As the transition of youth to Henley Young continues, a cross-disciplinary team of staff should look at the current behavior point system and develop strategies to enhance it for working with JCA youth, including how to identify targeted behaviors (remedial or new), additional individualized incentives that may be useful in shaping behavior(s), and how these changes can be integrated within an overall behavioral health and youth development perspective. Related to RDC, it may be too much to expect the development of a behavior management program that meets the conditions of the Agreement, but at least if a core group of staff are identified it may be possible to implement some basic behavior incentives and rewards that help with both the daily structure of the program and prevent some of the more troublesome behaviors that continue to occur.

LAWFUL BASIS FOR DETENTION

Consistent with constitutional standards, the County must develop and implement policies and procedures to ensure that prisoners are processed through the criminal justice system in a manner that respects their liberty interests. To that end:

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order. Examples of inadequate paperwork include, but are not limited to undated or unsigned court orders, warrants, and affidavits; documents memorializing oral instructions from court officers that are undated, unsigned, or otherwise fail to identify responsible individuals and the legal basis for continued detention or release; incomplete arresting police officer documents; and any other paperwork that does not establish a lawful basis for detention.

Non-Compliant

There continue to be problems with lack of paperwork and timely release. There were significant problems with paperwork not supporting continued detention when release was warranted by existing paperwork. This is described under paragraph 92 below. In addition, there were files missing copies of the warrant or capias supporting initial detention. One individual booked in August was described as “just being lost in the system.” There was no assigned attorney so no preliminary hearing had been set. There was an instruction to “put a hold” on the release but this was a verbal order, not a written order.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in Bearden v. Georgia, 461 U.S. 660 (1983) and Cassibry v. State, 453 So.2d 1298 (Miss. 1984). The County must develop and implement policies consistent with the applicable federal law and the terms of this Agreement.

Partial Compliance

At the time of the site visit there was no one in the facility on an unlawful order for failure to pay fines and fees compared to 100 inmates detained on unlawful fines and fees orders at the time of the February 2017 visit. As a result of separate litigation and the adoption of Mississippi Supreme Court rules for criminal procedure, the jail has not been receiving unlawful orders. This requirement is listed as non-compliant because the jail has not developed or implemented policies as specified in paragraphs 87 through 89 below. As the Supreme Court rules are very new, it would be advisable to have policies to address orders that are not compliant with the new rules.

87. No person shall be incarcerated in the Jail for failure to pay fines or fees absent (a) documentation demonstrating that a meaningful analysis of that person’s ability to pay was conducted by the sentencing court prior to the imposition of any sentence, and (b) written findings by the sentencing court setting forth the basis for a finding that the failure to pay the subject fines or fees was willful. At a minimum, the County must confirm receipt from the sentencing court of a signed “Order” issued by the sentencing court setting forth in detail the basis for a finding that the failure to pay fines or fees was willful.

Partial Compliance

The County has been pro-active in ensuring that valid court orders are utilized. The County sponsored a training session on the new rules as related to orders on fines and fees. This is to be commended. This requirement is carried as partial compliance in that a process was not adopted to address non-compliant orders. If this becomes moot because of the rule change, the parties could explore dropping this requirement.

88. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a person for failure to pay fines or fees, Jail staff must promptly notify Jail administrators, Court officials, and any other appropriate individuals to ensure that adequate documentation exists and must obtain a copy to justify continued detention of the prisoner. After 48 hours, that prisoner must be released promptly if the Jail staff cannot obtain the necessary documentation to verify that the failure to pay fines or fees was willful, and that person is incarcerated only for the failure to pay fines or fees.

Partial Compliance

See response to number 87 above.

89. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a prisoner for failure to pay fines or fees, and if that person is incarcerated for other conviction(s) or charge(s), other than the failure to pay fines and/or fees, Jail staff must promptly notify Jail administrators, Court officials, and other appropriate individuals to ensure that adequate documentation exists and to ascertain the prisoner's length of sentence. If Jail staff cannot obtain a copy of the necessary documentation within 48 hours of the prisoner's incarceration, Jail staff must promptly arrange for the prisoner's transport to the sentencing court so that the court may conduct a legally sufficient hearing and provide any required documentation, including the fines or fees owed by the prisoner, and an assessment of the prisoner's ability to pay and willfulness (or lack thereof) in failing to pay fines or fees.

Partial Compliance

See response to number 87 above.

90. Jail staff must maintain the records necessary to determine the amount of time a person must serve to pay off any properly ordered fines or fees. To the extent that a sentencing court does not specifically calculate the term of imprisonment to be served, the Jail must obtain the necessary information within 24 hours of a prisoner's incarceration. Within 48 hours of incarceration, each prisoner shall be provided with documentation setting forth clearly the term of imprisonment and the calculation used to determine the term of imprisonment.

Partial Compliance

The WC continues to maintain a spreadsheet. There are some individuals who have a sentence of confinement. Some of these individuals show fines and fees but with the notation of a payment plan in effect. This signifies that they will be released after the sentence of confinement. The Monitor will continue to track these entries to ensure that individuals are released after the confinement period. There was no documentation that prisoners were provided with documentation of their release date although they do typically have the orders from the court.

91. No pre-trial detainee or sentenced prisoner incarcerated by the County solely for failure to pay fines or fees shall be required to perform physical labor. Nor shall any such detainee or prisoner receive any penalty or other adverse consequence for failing to perform such labor, including differential credit toward sentences. Any physical labor by pre-trial detainees or by prisoners incarcerated solely for failure to pay fines or fees shall be performed on a voluntary basis only, and the County shall not in any way coerce such pre-trial detainees or prisoners to perform physical labor.

Non-Compliant

This has become a limited issue now that virtually no individuals are working off fines and fees. As reported recently, the recent standard practice at the WC is to give half the amount of credit towards fines and fees for individuals who do not perform physical labor. This includes individuals who cannot perform physical labor because of a medical or mental health condition. In the October site visit, Captain Chandler stated that individuals with medical conditions did get the full amount of credit without working. However, Deputy Neal stated that only in special situations would they get full credit. He would make the recommendation to the Captain based upon criteria such as how long the prisoner has been incarcerated, the nature of the charge and generally a subjective judgement. The monitor did not revisit this information during the current site visit. There needs to be a written policy requiring that individuals who cannot work because of a medical or mental health condition or other disability receive full credit towards fines and fees.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:
 - i. Individuals who have completed their sentences;
 - ii. Individuals who have been acquitted of all charges after trial;
 - iii. Individuals whose charges have been dismissed;
 - iv. Individuals who are ordered released by a court order; and
 - v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Non-Compliant

A new scenario was observed during this site visit. A number of prisoners had orders from the preliminary hearing stating that they should be released if not indicted within 90 days. This is consistent with the recent Fifth Circuit case Jauch v. Choctaw County, No. 16-60690 (5th Cir. 2017). Some of these prisoners had reached the 90 days but had not been released. It was explained that the judge had issued a verbal order that all of the prior orders should require a release order from the Circuit Court. This has resulted in a number of prisoners having a written order in their case mandating release but not being released. More recent orders on the preliminary hearings specify that the prisoner should be released after 90 days with an order from Circuit Court. However, there is no process to effectuate this. The Jauch case found that the Choctaw County Sheriff violated the Constitution when it held the plaintiff 96 days after arrest without an indictment. The County should seek guidance from the courts on how it should implement this case law. In addition, there were several other instances of persons being held beyond when they should have been released. One individual had been ordered to be released on an unsecured bond. This has not typically been used in the past and releasing staff did not know what to do with it so the individual was not released timely. Another individual had a court order for release if not indicted but was held 6 ½ months beyond the court ordered release date. Several individuals were held beyond the 21 days for Probation Violations without a hearing. One individual was released after 97 days; one after 53 days.

93. The County must develop and implement a reliable, complete, and adequate prisoner records system to ensure that staff members can readily determine the basis for a prisoner's detention, when a prisoner may need to be released, and whether a prisoner should remain in detention. The records system must provide Jail staff with reasonable advance notice prior to an anticipated release date so that they can contact appropriate agencies to determine whether a prisoner should be released or remain in detention.

Non-Compliant

There is still no known process to methodically check for adequate documentation for detention and identify those that should be released. The Jail still relies on inmate requests and grievances to identify people who are being over detained. The booking, release, and records process continues to suffer from a lack of coordination. In addition to Booking staff, there are three individuals tracking the lawful basis of detention. They are all three using separate spreadsheets and lists. There continues to be a lack of business process to check all law enforcement and court documents. The records consultant for the monitoring team has completed an initial site visit and is planning on working with the jail to develop policies and procedures that will address these issues.

94. Jail record systems must accurately identify and track all prisoners with serious mental illness, including their housing assignment and security incident histories. Jail staff must

develop and use records about prisoners with serious mental illness to more accurately and efficiently process prisoners requiring forensic evaluations or transport to mental hospitals or other treatment facilities, and to improve individual treatment, supervision, and community transition planning for prisoners with serious mental illness. Records about prisoners with serious mental illness must be incorporated into the Jail's incident reporting, investigations, and medical quality assurance systems. The County must provide an accurate census of the Jail's mental health population as part of its compliance reporting obligations, and the County must address this data when assessing staffing, program, or resource needs.

Non-Compliant

The Jail record system does not identify persons with serious mental illness. While there are incident reports submitted, the forms do not have a place to indicate if the individual had a mental health illness. And, there is no electronic method of identifying individuals with mental illness at the time an incident is occurring. Unless a computerized program is developed between the contractor and the medical vendor, officers will not know in advance of inmates with special mental health needs. Health staff can identify the information after the fact, which may be useful but does not allow security staff to adjust its response to a developing incident based on possible mental health issues.

The QCHC staff continue to keep records as described before with a list of individuals on psychiatric medications and a tally of encounters with the psychiatrist or the psychologist. As described in response to paragraph 42 above there is no systematic process or log that would allow for the identification of the mental health case load. The tally of encounters is not broken down by how many individual patients were seen or whether they were assessments or for ongoing care. Based on this information, it would appear that the Jail is significantly under identifying persons with mental illness.

Although Jail and QCHC staff attempt to move individuals to the state hospital as needed, this continues to be a systemic problem. There are only 15 forensic beds at the State Hospital to serve the entire state for competency evaluations or restoration. There are an additional 20 beds that are for individuals for civil commitments. Of the 15 forensic beds, two are reserved for females.

At the time of the last site visit there was significant discrepancy between the number of individuals QCHC thought were waiting for a hospital bed and the number the state hospital had on the list. Updated lists were not provided at this site visit. As mentioned above, there appears to be a lack of knowledge on the part of both detention and medical staff as to competency proceedings and the status of individuals in those proceedings. QCHC and legal staff should review the list with the state hospital to ensure the correct status of those individuals.

The jail-based restoration to competency program reported its progress since its inception in June, 2017. The program reports that nine individuals have been participating in the program and that three individuals were re-evaluated and found to be restored to competency in the program and are no longer waiting for a state hospital bed. It is understood that the services are minimal and are being provided in an extremely non-therapeutic environment. This program is a pilot program and should be evaluated. As a substitute for state hospital restoration, an appropriate therapeutic environment that does not currently exist in the Jail will need to be created. However, the twice-weekly sessions with mental health workers does provide some therapeutic interaction that does not otherwise exist in the facility. There does not appear to be coordination between the Jail's contracted psychiatrist and the on-site state hospital staff or state hospital psychiatrist. Although such coordination would not occur if the competency restoration were taking place in the hospital, given that the jail psychiatrist and state hospital staff are simultaneously addressing the individual's mental health needs, it would be advisable to consider whether and what kind of communication would be appropriate.

95. All individuals who (i) were found not guilty, were acquitted, or had charges brought against them dismissed, and (ii) are not being held on any other matter, must be released directly from the court unless the court directs otherwise. Additionally:

- a. Such individuals must not be handcuffed, shackled, chained with other prisoners, transported back to the Jail, forced to submit to bodily strip searches, or returned to general population or any other secure Jail housing area containing prisoners.
- b. Notwithstanding (a), above, individuals may request to be transported back to the Jail solely for the purpose of routine processing for release. If the County decides to allow such transport, the County must ensure that Jail policies and procedures govern the process. At minimum, policies and procedures must prohibit staff from:
 - i. Requiring the individual to submit to bodily strip searches;
 - ii. Requiring the individual to change into Jail clothing if the individual is not already in such clothing; and
 - iii. Returning the individual to general population or any other secure Jail housing area containing prisoners.

Non-Compliant

Individuals are not being released from the Court at this time.

96. The County must develop, implement, and maintain policies and procedures to govern the release of prisoners. These policies and procedures must:

- a. Describe all documents and records that must be collected and maintained in Jail files for determining the basis of a prisoner's detention, the prisoner's anticipated release date, and their status in the criminal justice system.

- b. Specifically detail procedures to ensure timely release of prisoners entitled to be released, and procedures to prevent accidental release.
- c. Be developed in consultation with court administrators, the District Attorney's Office, and representatives of the defense bar.
- d. Include mechanisms for notifying community mental health providers, including the County's Program of Assertive Community Treatment ("PACT") team, when releasing a prisoner with serious mental illness so that the prisoner can transition safely back to the community. These mechanisms must include providing such prisoners with appointment information and a supply of their prescribed medications to bridge the time period from release until their appointment with the County PACT team, or other community provider.

Non-Compliant

In the initial Policies and Procedures that were adopted there are two policies that may relate to this requirement-the policy on records and the policy on booking which includes some requirements related to release. These policies do not have the specificity or the breadth required by this paragraph. The monitoring team and DOJ provided comments on these policies and a second draft should be forthcoming. Neither the DA's office nor the defense bar has been involved in the drafting. The level of specificity required by this paragraph will require significant revision of the policy.

Neither the County nor QCHC have developed sufficient mechanisms for the transition of persons with mental illness into community-based services. At the time of the last site visit, the recently hired discharge planner had resigned. A meeting with Hinds County Behavioral Health indicated that effective coordination had not been accomplished. At the time of this site visit, a new discharge planner had recently started and there was a renewed focus on discharge planning for prisoners who were identified as needing behavioral health services. Therefore, there was some preliminary discussion of issues, with a promise to follow up and explore these issues in more detail during the next site visit. Of particular concern is the identification of steps that could be taken that might increase the possibility that a prisoner will comply with a discharge plan and related referrals. One approach that has proved successful is inviting community providers into the facility to connect with prisoners who will eventually be referred to them upon discharge; with such an effort, the prisoner has actually met and begun to develop a relationship with the provider long before discharge, which significantly increases the compliance rate; and the facility is currently in discussion with community providers about starting such an effort. Another approach that has proved successful is the provision of psychoeducation groups for mentally ill prisoners; such groups help prisoners to learn about their illness and their need for treatment, and also help them identify and address barriers to continued treatment; but providing this type of therapeutic intervention will require additional mental health staff hours.

It was reported that clearance by Medical has been made part of the releasing process so that the discharge medications are being provided. It was unclear whether a 14-day supply or just whatever was left in the blister pack was being provided. Providing a 14-day supply is difficult when QCHC does not receive advance notice of a release. This will be addressed at the next site visit.

Recommendations:

1. Continue working on improvements in the discharge planning process.
2. Continue to explore enhanced working relationships with community providers, including a mechanism whereby such providers might meet and connect with prisoners prior to discharge.
3. Explore the feasibility of adding psychoeducation to the therapeutic interventions provided within the facility.

97. The County must develop, implement, and maintain appropriate post orders relating to the timely release of individuals. Any post orders must:

- a. Contain up-to-date contact information for court liaisons, the District Attorney's Office, and the Public Defender's Office;
- b. Describe a process for obtaining higher level supervisor assistance in the event the officer responsible for processing releases encounters administrative difficulties in determining a prisoner's release eligibility or needs urgent assistance in reaching officials from other agencies who have information relevant to a prisoner's release status.

Non-Compliant

The County has not yet developed post orders in this area.

98. Nothing in this Agreement precludes appropriate verification of a prisoner's eligibility for release, including checks for detention holds by outside law enforcement agencies and procedures to confirm the authenticity of release orders. Before releasing a prisoner entitled to release, but no later than the day release is ordered, Jail staff should check the National Crime Information Center or other law enforcement databases to determine if there may be a basis for continued detention of the prisoner. The results of release verification checks must be fully documented in prisoner records.

Partial Compliance

The Booking staff reportedly now runs an NCIC check at the time of booking and again at release. This will be verified at the next site visit. The business processes of booking and release need to be evaluated and revised in conjunction with the records consultation.

99. The County must ensure that the release process is adequately staffed by qualified detention officers and supervisors. To that end, the County must:

- a. Ensure that sufficient qualified staff members, with access to prisoner records and to the Jail's e-mail account for receiving court orders, are available to receive and effectuate court release orders twenty-four hours a day, seven days a week.
- b. Ensure that staff members responsible for the prisoner release process and related records have the knowledge, skills, training, experience, and abilities to implement the Jail's release policies and procedures. At minimum, the County must provide relevant staff members with specific pre-service and annual in-service training related to prisoner records, the criminal justice process, legal terms, and release procedures. The training must include instruction on:
 - i. How to process release orders for each court, and whom to contact if a question arises;
 - ii. What to do if the equipment for contacting other agencies, such as the Jail's fax machine or email service, malfunctions, or communication is otherwise disrupted;
 - iii. Various types of court dispositions, and the language typically used therein, to ensure staff members understand the meaning of court orders; and
 - iv. How and when to check for detainers to ensure that an individual may be released from court after she or he is found not guilty, is acquitted, or has the charges brought against her or him dismissed.
- c. Provide detention staff with sufficient clerical support to prevent backlogs in the filing of prisoner records.

Non-Compliant

Staffing levels in Booking are still inadequate. They should routinely have at least two officers assigned in order to be able to receive arrestees and monitor those who are held in the cells, and there should be at least two booking clerks on duty. Consistent with the last report, at one time when booking was visited during the site visit there was only one officer on duty (plus the ID officer). Similarly, during one visit to booking there was only one booking clerk posted while on another visit to booking there were two. It should be noted that the booking clerks are actually detention officers, so when they have a female detainee delivered to Booking they pull the female booking clerk out to handle the pat down procedure. While this is not an ideal situation, it allows them to get by without having to pull an officer from some other part of the jail.

100. The County must annually review its prisoner release and detention process to ensure that it complies with any changes in federal law, such as the constitutional standard for civil or pre-trial detention.

Non-Compliant

There has not been an initial review of this process to determine consistency with federal law.

101. The County must ensure that the Jail's record-keeping and quality assurance policies and procedures allow both internal and external audit of the Jail's release process, prisoner lengths of stay, and identification of prisoners who have been held for unreasonably long periods without charges or other legal process. The County must, at minimum, require:

- a. A Jail log that documents (i) the date each prisoner was entitled to release; (ii) the date, time, and manner by which the Jail received any relevant court order; (iii) the date and time that prisoner was in fact released; (iv) the time that elapsed between receipt of the court order and release; (v) the date and time when information was received requiring the detention or continued detention of a prisoner (e.g., immigration holds or other detainers), and (vi) the identity of the authority requesting the detention or continued detention of a prisoner.
- b. Completion of an incident report, and appropriate follow-up investigation and administrative review, if an individual is held in custody past 11:59 PM on the day that she or he is entitled to release. The incident report must document the reason(s) for the error. The incident report must be submitted to the Jail Administrator no later than one calendar day after the error was discovered.

Non-Compliant

The record keeping process does not at this time allow for an audit other than a review of individual files. The County has provided their list of releases but the list does not include the information required by subparagraph a. Incident reports are not prepared for errors in releasing.

102. The County must appoint a staff member to serve as a Quality Control Officer with responsibility for internal auditing and monitoring of the release process. This Quality Control Officer will be responsible for helping prevent errors with the release process, and the individual's duties will include tracking releases to ensure that staff members are completing all required paper work and checks. If the Quality Control Officer determines that an error has been made, the individual must have the authority to take corrective action, including the authority to immediately contact the Jail Administrator or other County official with authority to order a prisoner's release. The Quality Control Officer's duties also include providing data and reports so that release errors are incorporated into the Jail's continuous improvement and quality assurance process.

Partial Compliance

The Jail now has an individual whose title is Qualify Control Officer. This individual has only recently been hired and is developing his work process. At the present time, his work is primarily reactive. When an individual is brought to his attention, he researches the situation and takes

corrective action. He does not track releases or prevent errors in the releasing process. He maintains a spreadsheet that includes release errors that he has addressed, but he does not at the present time collect and report on releasing errors. His work is not incorporated into a continuous improvement and quality assurance process. Another individual serves as a court liaison with the lower courts. She also attempts to identify individuals entitled to release. Like the Quality Control Officer she operates independently of the booking and release process and maintains her own spreadsheets. There still is no systemic approach to ensuring proper detention and release processes are being developed. The records consultant will address this in the development of policies and procedures.

103. The County must require investigation of all incidents relating to timely or erroneous prisoner release within seven calendar days by appropriate investigators, supervisors, and the Jail Administrator. The Jail Administrator must document any deficiencies found and any corrective action taken. The Jail Administrator must then make any necessary changes to Jail policies and procedures. Such changes should be made, if appropriate, in consultation with court personnel, the District Attorney's Office, members of the defense bar, and any other law enforcement agencies involved in untimely or erroneous prisoner releases.

Non-Compliant

No documentation was provided of incident reports being created for untimely or erroneous prisoner release or any investigations of such incidents.

104. The County must conduct bi-annual audits of release policies, procedures, and practices. As part of each audit, the County must make any necessary changes to ensure that individuals are being released in a timely manner. The audits must review all data collected regarding timely release, including any incident reports or Quality Control audits referenced in Paragraph 102 above. The County must document the audits and recommendations, and must submit all documentation to the Monitor and the United States for review.

Non-Compliant

Initial policies or procedures have been adopted but require significant revision. There has not been an initial audit of releasing practices. There are no incident reports regarding untimely releases.

105. The County must ensure that policies, procedures, and practices allow for reasonable attorney visitation, which should be treated as a safeguard to prevent the unlawful detention of citizens and for helping to ensure the efficient functioning of the County's criminal justice system. The Jail's attorney visitation process must provide sufficient space for attorneys to meet with their clients in a confidential setting, and must include scheduling procedures to ensure that defense attorneys can meet with their clients for reasonable lengths of time and without undue

delay. An incident report must be completed if Jail staff are unable to transport a prisoner to meet with their attorney, or if there is a delay of more than 30 minutes for transporting a prisoner for a scheduled attorney visit.

Non-Compliant

There has been no change in the status of this paragraph since the last report. The current attorney/client visitation spaces in the pods at the RDC do not allow officers to monitor them for safety and security. The situation is exacerbated by the shortage of staff, however, a reasonable solution to the problem is readily at hand as a result of the recent change of video visitation vendors. The new equipment is located inside each housing unit, which makes the old video visitation space, adjacent to the three pod control rooms, available for repurposing. Once the old equipment and floor mounted stainless-steel stools are removed, the addition of typical office type tables and chairs will create three private, yet easily observed attorney/client visitation rooms. Although this recommendation was included in the last report, no action to implement it has been taken to date. At the JDC and WC, adequate space and facilities are available to allow attorney client visitation.

CONTINUOUS IMPROVEMENT AND QUALITY ASSURANCE

The County must develop an effective system for identifying and self-correcting systemic violations of prisoner's constitutional rights. To that end, the County must:

106. Develop and maintain a database and computerized tracking system to monitor all reportable incidents, uses of force, and grievances. This tracking system will serve as the repository of information used for continuing improvement and quality assurance reports.

Non-Compliant

The County is making progress towards computerized incident and other reports as well as the development of summary reports that would allow the aggregation and sorting of reports. It was learned in this site visit that the reports provided to the monitor do not incorporate all the information that is accessible in the system. The monitoring team cannot routinely access the data base system to evaluate the information that is in the system and, at this time, there is not an ability to provide that information in an electronic or paper report form (other than the time-consuming process of creating screen shots). The request was made to provide a report form that provides the monitoring team and internal staff with a report containing the most important information for review. There is better capacity to tie all records on an incident to the original report number. However, it was discovered that the information that was being requested by the monitoring team but not provided was actually included in an investigation report that was not being provided and is not linked by a uniform number. There continues to be a problem with providing a process in the reporting for approval/disapproval/action required blocks for

supervisors. There continues to be a concern because of the lack of reports or the small number of reports that some incidents and grievances are underreported including late releases, lost money and property, medical grievances and some use of force incidents. The ability to aggregate the reports into a summary report is being developed.

The new computerized grievance system should allow for the compilation of a summary grievance report. Currently, this is not possible for several reasons. As noted above, the system is not functioning properly at this time and grievances seem to be lost in the system. The reporting functions of the system are either problematic or not adequately conveyed to staff. Staff reported that they could not generate reports with identified parameters. If the prisoner replies via the kiosk in any fashion to the grievance response, that is then automatically converted to an appeal which inaccurately reflects the number of appeals. The system needs to be able to generate accurate reports.

107. Compile an Incident Summary Report on at least a monthly basis. The Incident Summary Reports must compile and summarize incident report data in order to identify trends such as rates of incidents in general, by housing unit, by day of the week and date, by shift, and by individual prisoners or staff members. The Incident Summary reports must, at minimum, include the following information:

- a. Brief summary of all reportable incidents, by type, shift, housing unit, and date;
- b. Description of all suicides and deaths, including the date, name of prisoner, housing unit, and location where the prisoner died (including name of hospital if prisoner died off-site);
- c. The names and number of prisoners placed in emergency restraints, and segregation, and the frequency and duration of such placements;
- d. List and total number of incident reports received during the reporting period;
- e. List and Total number of incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of incidents in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. The summary reports are manually created and vary by facility. Because they are manually compiled, it is difficult to identify trends over time. The computerized summary report should remedy this. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

108. Compile a Use of Force Summary Report on at least a monthly basis. The Use of Force Summary Reports must compile and summarize use of force report data in order to identify

trends such as rates of use in general, by housing unit, by shift, by day of the week and date, by individual prisoners, and by staff members. The Use of Force Summary reports must, at minimum, include the following information:

- a. Summary of all uses of force, by type, shift, housing unit, and date;
- b. List and total number of use of force reports received during the reporting period;
- c. List and total number of uses of force reports/incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of use of force in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph in that the reports are manually prepared each month and do not allow for identifying trends over time. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. In meeting with the IT department, it was learned that not all the requirements of this paragraph were addressed. That should be remedied. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

109. Compile a Grievance Summary Report on at least a monthly basis. The Grievance Summary Reports must compile and summarize grievance information in order to identify trends such as most frequently reported complaints, units generating the most grievances, and staff members receiving the most grievances about their conduct. To identify trends and potential concerns, at least quarterly, a member of the Jail's management staff must review the Grievance Summary Reports and a random sample of ten percent of all grievances filed during the review period. These grievance reviews, any recommendations, and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

See response to 106 above.

110. Compile a monthly summary report of IAD investigations conducted at the Facility. The IAD Summary Report must include:

- a. A brief summary of all completed investigations, by type, shift, housing unit, and date;
- b. A listing of investigations referred for disciplinary action or other final disposition by type and date;
- c. A listing of all investigations referred to a law enforcement agency and the name of the agency, by type and date; and

- d. 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.

Non-Compliant

There is currently no summary report of IAD investigations being provided to the monitors.

111. Conduct a review, at least annually, to determine whether the incident, use of force, grievance reporting, and IAD systems comply with the requirements of this Agreement and are effective at ensuring staff compliance with their constitutional obligations. The County must make any changes to the reporting systems that it determines are necessary as a result of the system reviews. These reviews and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

There has been no annual review pursuant to this paragraph.

112. Ensure that the Jail's continuous improvement and quality assurance systems include an Early Intervention component to alert Administrators of potential problems with staff members. The purpose of the Early Intervention System is to identify and address patterns of behavior or allegations which may indicate staff training deficiencies, persistent policy violations, misconduct, or criminal activity. As part of the Early Intervention process, incident reports, use of force reports, and prisoner grievances must be screened by designated staff members for such patterns. If misconduct, criminal activity, or behaviors indicate the need for corrective action, the screening staff must refer the incidents or allegations to Jail supervisors, administrators, IAD, or other law enforcement agencies for investigation. Additionally:

- a. The Early Intervention System may be integrated with other database and computerized tracking systems required by this Agreement, provided any unified system otherwise still meets the terms of this Agreement.
- b. The Early Intervention System must screen for staff members who may be using excessive force, regardless of whether use of force reviews concluded that the uses complied with Jail policies and this Agreement. This provision allows identification of staff members who may still benefit from additional training and serves as a check on any deficiencies with use of force by field supervisors.
- c. The Jail Administrator, or designee of at least Captain rank, must personally review Early Intervention System data and alerts at least quarterly. The Administrator, or designee, must document when reviews were conducted as well as any findings, recommendations, or corrective actions taken.

- d. The County must maintain a list of any staff members identified by the Early Intervention System as possibly needing additional training or discipline. A copy of this list must be provided to the United States and the Monitor.
- e. The County must take appropriate, documented, and corrective action when staff members have been identified as engaging in misconduct, criminal activity, or a pattern of violating Jail policies.
- f. The County must review the Early Intervention System, at least bi-annually, to ensure that it is effective and used to identify staff members who may need additional training or discipline. The County must document any findings, recommendations, or corrective actions taken as a result of these reviews. Copies of these reviews must be provided to the United States and the Monitor.

Non-Compliant

There is currently no Early Intervention program.

113. Develop and implement policies and procedures for Jail databases, tracking systems, and computerized records (including the Early Intervention System), that ensure both functionality and data security. The policies and procedures must address all of the following issues: data storage, data retrieval, data reporting, data analysis and pattern identification, supervisor responsibilities, standards used to determine possible violations and corrective action, documentation, legal issues, staff and prisoner privacy rights, system security, and audit mechanisms.

Non-Compliant

The initial P&P Manual that was issued in April, 2017 did not include policies and procedures covering this matter.

114. Ensure that the Jail's medical staff are included as part of the continuous improvement and quality assurance process. At minimum, medical and mental health staff must be included through all of the following mechanisms:

- a. Medical staff must have the independent authority to promptly refer cases of suspected assault or abuse to the Jail Administrator, IAD, or other law enforcement agencies;
- b. Medical staff representatives must be involved in mortality reviews and systemic reviews of serious incidents. At minimum, a physician must prepare a mortality review within 30 days of every prisoner death. An outside physician must review any mortalities associated with treatment by Jail physicians.

Non-Compliant

Medical Administrative meetings are supposed to be held quarterly. There has not been a MAC meeting since the last audit. CQI meetings have addressed one issue, missed medications. In January 2018 there were 78 % of inmates with missed medications. However, evidence of corrective actions on this issue have not been provided.

CRIMINAL JUSTICE COORDINATING COMMITTEE

115. Hinds County will establish a Criminal Justice Coordinating Committee (“Coordinating Committee”) with subject matter expertise and experience that will assist in streamlining criminal justice processes, and identify and develop solutions and interventions designed to lead to diversion from arrest, detention, and incarceration. The Coordinating Committee will focus particularly on diversion of individuals with serious mental illness and juveniles. Using the Sequential Intercept Model, or an alternative acceptable to the Parties, the Coordinating Committee will identify strategies for diversion at each intercept point where individuals may encounter the criminal justice system, and will assess the County’s current diversion efforts and unmet service needs in order to identify opportunities for successful diversion of such individuals. The Committee will recommend appropriate changes to policies and procedures and additional services necessary to increase diversion.

Partial Compliance

Hinds County has contracted with Justice Management Institute (JMI) to provide consulting and assist in implementing a CJCC. The first two meetings of the CJCC have taken place. In order to have a CJCC with sufficient expertise and experience to carry out the mandate of this paragraph, the County will need to provide staff support. The recently hired Quality Control Officer may have been designated to provide some staff support but as yet is not familiar with the CJCC. It is unlikely that he will be able to do his job as Quality Control Officer and provide the needed CJCC staff support. At this time, the CJCC is not yet at a place to identify and develop solutions for diversion.

The Sequential Intercept Mapping required by this paragraph has already taken place under a grant to the Hinds County Behavioral Health from the GAINS Center. A two-day meeting was held on August 16-17, 2017 with broad participation including the County and Jail. The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of inmates with mental health illness. The GAINS center completed the report for Hinds County Behavioral Health. It includes recommendations for creating or improving intercepts in the jail and at release. This provides a useful road map for compliance with the diversion and discharge planning requirements of the consent decree.

116. The Coordinating Committee will include representation from the Hinds County Sheriff's Office and Hinds County Board of Supervisors. The County will also seek representation from Hinds County Behavioral Health Services; the Jackson Police Department; Mississippi Department of Mental Health; Mississippi Department of Human Services, Division of Youth Services; judges from the Hinds County Circuit, Chancery, and County (Youth and Justice) Courts; Hinds County District Attorney Office; Hinds County Public Defender Office; relevant Jackson city officials; and private advocates or other interested community members.

Partial Compliance

As noted above the CJCC had its first two meetings. Not all of the identified agencies were represented at the meeting. The reported intention is to expand representation after further development.

117. The Coordinating Committee will prioritize enhancing coordination with local behavioral health systems, with the goal of connecting individuals experiencing mental health crisis, including juveniles, with available services to avoid unnecessary arrest, detention, and incarceration.

Non-Compliant

The CJCC has met only twice and has not yet formally adopted priorities.

118. Within 30 days of the Effective Date and in consultation with the United States, the County will select and engage an outside consultant to provide technical assistance to the County and Coordinating Committee regarding strategies for reducing the jail population and increasing diversion from criminal justice involvement, particularly for individuals with mental illness and juveniles. This technical assistance will include (a) a comprehensive review and evaluation of the effectiveness of the existing efforts to reduce recidivism and increase diversion; (b) identification of gaps in the current efforts, (c) recommendations of actions and strategies to achieve diversion and reduce recidivism; and (d) estimates of costs and cost savings associated with those strategies. The review will include interviews with representatives from the agencies and entities referenced in Paragraph 116 and other relevant stakeholders as necessary for a thorough evaluation and recommendation. Within 120 days of the Effective Date of this Agreement, the outside consultant will finalize and make public a report regarding the results of their assessment and recommendations. The Coordinating Committee will implement the recommended strategies and will continue to use the outside consultant to assist with implementation of the strategies when appropriate.

Non-Compliant

The County did contract with an outside consultant to provide technical assistance in developing the CJCC. However, that contract does not encompass the requirements listed above regarding

an assessment of and recommendations for strategies to reduce recidivism and increase diversion.

IMPLEMENTATION, TIMING, AND GENERAL PROVISIONS

Paragraphs 119 and 120 regarding duty to implement and effective date omitted.

121. Within 30 days of the Effective Date of this Agreement, the County must distribute copies of the Agreement to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Agreement. At minimum:

- a. A copy of the Agreement must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Agreement must be provided to prisoners upon request.

Partial Compliance

The creation of an Inmate Handbook sized copy of the Settlement Agreement for distribution to staff has proven to be a viable means of making it available; however, it was not possible to conduct a significant survey during the January/February site visit to determine whether or not most employees had a copy. Based on a random sampling of inmates at each facility, when questioned, they were not familiar with the Settlement Agreement and did not know how or where to obtain a copy of the document.

POLICY AND PROCEDURE REVIEW

130. The County must review all existing policies and procedures to ensure their compliance with the substantive terms of this Agreement. Where the Jail does not have a policy or procedure in place that complies with the terms of this Agreement, the County must draft such a policy or procedure, or revise its existing policy or procedure.

Partial Compliance

At the time of the site visit, the County/Sheriff had adopted an initial set of policies and procedures. These have been reviewed and been found to not be fully compliant with the terms of the agreement. The Monitoring Team and DOJ provided comments and a second round of drafting should be underway. As recommended, the County/Sheriff is identifying key policies to develop first and circulate for review. This will help guide the process in the remaining areas.

131. The County shall complete its policy and procedure review and revision within six months of the Effective Date of this Agreement.

Partial Compliance

Six months expired on January 19, 2017. The policy and procedure review and drafting was completed after that time. Those policies are not sufficiently in compliance so this requirement is listed as partially compliant.

132. Once the County reviews and revises its policies and procedures, the County must provide a copy of its policies and procedures to the United States and the Monitor for review and comment. The County must address all comments and make any changes requested by the United States or the Monitor within thirty (30) days after receiving the comments and resubmit the policies and procedures to the United States and Monitor for review.

Non-Compliant

The policies and procedures were completed and submitted to the United States and the Monitor in April for review and comment. The comments were provided on June 1, 2017. Changes have not been made in the 30-day time frame.

133. No later than three months after the United States' approval of each policy and procedure, the County must adopt and begin implementing the policy and procedure, while also modifying all post orders, job descriptions, training materials, and performance evaluation instruments in a manner consistent with the policies and procedures.

Non-Compliant

The policies and procedures are in need of revision. They should be revised before training and other ensuing operations.

134. Unless otherwise agreed to by the parties, all new or revised policies and procedures must be implemented within six months of the United States' approval of the policy or procedure.

Non-Compliant

There have not yet been policies and procedures approved by the United States.

135. The County must annually review its policies and procedures, revising them as necessary. Any revisions to the policies and procedures must be submitted to the United States and the Monitor for approval in accordance with paragraphs 129-131 above.

Non-Compliant

This paragraph is now carried as non-compliant instead of not applicable because under the timeline established by the consent decree an annual review would now be due.

COUNTY ASSESSMENT AND COMPLIANCE COORDINATOR

Paragraphs 136 through 158 on Monitor duties omitted.

159. The County must file a self-assessment compliance report. The first compliance self-assessment report must be filed with the Court within four months of the Effective Date and at least one month before a Monitor site visit. Each self-assessment compliance report must describe in detail the actions the County has taken during the reporting period to implement this Agreement and must make specific reference to the Agreement provisions being implemented. The report must include information supporting the County's representations regarding its compliance with the Agreement such as quality assurance information, trends, statistical data, and remedial activities. Supporting information should be based on reports or data routinely collected as part of the audit and quality assurance activities required by this Agreement (e.g., incident, use of force, system, maintenance, and early intervention), rather than generated only to support representations made in the self-assessment.

Non-Compliant

At the time of the October site visit, the County provided its first self-assessment. The assessment was a good first step towards compliance with this paragraph but needed to have the level of detail required by this paragraph. This paragraph was listed as Partial Compliant in the last monitoring report. It is now listed as non-compliant because it requires that the self-assessment be updated one month before each site visit, and that was not completed.

160. The County must designate a full-time Compliance Coordinator to coordinate compliance activities required by this Agreement. This person will serve as a primary point of contact for the Monitor. Two years after the Effective Date of this Agreement, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliant

The County has designated a full-time Compliance Coordinator who is coordinating compliance activities. The Monitor will continue to track this assignment to ensure sustained compliance in this area.

EMERGENT CONDITIONS

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Partial Compliance

Immediate notifications have been provided. However, the County has not been providing notification of over-detention and, in fact, is not currently identifying prisoners who have been detained beyond their release date. The records office needs to be reorganized to implement business practices that accurately identify release dates and process releases. In the interim, the County needs to continue and improve its internal audit procedures to identify individuals entitled to release and prepare incident reports for persons who were detained beyond their legal release date.

Paragraphs 162-167 regarding jurisdiction, construction and the PLRA omitted.

CERTIFICATE OF SERVICE

I hereby certify that on April 18, 2018, I electronically filed the Court-Appointed Monitor's Fourth Monitoring Report with the Clerk of the Court using the ECF system which sent notification of such filing to the following:

COUNSEL FOR PLAINTIFF, UNITED STATES OF AMERICA:

JOHN M. GORE
Acting Assistant Attorney General
U.S. Department of Justice
Civil Rights Division

D. MICHAEL HURST, JR..
U.S. Attorney
Southern District of Mississippi

STEVEN H. ROSENBAUM
Chief
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
steven.rosenbaum@usdoj.gov

LAURA COWALL
Special Counsel
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
laura.coon@usdoj.gov

CHRISTOPHER N. CHENG
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 514-8892
(202) 514-6273 (fax)
christopher.cheng@usdoj.gov

COUNSEL FOR DEFENDANTS – HINDS COUNTY; MEMBERS OF THE HINDS COUNTY BOARD OF SUPERVISORS IN THEIR OFFICIAL CAPACITIES; THE SHERIFF OF HINDS COUNTY IN HIS OFFICIAL CAPACITY:

PIETER TEEUWISSEN
Board Attorney
P.O. Box 686
Jackson, MS 39205-0686
(601) 968-6797
(601) 968-6794 (fax)
pteeuwissen@co.hinds.ms.us

CLAIRE BARKER
Counsel to the Sheriff
407 East Pascagoula Street
Jackson, MS 39205
(601) 974-2967
(Fax)
cbarker@co.hinds.ms.us

COUNSEL FOR INTERESTED PARTY, DISABILITY RIGHTS MISSISSIPPI:

ELISSA JOHNSON
JODY E. OWENS
PALOMA WU
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(601) 948-8882
(601) 948-8885 (Fax)
elissa.johnson@splcenter.org

/s/ Christopher N. Cheng
CHRISTOPHER N. CHENG
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 514-8892
(202) 514-4883 (fax)
christopher.cheng@usdoj.gov

Court-Appointed Monitor's Fifth Monitoring Report
United States v. Hinds County, et al. Civ. No. 3:16cv489 WHB-JCG

Elizabeth E. Simpson
Court-Appointed Monitor

David M. Parrish	Jacqueline M. Moore	Jim Moeser	Dr. Richard Dudley
Corrections Operations	Corrections Medicine	Juvenile Justice	Mental Health

EXECUTIVE SUMMARY

Corrections Operations

As has been reported previously, the critical lack of staff makes compliance with the provisions of the Settlement Agreement problematic. Since the last site visit, the Detention Services Division (DSD) has lost a net of ten positions. Of the targeted 275 positions for the current fiscal year, only 231 are filled. This represents a decrease in filled positions of 20 since October 2017. Further, there has been no apparent action taken to reallocate financial resources to reach the goal of 275 funded positions during the current fiscal year.

The DSD continues to operate without an acceptable Policies and Procedures Manual, nor does it have relevant Post Orders located at each designated post throughout the three facilities. The contractual arrangement with Dr. James Austin to prepare the Manual was never finalized, leaving the HCSO, once again, without a plan in place to complete this basic component of compliance with the Settlement Agreement. At this point, it appears that Karen Albert, who has been providing technical assistance as part of the monitoring team, will assist with the development of policies dealing with Classification, Records and Booking. The Sheriff's Legal Counsel and the Compliance Coordinator will address other critical policies.

Major maintenance issues in all three jails continue to remain uncorrected. At the Raymond Detention Center (RDC), two main corridor doors (Pods B and C), internal corridor doors in the pods and the control room doors in Pods A and B have been non-functional for many months (see the Third and Fourth Monitoring Reports). Now a primary entrance door to Booking as well as the Master Control Center entry door must be added to that list. At the Work Center (WC) the door to HU 4 does not lock, either with a key or electronic control, and the door to H U 1 can only be operated with a key since the electronic control does not function. The HVAC issues associated with the opening of HU 3 have still not been corrected, so that 64 bed unit remains vacant. At the Jackson Detention Center (JDC) a corridor door on the third floor cannot be locked. As is the case with staffing, maintenance issues appear to be regressing instead of improving.

Paragraph 46 of the Settlement Agreement includes several sub-paragraphs that address the need for the Jail Administrator to have control over the operations of the Jail. Concerns have been raised about the authority of the Jail Administrator to control operations both in terms of making decisions that require approval of others and others making decisions that undermine her control of operations. Two events after the site visit highlight this problem and are in non-compliance with the requirements of the Settlement Agreement. The recent removal of the Deputy Jail Administrator and replacement by a new individual is contrary to subparagraph (a). That

provision states that policies, procedures, and practices must ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. The Deputy Jail Administrator's removal and replacement appears to have been done without the knowledge of the Jail Administrator who was on medical leave and certainly without the knowledge and approval of the Acting Jail Administrator who was the one removed. There was no documentation of the reason for removal. On a substantive level, there was no adequate process for transition in this key position. The resume of the new Deputy Jail Administrator has been requested but not yet received. At a minimum, it appears he has not had Jail Administrator training prior to placement as required by the Agreement. This is not to weigh in at this time on his suitability for the position, but the process was in non-compliance with the Agreement and is destabilizing for the staff. In addition, the process surrounding this event also highlights communication issues with the monitoring team. The Monitor attempted to speak with the Sheriff about this action twice by leaving voice mail messages, once by emailing a request for a telephone conference, and in a series of communications with the Sheriff's attorney. No response by the Sheriff was provided.

Also relating to the authority of Jail Administrator over the operations of the jail, the recent shakedown on 6-7-18 was contrary to the requirements of 46 (b) which provides that the Jail Administrator must have the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail and explicitly includes emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances. The shakedown was conducted by road deputies and Mississippi Dept. of Corrections officers without the approval or oversight by the Acting Jail Administrator. The need for jail staff oversight is apparent in the fact that the shakedown officers shot off a 12-gauge shot gun (blanks) to create a "noise diversion." Firearms should not be present in the jail except in extremely limited circumstances not present here.

A plan to implement Direct Supervision training was set forth in the Fourth Monitoring Report; however, because of fiscal issues at the federal level, technical assistance from the National Institute of Corrections (NIC), is not currently available. An alternative option is available by having the Sheriff submit a letter to NIC requesting that a Cooperative Agreement be put in place to provide on-site training for command and line staff.

The County previously retained the services of JBHM Architects to plan for renovations of Booking at the RDC in order to make it operate as an "open booking", i.e. direct supervision facility. In order to make the structural changes without negatively impacting booking activities, JBHM created a plan to temporarily relocate Booking to the WC. That also provided the opportunity to create a secure drive through the sally port at the WC so that inmates do not have to be processed through the public lobby as they are currently. It now appears that the County's

plans have run into a financial roadblock. Recognizing that there are insufficient funds available to implement major facility renovations, and that there are not enough officers to fill existing positions, it is incumbent upon the County to re-examine the option of closing the JDC as a jail and repurposing it as a court transfer facility. This would have the added benefit of freeing up to 30 officers to staff the vacancies at the RDC and WC.

The automated report writing system that was developed for the Detention Services Division (DSD) is not consistent with the system used by the law enforcement side of the HCSO. Two previous meetings with operational and IT staff attempted to address the discrepancies and to make it useful to the reader and compliant with the Settlement Agreement. To date, those efforts have failed, but a third such meeting during the May site visit may prove to have positive results. If IT is able to make a number of practical changes, the DSD should be able to gather data and incident report information in a form that makes it possible to comply with the provisions of the Settlement Agreement.

Fire safety is a critical area of concern in the operation of any jail. In Hinds County the physical plant changes that resulted from the removal of the unit officers from the inmate housing areas, and a subsequent major riot, have never been corrected. Fire extinguishers and fire hoses are no longer available in the housing units at the RDC. Staff do not have keys readily available to those fire extinguishers and fire hose boxes that are located in the common areas. A concerted effort to re-establish fire safety as a priority needs to be implemented.

Medical and Mental Health

Since the January/February 2018 site visit, there have been significant and quite meaningful advances made with regard to the provision of core mental health services. More specifically, the mental health evaluation process, the psychiatric evaluation process, and the treatment plan development process have all been better defined; there are new forms for documenting these processes as well as new forms for recording follow-up mental health and psychiatric sessions; and while the evaluations and treatment that is now being done is being done consistent with these better defined and implemented processes, there is also an effort underway to evaluate, plan for, and treat prisoners who were already on the mental health caseload in a manner that is consistent with these revised policies and procedures.

At the May 2018 site visit, there was a joint meeting of mental health and security staff focused on areas of overlapping concern and responsibility, such as the review of prisoners in segregation, disciplinary review, and security use of force, especially with prisoners who are suffering from mental illness and/or intellectual disabilities. Another major area of focus during the May site visit was discharge planning, and what is required to refer prisoners for community-based mental health services in a way that is most likely to be successful.

There continues to be concern about the adequacy of mental health staffing levels, and so a mental health staffing analysis is recommended. This analysis must be performed with full awareness of the already expanded responsibilities of mental health staff that have resulted from the above noted revisions of mental health policies and procedures; a full awareness of expansions in the mental health program that will be required to meet the provisions of this agreement; and an awareness of other mental health responsibilities that have only begun to be considered such as mental health's responsibilities with regard to PREA, quality assurance review, and the data collection and organization of data required for the various levels of quality assurance review.

Youthful Offenders

This visit provided the opportunity for the expert on juvenile justice to spend the majority of his time at the Henley Young facility and dig deeper into the successes and challenges of the transition of Juveniles Charged as Adults (JCAs) to that facility. At the time of the visit, there were fourteen JCA youth at Henley Young and only five JCA youth remaining at the Raymond Detention Center (RDC). As youth continue to "age out" of the youth unit at RDC, it appears that no later than November of this year there will be no JCA youth at RDC.

While placement at Henley Young remains a vast improvement over RDC, there has been a notable increase in the frequency and nature of behavioral issues among JCA youth. This has been most evidenced by a growing use of segregation/isolation as a disciplinary response to youth misbehavior and noncompliance. Many of the recommendations contained in prior reports and/or requirements of the Settlement Agreement have not been implemented, so it is not surprising that the hopes of a successful transition are running into the reality of dealing with older, long-term youth. The core elements of the facility, staff, and program remain a reasonable foundation to build on, but language contained in the previous report perhaps foretells the state of the situation as observed in May.

Concerns about the limitations of the Henley Young facility have been referenced in prior reports and should be given heightened attention as the time to make decisions and facility improvements is before problems occur, not after. Therefore, the most important recommendation conveyed in this report is that a plan be developed as soon as possible including action steps, timetables, and resources needed to address the concerns at Henley Young so that youth from RDC can be successfully housed there.

The current situation is complicated further by the temporary absence of Mr. McDaniels, Executive Director of Henley Young, which places an added burden on the key leaders remaining at Henley Young who are doing their best to keep up with the changes and challenges faced by holding JCA youth. Nonetheless, while meeting the requirements related

to youthful offenders, let alone the Settlement Agreement as a whole, seems overwhelming the importance of fully committing to this type of planning and step-by-step implementation of changes remains the most important blueprint to moving forward.

Criminal Justice and System Issues

Little has changed since the last site visit. The Criminal Justice Coordinating Committee (CJCC) has continued to meet. Some agencies are still not participating but will hopefully engage as it becomes clear that the collaborative effort can address issues of interest to all the stakeholders.

The County continues to have no one incarcerated on unlawful orders regarding fines and fees but has not yet adopted policies to ensure a process for addressing this should such orders be used in the future. These policies have been initiated and are undergoing review by the policy and procedure team and then the administration for final approval. The full time Quality Control Officer who was newly hired at the last visit has gained experience and is identifying people who should be or can be released. However, this continues to be a reactive process responding to inmate grievances and requests. As previously reported it continues to be difficult to track individuals in the records system. There continue to be three individuals maintaining separate manual spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between Records and Booking for overseeing the documentation. Previously reported systemic challenges continue to exist. As a result, a number of people were identified who had been detained beyond their release date and there is inadequate documentation for the detention of others. Consultation with the monitoring team's expert, Karen Albert, took place after the site visit and following that visit, policies and procedures have been drafted and are being vetted.

The paper grievance system was replaced by a computerized system. Some of the initial problems have been remedied but the system still does not function well. The staff has learned to run reports to find grievances that drop off the current listing without a response. However, at the time of the site visit, the Work Center grievance officer could not run such a report and Medical had not been trained on running the report. There is no procedure to oversee the actual implementation of grievance responses. The system is also either dysfunctional or not understood in its ability to generate reports. The staff does not know how to generate reports, if it is possible, to meet the requirements of the Settlement Agreement or be useful to them.

Compliance with PREA continues to improve. Some orientation of inmates and training of staff has occurred. Some posters are now up identifying reporting mechanisms. The reporting mechanisms were not fully in place at the time of the site visit. At that time, most inmates and staff have not received orientation or training. There is also concern that some of the PREA policies said to be in place were not actually functioning as they should. In particular, potential

victims although identified did not appear to be classified to the most appropriate housing. This area will require some attention at the higher administrative levels to begin to move towards compliance.

Monitoring Activities

The Monitoring Team conducted a Site Visit May 22nd through May 25th. The site visit schedule was as follows:

May 22nd through May 25th Site Visit Schedule

Date	Lisa	Dave	Jim	Jackie	Dudley
Tuesday a.m.	Meeting with Fielder Tour Booking and meet with Booking staff	Meeting with Fielder Tour RDC	Meet with Burnside, Dorsey, principal, case managers, Dr. Payne Review files	Meet briefly with HSA and DON Tour RDC	Meet briefly with HSA and DON Tour RDC
Tuesday p.m.	Observe RDC booking Meet with Jones on grievances and review grievances	Meet with Fire Safety officer Meet with property officer Continue tour of RDC	Tour HY Review education file/records	Observe competency restoration Review records	Tour RDC Tour WC
Wednesday a.m.	Meet with Ken Lewis Meet with Sgt. Tillman Review records	Meet with Training captain Meet with Recruitment Officer	Continue at HY, review medical records and video	Tour JDC Review Records	Tour JDC Meet with Hinds County Behavioral Health
Wednesday p.m.	Meet with Moore re PREA Meet with IT re update on reports-review what can be seen in JMS	Continue at RDC Meet with IT re update on reports-review what can be seen in JMS	Review files, incident reports, observation logs Meet with staff; program presentation Meet with SPLC	Tour WC Review Records Meet with Discharge Planner	Meet with Mental Health team Meet with Discharge Planner

Thursday a.m.	Meet with Deputy County Manager: Convey PTS info, discuss repairs JDC-grievances	Tour JDC Meet with Deputy County Manager re repairs Tour WC	RDC-Review individual files, interview youth	RDC-booking	Review Records
Thursday p.m.	WC grievances, fines and fees, daily credit	Tour RDC	Henley Young Review records, interview youth, observe disciplinary hearing	Records	Meet with Interdisciplinary team; review policies and procedures
Friday a.m.	8:30 to 10:00 Exit meeting 10:00 to 12:00 Meeting with counsel and command staff re priority items	Exit meeting Meeting with counsel and command staff re priority items	Exit meeting	Exit meeting	Exit meeting

COMPLIANCE OVERVIEW

The Monitoring Team will track progress towards compliance with the following chart. This chart will be added to with each Monitoring Report showing the date of the site visit and the number of Settlement Agreement requirements in full, partial or non-compliance. Requirements that have not yet been triggered such as an annual review are listed as NA (not applicable) at this time. Sustained compliance is achieved when compliance with a particular Settlement Agreement requirement has been sustained for 18 months or more. The count of 92 requirements is determined by the number of Settlement Agreement paragraphs which have substantive requirements. Introductory paragraphs and general provisions are not included. Some paragraphs may have multiple requirements which are evaluated independently in the text of the report but are included as one requirement for purposes of this chart. The provisions on Youthful Offenders were evaluated in the text below for compliance at Henley Young and Raymond Detention Center but only the results for Raymond Detention Center are included in the totals in this chart.

Site Visit Date	Sustained Compliance	Substantial Compliance	Partial Compliance	NA at this time	Non-Compliant	Total
2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92
1/26-2/2/18	0	1	29	0	62	92
5/22-25/18	0	1	30	0	61	92

INTRODUCTORY PARAGRAPHS

Text of paragraphs 1-34 regarding “Parties,” “Introduction,” and “Definitions” omitted.

SUBSTANTIVE PROVISIONS

PROTECTION FROM HARM

Consistent with constitutional standards, the County must take reasonable measures to provide prisoners with safety, protect prisoners from violence committed by other prisoners, and ensure that prisoners are not subjected to abuse by Jail staff. To that end, the County must:

37. Develop and implement policies and procedures to provide a reasonably safe and secure environment for prisoners and staff. Such policies and procedures must include the following:

- a. Booking;
- b. Objective classification;
- c. Housing assignments;
- d. Prisoner supervision;
- e. Prisoner welfare and security checks (“rounds”);
- f. Posts and post orders;
- g. Searches;
- h. Use of force;
- i. Incident reporting;
- j. Internal investigations;
- k. Prisoner rights;
- l. Medical and mental health care;
- m. Exercise and treatment activities;
- n. Laundry;
- o. Food services;

- p. Hygiene;
- q. Emergency procedures;
- r. Grievance procedures; and
- s. Sexual abuse and misconduct.

Non-Compliant

This provision has been changed from partial compliance to non-compliant. An initial attempt was made to draft policies and procedures in early 2017. The Monitoring Team and DOJ provided comments but the policies essentially needed to be rewritten. The County identified a consulting team to assist with the policies but that has apparently fallen through. The County informed the monitoring team that the plan is back to preparing the policies and procedures in-house. Because there has been no apparent forward progress, this provision has been changed to non-compliant. At present, the Monitor's expert dealing with Classification and Records consolidation is expected to work on policies associated with Classification, Records and Booking. The County's Compliance Coordinator and the Sheriff's in house legal counsel will address other priority areas of concern unless a satisfactory alternative can be found.

Since the January/February 2018 site visit, there has been a considerable effort by Quality Correctional Health Care (QCHC) to update or create new QCHC mental health policies and procedures. There has also been considerable effort to update or create forms for recording mental health activities such as an initial mental health assessment, an initial psychiatric examination, a psychiatric progress note, a follow-up mental health treatment session/progress note, and a mental health treatment plan. These policies and procedures were carefully reviewed and discussed with staff during the site visit, and by and large, they were quite good. The forms were also reviewed, and for the most part, they were found to include the important clinical information that should be assessed and recorded.

Further improvement of the various mental health policies and procedures should include: (1) Where appropriate, a clear distinction should be made between 'emergency', 'urgent' and 'routine' responses, with specific time periods given for each type of response; (2) The frequency of visits for various different types of visits should also be established in accordance with recognized standards of practice. For example, it should be clear how soon an individual newly placed on medication should be seen again for psychiatric follow-up with regard to an assessment of efficacy, adverse effects and the individual's compliance with treatment, and then how frequently the individual should be seen once stabilized on medication. Similarly, it should be clear how frequently an individual on the mental health case load should be seen for a mental health follow-up appointment; (3) Where appropriate, it should be clear what level of training and expertise is required to perform certain tasks, such as to order or discontinue suicide watch.

As was requested by the mental health expert, there was also a joint meeting of all mental health staff during the May 2018 site visit, which was apparently a fairly unusual event that should be

happening on a regular basis. This provided an opportunity to review policies, procedures, and the above noted forms with the entire staff, and also provided an opportunity to discuss other steps that must be taken to address the provisions of the Settlement Agreement.

There continue to be concerns about the medication administration that needs to be addressed by adoption and implementation of policies and procedures. Two nurses have been permanently assigned to perform pill pass at the Raymond Facility. Observation made during pill pass indicated that neither nurses nor officers routinely checked the inmate's mouth for hoarding their medication. Charting is not performed in real time but done after the medication pass is finished using the pill envelopes as a guide as to whether the inmate took his medicines. After the nurses come back to the clinic they then go back to the housing units to obtain refusals from inmates. Medication Administration was also observed at the work center. The nurse also pre-poured her medication but did chart it in actual time. Again, officers and the nurse were not diligent in checking to see that the inmate actually swallowed his medication. Medication administration should be charted in actual time.

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail, including at least five years of related management experience for their positions, and a bachelor's degree. When the Jail Administrator is absent or if the position becomes vacant, a qualified deputy administrator with comparable education, training, and experience, must serve as acting Jail Administrator.

Partial Compliance

As was previously reported, this paragraph is carried as being in Partial Compliance because of the Jail Administrator's lack of a BA degree. Since the last site inspection, Captain Chandler resigned from his position in charge of the WC and was replaced by Lt. Anthony Simon who was promoted to Captain. Although he has no college education, he has extensive experience with the HCSO, from 2000 to 2006 (left at the rank of Sergeant) and from 2015 to the present. He was promoted to Sergeant in 2015 and Lieutenant in 2017. Shortly after the site visit, the Deputy Jail Administrator was replaced by a new individual. The monitoring team has not received a copy of his resume to determine his qualifications for the position consistent with this requirement.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members. At minimum, Jail supervisors must have at least 3 years of field experience, including experience working in the Jail. They must also be familiar with Jail policies and procedures, the terms of this Agreement, and prisoner rights.

Partial Compliance

Until there are policies and procedures, the supervisors will not be able to be familiar with them. Since the last site visit a number of individuals have been promoted. They include the following:

B. W.—was previously employed by the HCSO from 1997 to 2012. He was re-employed in August 2017 and was promoted to Sergeant in February 2018. He has a high school diploma and is qualified as an EMT and Nursing Assistant.

K. C.—was previously employed by the HCSO from 2008 to 2010, when he was terminated for excessive use of force. He was rehired in January 2011 but was then suspended for five days in 2013. Promoted to Sergeant in May 2018, he has a two-year college degree.

G. N.—was employed in 2008 and was promoted to Sergeant in March 2018. Although he has a high school diploma and ten years as a Sheriff's Office employee, his personnel file does not account for 18 years of his life between 1981 and 1999.

K. J.—was employed in 2013 and was promoted directly to Lieutenant in 2018. Prior to being employed by the HCSO she served for a year with the Mississippi Department of Corrections. She has a high school education.

K. M.—was employed by the HCSO from 2001 to 2013 and held the rank of Sergeant when he resigned. From 2013 to 2017 he worked for the Oakley Youth Development Facility. He has a high school education. He was re-employed by the HCSO in December 2017 and was promoted to the rank of Sergeant in January 2018.

40. Ensure that no one works in the Jail unless they have passed a background check, including a criminal history check.

Non-Compliant

The Jail has still not complied with previous requests to provide a listing of all current employees, their date of employment and the date of their background check. Until the HCSO provides documentation reflecting that all employees have successfully passed a background check, including a criminal history check, this paragraph will continue to be carried as Non-Compliant.

41. Ensure that Jail policies and procedures provide for the “direct supervision” of all Jail housing units.

Non-Compliant

There has been no change in the status of this paragraph. The Policies and Procedures Manual has yet to be published. Further, no staff members have received training with regard to the principles and dynamics of direct supervision. One of the Priority Recommendations made by the monitoring team has been for the County to coordinate with the National Institute of Corrections (NIC) to provide “Train the Trainers” support. To date that has not been

accomplished. Since NIC's budget was cut by approximately 50% this year, there is no funding available for a Technical Assistance grant; however, money is available, through a Cooperative Agreement arrangement, to provide the specified direct supervision training. The Sheriff's Office has submitted the request to the NIC with a copy provided to the monitoring team.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Jail. The parties recognize that the Board allocates to the Sheriff lump sum funding on a quarterly basis. The Sheriff recognizes that sufficient staffing of the Jail should be a priority for utilizing those funds. To that end, the County must at minimum:

- a. Hire and retain sufficient numbers of detention officers to ensure that:
 - i. There are at least two detention officers in each control room at all times;
 - ii. There are at least three detention officers at all times for each housing unit, booking area, and the medical unit;
 - iii. There are rovers to provide backup and assistance to other posts;
 - iv. Prisoners have access to exercise, medical treatment, mental health treatment, and attorney visitation as scheduled;
 - v. There are sufficient detention officers to implement this Agreement.
- b. Fund and obtain a formal staffing and needs assessment ("study") that determines with particularity the minimum number of staff and facility improvements required to implement this Agreement. As an alternative to a new study, the September 2014 study by the National Institute of Corrections may be updated if the updated study includes current information for the elements listed below. The study or study update must be completed within six months of the Effective Date and must include the following elements:
 - i. The staffing element of the study must identify all required posts and positions, as well as the minimum number and qualifications of staff to cover each post and position.
 - ii. The study must ensure that the total number of recommended positions includes a "relief factor" so that necessary posts remain covered regardless of staff vacancies, turnover, vacations, illness, holidays, or other temporary factors impacting day-to-day staffing.
 - iii. As part of any needs assessment, the study's authors must estimate the number of prisoners expected to be held in the Jail and identify whether additional facilities, including housing, may be required.
- c. Once completed, the County must provide the United States and the Monitor with a copy of the study and a plan for implementation of the study's recommendations. Within one year after the Monitor's and United States' review of the study and plan, the County must fund and implement the staffing and

facility improvements recommended by the study, as modified and approved by the United States.

- d. The staffing study shall be updated at least annually and staffing adjusted accordingly to ensure continued compliance with this Agreement. The parties recognize that salaries are an important factor to recruiting and retaining qualified personnel, so the County will also annually evaluate salaries.
- e. The County will also create, to the extent possible, a career ladder and system of retention bonuses for Jail staff.

Non-Compliant

While this paragraph was previously carried as being in Partial Compliance, the lack of progress, as exemplified by a net loss of 20 personnel during the past eight months, warrants a change to Non-Compliant. At the JDC and the WC, required posts are generally filled, but at the RDC, the largest facility in the Jail System, there has been no progress toward filling essential posts. The only housing unit that has an assigned officer (inside the unit) is A-1 which houses only five juveniles. All of the adult male housing units are still left unattended. In Booking, only one officer is assigned to the processing area to conduct well-being checks on those detainees who are housed in holding cells for up to eight hours.

The current staffing is inadequate to safely operate the jail. Serious inmate assaults included inmates with the following injuries:

1. 4/18/18 A scalp laceration and contusion of his head.
2. 4/19/18 A head injury and laceration of his face with sutures above his left eyebrow.
3. 4/19/18 A concussion and facial contusion.
4. 4/22/18 An assault by seven inmates with some kind of weapon. The inmate has two broken hands and facial lacerations and almost lost his right eye. He had a subconjunctival hemorrhage. Both of his hands are in casts and he is being seen by an ophthalmologist on a regular basis.
5. 4/16/18 A sexual assault.

A review of the incident reports indicates that most of the inmate on inmate assaults occur when there are no officers present on the unit. Officers are alerted by the noise, by the video stream, and sometimes only when they discover the injured inmate.

- f. Develop and implement an objective and validated classification and housing assignment procedure that is based on risk assessment rather than solely on a prisoner's charge. Prisoners must be classified immediately after booking, and then housed based on the classification assessment. At minimum, a prisoner's bunk, cell, unit, and facility assignments must be based on his or her objective classification assessment, and staff members may not transfer or move prisoners into a housing area if doing so would violate classification principles (e.g.,

placing juveniles with adults, victims with former assailants, and minimum security prisoners in a maximum security unit). Additionally, the classification and housing assignment process must include the following elements:

- i. The classification process must be handled by qualified staff who have additional training and experience on classification.
- ii. The classification system must take into account objective risk factors including a prisoner's prior institutional history, history of violence, charges, special needs, physical size or vulnerabilities, gang affiliation, and reported enemies.
- iii. Prisoner housing assignments must not be changed by unit staff without proper supervisor and classification staff approval.
- iv. The classification system must track the location of all prisoners in the Jail and help ensure that prisoners can be readily located by staff. The County may continue to use wrist bands to help identify prisoners, but personal identification on individual prisoners may not substitute for a staff-controlled and centralized prisoner tracking and housing assignment system.
- v. The classification system must be integrated with the Jail prisoner record system, so that staff have appropriate access to information necessary to provide proper supervision, including the current housing assignment of every prisoner in the Jail.
- vi. The designation and use of housing units as "gang pods" must be phased out under the terms of this Agreement. Placing prisoners together because of gang affiliation alone is prohibited. The County must replace current gang-based housing assignments with a more appropriate objective classification and housing process within one year after the Effective Date.

Partial Compliance

There has been no significant change in the status of this paragraph since the last reporting period; however, the Monitor's expert in this area is in the process of working with Classification, Records and Booking staff to consolidate their activities into a cohesive unit. Once this is accomplished, it should be possible to expand the hours of coverage by Classification and Records personnel so that initial classification of arrestees can be accomplished as part of the booking process. Further, communication with the courts will be funneled through only one point in the Jail, thus improving the accuracy and completeness of inmate records.

- g. Develop and implement positive approaches for promoting safety within the Jail including:

- i. Providing all prisoners with at least 5 hours of outdoor recreation per week;
- ii. Developing rewards and incentives for good behavior such as additional commissary, activities, or privileges;
- iii. Creating work opportunities, including the possibility of paid employment;
- iv. Providing individual or group treatment for prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions, who would benefit from therapeutic activities;
- v. Providing education, including special education, for youth, as well as all programs, supports, and services required for youth by federal law;
- vi. Screening prisoners for serious mental illness as part of the Jail's booking and health assessment process, and then providing such prisoners with appropriate treatment and therapeutic housing;
- vii. Providing reasonable opportunities for visitation.
- h. Ensure that policies, procedures, and practices provide for higher levels of supervision for individual prisoners if necessary due to a prisoner's individual circumstances. Examples of such higher level supervision include (a) constant observation (i.e., continuous, uninterrupted one-on-one monitoring) for actively suicidal prisoners (i.e., prisoners threatening or who recently engaged in suicidal behavior); (b) higher frequency security checks for prisoners locked down in maximum security units, medical observation units, and administrative segregation units; and (c) more frequent staff interaction with youth as part of their education, treatment and behavioral management programs.
- i. Continue to update, maintain, and expand use of video surveillance and recording cameras to improve coverage throughout the Jail, including the booking area, housing units, medical and mental health units, special management housing, facility perimeters, and in common areas.

Non-Compliant

Regarding 42 (g)(i) Outdoor recreation is still unavailable to almost all inmates in the Hinds County Jail System. Although there has never been an outdoor recreation yard at the JDC, recently inmates have been permitted to play basketball in the indoor car wash bay. At the RDC the outdoor recreation yards have been closed for over five years, subsequent to a major riot. In the past year, outdoor recreation has been available only to juveniles housed in A-1. During the most recent site visit, it was reported that outdoor recreation was available to adult prisoners periodically, but not routinely; however, a review of pod logs did not reveal documented verification. As was reported previously, the WC unit logs confirmed that outdoor recreation was available approximately half of the time that the Settlement Agreement calls for. Since that time, no updated records have been made available to verify the amount of recreation provided.

Regarding 42 (g)(iv) There is not an adequate level of mental health services being provided. The first issue is the issue of mental health staffing levels. Since the January/February 2018 site visit, a mental health coordinator has been added to the roster of mental health staff (the prior social worker has left, but at the time of the May site visit, a new social worker was about to come on board). While this is a very positive development, the mental health expert continues to believe that there is clearly inadequate psychiatric time to meet the provisions of the agreement and continues to believe that there needs to be a mental health staffing analysis to determine whether or not there is an adequate number of other mental health staff to meet the provisions of the agreement.

As it now stands, the psychiatrist may see as many as 10 individuals during the several hours each week that he is at the facility, which leaves him a very limited amount a time to complete the above noted new forms. This also leaves him virtually no time to perform a more in-depth examination of more complicated individuals, perform face-to-face evaluations of individuals on suicide watch or other more intense mental health monitoring, actively participate in the treatment planning process, provide consultative help to other members of the mental health treatment team, and actively participate in any regular meetings of the mental health treatment team. In addition, adequate mental health programming at the facility should eventually include a psychoeducational group therapy program, focused on helping individuals understand their illnesses, the importance of treatment, and how best to participate in their own treatment; such a group therapy program would also include a focus on medication, benefits and risks of adverse effects, and the importance of compliance; and so eventually, the psychiatrist would either participate in or at least help to develop and supervise such an effort.

The second issue, previously noted in the report of the January/February 2018 site visit, is that there are multiple mental health related provisions that cannot be addressed by mental health staff alone. During the May 2018 site visit, there was a joint meeting of mental health staff and security staff to discuss these provisions. More specifically, there was a discussion of the roles and responsibilities of mental health staff with regard to disciplinary review, segregation review, and security use of force; the roles and responsibilities of mental health staff with regard to PREA; the roles and responsibilities of security staff with regard to suicide watch or individuals who are on other forms of mental health observations; and the roles and responsibilities of security staff with regard to accompanying nursing staff while they pass/administer medication. The progress made during this joint meeting of mental health staff and security staff and the yet unresolved issues will be noted in applicable sections of this report.

The third issue, also previously noted in the report of the January/February 2018 site visit, is the matter of how to define/describe individuals who should be on the mental health case load. Although there is general agreement that those with 'serious mental illness' (SMI) should be on

the mental health case load, SMI is not clearly defined. Then in addition, most definitions of SMI do not include individuals with serious trauma histories and resultant trauma-related psychiatric difficulties; therefore, their psychiatric difficulties are rarely identified and addressed; and this is despite the fact that these individuals tend to function quite poorly while incarcerated and they make up a significant percentage of individuals placed in segregation. Therefore, the mental health team should explore this issue of who should be on the mental health caseload. In so doing, when evaluating prisoners with disciplinary charges, prisoners being held in disciplinary segregation, and prisoners against which there was a use of force, staff should explore for a history of trauma and assess the mental health impact of any trauma that is identified. Then, if it becomes clear that a history of trauma with associated trauma-related psychiatric difficulties makes adjustment to incarceration difficult for a significant number of prisoners (as is the case in most jails and prisons), staff can explore how they might best design and implement mental health interventions focused on meeting the needs of such prisoners, thereby improving their capacity to function while incarcerated and upon their release. At the time of the January/February 2018 site visit, the absence of mental health evaluations and treatment plans made it impossible to assess whether or not prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions were receiving and benefiting from appropriate therapeutic interventions. By the time of the May 2018 site visit, for newly admitted prisoners, mental health evaluations were being performed and recorded on the new form for such evaluations; where indicated, psychiatric evaluations were being performed and recorded on the new form for such evaluations; and treatment plans were being developed and recorded on the new treatment plan form. In addition, there was a plan to perform and record mental health evaluations, perform and record psychiatric evaluations, and develop treatment plans for prisoners who were already on the mental health case load. These efforts, coupled with the better recording of information obtained during psychiatric and mental health follow-up visits, will now provide an extremely important part of the base of information required to assess whether or not prisoners on the mental health case load are receiving appropriate therapeutic interventions.

The internal assessment of whether or not prisoners with serious mental illness, developmental disabilities, or other behavior or medical conditions are receiving and benefiting from appropriate therapeutic interventions should be done in several ways. More specifically, a regularly scheduled, treatment plan review process should be developed where the mental health team reviews the progress towards treatment goals and thereby determines whether or not modifications of the treatment plan are required. A ‘mental health chronic care log’, should be developed that would include such information as diagnosis or problem to be addressed, related therapeutic intervention(s), last and next visit, and instances when a prisoner was seen on an emergency or urgent basis prior to the next scheduled visit. Such a log would make it easy to assess whether or not prisoners were being seen with appropriate frequency and in a timely manner, consistent with mental health policies and procedures, and such a log would also

indicate whether or not prisoners are being seen frequently enough (i.e., whether or not prisoners end up needing emergency or urgent visits prior to the time of their next scheduled visit). In addition, when the most appropriate/indicated treatment for a prisoner's mental health problem is not available at the facility and an alternative, less appropriate therapeutic intervention is employed, this should be noted on the treatment plan, because this will support the need to develop additional, needed therapeutic interventions. Furthermore, efforts should be made to identify important gaps in the range of mental health services available to prisoners; for example, it is already clear that there are no services designed to prepare prisoners to continue with treatment once released and there are no trauma-informed therapeutic interventions for prisoners with significant trauma histories. Plans should then be developed to provide such important mental health services/interventions.

With respect to medical interventions, lack of staffing continues to be a concern. There are four LPN nursing vacancies at all of the facilities. There are no relief factors in the current staffing plan, thus the health administrator must utilize agency, PRN and overtime to fill vacancies caused by vacation, holidays or sick time of the regular staff. Staffing at the work release does not permit night time coverage. A new nurse practitioner was hired shortly before the site visit. While she is a FT employee, not all of her hours are at the Hinds County Detention Center. She also provides care at the Madison County Jail.

There are no hours recorded for the physician Dr. Martin. The timesheet indicated that he is paid a contract rate and his hours are not logged. This is not a good accounting practice nor does it show if the County is receiving adequate services for physician services. The Monitoring team will request at the next site visit a copy of the contract for Dr. Martin and his schedule at the various jail facilities.

Chronic care is still in the beginning stage of development. A new nurse practitioner has recently started at the Hinds County Detention Center; thus, the care and scheduling are not timely. A delay of 90 days to obtain Hemoglobin test on diabetics is not acceptable. Most facilities perform laboratory testing within a month or sooner of the inmate's incarceration.

Sick call is written by the inmates on a kiosk system. The nurses print off the sick call requests daily. The nurses date-stamp the request when they receive it. The sick call policy at QCHC is that if the nurse sees the inmate three times for the same request, it is then referred to a provider. Depending on the severity of the request, this can be a dangerous situation. A protocol needs to be created providing nurses guidance on when to refer to a provider based on the severity of the complaint and the results of initial treatment attempts.

One of the inmates submitted a sick call request for a rash due to the harshness of the soap. He was placed on hydrocortisone cream by way of a nursing protocol. After three unsuccessful nursing visits, he filed a grievance. Three visits to confirm that the initial intervention was not

working was not a useful approach. The reply that he received on the grievance was that the medical department did not provide soap. There was no attempt to solve the complaint by either having the family bring in a special soap or by arranging to sell the soap in the commissary.

Another inmate indicated that she put in several requests for sick call and requested to see the doctor. She indicated that she was severely depressed. Chart review indicated that her comments were true and that she had only been referred to a social worker. She was not referred to the psychiatrist or psychologist.

Another inmate complained of left lower leg pain. The request was placed on 5/6/18; however, the inmate was not seen until 5/15/18. A nurse practitioner saw him and ordered an x-ray. The NP did not perform a physical exam nor order a blood test on the inmate, nor did she order an ultrasound which is the preferred method of diagnosis. She diagnosed the inmate with a musculoskeletal disease. This case did not result in a serious complication but could have led to further complications such as a pulmonary embolism.

The sick call procedure is unnecessarily cumbersome by the kiosk system. The complaints listed by the kiosk are vague and provide no space for the inmate to elaborate on their problem. The categories are asthma, general pain, sprain, constipation, sore throat, dental tooth pain, mental health. The mental health does not indicate if the inmate is depressed, suicidal or can't sleep. Thus, when the inmates see the nurses, the nurses are unaware of what the complaint is truly about. There is no free text available so that the inmate can elaborate on their complaint.

The dental assistant has resigned, thus inmates that have dental problems must wait for over a month to be seen. Dental care is not timely. Treatment consists of verbal orders for Naproxen and Augmentin. Telephone order sheets were not consistently found on the charts on any of the five records reviewed. A new dental assistant has been hired and she will begin her employment on June 4, 2018. When the health administrator was questioned regarding the dental care, she indicated that there were only nine inmates on the dental list. This number appears to be underreported in light of the many complaints made by inmates regarding the lack of this service.

Regarding 42(g)(vi) Although there is mental health screening at the time of booking and during the initial health assessment process, the adequacy of this screening has yet to be fully evaluated. Based on the observation of one such screening, it appeared that questions were asked in such a way as to overly determine the response (for example, 'you haven't had XYZ, have you?'; and the structure of the questions appeared to be based on the nurse's premature perception of the incoming prisoner instead of being structured to fully explore the prisoner's history. Of course, this one screening may have been atypical, but whether it was or not, the adequacy of these screenings needs to be assessed.

As a step towards assessing the intake screening process, a ‘mental health sick call log’ should be developed. Such a log would record all prisoners who, post intake, were self-referred to mental health, or referred to mental health by medical or security staff or identified as in need of mental health services via some other mechanism (for example, a suicide attempt, evidencing unusual behavior that resulted in disciplinary charges, decompensation while placed in segregation, etc.). Then in each case, the question of why the prisoner wasn’t identified as in need of a mental health assessment at the time of intake can be explored, followed by an exploration of the question of whether or not the intake mental health screening process needs to be revised and/or whether or not those performing such intake screens require further mental health training.

See paragraphs 74 and 77 (i and j) regarding housing decisions and the availability of appropriate housing for prisoners with serious mental illness.

Regarding 42 (g)(vii) Visitation records reflect that there has been an improvement in access to visitation at the JDC but a decrease at the RDC and WC. A review of visitation records at the JDC and RDC/WC covering three and three quarter months, revealed that inmates at the JDC are able to complete an average of one visit per month, while at the RDC and WC, whose records are combined, only one inmate in ten is able to complete a visit monthly. Since the majority of the inmates are housed in these two jails, it is apparent that very few inmates in the DSD are able to visit with family and friends on a routine basis. It should be noted that only about half of the inmates who initiate a video visitation communication actually are able to complete it. The most common reason for non-completion is listed as “cancelled by admin” while the next two frequent reasons are “missed by inmate” and “missed by caller”.

Regarding 42 (h) The revised ‘suicide prevention’ QCHC policy is quite good with a few recommendations for improvement. The policy should provide that when medical or security staff suspect that a prisoner is potentially suicidal, the prisoner should be placed under *constant observation* (versus close observation), pending a mental health assessment, and that the need for such a mental health assessment should be considered to be an *emergency* (see paragraph 42, with regard to the need to delineate emergency, urgent and routine responses). The policies should also provide that in the event of an actual suicide attempt, successful or unsuccessful, a rigorous, multi-disciplinary ‘morbidity or mortality review’ and report is indicated, whereby every aspect of the prisoner’s stay at the facility is reviewed, with an eye towards identifying and correcting any avoidable missteps in how the prisoner (or other prisoners) was assessed and managed by each discipline within the facility. This review process and report would include recommendations to address any identified missteps, such as changes in policies and/or procedures, clarifications or directives that might lead to better adherence to existing policies and/or procedures, or staff training focused on helping staff obtain the knowledge and skills required to better adhere to existing or revised policies and/or procedures.

Although the ‘suicide prevention’ policy is in place, there remain questions about the implementation of the policy. More specifically, there is no structured tool or form used for the evaluation of potentially suicidal prisoners to determine the need for placement on suicide watch, adjustments of the suicide watch level, or removal from suicide watch. It is unclear to what extent the psychiatrist must be involved in the assessment process and whether an actual face-to-face assessment by the psychiatrist is required (all complicated by the availability of the psychiatrist). Although it is noted that a ‘clinical assessment’ will be performed at least every 4 hours, it is unclear what type of staff must perform that clinical assessment, and if it is to be performed by mental health staff (a QMHP), it does not appear that there are an adequate number of mental health staff to implement that policy. Although the policy also describes the level of monitoring by security staff and nursing staff for each level of suicide watch, a mechanism for the documentation of adherence to this part of the policy in a form that can be readily reviewed by mental health staff needs to be developed.

Special mental health observation, for acutely mentally ill prisoners, is also described in the ‘suicide prevention’ policy, with a level of monitoring that is to be prescribed by mental health. With regard to implementation, it is important to make it clear to all staff that a prisoner might be on special observation either because they are suicidal and/or because they are acutely ill while efforts are being made to stabilize them. If an inmate is on special mental health observation for both reasons, it should be clear that each type of watch has to be terminated individually. In other words, although suicide watch might be then terminated, that does not mean that the inmate is sufficiently stabilized to end the watch required while still trying to stabilize the inmate.

Regarding 42 (i) Video surveillance capabilities at the various facilities have not changed since the last site visit. Supervisory staff at the RDC have been able to utilize that facility’s video records to review escapes and other significant incidents, in order to determine what actually occurred. Video related to those events is reviewed on occasion but not routinely.

43. Include outcome measures as part of the Jail’s internal data collection, management, and administrative reporting process. The occurrence of any of the following specific outcome measures creates a rebuttable presumption in this case that the Jail fails to provide reasonably safe conditions for prisoners:

- a. Staff vacancy rate of more than 10% of budgeted positions;
- b. A voluntary staff turnover rate that results in the failure to staff critical posts (such as the housing units, booking, and classification) or the failure to maintain experienced supervisors on all shifts;
- c. A major disturbance resulting in the takeover of any housing area by prisoners;
- d. Staffing where fewer than 90% of all detention officers have completed basic jailer training;

- e. Three or more use of force or prisoner-on-prisoner incidents in a fiscal year in which a prisoner suffers a serious injury, but for which staff members fail to complete all documentation required by this Agreement, including supervision recommendations and findings;
- f. One prisoner death within a fiscal year, where there is no documented administrative review by the Jail Administrator or no documented mortality review by a physician not directly involved in the clinical treatment of the deceased prisoner (e.g. corporate medical director or outside, contract physician, when facility medical director may have a personal conflict);
- g. One death within a fiscal year, where the death was a result of prisoner-on-prisoner violence and there was a violation of Jail supervision, housing assignment, or classification procedures.

Non-Compliant

Jail administration does not currently create a report covering each of these areas although they respond when asked for this information. At the time of the site visit, 14.8% of the authorized/funded positions are vacant (271 authorized, 40 vacant). And the 271 funded positions are far less than the 433 positions needed to adequately staff the facilities. That would be a 47% vacancy rate. For the past two site visits the number of vacancies has increased. There were 32 in February 2018 and 21 in October 2017. Previously, the turnover rate was reported as excessive and not in compliance with this paragraph's standard. The same holds true at this time. There have been multiple incidents of prisoner on prisoner violence resulting in serious injury without adequate documentation. As noted elsewhere, the incident reports do not provide for documentation of supervisory review and recommendations. Injuries are typically not photographed or documented. Witness statements are seldom taken and video is seldom reviewed. These findings trigger the rebuttable presumption that the Jail fails to provide reasonably safe conditions for the prisoners.

44. To complement, but not replace, "direct supervision," develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate. To that end:
- a. Rounds must be conducted at least once every 30 minutes in general population housing units and at least once every 15 minutes for special management prisoners (including prisoners housed in booking cells).
 - b. All security rounds must be conducted at irregular intervals to reduce their predictability and must be documented on forms or logs.
 - c. Officers must only be permitted to enter data on these forms or logs at the time a round is completed. Forms and logs must not include pre-printed dates or times. Officers must not be permitted to fill out forms and logs before they actually conduct their rounds.

- d. The parties anticipate that “rounds” will not necessarily be conducted as otherwise described in this provision when the Jail is operated as a “direct supervision” facility. This is because a detention officer will have constant, active supervision of all prisoners in the detention officer’s charge. As detailed immediately below, however, even under a “direct supervision” model, the Jail must have a system in place to document and ensure that staff are providing adequate supervision.
- e. Jail policies, procedures, and practices may utilize more than one means to document and ensure that staff are supervising prisoners as required by “direct supervision,” including the use and audit of supervisor inspection reports, visitation records, mealtime records, inmate worker sheets, medical treatment files, sick call logs, canteen delivery records, and recreation logs. Any system adopted to ensure that detention officers are providing “direct supervision” must be sufficiently detailed and in writing to allow verification by outside reviewers, including the United States and Monitor.

Partial Compliance

There has been no progress made with regard to the provisions of this paragraph since the last Monitoring Report. None of the facilities are meeting the requirement to do well-being checks every 30 minutes in general population and every 15 minutes in segregation. While well-being checks at JDC were found to be routinely recorded properly, on the appropriate forms, for inmates in general population (hourly) and in segregation/confinement (30 minutes), even this less frequent timetable was not met at the WC and the RDC. At those facilities, unit log records reflected that hourly inspections were conducted approximately 50% of the time for general population inmates. At the WC, 30-minute checks for inmates in segregation/confinement were documented on individual forms posted next to each cell. At the RDC there was no standard system in place. The inmates in B-4 and B-4 ISO were both supervised by the same officer. When B-4 ISO was created, it was staffed by one officer continuously. Apparently, that is no longer the case. In Booking, the 15-minute observation forms were maintained in the office area, not posted by each holding cell. Although the proper procedure has been explained in detail during previous site visits, communication through the chain of command and between shifts has been less than effective.

See paragraph 76 with regard to mental health rounds for prisoners in segregation. See paragraph 42 (h) with regard to prisoners who require special management due to acute mental health difficulties.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail. To that end, the County must ensure that the Jail

employs Qualified Training Officers, who must help to develop and implement a formal, written training program. The program must include the following:

- a. Mandatory pre-service training. Detention officers must receive State jailer training and certification prior to start of work. Staff who have not received such training by the Effective Date of this Agreement must complete their State jailer training within twelve months after the Effective Date of this Agreement. During that twelve month period, the County must develop an in-house detention training academy.
- b. Post Order training. Detention officers must receive specific training on unit-specific post orders before starting work on a unit, and every year thereafter. To document such training, officers must be required to sign an acknowledgement that they have received such training, but only after an officer is first assigned to a unit, after a Post Order is updated, and after completion of annual retraining.
- c. “Direct supervision” training. Detention officers must receive specific pre- and post service training on “direct supervision.” Such training must include instruction on how to supervise prisoners in a “direct supervision” facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective “direct supervision.”
- d. Jail administrator training. High-level Jail supervisors (*i.e.*, supervisors with facility-wide management responsibilities), including the Jail Administrator and his or her immediate deputies (wardens), must receive jail administrator training prior to the start of their employment. High-level supervisors already employed at the Jail when this Agreement is executed must complete such training within six months after the Effective Date of this Agreement. Training comparable to the Jail Administration curriculum offered by the National Institute of Corrections will meet the requirements of this provision.
- e. Post-service training. Detention officers must receive at least 120 hours per year of post-service training in their first year of employment and 40 hours per year after their first year. Such training must include refresher training on Jail policies. The training may be provided during roll call, staff meetings, and post-assignment meetings. Post-service training should also include field and scenario-based training.
- f. Training for Critical Posts. Jail management must work with the training department to develop a training syllabus and minimum additional training requirements for any officer serving in a critical position. Such additional training must be provided for any officer working on a tactical team; in a special management, medical or mental health unit; in a maximum security unit; or in booking and release.

- g. Special management unit training. Officers assigned to special management units must receive at least eight hours of specialized training each year regarding supervision of such units and related prisoner safety, medical, mental health, and security policies.
- h. Training on all Jail policies and procedures including those regarding prisoner rights and the prevention of staff abuse and misconduct.

Non-Compliant

During the January/February site visit it appeared that the HCSO had committed to hiring a qualified individual, with extensive detention experience, at the rank of lieutenant. Unfortunately, that did not occur. The Training Director still does not have anyone on staff with the requisite credentials to head training for the Detention Services Division, which comprises approximately 60% of the authorized positions in the HCSO.

In spite of numerous requests for information regarding the status of training for all DSD personnel, it is still not possible for the Monitor to determine how many officers have not completed basic academy training, which officers have received in service training during the past year and what topics that training covered or the status of specialized training required for critical posts and special management units. Finally, all important training on policies and procedures has not occurred because the Policies and Procedures Manual has still not been submitted, approved and issued.

As was noted in the report of the January/February 2018 site visit, security staff persons receive at least some training at the academy with regard to ‘special needs’ prisoners, which includes prisoners who suffer from mental illness. There is also a recently developed, in-service training program, entitled ‘Mental Health First Aid’, and security staff persons are beginning to receive this training. The curriculum for these trainings had been reviewed, both of which include some very important information but issues with the adequacy of the training include whether the curriculum covers the full range of mental health difficulties that might impact on a prisoner’s capacity to function in the correctional setting; whether the curriculum adequately describes for security staff what they should look for to indicate that a prisoner is suffering from mental illness; and whether the curriculum offers security staff enough tools to manage prisoners with various types of mental health difficulties. Therefore, existing training programs should be reviewed by appropriate persons within and/or outside of the facility, with these questions in mind.

There does not appear to be any extra or special training offered to security staff who may be posted on units where there is an increased likelihood of having to work with mentally ill prisoners.

Subsequent to the site visit, the prior Deputy Jail Administrator was removed and a new Deputy Jail Administrator was appointed who because of the Jail Administrator's medical absence is Acting Jail Administrator. The monitoring team has requested but has not received his resume. It does not appear that he has received jail administration training as required by subsection (d).

There are various ways to assess the adequacy of the mental health training that is currently being provided. QCHC staff should develop a form that security staff can easily use to refer prisoners to mental health; the form would allow staff to check mark symptoms observed and otherwise note the reason for such a referral; and ideally, after a mental health assessment has been performed, the mental health staff person performing the assessment could offer feedback to the security staff person who made the referral. This same form could be used by security staff when a disciplinary charge is filed against a prisoner and security staff suspects that the prisoner might be suffering from a mental illness that might have contributed to the problematic behavior; by submitting the form under this circumstance, security staff are also requesting a mental health assessment in connection with the prisoner's disciplinary proceeding; and this type of involvement by mental health in disciplinary proceedings is not only an important requirement of this agreement (see paragraph 37 – over riding issues), but it also provides mental health staff with another opportunity to communicate with security staff about mental health issues. Then in addition, discussion between security staff and mental health staff in areas of over lapping responsibility (such as the segregation review process, etc.) provides other opportunities to assess the impact of the mental health training for security staff.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail. To that end, the County must:

- a. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. Personal Identification Numbers (PINs) allocated for budget purposes represent a salaried slot and are not a restriction on personnel assignment authority. While the Sheriff may retain final authority for personnel decisions, the Jail's policies and procedures must document and clearly identify who is responsible for a personnel decision, what administrative procedures apply, and the basis for personnel decisions.
- b. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail, including any who are not already reporting to the Jail Administrator and the Jail's chain of command. This provision covers road deputies assigned to supervise housing units and emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances.

- c. Ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- d. Ensure that staff conduct daily inspections of all housing and common areas to identify damage to the physical plant, safety violations, and sanitation issues.

This maintenance program must include the following elements:

- i. Facility safety inspections that include identification of damaged doors, locks, cameras, and safety equipment.
- ii. An inspection process.
- iii. A schedule for the routine inspection, repair, and replacement of the physical plant, including security and safety equipment.
- iv. A requirement that any corrective action ordered be taken.
- v. Identification of high priority repairs to assist Jail and County officials with allocating staff and resources.
- vi. To ensure prompt corrective action, a mechanism for identifying and notifying responsible staff and supervisors when there are significant delays with repairs or a pattern of problems with equipment. Staff response to physical plant, safety, and sanitation problems must be reasonable and prompt.

Non-Compliant

Until the Policies and Procedures Manual is revised and re-issued, compliance with this paragraph cannot be achieved. Because of undetermined issues, the work of writing the P&P Manual was not awarded to Dr. James Austin. Consequently, valuable time has lapsed with no progress made toward meeting this critical requirement of the Settlement Agreement. At this point it is imperative that the HCSO take whatever action is necessary to hire a qualified consultant or individual(s) to expedite the process.

The recent removal of the Deputy Jail Administrator and replacement by a new individual appears to be contrary to subparagraph (a). The Deputy Jail Administrator's removal and replacement appears to have been done without the knowledge of the Jail Administrator who was on medical leave and certainly without the knowledge and approval of the Deputy Jail Administrator who was the one removed. There was no documentation of the reason for removal. On a substantive level, there was no adequate process for transition in this key position. The Monitor attempted to speak with the Sheriff twice by leaving voice mail messages, once by emailing a request for a telephone conference, and in a series of communications with the Sheriff's attorney. No response by the Sheriff was provided.

The recent shakedown described in Incident Report #181015, dated 6-7-18 was contrary to the requirements of subsection (b) of this paragraph. The shakedown was conducted by road deputies and Mississippi Dept. of Corrections officers without the apparent approval or oversight

by the Acting Jail Administrator. The monitoring team had been told that this practice was stopped some time ago, but it appears that is not the case. The need for jail staff oversight is apparent in the fact that the shakedown officers shot off a 12-gauge shot gun (blanks) to create a “noise diversion.” Firearms should not be present in the jail except in circumstances not present here.

Supervisors still do not follow a systemic procedure to document their inspection rounds. The failure to develop a simplistic solution is tied directly to the inability of the HCSO to issue a Policies and Procedures Manual.

Maintenance issues, always problematic, have gotten worse since the January/February site visit. All of the detailed security problems associated with electronically controlled doors that do not open or close, and with key operated doors that cannot be locked, are still in need of repair. However, additional security doors in the main corridor at the RDC, the main corridor at the WC and the third-floor corridor at the JDC now need to be added to the list of major security breaches in need of immediate repair. An electrical cord that ran across the floor in the lobby of the WC, noted during the last four site visits, was found to still be in place. This obvious violation of fire and safety regulations remained uncorrected even though it did not require action on the part of the County’s maintenance personnel. This relatively minor discrepancy is mentioned because it is indicative of the mentality that has set in over the years throughout the DSD. Personnel are so used to having problems go uncorrected, that they just accept unsafe and unsanitary conditions as the norm throughout the Jail System, even when they can correct them themselves.

47. Ensure that staff members conduct random shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband. Such shakedowns must be conducted in each housing unit at least once per month, on an irregular schedule to make them less predictable to prisoners and staff.

Non-Compliant

In spite of assurances that shakedowns of cells and common areas are now conducted only by DSD personnel, Incident Report 181015, dated June 7, 2018, details how a law enforcement sergeant (not assigned to the DSD), along with members of the Mississippi Department of Corrections, and other HCSO law enforcement personnel, conducted a shakedown of all housing units in B Pod at the RDC. Although they did not report any use of force, they did fire 12-gauge shotguns (utilizing blank rounds) in B-1, B-2 and B-3 in order to get the attention of “...inmates who refused to comply with orders to lay on the floor with their hands on their heads.” Firearms should never be taken inside a jail unless there has been a major riot or hostage situation and there is a need to regain control of the facility. The practice of bringing in law enforcement or outside agency officers to conduct shakedowns is counterproductive. Once the outside officers

leave, the DSD officers, whose authority has been undercut, are tasked with trying to regain control of their facility. The Sheriff needs to issue an order permanently curtailing the use of law enforcement and outside agency officers to conduct such shakedowns.

Inmates still have ready access to contraband items, particularly at the RDC. The problem is so pervasive that breaches of security (escapes from the facility) are routinely accomplished so that inmates can retrieve drugs and cell phones provided to them by friends on the outside. They then return to their housing units through holes in the roof instead of leaving the grounds. Examples of this are reflected in Incident Reports 1800654, 1800659 and 1800900.

48. Install cell phone jammers or other electronic equipment to detect, suppress, and deter unauthorized communications from prisoners in the Jail. Installation must be completed within two years after the Effective Date.

Non-Compliant

There has been no action to deal with this issue since the last site visit.

49. Develop and implement a gang program in consultation with qualified experts in the field that addresses any link between gang activity in the community and the Jail through appropriate provisions for education, family or community involvement, and violence prevention.

Partial Compliance

There has been no change in the status of this paragraph since the last site visit. An officer was assigned to work on this issue approximately a year ago. Inmates are no longer assigned to specific units based on their gang affiliation.

USE OF FORCE STANDARDS

Consistent with constitutional standards, the County must take reasonable measures to prevent excessive force by staff and ensure force is used safely and only in a manner commensurate with the behavior justifying it. To that end, the County must:

50. Develop and implement policies and procedures to regulate the use of force. The policies and procedures must:

- a. Prohibit the 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;
- b. Prohibit the 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, visitors, or property;

- c. Prohibit the use of force against a prisoner after the prisoner has ceased to resist and is under control;
- d. Prohibit the use of force as punishment or retaliation;
- e. Limit the level of force used so that it is commensurate with the justification for use of force; and
- f. Limit use of force in favor of less violent methods when such methods are more appropriate, effective, or less likely to result in the escalation of an incident.

Non-Compliant

Since the Policies and Procedures Manual has not been revised, reissued and approved, compliance with this paragraph cannot be achieved. There continue to be examples of excessive use of force that appear in the incident reports. One, was the shakedown of the RDC, B Pod, on June 7, 2018. The involved officers from Law Enforcement and the Mississippi Department of Corrections fired a shotgun in Units 1, 2 and 3 (blank shells) in order to coerce the inmates to lie on the floor with their hands on their heads. Another occurred at the RDC, C Pod, Unit 1 on May 22, 2018. Officers used chemical spray to subdue an inmate who refused to surrender his contraband cell phone. As a result, all of the inmates in the unit were moved to the recreation yard. When the sergeant arrived on the scene, he observed an officer walk up to the previously mentioned inmate and strike him in the face several times. The sergeant had to physically restrain the officer. To the sergeant's credit, his supplemental report included a recommendation that the officer should be suspended for several days without pay. It should be noted that the officer who initiated the incident report made no mention of the excessive use of force in his report.

51. Develop and implement policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to use of force and after any use of force. These policies and procedures must specifically include the following requirements:

- a. Staff members must obtain prior supervisory approval before the use of weapons (*e.g.*, electronic control devices or chemical sprays) and mechanical restraints unless responding to an immediate threat to a person's safety.
- b. If a prisoner has a serious medical condition or other circumstances exist that may increase the risk of death or serious injury from the use of force, the type of force that may be used on the prisoner must be restricted to comply with this provision. These restrictions include the following:
 - i. The use of chemical sprays, physical restraints, and electronic control devices must not be used when a prisoner may be at risk of positional asphyxia.
 - ii. Electronic control devices must not be used on prisoners when they are in a location where they may suffer serious injury after losing voluntary

muscle control (e.g., prisoner is standing atop a stairwell, wall, or other elevated location).

- iii. Physical strikes, holds, or other uses of force or restraints may not be used if the technique is not approved for use in the Jail or the staff member has not been trained on the proper use of the technique.

Non-Compliant

To date there are no recorded instances of staff members obtaining supervisory approval prior to using weapons and mechanical restraints. The same can be said for the use of chemical sprays, physical restraints and electronic control devices being used when a prisoner may be at risk of appositional asphyxia.

- c. Staff members must conduct health and welfare checks every 15 minutes while a prisoner is in restraints. At minimum, these checks must include (i) logged first-person observations of a prisoner's status while in restraints (e.g. check for blood flow, respiration, heart beat), and (ii) documented breaks to meet the sanitary and health needs of prisoners placed in emergency restraints (e.g., restroom breaks and breaks to prevent cramping or circulation problems).
- d. The County must ensure that clinical staff conduct medical and mental health assessments immediately after a prisoner is subjected to any Level 1 use of force. Prisoners identified as requiring medical or mental health care during the assessment must receive such treatment.

Non-Compliant

The Policies and Procedures Manual is still a work in progress. Nothing has been submitted to the Monitor and the DOJ for review for the past year. Fifteen-minute well-being checks are maintained in Booking and in the RDC, B-4 ISO Unit. Since the last monitoring report, the process of recording those well-being checks has actually regressed in that an officer is no longer assigned exclusively to B-4 ISO and observation forms are no longer posted next to each cell. Now one officer is responsible for both B-4 and B4 ISO and the records for well-being checks are incorporated into the B-4 Unit Log.

There is no evidence that mental health staff assess prisoners who have been subjected to level 1 use of force. Although this issue was raised at the joint mental health staff and security staff meeting that occurred during the May 2018 site visit, it remains unclear to what extent efforts will be made to address this provision.

There is no evidence that mental health staff is being consulted prior to a planned use of force on prisoners with serious mental health issues. This issue was also raised at the joint mental health

staff and security staff meeting that occurred during the May 2018 site visit, it remains unclear to what extent efforts will be made to address this provision.

- e. A first-line supervisor must personally supervise all planned uses of force, such as cell extractions.
- f. Security staff members must consult with medical and mental health staff before all planned uses of force on juveniles or prisoners with serious mental illness, so that medical and mental health staff may offer alternatives to or limitations on the use of force, such as assisting with de-escalation or obtaining the prisoner's voluntary cooperation.
- g. The Jail must have inventory and weapon controls to establish staff member responsibility for their use of weapons or other security devices in the facility. Such controls must include:
 - i. a sign-out process for staff members to carry any type of weapon inside the Jail,
 - ii. a prohibition on staff carrying any weapons except those in the Jail's tracked inventory, and
 - iii. random checks to determine if weapons have been discharged without report of discharge (e.g., by checking the internal memory of electronic control devices and weighing pepper spray canisters).
- h. A staff member must electronically record (both video and sound) all planned uses of force with equipment provided by the Jail.
- i. All staff members using force must immediately notify their supervisor.
- j. All staff members using a Level 1 use of force must also immediately notify the shift commander after such use of force, or becoming aware of an allegation of such use by another staff member.

Non-Compliant

A planned use of force requires that the use of force be videotaped. This is not done. As an example, Incident Report 1800801, dated May 2, 2018, documents a case where planned use of force procedures should have been followed. When an inmate refused multiple orders to exit his cell for a scheduled medical appointment, the two officers on scene did not attempt to physically move him; instead, they left the unit and reported the situation to their sergeant. At this point they should have obtained video equipment before they returned to the unit to again attempt to move the inmate. The officers followed correct procedure in reporting the situation to their sergeant but video equipment should have been obtained at that point. In this incident, the inmate was noted to be mentally impaired. This paragraph also requires that if an inmate has serious mental illness, mental health staff should be consulted. That was not done. A review of incident reports involving the use of force revealed that involved inmates are routinely sent to medical for examination subsequent to such incidents.

USE OF FORCE TRAINING

52. The County must develop and implement a use of force training program. Every staff member who supervises prisoners must receive at least 8 hours of pre-service use of force training and annual use of force refresher training.

Non-Compliant

As was previously noted, Training records do not reflect use of force training for all personnel, either in the academy or through annual in-service training. The inability to determine whether or not the HCSO is providing such training results in the finding of Non-Compliant.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Non-Compliant

As was previously reported, these topics cannot be addressed until the P&P Manual is revised and published.

54. The County must randomly test at least 5 percent of Jail Staff members annually to determine whether they have a meaningful, working knowledge of all use of force policies and procedures. The County must also evaluate the results to determine if any changes to Jail policies and procedures may be necessary and take corrective action. The results and recommendations of such evaluations must be provided to the United States and Monitor.

Non-Compliant

This action cannot be undertaken until the revised P&P Manual is issued, officers are trained and sufficient time has passed to conduct the random testing of at least five percent of Jail staff.

55. The County must update any use of force training within 30 days after any revision to a use of force policy or procedure.

Non-Compliant

This cannot be updated until the policies and procedures on the use of force have been completed.

USE OF FORCE REPORTING

To prevent and remedy the unconstitutional use of force, the County must develop and implement a system for reporting use of force. To that end, the County must:

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Non-Compliant

There has been no change with regard to this paragraph. It cannot be addressed until the P&P Manual is revised and issued to all personnel. During a third meeting with IT and Operations personnel, the shortcomings of the Detention Jail Management System (JMS) and the incident reports were outlined by the monitoring team. The ability of the monitoring team has been severely hampered with regard to determining compliance because adequate incident reports are not provided to the team. It is impossible to determine who wrote a report (unless that information is contained in the body of the report), when or if a supervisor reviewed it and whether or not he/she made a recommendation about its acceptability. The reports themselves are often very cryptic such as IR # 1800889 where the officer's explanation was that he used "...the necessary force to secure the situation." In a few incidents a supplemental report is made by the supervisor but this is rare. Even in those cases, conclusions or recommendations are not included. There is seldom any information or charts on the nature of any injuries. There are typically supplemental reports by witnessing officers but not other witnesses. There is typically no indication that video tapes are reviewed. During the past two site visits, joint meetings addressed these shortcomings, but the issues still remain unresolved. If the HCSO cannot correct the shortcomings of the JMS it should be replaced by a jail version of what is provided to the law enforcement side of the Sheriff's Office.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible, and no later than by the end of that staff member's shift. Staff members must accurately complete all fields on a Use of Force Report. The failure to report any use of force must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination. Similarly, supervisors must also comply with their documentation obligations and will be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change with regard to this paragraph. The quality of incident reports in the DSD is generally poor. Officers and supervisors tend to repeat unnecessary information multiple times throughout their reports, such as "I, Officer XXX, did something". There should be no

need for an officer or supervisor to state, “I, Officer XXX” in the body of the report because it should be reflected by who wrote the report. Similarly, the foundation of the report should indicate where the incident occurred. It is not possible to tell from the incident report form when it was prepared. There is only one date field which appears to be for the date of the incident. There is no place to indicate supervisory review and recommendations. Sometimes a supervisor does a supplemental report but this appears rarely. Unfortunately, because the reports generated out of the JMS system do not capture some of those fields, that basic information is not readily available to the reader of the incident reports.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events. At minimum, use of force reports must document the following information:

- a. A unique tracking number for each use of force;
- b. The names of all staff members, prisoner(s), and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. A description of the events leading to the use of force, including what precipitated or appeared to precipitate those events.
- f. A description of the level of resistance, staff response, and the type and level of force (including frequency and duration of use). For instance, use of force reports must describe the number of discharges from electronic control devices and chemical munitions canisters; the amount of discharge from chemical munitions canisters; whether the Staff Member threatened to use the device or actually discharged the device; the type of physical hold or strike used; and the length of time a prisoner was restrained, and whether the prisoner was released from restraints for any period during that time;
- g. A description of the staff member’s attempts to de-escalate the situation without use of force;
- h. A description of whether the staff member notified supervisors or other personnel, including medical or mental health staff, before or after the use of force;
- i. A description of any observed injuries to staff or prisoners;
- j. Whether medical care was required or provided to staff or prisoners;
- k. Reference to any associated incident report or prisoner disciplinary report completed by the reporting officer, which pertains to the events or prisoner activity that prompted the use of force;
- l. A signature of the staff member completing the report attesting to the report’s accuracy and completeness.

Partial Compliance

The third session with IT, Investigations, Operations and Detention staff, held during the May site visit, addressed the same issues that had been previously reviewed. If the DSD is to be able

to comply with the conditions of the Settlement Agreement, it is essential that the JMS be given the same level of detail and compatibility as the law enforcement system. Until that occurs, the monitoring team cannot access critical information and the DSD cannot submit what the Settlement Agreement calls for in an intelligible format.

USE OF FORCE SUPERVISOR REVIEWS

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force. At minimum:

- a. A supervisor must review all use of force reports submitted during the supervisor's watch by the end of the supervisor's watch.
- b. A supervisor must ensure that staff members complete their use of force reports by the end of their watch.
- c. Reviewing supervisors must document their findings as to the completeness of each staff member's use of force report, and must also document any procedural errors made by staff in completing their reports.
- d. If a Use of Force report is incomplete, reviewing supervisors must require Staff Members to provide any required information on a revised use of force report, and the Jail must maintain both the original and any revised report in its records.
- e. Any supervisor responsible for reviewing use of force reports must document their use of force review as described in Paragraph 62 sufficiently to allow auditing to determine whether an appropriate review was conducted.
- f. All Level 1 uses of force must be sent to the shift commander, warden, Jail Administrator, and IAD.
- g. A Level 2 use of force must be referred to the shift commander, warden, Jail Administrator, and IAD if a reviewing supervisor concludes that there may have been a violation of law or policy. Level 2 uses of force may also be referred to IAD if the County requires such reporting as a matter of Jail policy and procedure, or at the discretion of any reviewing supervisor.

Non-Compliant

No final determination can be made until the P&P Manual is revised and re-issued. The monitoring team is still not able to view the entries of supervisors on incident reports. Consequently, it is not possible to see whether or not they are approving/disapproving and/or making recommendations rather than simply signing and sending reports up through the chain of command.

60. After any Level 1 use of force, responding supervisors will promptly go to the scene and take the following actions:

- a. Ensure the safety of everyone involved in or proximate to the incident. Determine if anyone is injured and ensure that necessary medical care is or has been provided.
- b. Ensure that photos are taken of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in a use of force incident. Photos must be taken no later than two hours after a use of force. Prisoners may refuse to consent to photos, in which case they should be asked to sign a waiver indicating that they have refused consent. If they refuse to sign a waiver, the shift commander must document that consent was requested and refused.
- c. Ensure that staff members and witnesses are identified, separated, and advised that communications with other staff members or witnesses regarding the incident are prohibited.
- d. Ensure that victim, staff, and witness statements are taken confidentially by reviewing supervisors or investigators, outside of the presence of other prisoners or involved staff.
- e. Document whether the use of force was recorded. If the use of force was not recorded, the responding supervisors must review and explain why the event was not recorded. If the use of force was recorded, the responding supervisors must ensure that any record is preserved for review.

Non-Compliant

There has been no change in the status of this paragraph since the last site visit. The specified actions are not routinely followed by supervisors. A review of use of force reports revealed that photographs are seldom taken and that waivers related to the refusal to be photographed are never included. Witness statements are virtually non-existent and use of force incidents are not recorded. On some occasions a supplemental report indicates a review of video recordings but this is rare.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor of Captain rank or above who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Non-Compliant

At this point it is still not possible to determine whether or not supervisors are performing their required duties because the monitoring team does not have access to the supplemental information that may be included in the JMS reports. The limited documentation available

through Drop Box does not reflect supervisory action regarding approval, disapproval and recommended action on individual reports.

62. Reviewing supervisors must document the following:

- a. Names of all staff members, prisoner(s), and other participants or witnesses interviewed by the supervisor;
- b. Witness statements;
- c. Review date and time;
- d. The findings, recommendations, and results of the supervisor's review;
- e. Corrective actions taken;
- f. The final disposition of the reviews (e.g., whether the Use of Force was found to comply with Jail policies and procedures, or whether disciplinary action was taken against a staff member);
- g. Supporting documents such as incident reports, logs, and classification records. Supervisors must also obtain and review summary medical and mental health records describing –
 - i. The nature and extent of injuries, or lack thereof;
 - ii. The date and time when medical care was requested and actually provided;
 - iii. The names of medical or mental health staff conducting any medical or mental health assessments or care.
- h. Photos, video/digital recordings, or other evidence collected to support findings and recommendations.

Non-Compliant

Until it is possible to access the supervisory review portion of use of force reports, it is not possible to determine whether or not supervisors are taking required actions and appropriately documenting them.

INCIDENT REPORTING AND REVIEW

To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement a system for reporting and reviewing incidents in the Jail that may pose a threat to the life, health, and safety of prisoners. To that end, the County must:

63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information in order to respond appropriately to reportable incidents.

Non-Compliant

The P&P Manual must be revised and issued to all personnel before the level of compliance can be determined. As described above, see, e.g. paragraphs 56-62. The current incident reports do not have sufficient information to allow for an appropriate review by supervisors.

64. Ensure that Incident Reports include an accurate and detailed account of the events. At minimum, Incident Reports must contain the following information:

- a. Tracking number for each incident;
- b. The names of all staff members, prisoner, and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. Type of incident;
- f. Injuries to staff or prisoner;
- g. Medical care;
- h. All staff involved or present during the incident and their respective roles;
- i. Reviewing supervisor and supervisor findings, recommendations, and case dispositions;
- j. External reviews and results;
- k. Corrective action taken; and
- l. Warden and Administrator review and final administrative actions.

Partial Compliance

There has been no change with regard to the status of this paragraph since the last site visit. Compliance is dependent upon the publication and issuance of the P&P Manual. Incident report documentation currently provides for some of the information specified in this paragraph. Reports routinely have a tracking number, and list all persons involved, including staff and inmates, although inmate witness statements are infrequently noted. Many reports still do not specify in which facility the incident occurred. Supervisory review information cannot be reviewed and validated until the monitoring team is able to access more sections of the automated report writing system. The same applies to external reviews and results, corrective action taken, Warden/Administrator review and final administrative actions.

65. Require each staff member directly involved in a reportable incident to accurately and thoroughly complete incident reports as promptly as possible, by the end of the staff member's shift. At minimum:

- a. Staff members must complete all fields on an Incident Report for which they have responsibility for completion. Staff members must not omit entering a date, time, incident location, or signature when completing an Incident Report. If no injuries are present, staff members must write that; they may not leave that section blank.
- b. Failure to report any reportable incident must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination.

- c. Supervisors must also comply with their documentation obligations and will also be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change in the status of this paragraph since the last site visit. While documentation of incidents is more routine than was the case a year ago, the fact that there still have been no reports of lost money and property, or late releases and overstay, is indicative of a failure to document. During each site visit, a review of inmate records has revealed multiple cases where inmates have been held beyond their scheduled or ordered release, yet no incident reports documenting these situations have been written. Consequently, there has been no follow up and corrective action taken, to include disciplinary action and re-training. Based on the expected experience regarding money and property at even the best run jails, there will typically be some incidents of lost money or property. For there to be no incident reports in this area suggests that officers have not been trained to document such occurrences with incident reports.

- 66. Ensure that Jail supervisors review and respond appropriately to incidents. At minimum:
 - a. Shift commanders must document all reportable incidents by the end of their shift, but no later than 12 hours after a reportable incident.
 - b. Shift commanders must report all suicides, suicide attempts, and deaths, no later than one hour after the incident, to a supervisor, IAD, and medical and mental health staff.
 - c. Any supervisor responsible for reviewing Incident Reports must document their incident review within 24 hours of receipt of an Incident Report sufficiently to allow auditing to determine whether an appropriate review was conducted. Such documentation must include the same categories of information required for supervisor use of force reviews such as names of individuals interviewed by the supervisor, witness statements, associated records (e.g. medical records, photos, and digital recordings), review dates, findings, recommendations, and case dispositions.
 - d. Reportable incidents must be reviewed by a supervisor not directly involved in the incident.

Partial Compliance

There has been no change in the status of this paragraph. It should be noted that compliance has actually been hampered by the transition to an electronic report writing system in that the monitoring team cannot track the actions of supervisors after the initial report has been submitted.

SEXUAL MISCONDUCT

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;
- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;
- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Partial Compliance

The PREA officer and jail staff are working on policies and procedures which have not yet been adopted. There has been progress in the implementation of PREA requirements. There are now posters in some of the units with a plan to put them in all of the units. The posters have reporting instructions, however, the PREA officer did not have a cell phone to forward the calls to and there was some debate about having the calls go through dispatch so the reporting mechanisms had not been fully worked out. The PREA officer had completed some orientation to inmates at JDC with Lt. Petty following up with more detailed information. The PREA officer has also completed a training class of about 3-4 hours at the training academy. There are discussions underway with Catholic Charities to determine whether that agency can provide counseling to any victims of sexual assault or harassment. Although this is very good progress in this area, there are still a number of areas of non-compliance and some of the stated practices do not

appear to be fully operationalized. Areas of concern include lack of training for all officers on PREA, lack of ongoing notice to inmates at booking or comprehensive education following, lack of required information in the Inmate Handbook, postings on how to report in all the units, unresolved mechanisms for reporting, no volunteer or contractor training, reporting is not being completed in the JMS system, and investigation officers do not have PREA training. It was reported that supervisory staff do not get the investigation reports once completed. This prevents any opportunity to use that information to determine whether discipline is appropriate or remedial measures should be implemented. Although the classification process includes a screening for PREA issues, the housing decisions do not appear to reflect attention to those issues. One individual at risk for sexual victimization was being housed in the segregation unit of the WC. At least one staff member indicated that he/she was at the Work Center because no one else wanted him/her. Less restrictive housing for this individual should be evaluated.

The mental health expert reviewed PREA issues from a mental health perspective. He identified two prisoners at risk of sexual victimization, one of which is quite clearly at high risk of such victimization; neither one of these two prisoners have been interviewed/assessed by mental health in connection with PREA-related issues; although one of them was receiving mental health services, none of those mental health services were focused on PREA-related issues; and neither one of these two prisoners appeared to have a real understanding of PREA and its significance to their experience at the facility. The interview of both of these men revealed the need for mental health services focused on PREA-related issues; it was also clear that each of them could benefit from other PREA-related interventions (such as changes in housing assignment); and so a mental health evaluation would not only result in the provision of appropriate mental health treatment, but the mental health evaluator could also consult with appropriate staff and advocate for other, PREA-related interventions.

INVESTIGATIONS

68. The County shall ensure that it has sufficient staff to identify, investigate, and correct misconduct that has or may lead to a violation of the Constitution. At a minimum, the County shall:

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely (within 60 days of referral) investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement, within 90 days of its Effective Date. At a minimum, an investigation will be conducted if:
 - i. Any prisoner exhibited a serious injury;
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or

- iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- b. Per policy, investigations shall:
 - i. Be conducted by qualified persons, who do not have conflicts of interest that bear on the partiality of the investigation;
 - ii. 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
 - iii. 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.
- c. Provide investigators with pre-service and annual in-service training so that investigators conduct quality investigations that meet the requirements of this Agreement;
- d. Ensure that any investigative report indicating possible criminal behavior will be referred to the appropriate criminal law enforcement agency;
- e. Within 90 days of the Effective Date of this Agreement, IAD must have written policies and procedures that include clear and specific criteria for determining when it will conduct an investigation. The criteria will require an investigation if:
 - i. Any prisoner exhibited serious, visible injuries (e.g., black eye, obvious bleeding, or lost tooth);
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
 - i. a brief summary of all completed investigations, by type and date;
 - ii. a listing of investigations referred for administrative investigation;
 - iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
 - iv. 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.

- v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.
- g. Jail management 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 and United States.

Partial Compliance

Subsequent to the last site visit, the IAD investigator provided a status report regarding the number of cases under review and resolved. That report indicates that a total of 48 cases have been referred to IAD between May 2017 and January 2018. Of those, five resulted in termination, five in suspension, two in transfer, one in a written reprimand and one in reassignment. The quality of the investigations and reports are inconsistent.

GRIEVANCE AND PRISONER INFORMATION SYSTEMS

Because a reporting system provides early notice of potential constitutional violations and an opportunity to prevent more serious problems before they occur, the County must develop and implement a grievance system. To that end:

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

The use of the new kiosk system will eventually allow the prisoners to report grievances without the intervention of detention officers. However, the system is still not working as it should. Several problems reported at the time of the last site visit appear to have been remedied. At the time of the last site visit, grievances not answered within a certain time period appeared to be dropped from the system. In order to find those grievances, a report had to be run setting the necessary fields to locate them. At the time of the January/February visit, staff did not know to do that. It appears that the staff overseeing grievances now know to do that. However, at the time of the site visit the grievance officer at the WC was not able to run such a report so she still had no way of determining if there were outstanding grievances. And the medical staff had not been trained to run the reports to locate the grievances that appeared to drop off.

Although the kiosk system does not require the intervention of a detention officer, the physical set up does not allow for privacy. This could potentially result in an officer observing the grievance being filed. It was reported that inmates can observe another's PIN number and then use it to purchase commissary on the other inmate's account. There has also been a problem

with inmates communicating with each other through the kiosk system. These issues will need to be addressed.

As noted in the introduction to this section, one function of a grievance system is to identify potential constitutional problems and to prevent more serious problems from developing. The defects in the system prevent its use for meaningful tracking of potential problems. Probably the most problematic is that of the grievances reviewed, most were actually inmate requests, not grievances. Staff cannot recategorize these as inmate requests so any compilation will not accurately identify actual grievances. Within inmate requests, there is no way to identify subject matter so as to compile a report by the area of inmate requests. Even if there were, however, most notably, the system cannot generate a report by subject. Any inmate response is treated by the system as an appeal when often the inmate has just responded by saying thank you. Again, this makes tracking what is actually happening difficult unless it is done manually.

70. Grievance policies and procedures must be applicable and standardized across the entire Jail.

Non-Compliant

Policies and procedures have yet to be finalized. A draft policy on grievances does not describe the current process of using the kiosk.

71. All grievances must receive appropriate follow-up, including a timely written response by an impartial reviewer and staff tracking of whether resolutions have been implemented or still need implementation. Any response to a medical grievance or a grievance alleging threats or violence to the grievant or others that exceeds 24 hours shall be presumed untimely.

Partial Compliance

With the knowledge to run reports to find grievances that appear to have dropped out of the system, it was possible to see that most grievances were responded to. However, there continued to be some that showed up as not answered in some cases for over several months. In addition, as mentioned above, the Work Center Grievance Officer was not able to run a report to see if there were unanswered grievances. The new system creates a spreadsheet to track grievances and responses. The Grievance Officer can track who has been assigned to respond to a grievance on the spreadsheet. It appears that there is not one person who oversees the grievance process for all three facilities. Lieutenant Jones appears to be the grievance officer for only RDC. She does not assign the grievances at the other facilities and cannot determine whether grievances at the other facilities have been answered. There is no one who is overseeing whether a promised action in response to a grievance is actually implemented. It appears that medical has not been trained on how to locate grievances that appear to have dropped out of the system. The person assigned to respond to a grievance is assigned based on housing and subject matter. However, this can result in some situations where the responding individual is not impartial. This would be the case

where the grievance is about an issue that is the responsibility of the responding individual. The assignments need to be evaluated both generally and in the specific case to ensure that an impartial person is reviewing the grievance. No one is tracking whether medical grievances are being responded to in a timely manner. No one is overseeing whether medical responses are adequate. One example, is given in response to paragraph 42(g)(iv). The new system has no means known to staff for marking a grievance as an emergency or otherwise identifying emergent grievances.

The system is also being used for sick call requests. A serious deficiency is that there is no text box for sick call requests. There is a drop-down field that has limited choices and even within those choices there could be some much more serious than others with no way for the inmate to communicate that. See, response to 42(g)(4).

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

Prisoners are assisting one another but that carries the risk of them accessing and using another prisoner's PIN number. This may inhibit the use of the grievance system and also allows access to the prisoner's funds. There does not appear to be any language choices in the system or voice recognition features. There does not appear to be any policy for providing access for individuals with cognitive disabilities. Currently, the staff assumes that other prisoners will assist with prisoners who cannot access the current system. This does not meet the requirements of this paragraph.

73. The County must ensure that all current and newly admitted prisoners receive information about prison rules and procedures. The County must provide such information through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding the Jail's disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse, battery, and assault; accessing medical and mental health care; emergency procedures; visitation; accessing the grievance process; and prisoner rights. The County must provide such information in appropriate languages for prisoners with LEP.

Non-Compliant

The Inmate Handbook has outdated information about most of these issues and will need to be updated. It is not available in Spanish or any other language.

RESTRICTIONS ON THE USE OF SEGREGATION

In order to ensure compliance with constitutional standards and to prevent unnecessary harm to prisoners, the County must develop and implement policies and procedures to limit the use of segregation. To that end, this Agreement imposes the following restrictions and requirements:

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Partial Compliance

There has been no significant change in compliance with the terms of this paragraph since the January/February site visit. Classification takes place within 24 hours of entry to the RDC, but not within eight hours of intake as this paragraph requires. Detainees are processed through the Booking area within eight hours.

However, after classification, there are limited options to appropriately house individuals based on their risks and needs. There is a concern about the limited availability of housing options (other than segregation) for prisoners who need to be protected from themselves or others as a result of a mental illness, intellectual disability or other special needs or who need a therapeutic setting.

75. The County must document the placement and removal of all prisoners to and from segregation.

Partial Compliance

The monthly summary reports submitted by each facility now include a listing of inmates who have been placed on, or removed from, confinement segregation. The format for each report is inconsistent. The monthly segregation log provided by JDC includes information useful to both the monitors and the command staff such as the reasons for placement and the expected length of segregation. This would be a good model for all the facilities.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner's mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Partial Compliance

Weekly mental health rounds on prisoners in segregation are now being conducted by the new mental health coordinator, and a record of those rounds is being maintained. Further assessment

is needed to determine the quality of the rounds and the impact of the findings obtained during such segregation rounds on decisions to continue or discontinue placement in segregation.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness. These safeguards must include the following:

- a. All decisions to place a prisoner with serious mental illness in segregation must include the input of a Qualified Mental Health Professional who has conducted a face-to-face evaluation of the prisoner in a confidential setting, is familiar with the details of the available clinical history, and has considered the prisoner's mental health needs and history.
- b. Segregation must be presumed contraindicated for prisoners with serious mental illness.
- c. Within 24 hours of placement in segregation, all prisoners on the mental health caseload must be screened by a Qualified Mental Health Professional to determine whether the prisoner has serious mental illness, and whether there are any acute mental health contraindications to segregation.
- d. If a Qualified Mental Health Professional finds that a prisoner has a serious mental illness or exhibits other acute mental health contraindications to segregation, that prisoner must not be placed or remain in segregation absent documented extraordinary and exceptional circumstances (i.e. for an immediate and serious danger which may arise during unusual emergency situations, such as a riot or during the booking of a severely psychotic, untreated, violent prisoner, and which should last only as long as the emergency conditions remain present).
- e. Documentation of such extraordinary and exceptional circumstances must be in writing. Such documentation must include the reasons for the decision, a comprehensive interdisciplinary team review, and the names and dated signatures of all staff members approving the decision.
- f. Prisoners with serious mental illness who are placed in segregation must be offered a heightened level of care that includes the following:
 - i. If on medication, the prisoner must receive at least one daily visit from a Qualified Medical Professional.
 - ii. The prisoner must be offered a face-to-face, therapeutic, out-of-cell session with a Qualified Mental Health Professional at least once per week.
 - iii. If the prisoner is placed in segregation for more than 24 hours, he or she must have his or her case reviewed by a Qualified Mental Health Professional, in conjunction with a Jail physician and psychiatrist, on a weekly basis.

- g. Within 30 days of the Effective Date of this Agreement, A Qualified Mental Health Professional will assess all prisoners with serious mental illness housed in long-term segregation. This assessment must include a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Prisoners requiring follow-up for additional clinical assessment or care must promptly receive such assessment and care.
- h. If a prisoner on segregation decompensates or otherwise develops signs or symptoms of serious mental illness, where such signs or symptoms had not previously been identified, the prisoner must immediately be referred for appropriate assessment and treatment by a Qualified Mental Health Professional. Any such referral must also result in a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Signs or symptoms requiring assessment or treatment under this clause include a deterioration in cognitive, physical, or verbal function; delusions; self-harm; or behavior indicating a heightened risk of suicide (e.g., indications of depression after a sentencing hearing).
- i. The treatment and housing of prisoners with serious mental illness must be coordinated and overseen by the Interdisciplinary Team (or Teams), and guided by formal, written treatment plans. The Interdisciplinary Team must include both medical and security staff, but access to patient healthcare information must remain subject to legal restrictions based on patient privacy rights. The intent of this provision is to have an Interdisciplinary Team serve as a mechanism for balancing security and medical concerns, ensuring cooperation between security and medical staff, while also protecting the exercise of independent medical judgment and each prisoner's individual rights.
- j. Nothing in this Agreement should be interpreted to authorize security staff, including the Jail Administrator, to make medical or mental health treatment decisions, or to overrule physician medical orders.

Non-Compliant

There is no evidence that a mental health professional is being consulted prior to placing an individual in segregation. The need to address this provision of the Settlement Agreement was raised during the joint meeting of mental health staff and security staff held during the May site visit.

It does not appear that segregation is presumed to be contraindicated for prisoners with serious mental illness. This provision of the Settlement Agreement was also raised during the joint meeting of mental health staff and security staff held during the May site visit.

There is no evidence that prisoners on the mental health caseload and placed in segregation are being screened by a QMHP. It is unclear if security staff even knows which prisoners are on the mental health caseload. It also appears that mental health discovers that a prisoner on the mental health caseload has been placed in segregation at the time of his/her next visit or during the weekly, mental health segregation rounds.

There is no evidence that a mental health screen is being conducted prior to use of segregation or that mental health considerations resulted in someone not being placed in segregation. This is in part due to the fact that the mental health evaluations described in paragraph 76 and 77 (a, b and c) were not being performed (as noted above, the evaluations described in paragraph 76/the weekly mental health rounds on prisoners in segregation have just recently begun to occur); in part due to the prior absence of the presumption that segregation is contraindicated for prisoners with serious mental illness as noted in paragraph 77 (b); and in part due to the absence of a policy that addresses this provision of the agreement, including a clear description of ‘extraordinary and exceptional circumstances’.

There is no evidence that the review of mental health inmates in segregation is happening so there is no documentation of the circumstances. See paragraph 77 (d).

Prisoners with serious mental illness who are on medication and in segregation do have at least one daily visit with a nurse during medication pass. However, it is unclear whether or not there is or should be any difference in the level of care given during the medication pass for prisoners with serious mental illness who are in segregation, compared to those in the general population. It should be noted that since such prisoners in segregation do not see a Qualified Mental Health Professional on a daily basis, it should be made clear (in policy and procedure) to what extent the level of care provided by the nurses during medication pass includes some type of assessment of the prisoner’s mental status.

It does not appear that prisoners with mental illness in segregation are provided a weekly therapeutic session. This was in part due to the shortage of Qualified Mental Health Professionals; but as noted in paragraph 37, an additional QMHP is about to be added to the mental health team; and so therefore, this staffing issue is about to be addressed. Now, when developing and implementing a plan to address this provision, it will be important to remember, as noted in paragraph 76, that the weekly mental health rounds for prisoners in segregation must not be a substitute for this therapeutic session(s).

It does not appear that prisoners with mental illness in segregation more than 24 hours are being reviewed by a QMHP. However, as noted in paragraph 76, the new mental health coordinator is now performing weekly rounds for all prisoners in segregation. Therefore, the next step towards

addressing this provision of the agreement will be the development of a plan whereby the mental health coordinator, in conjunction with a jail physician and psychiatrist, can perform a weekly review of the status of the prisoners in segregation who are also on, or should be added to the mental health caseload.

Since the mental health expert's first involvement in this matter was the January/February 2018 site visit, he could not at the time determine whether or not prisoners in segregation were assessed within 30 days of the settlement agreement. However, based on a review of the medical records of a small sample of prisoners with serious mental illness currently housed in segregation, it does not appear that such prisoners (regardless of how long they have been held in segregation) have received a mental health assessment by a QMHP that includes a documented evaluation, a determination of whether or not there is a need for additional clinical assessment or care, and recommendations regarding more appropriate housing.

At the May 18 site visit, there was a joint meeting of the mental health team and security staff. Among the issues discussed at that meeting was the need for a monthly review of all prisoners who have been held in segregation for more than 30 days. It was noted that the review team should be interdisciplinary and include a representative from mental health; the representative from mental health should report on each prisoner's mental status; and when the prisoner is experiencing clinically significant mental health difficulties (that existed prior to the prisoner's placement in segregation or that have developed since the prisoner was placed in segregation), the representative from mental health should offer recommendations for an alternative placement (other than segregation) and any follow-up mental health evaluations or treatment that might be indicated. The information gathered on each prisoner during each monthly segregation review meeting should be documented; the decisions made about placement and the prisoner's need for further evaluation and treatment should also be documented; and each member of the review team should sign each prisoner's monthly segregation review form (a form that will have to be developed). It was also noted that at any time that the mental health team finds that a prisoner being held in segregation is suffering as a result of mental illness, the team should immediately discuss the findings with security staff (without waiting for the monthly segregation review team meeting); the mental health team and security staff should jointly develop an appropriate intervention; and this discussion, along with the agreed upon intervention, should be documented.

The additional questions raised in paragraph 77(h) are (1) the extent to which non-mental health staff persons (i.e., security staff and medical staff) are assessing whether or not prisoners held in segregation are decompensating or otherwise developing signs or symptoms of serious mental illness, where such signs and symptoms had not previously been identified, and (2) if non-mental health staff are identifying such prisoners, are they immediately referring them to mental health. This will be evaluated at the time of the next site visit.

There is no interdisciplinary team that attempts to balance security concerns and medical/mental health concerns when decisions are being made about the housing of prisoners with serious mental illness. As noted in paragraph 42, a mental health treatment planning process and a form for documenting treatment plans has been developed; but at present, the treatment plans do not include recommendations regarding housing; and it is yet to be determined the extent to which available housing options meet the housing needs of prisoners with serious mental illness. Therefore, such an interdisciplinary team needs to be established; there needs to be a fuller assessment of the extent to which available housing options meet the housing needs of prisoners with serious mental illness; and then, mental health should include recommendations for housing in the treatment plans being developed for each prisoner with serious mental illness.

YOUTHFUL PRISONERS

As long as the County houses youthful prisoners, it must develop and implement policies and procedures for their supervision, management, education, and treatment consistent with federal law, including the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. **Within six months of the Effective Date of this Agreement, the County will determine where it will house youthful prisoners. During those six months, the County will consult with the United States, the monitor of the Henley Young Juvenile Detention Center Settlement Agreement, and any other individuals or entities whose input is relevant.** The United States will support the County's efforts to secure appropriate housing for youthful prisoners, including supervised release. **Within 18 months** after the Effective Date of this Agreement, the County will have **completed** transitioning to any new or replacement youthful prisoner housing facility.

Partial Compliance

Since more Juveniles Charged as Adults (JCAs) are now placed at Henley Young, a greater focus of this site visit was on assessing the status of the agreement requirements at Henley Young. Other than a gradually reducing number of JCA youth at the Raymond Detention Center (RDC) there has been no notable change in practice or the conditions for the youth at RDC. As of this visit:

- There were fourteen JCAs at Henley Young (includes two admitted during the site visit – one male and one female) and five JCAs remaining at the Raymond facility;
- Three of the five JCA youth at RDC will turn 18 by August 1 (one in June, one in July, one on August 1) and the two remaining youth have birthdays in the fall (October and November). This means that by no later than November of this year, the transition of youth out of RDC will be complete;

- One JCA youth at RDC who was 15 at the time of the January/February visit was subsequently transferred to Henley Young and turned 16 in March (unless transferred, this youth would not have “aged out” of RDC until March 2020);
- The length of JCA youth’s placement at Henley Young as of May 22 ranged from a high of 259 days to a low of 26 days (not including the new admissions);
- Four of the JCA youth at Henley Young have birthdays in 2000 and will turn 18 yet this year, albeit several of them late in the year;
- Only **three** of the JCA youth at Henley Young have been indicted, leaving four youth that have been in placement 90 days or more without being indicted;
- As of May 22, there were only four non-JCA youth held at Henley Young (all boys);

As noted in the previous report, it had become increasingly inefficient to take up a whole unit at RDC for the declining number of JCA youth held. The draft report included a recommendation to move the JCA’s to a smaller unit. Between the time of the draft report and the final report, the remaining JCA’s were moved to an ISO unit to allow the larger unit to be used for adults.

In the last Monitoring Report, a number of recommendations were made related to changes at Henley Young that would support a successful transition (i.e. physical plant changes, security improvements, increased programming, speeding up case processing, improving the overall behavior management system, etc.). The report indicated that as the length of time JCA youth are in placement increases, the more important these changes would become. Specifically, the previous report included this language:

All of these steps will become increasingly important as the number of JCAs at Henley Young grows and/or their length of stay increases, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible. County staff indicates that some bonding authority has been approved in the budget and that some portion of those funds can be directed to make these changes. A concern is that given the relative success of the transition to date, the sense of urgency needed to commit the necessary funding in a timely manner is diminished. The County needs to establish, articulate, and implement a plan (including action steps, fiscal resources, and timelines) to complete the transition of Juveniles Charged as Adults (JCAs) to the Henley Young facility.

Unfortunately, most of those recommendations were not implemented, and some projected problems that have arisen since the last visit will be referenced later in this section. The one item that seems to be “holding” is the reduced number of non-JCA youth being placed at Henley Young, reducing the pressure on overall space and staffing needs. If the current pattern holds true, Henley Young will essentially be transitioning from a short-term detention facility that holds some long-term youthful offenders to a long-term facility that holds some short-term

youth. Overall, this represents a significant shift in organizational culture that can build on the previous progress at Henley Young but significantly “raises the bar” to become an effective long-term solution to housing youthful offenders/JCAs.

Reporting compliance on the remaining conditions will reference one or both locations (Henley Young and RDC) as appropriate.

For any youthful prisoners in custody, the County must:

78. Develop and implement a screening, assessment and treatment program to ensure that youth with serious mental illness and disabilities, including developmental disabilities, receive appropriate programs, supports, education, and services.

Partial Compliance at Henley Young

Any JCAs booked at RDC and then housed at Henley Young are screened for mental health concerns using the MAYSI-II, an appropriate screening for use with adolescents. The Case Managers continue to play a helpful support role to youth and other staff. The Case Managers are in daily contact with their assigned youth, provide information and support to maintain appropriate family contact(s), interact with court staff, help link youth with external resources, and can intervene to prevent behavioral problems. The counseling staff provides more on-going therapy and support and can help coordinate services with Hinds County Behavioral Health or other resources.

A significant, albeit limited, step forward occurred as Henley Young was successful in developing a contractual relationship with Dr. Payne, a licensed psychologist, to help provide overall direction and support for the mental health program as well as direct services to youth as needed. Dr. Payne was just beginning her work at Henley Young at the time of this visit and is focusing initial efforts on developing and improving some of the basic procedures and policies related to the mental health program, including how to best implement a successful team approach in partnership with the Case Managers and Therapists. Dr. Payne appears to be very committed to working with youth and a positive addition to the program, although her time is limited to essentially a .5 FTE. That limitation will make it difficult to meet the full demands for comprehensive assessment and treatment of JCA youth and assessing progress in this area will be an important component of the next site visit.

Concerns remaining include: (1) the only psychiatric time provided to Henley Young is apparently a once-a-week short visit by Dr. Kumar. As noted for the Settlement Agreement as a whole the amount of psychiatric support allotted is insufficient, let alone for the JCA youth; and (2) the introduction of other coordinated programming (e.g. cognitive-behavioral programs, life skills, AODA, etc.) that could be led by Case Managers and Counselors has been delayed

pending direction/leadership from the psychologist. Additional psychoeducational, skill development, and other programming remains limited, and again this will be a focus of the next site visit.

Addressing these issues as well as recommendations submitted in the Henley Young litigation included in Dr. Lisa Boesky's December 2017 report (improvements in the intake/screening process, strengthening the assessment process related to substance abuse and trauma, and making physical plant/environmental changes that will support behavior management and educational programming) should be part of the agenda for improvements led by Dr. Payne.

Non-Compliant at RDC

There is no substantive change in how JCAs confined at RDC are screened and/or served in relation to the various components required in this provision. Mental health services remain limited to dealing with crisis situations (i.e. suicide concerns) and issues related to psychotropic medications (i.e. adjustments in medications).

79. Ensure that youth receive adequate free appropriate education, including special education.

Partial Compliance at Henley Young

Education services at Henley Young are provided by the Jackson Public School (JPS) system. A more detailed review of educational programming is available in the November 2017 report submitted by Carol Cramer-Brooks in the Henley Young litigation. That report noted progress made in 2016-17 but there has been no substantive change since the January/February site visit. JCA youth are provided some education, scheduled currently in essentially a morning group for some youth and an afternoon group for others. This does not meet the expected standard for time in class, and in looking at educational records for JCA youth there was no indication that youth who may be eligible for special education services or an Individualized Educational Plan (IEP) were receiving those services. There is an assessment of basic skills for youth and some identification of individual goals, but the plan falls short of what should be done.

At the time of the May visit, staff indicated that they were on the verge of implementing a GED program for those youth for whom that would be the appropriate and best choice. That is a step forward in some ways, but that education time will then be limited to a two-hour block during the late afternoon. Given the lack of other structured programming, for youth involved in the GED program this will likely be a step backward in terms of overall program opportunities and will lead to even more "down time" which has been a problem in the past and will likely contribute to behavioral issues.

It does appear that the County has concluded, probably appropriately, that the services and resources provided by Jackson Public Schools (JPS) will not be sufficient to meet the needs of youth or the requirements of the Settlement Agreement. This may first become evident if, as has been stated, JPS does not provide summer school programming. If JPS does not provide that programming that further reduces the amount of programmed time for youth unless Hinds County/Henley Young invest in additional services. That said, outreach efforts have been undertaken to work with the [Center for Educational Excellence in Alternative Settings](#) (CEEAS) by inviting David Dominici who has been successful in implementing model alternative programs in a number of juvenile facilities. This hopefully will lead to the development of an independent/charter school program on-site at Henley Young that will both meet the educational needs of youth as well as be a positive contribution to the overall behavior management program. At best, it appears that this program could not be in place before January, 2019.

As noted in prior reports and referenced earlier, Henley Young will benefit by the development of additional cognitive behavioral programming, AODA groups and individual work, decision-making skill classes, tutoring, and engaging outside community groups and resources to provide pro-social learning opportunities for youth. Hopefully with the leadership of Dr. Payne now on board, more of those programs can be developed and implemented.

Non-Compliant at the Raymond Detention Center

The program at RDC remains essentially the same as prior reports, with youth benefiting, albeit on a very limited basis, from the continued and generous support of a volunteer for Adult Basic Education (ABE) services. Youth have daily access to individualized instruction for relatively brief periods of time (e.g. 1-2 hours), but there remains no routine screening process (other than assessment related to ABE skills) to determine whether and what educational services a juvenile or youthful offender was engaged in prior to admission that would help determine what the appropriate, and often legally required, services should be for the youth while confined. While this is less of an issue given that “new” youth are not placed at RDC, there undoubtedly remain young adults (age 18-21) who need similar assessment and are perhaps legally eligible for specialized educational services.

80. Ensure that youth are properly separated by sight and sound from adult prisoners.

Full Compliance at Henley Young

Since there are no adult prisoners placed at Henley Young, this provision is met. As JCA youth in placement at Henley Young turn 18, they will be transferred to RDC (although more recent interpretations of the Juvenile Justice and Delinquency Prevention Act may permit those youth to remain at a juvenile facility pending conviction/sentencing).

Partial Compliance at the Raymond Detention Center

Youth are housed in a separate unit so that the potential for contact with adults is minimized. As noted in other sections of this report, the lack of complete Policies and Procedures makes it difficult to determine if the facility has all procedures in place to fully assess compliance. But, in talking briefly with youth at RDC, they indicate there have been no instances of adults' incursion onto the juvenile living unit (something that some youth indicated was occurring when interviewed during the baseline visit).

81. Ensure that the Jail's classification and housing assignment system does not merely place all youth in the same housing unit, without adequate separation based on classification standards. Instead, the system must take into account classification factors that differ even within the youth sub-class of prisoners. These factors include differences in age, dangerousness, likelihood of victimization, and sex/gender.

Partial Compliance at the Raymond Detention Center and Henley Young

Although given the small number of youth remaining at RDC who will soon become adults this requirement is will soon be at least temporarily moot. However, in the development of policies and procedures, classification and housing of JCA's should be addressed so that when JCA's are booked into RDC it is clear how their classification and housing is addressed. The continued small number of non-JCA youth at Henley Young has allowed them to utilize two units for housing JCA youth and make case-by-case decisions as to which housing unit is most appropriate. The use of two units also allows for lower youth to staff ratios and allows youth to be separated if there is conflict. While staff leadership does seem to take the required criteria into account, actual documentation of classification decisions and use of a consistent classification tool will require further review. On a positive note, that decision is informed by prior experience with most of the youth placed, so they are able to consider actual prior behavior rather than rely on simply the most recent "charge".

82. Train staff members assigned to supervise youth on the Jail's youth-specific policies and procedures, as well as on age-appropriate supervision and treatment strategies. The County must ensure that such specialized training includes training on the supervision and treatment of youth, child and adolescent development, behavioral management, crisis intervention, conflict management, child abuse, juvenile rights, the juvenile justice system, youth suicide prevention and mental health, behavioral observation and reporting, gang intervention, and de-escalation.

Partial Compliance at Henley Young

As noted in the previous (February) report, training for staff at Henley Young has included training beyond new employee orientation such as Suicide Prevention/Mental Health, Behavioral Management, PREA, Policies and Procedures review, and Crisis Intervention. In reviewing the training records for individual staff to date in 2018, however, training appears to have been

limited to three content areas: policy/procedure review, fire safety, and effective communications. Given the changing nature of the facility (i.e. dealing with JCA youth over longer periods of time) it becomes increasingly important for additional training related to adolescent development, behavior management, trauma, and mental health. A more complete review of training, with hopefully more diverse components, can be completed as part of the next site visit.

Non-Compliant at the Raymond Detention Center

There has been no change at RDC related to staff training, again likely the result of viewing this as unnecessary as the number of JCA youth held declines. As noted in the prior report, the last specialized training for supervising youthful prisoners was held in June 2017 prior to the site visit. It appears that no discernible effort has been made to then clearly assign those trained staff, with the exception of Officer Tower, to the juvenile unit (A-1). While the general course of training for new detention officers does include some basic elements that are appropriate for youthful offenders (e.g. special populations), the lack of additional training and lack of focus on assigning specific staff to the juvenile unit remains a concern. Even if the remaining JCA youth are moved to a smaller unit, it still makes sense to identify a core of officers that would be best suited to monitor that unit.

83. Specifically prohibit the use of segregation as a disciplinary sanction for youth. Segregation may be used on a youth only when the individual's behavior threatens imminent harm to the youth or others. This provision is in addition to, and not a substitute, for the provisions of this Agreement that apply to the use of segregation in general. In addition:

- a. Prior to using segregation, staff members must utilize less restrictive techniques such as verbal de-escalation and individual counseling, by qualified mental health or other staff trained on the management of youth.
- b. Prior to placing a youth in segregation, or immediately thereafter, a staff member must explain to the youth the reasons for the segregation, and the fact that the youth will be released upon regaining self-control.
- c. Youth may be placed in segregation only for the amount of time necessary for the individual to regain self-control and no longer pose an immediate threat. As soon as the youth's behavior no longer threatens imminent harm to the youth or others, the County must release the individual back to their regular detention location, school or other programming.
- d. If a youth is placed in segregation, the County must immediately provide one-on-one crisis intervention and observation.
- e. The County must specifically document and record the use of segregation on youth as part of its incident reporting and quality assurance systems.
- f. A Qualified Medical Professional, or staff member who has completed all training required for supervising youth, must directly monitor any youth in segregation at least

every fifteen (15) minutes. Such observation must be documented immediately after each check.

- g. Youth may not be held in segregation for a continuous period longer than one (1) hour during waking hours. If staff members conclude that a youth is not sufficiently calm to allow a break in segregation after one hour, they must contact a Qualified Mental Health Professional. The Qualified Mental Health Professional must assess the youth and determine whether the youth requires treatment or services not available in the Jail. If the youth requires mental health services that are not provided by the Jail, the Qualified Mental Health Provider must immediately notify the Jail Administrator and promptly arrange for hospitalization or other treatment services.
- h. If a youth is held in segregation for a continuous period longer than two (2) hours, Staff Members must notify the Jail Administrator.
- i. Any notifications or assessments required by this paragraph must be documented in the youth's individual record.

Non-Compliance at Henley Young

This site visit provided the opportunity to spend more time assessing compliance with the expectations related to the use of segregation as a disciplinary measure, and it became clear that this proved to be the most disconcerting change in monitoring since the last site visit. This was because the leadership at HY did not seem to know what the terms of the agreement are related to the use of segregation and because the increased use of segregation reflects a deteriorating relationship between staff and youth in large part because of the lack of programming, limited to no incentives/system to help shape positive behaviors (individually and/or as a group), limited options to respond to minor non-compliance, and limitations created by the physical plant/environment. In part this change is the result of spending significantly more time at Henley Young reviewing individual youth files, Incident Reports, and requesting additional documents in contrast to the prior visit in which both staff and youth represented that use of segregation was pretty limited. In larger part, however, it seems to be the result of an actual change in youth behaviors and how the staff is responding to those behaviors.

Specifically, based on a more detailed review of youth files and the Due Process Isolation Log, there has been an increase in the use of segregation for disciplinary purposes in recent months. For example, in April there were 12 instances in which youth were confined for disciplinary reasons for 24 hours or more (four in March, eight in February, and eight in January). There were additional Due Process Isolations in May, including multiple youth isolated following a significant incident on May 12 in which an altercation occurred between staff and youth and assistance was required from the Hinds County Sheriff's office. The incident stemmed from a youth refusing to comply with staff directive to go to his room and a struggle ensuing between a staff member who attempted to then restrain the youth and place them in his room. The youth resisted, and other youth came to his aid as the staff member. As additional staff came to assist, more youth also got involved in physically preventing the youth's removal from the day area. There were other concerns noted from that incident, including whether the staff-written Incident Reports completely and accurately described the incident as it related to one of the staff members needing to be removed from the unit (written reports indicate that concern that a staff

member may be subject to further assault by youth, whereas viewing the video suggests that the staff member was not in danger and was in fact further aggravating the situation). In any case, it resulted in four youth placed in Due Process Isolation status for more than 24 hours with no evidence that they continued to pose a danger to others. While the subsequent segregation of the identified youth is the most direct violation of the agreement, the incident also reflects a concern about the ability of the staff member in question to deescalate the situation (reflecting a need for additional training and supervision) and the lack of an overall behavior management system that could provide alternative response when staff are faced with some form of non-compliance.

Policy and practice at Henley Young provide for three different types of isolation: (1) Behavior Management Isolation (BMI) for short periods of time as a “cooling off” or short-term consequence¹; (2) Administrative Isolation in which there is a supervisory decision to keep a youth in their cell pending a due process hearing; and (3) Due Process Isolation² that permits the use of segregation as discipline for up to 72 hours following a Disciplinary/Due Process hearing³. The use of Due Process or Administrative Isolation for an extended period of time is in contradiction to the DOJ Settlement Agreement that defines segregation as: “24.*involuntary confinement in a locked room or cell with two or fewer prisoners, for at least the majority of waking hours per day* ”⁴ and are not consistent with the Henley Young/Southern Poverty Law Center Settlement Agreement (note that Provision 6.2 limits the use of isolation for discipline to not more than 24 hours).

It should be noted that in discussing the contradiction between the policy/practice and the requirements of the two agreements, Mr. Burnside, Operational Manager and Mr. Dorsey, Quality Assurance Manager, surprisingly indicated that they were not aware of the specifics of the DOJ Settlement Agreement related to segregation, that they did not have a copy of that agreement. Regardless of how that happened (e.g. somehow the result of the temporary absence of Mr. McDaniels), it is clear that key staff leaders are now aware of these requirements and that immediate attention needs to be given to changing policies and practice accordingly.

Related to documentation for youth placed in segregation, there are logs submitted by staff that allegedly document the required observations. It was in reviewing these logs that the extensive use of segregation became evident and further information was requested. The use of the term “allegedly” in the preceding sentence reflects that far too many of the observation logs include documentation of “15 minute” wellness checks that are exactly 15 minutes apart. While this is more common on the overnight shift, it is not limited to that shift. Although signed off on by a shift supervisor, it is simply not believable that those checks are being made at exactly 15 minute intervals and therefore it raises the question of whether they are being made at all. Although a

¹ Henley Young Policies and Procedures, 3.C.8.

² Henley Young Policies and Procedures, 3.C.7.

³ Henley Young Policies and Procedures, 3.C.2.

⁴ Settlement Agreement, Page 8.

challenge given current leadership resources, a more proactive quality assurance process should be implemented.

It also remains difficult to link Incident Reports to the resulting room confinement. On a positive note, the format of the Incident Report works pretty well and there is a Supervisor Report/cover sheet that helps ensure some consistency and review of incidents, more work remains in training staff to completely cover the needed information in their reports, and supervisors need to take a more proactive role in ensuring all information is completed correctly (too frequent errors on the IR forms submitted and few, if any, supervisor comments as to follow up action/steps. The only cumulative log related to isolation/segregation tracks Due Process Isolations, so there is no readily available way to determine the extent of the use of BMIs or other administrative isolation. Similarly, some of the individual observation logs do include indications that the youth was seen by a supervisor, case manager, or one of the qualified mental health staff, but again this is inconsistent and difficult to monitor.

Alternative forms of discipline and/or incentives need to be implemented in lieu of the use of Due Process Isolation that exceeds the requirements of the agreement. Related to documentation and quality assurance: (a) Supervisory staff and key facility leaders need to take a more proactive role in ensuring that these checks are being made as required; (b) Additional information should be clear in the comments section of the Incident Report cover page related to the subsequent actions taken, particularly if any form of isolation is utilized; and (c) Confirming the recommendation made in the last report, all use of isolation that exceeds one hour (the last report recommended one hour) should be documented on a centralized isolation log that includes the type of isolation, the duration, the staff member(s) directing the segregation, and provides information to link it to a related incident report. Keeping a more extensive record of segregation will permit key facility staff as well as the monitors to evaluate progress in reducing the use of segregation overall. This would be one relatively easy benchmark to track as part of a performance-based standards effort.

Non-Compliant at the Raymond Detention Center

There has been no change at RDC related to this requirement. As noted in the prior report:

“...There remains no evidence of sufficient policies/procedures or documentation related to the use of room confinement or other forms of isolation/segregation for youth. One source of documentation that may help track this is that staff on the juvenile unit are required to document at least every 30 minutes what each juvenile is doing on the unit. Wading through that documentation is at best a challenge but does reveal a wide range of “activities” that youth are engaged in, with notes that include everything to “on the unit” to “sleeping in room” to “out for program” and various other descriptors. It is not uncommon for a youth to be listed as “sleeping in room” or “in room” for substantial periods of time during what would be

considered “waking hours”, and the staff explanation is that the youth is voluntarily in their room...”

Unfortunately, as a result of a change in how grievances are reported/documented (transitioned to electronic form) staff were unable to provide a list or copies of youth grievances which may have revealed concerns related to cell confinement, although the few youths interviewed did not provide any sense that cell confinement was being used to deal with behavior issues. That said, there is no way to realistically confirm compliance with the segregation requirements at RDC.

84. Develop and implement a behavioral treatment program appropriate for youth. This program must be developed with the assistance of a qualified consultant who has at least five years of experience developing behavioral programs for institutionalized youth. The Jail’s behavioral program must include all of the following elements:

- a. The behavioral program must include positive incentives for changing youth behavior, outline prohibited behaviors, and describe the consequences for prohibited behaviors.
- b. An individualized program must be developed by a youth’s interdisciplinary treatment team, and properly documented in each youth’s personal file. Documentation requirements must include the collection of data required for proper assessment and treatment of youth with behavioral issues. For instance, the County must track the frequency and duration of positive incentives, segregation, and targeted behaviors.
- c. The program must include safeguards and prohibitions on the inappropriate use of restraints, segregation, and corporal punishment.

Partial Compliance at Henley Young

Despite the positives noted during the last site visit, it has become apparent that continued delays in developing programs (educational, skill development, psychoeducation, Alcohol and Other Drug Abuse (AODA) programming, etc.), the lack of adequate programming space, the lack of modifications to the living units, continued delays in youth’s cases moving through the court system, and the delays in getting a psychologist on board have contributed to a deteriorating situation in terms of youth’s behavior and staff response. Along with that, the relatively rudimentary point/level system that works reasonably well for short term youth has not been augmented or modified to either incentivize improved behavior(s) or provide individual goals for youth to work on while in confinement.

Successful behavior management, in the end, comes from a combination of good staff training and supervision, keeping youth actively engaged throughout most of the waking hours in constructive and pro-social activities, utilizing the expertise of mental health staff to address youth’s mental health needs and develop preventive and proactive responses to youth’s

misbehavior, implementing well-researched cognitive behavioral programs that help teach and allow youth to practice new and improved behaviors, establishing and incentivizing clear behavior expectations, and consistent implementation of discipline to redirect misbehavior. It is common for juvenile facilities to use some form of a point/level system as part of the overall behavior management system, but overreliance on that system (particularly when not well suited for youth in long term placement) as the sole means to deal with behavior is increasingly recognized as poor practice.

There are a number of steps that should be taken that can help in developing a more comprehensive and effective behavior management system, including: Given the apparent decision not to make substantive facility changes to provide well-integrated additional programming space (there is an apparent plan to in the near future to add some temporary classroom space – a short-term solution at best if it comes to pass), the county can and should invest in improving the living unit environment (e.g. installing acoustical panels to reduce noise, removing the steel tables/benches and replace with other durable furniture to create flexible areas for youth within the unit and create a more normative environment).

As required in the DOJ Settlement Agreement, the County should obtain the services of a qualified consultant to help them to develop a more effective and comprehensive behavior management system. Even prior to that current staff could take steps to augment the existing point/level system by developing additional incentives that can be applied on an individual basis to encourage new and improved behaviors. Additional programming needs to be developed to more actively engage youth during waking hours in constructive and organized activities. Support for this may be done by creating an additional staff position (or repurposing an existing position) with responsibility for overall program development, including potential outreach to the community for volunteers or other organizations that can provide support;

Leadership should review staffing assignments to ensure that those staff best trained and suited to working with JCA youth are assigned to those units. If need be, some form of differential pay on an hourly basis may be helpful in supporting staff that take on this more complex responsibility.

Based on discussion with key leadership at Henley Young, Mr. Burnside and Mr. Dorsey, it is clear that they had made significant progress in changing the culture and operations of Henley Young to meet many of the requirements of the SPLC agreement but are now struggling to “push the envelope” much further as it relates to serving long-term youth. To their credit, Mr. Dorsey and Mr. Burnside recognize the challenges they are facing and seem committed to making continued progress but given the temporary absence of Mr. McDaniels in the Executive Director role, they find themselves again juggling additional duties with limited time to deal with some of these issues. Providing added support through a consultant and exposing them to programs that

have been successful in developing successful behavior management programs will be beneficial.

Non-Compliant at the Raymond Detention Center

As with other components of the agreement, there has been no movement toward the development of a behavior management program at RDC. It was noted in the prior report that a daily schedule had been developed/posted, but that posting was destroyed by youth – evidence of the continued lack of supervision and inability of RDC to develop substantive programming for JCA youth. There remains no evidence of a consistent set of expectations, incentives to meet those expectations, and/or consistency in how staff view expected behaviors. As the number of youth declines at RDC, it actually could become easier to implement a rudimentary behavior/incentive system, but there is no indication leadership is considering doing so.

LAWFUL BASIS FOR DETENTION

Consistent with constitutional standards, the County must develop and implement policies and procedures to ensure that prisoners are processed through the criminal justice system in a manner that respects their liberty interests. To that end:

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order. Examples of inadequate paperwork include but are not limited to undated or unsigned court orders, warrants, and affidavits; documents memorializing oral instructions from court officers that are undated, unsigned, or otherwise fail to identify responsible individuals and the legal basis for continued detention or release; incomplete arresting police officer documents; and any other paperwork that does not establish a lawful basis for detention.

Non-Compliant

There continue to be problems with lack of paperwork and timely release. Jail staff recently worked with Karen Albert, a consultant with the monitoring team, to standardize and improve practices in this area and develop policies and procedures reflecting the new practices. The site visit predated this session and so any improvement resulting from this consultation will be measured at the next site visit. At the time of the site visit some of the problems noticed previously continued to exist. There are several individuals who are assigned the task of identifying prisoners who do not have appropriate paperwork to be detained or for continued detention. They are identifying those individuals but the current procedures do not adequately prevent these situations from occurring. There are several situations that occur fairly commonly. One seen repeatedly on this site visit involved holds in the system. Individuals whose local case was resolved continued to remain in custody because the system reflected a hold from another jurisdiction. In a number of instances, the other jurisdiction was not contacted in a timely

fashion. In several of those situations, the other jurisdiction did not have paperwork warranting the hold or no longer wanted the individual. A number of individuals remained in custody beyond what should have been their release date as a result. Another recurring situation is that there is not a way to identify people in the jail who are waiting for a preliminary hearing. Individuals who do not have an attorney have no one to request a preliminary hearing. These individuals currently get lost in the system and some stay long periods of time in the jail. There continued to be some individuals who stayed beyond the 21 days for those waiting for a probation violation hearing. A number of individuals were listed in the JMS system as in custody on charges that didn't match the court records. The court liaison was investigating these individuals. The staff working on records and releasing continue to keep manual records. Because of the lack of standardized entry of data, the JMS system cannot run accurate reports. The manual records of unindicted individuals does not match the system generated list. Similarly, the manual records of people waiting for probation violation hearings does not match the system generated list.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in Bearden v. Georgia, 461 U.S. 660 (1983) and Cassibry v. State, 453 So.2d 1298 (Miss. 1984). The County must develop and implement policies consistent with the applicable federal law and the terms of this Agreement.

Partial Compliance

At the time of the site visit there was no one in the facility on an unlawful order for failure to pay fines and fees compared to 100 inmates detained on unlawful fines and fees orders at the time of the January 2017 visit. As a result of separate litigation and the adoption of Mississippi Supreme Court rules for criminal procedure, the Jail has not been receiving unlawful orders. This requirement is listed as partial compliance because the Jail has not developed or implemented policies as specified in paragraphs 87 through 89 below. As the Supreme Court rules are very new, it would be advisable to have policies to address orders that are not compliant with the new rules.

87. No person shall be incarcerated in the Jail for failure to pay fines or fees absent (a) documentation demonstrating that a meaningful analysis of that person's ability to pay was conducted by the sentencing court prior to the imposition of any sentence, and (b) written findings by the sentencing court setting forth the basis for a finding that the failure to pay the subject fines or fees was willful. At a minimum, the County must confirm receipt from the sentencing court of a signed "Order" issued by the sentencing court setting forth in detail the basis for a finding that the failure to pay fines or fees was willful.

Partial Compliance

The County has been pro-active in ensuring that valid court orders are utilized. The County sponsored a training session on the new rules as related to orders on fines and fees. This is to be commended. This requirement is carried as partial compliance in that a process was not adopted to address non-compliant orders.

88. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a person for failure to pay fines or fees, Jail staff must promptly notify Jail administrators, Court officials, and any other appropriate individuals to ensure that adequate documentation exists and must obtain a copy to justify continued detention of the prisoner. After 48 hours, that prisoner must be released promptly if the Jail staff cannot obtain the necessary documentation to verify that the failure to pay fines or fees was willful, and that person is incarcerated only for the failure to pay fines or fees.

Partial Compliance

See response to number 87 above.

89. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a prisoner for failure to pay fines or fees, and if that person is incarcerated for other conviction(s) or charge(s), other than the failure to pay fines and/or fees, Jail staff must promptly notify Jail administrators, Court officials, and other appropriate individuals to ensure that adequate documentation exists and to ascertain the prisoner's length of sentence. If Jail staff cannot obtain a copy of the necessary documentation within 48 hours of the prisoner's incarceration, Jail staff must promptly arrange for the prisoner's transport to the sentencing court so that the court may conduct a legally sufficient hearing and provide any required documentation, including the fines or fees owed by the prisoner, and an assessment of the prisoner's ability to pay and willfulness (or lack thereof) in failing to pay fines or fees.

Partial Compliance

See response to number 87 above.

90. Jail staff must maintain the records necessary to determine the amount of time a person must serve to pay off any properly ordered fines or fees. To the extent that a sentencing court does not specifically calculate the term of imprisonment to be served, the Jail must obtain the necessary information within 24 hours of a prisoner's incarceration. Within 48 hours of incarceration, each prisoner shall be provided with documentation setting forth clearly the term of imprisonment and the calculation used to determine the term of imprisonment.

Partial Compliance

The WC continues to maintain a spreadsheet. There are some individuals who have a sentence of confinement. Some of these individuals show fines and fees but with the notation of a payment

plan in effect. This signifies that they will be released after the sentence of confinement. The Monitor will continue to track these entries to ensure that individuals are released after the confinement period. There was no documentation that prisoners were provided with documentation of their release date although they do typically have the orders from the court.

91. No pre-trial detainee or sentenced prisoner incarcerated by the County solely for failure to pay fines or fees shall be required to perform physical labor. Nor shall any such detainee or prisoner receive any penalty or other adverse consequence for failing to perform such labor, including differential credit toward sentences. Any physical labor by pre-trial detainees or by prisoners incarcerated solely for failure to pay fines or fees shall be performed on a voluntary basis only, and the County shall not in any way coerce such pre-trial detainees or prisoners to perform physical labor.

Non-Compliant

This has become a limited issue now that virtually no individuals are working off fines and fees. As reported recently, the recent standard practice at the WC is to give half the amount of credit towards fines and fees for individuals who do not perform physical labor. This includes individuals who cannot perform physical labor because of a medical or mental health condition. The most recent stated practice was to determine the amount of credit on a case by case basis. There needs to be a written policy requiring that individuals who cannot work because of a medical or mental health condition or other disability receive full credit towards fines and fees.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:
 - i. Individuals who have completed their sentences;
 - ii. Individuals who have been acquitted of all charges after trial;
 - iii. Individuals whose charges have been dismissed;
 - iv. Individuals who are ordered released by a court order; and
 - v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Non-Compliant

See response to number 85.

There continue to be many individuals being held past 90 days without indictment. The new court orders from the preliminary hearings state they should go before a judge for a release decision. The jail is providing the lists of unindicted individuals to the judge, but perhaps due to the volume many of the individuals do not get before the judge in a timely fashion. This is, of course, a system issue which hopefully the CJCC will address. The Jail could consider making the list of unindicted individuals more useful to the judge by identifying those individuals who are lawfully in custody in another matter so that the judge can prioritize those individuals who are only in custody on the unindicted case. The Jail should also ensure that youth being charged as adults and being held at Henley Young are being identified on the unindicted list that is provided to the judge.

93. The County must develop and implement a reliable, complete, and adequate prisoner records system to ensure that staff members can readily determine the basis for a prisoner's detention, when a prisoner may need to be released, and whether a prisoner should remain in detention. The records system must provide Jail staff with reasonable advance notice prior to an anticipated release date so that they can contact appropriate agencies to determine whether a prisoner should be released or remain in detention.

Non-Compliant

There is still no known process to methodically check for adequate documentation for detention and identify those that should be released. The Jail still relies on inmate requests and grievances to identify people who are being over detained. The booking, release, and records process continues to suffer from a lack of coordination. In addition to Booking staff, there are three individuals tracking the lawful basis of detention. They are all three using separate spreadsheets and lists which as noted above do not match reports run from the JMS system. There continues to be a lack of business process to check all law enforcement and court documents. Jail staff do not have access to the county court data base or the updated circuit court data base which would allow them to improve the accuracy of their records.

94. Jail record systems must accurately identify and track all prisoners with serious mental illness, including their housing assignment and security incident histories. Jail staff must develop and use records about prisoners with serious mental illness to more accurately and efficiently process prisoners requiring forensic evaluations or transport to mental hospitals or other treatment facilities, and to improve individual treatment, supervision, and community transition planning for prisoners with serious mental illness. Records about prisoners with serious mental illness must be incorporated into the Jail's incident reporting, investigations, and medical quality assurance systems. The County must provide an accurate census of the Jail's

mental health population as part of its compliance reporting obligations, and the County must address this data when assessing staffing, program, or resource needs.

Non-Compliant

As was noted in paragraph 42, considerable progress has been made with regard to collecting and organizing the data and developing the records and other forms of documentation that would form the informational base for responding to this provision of the agreement. More specifically, full mental health evaluations are now being performed and documented; mental health treatment plans are also being developed, which would include whether or not a prisoner must be transferred to another facility in order to receive a required treatment; and a list (or census) of prisoners on the mental health caseload is now being maintained. As noted in section 42 (g, vi), a mental health care log should be developed that would chart the care being given to each prisoner on the mental health caseload; the suggested log would include housing assignment, which would include an indication for prisoners being held in segregation; but although the log would indicate whether a prisoner had been placed on suicide watch or a special mental health watch, the log would not track other security incidents. Given the nature and the amount of the information that will be tracked on this recommended mental health care log, another log should be developed and maintained by security and mental health to track security incidents for prisoners on the mental health caseload. It should also be noted here that a log that tracks mental health and security incidents would also help the mental health team further explore what type of adjustment difficulties prisoners with various different types of mental health difficulties are likely to experience (see also paragraph 37).

Although the above described data and records will form part of the base of information that will be used to perform mental health quality assurance assessments, such a mental health quality assurance program has yet to be developed and must be developed. As a step in that direction, there should be a regular schedule of treatment plan reviews, performed by the entire mental health treatment team; such reviews will enhance the supervision of mental health treatment; and such reviews will also be an initial step towards assessing the quality of the treatment being provided. Treatment plans will also note the treatment of choice, regardless of whether or not it is available at the facility and note that an alternative treatment is being used when the treatment of choice is not available at the facility. This will provide documentation of gaps in services that can serve as the base for exploring the need to expand mental health services at the facility and/or the need to increase mental health staffing levels.

At present, there is no specific plan for incorporating records about prisoners with serious mental illness into the Jails' incident reporting and investigations, and this part of this provision requires further exploration. However, the involvement of mental health with regard to the use of force as described in paragraph 51 (d & f), and the involvement of mental health with regard to

disciplinary review and the use of segregation as described in paragraph 76 and 77 would be a step in the direction of addressing this provision of the agreement.

95. All individuals who (i) were found not guilty, were acquitted, or had charges brought against them dismissed, and (ii) are not being held on any other matter, must be released directly from the court unless the court directs otherwise. Additionally:

- a. Such individuals must not be handcuffed, shackled, chained with other prisoners, transported back to the Jail, forced to submit to bodily strip searches, or returned to general population or any other secure Jail housing area containing prisoners.
- b. Notwithstanding (a), above, individuals may request to be transported back to the Jail solely for the purpose of routine processing for release. If the County decides to allow such transport, the County must ensure that Jail policies and procedures govern the process. At minimum, policies and procedures must prohibit staff from:
 - i. Requiring the individual to submit to bodily strip searches;
 - ii. Requiring the individual to change into Jail clothing if the individual is not already in such clothing; and
 - iii. Returning the individual to general population or any other secure Jail housing area containing prisoners.

Non-Compliant

Individuals are not being released from the Court at this time.

96. The County must develop, implement, and maintain policies and procedures to govern the release of prisoners. These policies and procedures must:

- a. Describe all documents and records that must be collected and maintained in Jail files for determining the basis of a prisoner's detention, the prisoner's anticipated release date, and their status in the criminal justice system.
- b. Specifically detail procedures to ensure timely release of prisoners entitled to be released, and procedures to prevent accidental release.
- c. Be developed in consultation with court administrators, the District Attorney's Office, and representatives of the defense bar.
- d. Include mechanisms for notifying community mental health providers, including the County's Program of Assertive Community Treatment ("PACT") team, when releasing a prisoner with serious mental illness so that the prisoner can transition safely back to the community. These mechanisms must include providing such prisoners with appointment information and a supply of their prescribed medications to bridge the time period from release until their appointment with the County PACT team, or other community provider.

Non-Compliant

In the initial Policies and Procedures that were adopted there are two policies that may relate to this requirement-the policy on records and the policy on booking which includes some requirements related to release. These policies do not have the specificity or the breadth required by this paragraph. These policies as with the others have been stalled. The current practices, as described above, do not meet the requirements of this paragraph. Neither the DA's office nor the defense bar has been involved in the drafting. The level of specificity required by this paragraph will require significant revision of the policy. The policies and procedures now being drafted with Karen Albert should enable compliance with a and b of this paragraph.

The primary focus of subsection d of this provision is the referral of prisoners with mental health difficulties to community mental health services. As noted in the provision, there are, in fact, community-based mental health services, and so the core issue here is how prisoners can be referred in a meaningful way that is most likely to be effective. At the present time, effective discharge planning and mechanisms to connect discharging prisoners with community-based services are not being implemented.

There were multiple important findings from a meeting with the Director and senior staff of Hinds Behavioral Health Center and the mental health expert during the site visit that included:

- Hinds Behavioral Health is a comprehensive, community-based mental health services provider that has multiple treatment programs that are designed in such a way that they are ideal for prisoners with mental health difficulties who are being released back into the community, including, for example:
 - There is the PACT program (mentioned in this provision) that provides intensive mental health treatment and other services to persons with severe mental illness; most participants in the program have been court ordered to obtain mental health treatment, but some of them already have a history of incarceration; and so ways in which this program could be made available to prisoners with serious mental illness who are being released from jail or prison should be explored.
 - There is an Adult Treatment program; this is the program that already has at least some communication with the Discharge Planner at the facility; but this program is open to explore better ways of referring prisoners to them upon their release.
 - There is a Psycho-social Rehabilitation program for persons who need rehabilitation services; this is a day program; and although two of the program's sites are housed in nursing homes and are focused on the elderly, there is a third site for younger adults.
 - There is a Crisis Intervention program that focuses on individuals who have deteriorated/become acutely ill, and staff will work to stabilize the individual on an outpatient basis or through emergency hospitalization, before the individual commits a crime.

- There is an Alcohol and Drug treatment program; this is particularly relevant since substance abuse is yet another risk factor for incarceration and many prisoners have substance abuse difficulties; and for prisoners who are ‘dually-diagnosed’ (i.e., they have substance abuse difficulties and other mental health difficulties), this program can coordinate treatment with other mental health treatment programs at the facility (which is good since it has been well established that such ‘dual-diagnosed’ patients need coordinated and integrated treatment of both difficulties if they are to get better).
- Then in addition, Hinds Behavioral Health has open access to intake screens every morning at 8:00 AM. Therefore, when there is a sudden, unexpected release from the facility, the individuals could go to Hinds the next morning, without waiting for an appointment, if they have been told about this option prior to their release date.
- Hinds Behavioral Health also has programs that focus on and address some of the other problems faced by persons with mental illness that are considered ‘risk factors’ for arrest and incarceration, including, for example:
 - There is a Community Support service which offers intensive case management to keep people in treatment and provide needed ‘wrap-around’ services, all of which is particularly valuable for ex-prisoners with mental health difficulties who need support and other services in order to stay in treatment, but do not have any family or other support systems.
 - There is a Supervised Housing program that provides 24/7 support for persons with serious mental illness and rehabilitation services, such as the learning of basic living skills.
 - Then in addition, there is a Drop-In Center for persons who become homeless; this program provides a range of services focused on helping the homeless obtain stable housing, including employment services for those who are able to work; and there are also half-way houses connected to this program. Since the lack of housing is also a risk factor for arrest and incarceration, this program could be extremely helpful to some of the prisoners with mental health difficulties who are being released.
- Staff from Hinds Behavioral Health used to go into the Jail (prior to the time that there were mental health staff at the Jail), so as to evaluate and begin to connect with prisoners who would eventually be referred to the Center for outpatient treatment, and they are still willing and able to do this.
- Hinds Behavioral Health is also specifically interested in knowing which of their patients have been arrested and are being detained in jail.

In summary, Hinds Behavioral Health Center offers a range of programs and services that could specifically meet the needs of prisoners with mental health difficulties who are being released

back into the community. These programs and services range from the possibility of performing intakes and beginning to develop a connection with prisoners while they are still in the facility; to the capacity to perform intakes on a walk-in basis virtually immediately upon a prisoner's release from the facility (in cases where no intake was done while the prisoner was being held in the facility); to a full range of therapeutic programs and services, including substance abuse treatment services; to many other services that are focused on addressing the problems that ex-prisoners with mental health difficulties face that place them at high risk of getting into trouble and returning to the facility. In order to fully utilize these services, QCHC and HCDC staff will need to coordinate with Hinds Behavioral Health Center to ensure a warm handoff to community-based services. Therefore, staff of the facility should meet with staff of Hinds Behavioral Health to further explore ways that they can work together to address this provision of the agreement.

It is important to note that the facility will also have to take some other steps to fully address this provision of the agreement. These include:

- The recognition of the fact that meaningful discharge planning begins when a prisoner who is likely to be eventually released is first admitted to the facility. When a discharge plan is developed, it should become a part of the prisoner's treatment plan.
- Effective discharge planning and a meaningful/successful referral for outpatient mental health services is most likely to occur where the prisoner is not only stabilized, but also receives psychoeducational services focused on helping the prisoner learn about his/her mental illness, the need for treatment, and his/her roles and responsibilities for obtaining and managing treatment.
- Upon the release of a prisoner with mental health difficulties, in addition to providing the prisoner with an appointment for outpatient mental health services and enough medication to hold them until that appointment, for some prisoners there are other extremely important considerations that might need to be addressed in the discharge plan, such as whether they have a place to live or any psycho-social support outside of the facility.

Discharge planning on the medical side has gathered some momentum since the last audit. Inmates that receive a PPD test for tuberculosis, and are released prior to it being read, are now sent to the health department to have the test read. Inmates are provided a handout which describes positive findings for the inmates to be aware of.

Beginning in April 2018, inmates that are released are sent to the medical unit to retrieve their medications. A three-day supply of medication is provided. As previously noted, a three-day supply will generally not be sufficient to ensure that the released inmate can obtain a prescription and medications in time to allow for uninterrupted medication. A 14 day supply was recommended by Hinds County Behavioral Health as needed.

The discharge process is hampered in that the Courts don't send the release papers to the jail until after 5 PM. Applications for the re-entry centers cannot be processed that late and if the inmate is not immediately placed, the inmate will be lost to follow-up care. It would be helpful if the judge's clerk could fax the release papers at noon and then again at 4:30 PM so that the discharge planner can start the application process to re-entry facilities.

97. The County must develop, implement, and maintain appropriate post orders relating to the timely release of individuals. Any post orders must:

- a. Contain up-to-date contact information for court liaisons, the District Attorney's Office, and the Public Defender's Office;
- b. Describe a process for obtaining higher level supervisor assistance in the event the officer responsible for processing releases encounters administrative difficulties in determining a prisoner's release eligibility or needs urgent assistance in reaching officials from other agencies who have information relevant to a prisoner's release status.

Non-Compliant

The County has not yet developed post orders in this area.

98. Nothing in this Agreement precludes appropriate verification of a prisoner's eligibility for release, including checks for detention holds by outside law enforcement agencies and procedures to confirm the authenticity of release orders. Before releasing a prisoner entitled to release, but no later than the day release is ordered, Jail staff should check the National Crime Information Center or other law enforcement databases to determine if there may be a basis for continued detention of the prisoner. The results of release verification checks must be fully documented in prisoner records.

Partial Compliance

The Booking staff reportedly now runs an NCIC check at the time of booking and again at release. A recent release of inmate K.L. on or about February 21, 2018 with a hold from another county demonstrated a deficiency in this area. Jail staff reportedly checked with the other jurisdiction and was told he was no longer wanted by the jurisdiction. This was inadequately documented. In another situation, the Work Center checked with the other jurisdiction and was told the individual was no longer wanted. This documentation was not sent to records or entered in the JMS system. During the process of releasing, Booking checked with the other jurisdiction and was told that he was still wanted. There was apparently some confusion in the other jurisdiction but having multiple individuals independently operating in this area without updating the JMS system allows for errors to occur.

99. The County must ensure that the release process is adequately staffed by qualified detention officers and supervisors. To that end, the County must:

- a. Ensure that sufficient qualified staff members, with access to prisoner records and to the Jail's e-mail account for receiving court orders, are available to receive and effectuate court release orders twenty-four hours a day, seven days a week.
- b. Ensure that staff members responsible for the prisoner release process and related records have the knowledge, skills, training, experience, and abilities to implement the Jail's release policies and procedures. At minimum, the County must provide relevant staff members with specific pre-service and annual in-service training related to prisoner records, the criminal justice process, legal terms, and release procedures. The training must include instruction on:
 - i. How to process release orders for each court, and whom to contact if a question arises;
 - ii. What to do if the equipment for contacting other agencies, such as the Jail's fax machine or email service, malfunctions, or communication is otherwise disrupted;
 - iii. Various types of court dispositions, and the language typically used therein, to ensure staff members understand the meaning of court orders; and
 - iv. How and when to check for detainers to ensure that an individual may be released from court after she or he is found not guilty, is acquitted, or has the charges brought against her or him dismissed.
- c. Provide detention staff with sufficient clerical support to prevent backlogs in the filing of prisoner records.

Non-Compliant

Staffing in the Booking area continues to be unbalanced. While there is routinely only one officer in the holding cell area (where two should be on duty at all times), there are two, three or more Booking Clerks on duty in the office area. Considering the fact that only 14 people are booked on a typical day, this misallocation of manpower should be addressed. When an average of just over one person is booked every two hours, it seems apparent that the number of personnel assigned to the office environment is excessive.

100. The County must annually review its prisoner release and detention process to ensure that it complies with any changes in federal law, such as the constitutional standard for civil or pre-trial detention.

Non-Compliant

At the time of the site visit, there had not been an initial review of this process to determine consistency with federal law.

101. The County must ensure that the Jail's record-keeping and quality assurance policies and procedures allow both internal and external audit of the Jail's release process, prisoner lengths of stay, and identification of prisoners who have been held for unreasonably long periods without charges or other legal process. The County must, at minimum, require:

- a. A Jail log that documents (i) the date each prisoner was entitled to release; (ii) the date, time, and manner by which the Jail received any relevant court order; (iii) the date and time that prisoner was in fact released; (iv) the time that elapsed between receipt of the court order and release; (v) the date and time when information was received requiring the detention or continued detention of a prisoner (e.g., immigration holds or other detainers), and (vi) the identity of the authority requesting the detention or continued detention of a prisoner.
- b. Completion of an incident report, and appropriate follow-up investigation and administrative review, if an individual is held in custody past 11:59 PM on the day that she or he is entitled to release. The incident report must document the reason(s) for the error. The incident report must be submitted to the Jail Administrator no later than one calendar day after the error was discovered.

Non-Compliant

The record keeping process does not at this time allow for an audit other than a review of individual files. The County has provided their list of releases but the list does not include the information required by subparagraph a. Incident reports are not prepared for errors in releasing.

102. The County must appoint a staff member to serve as a Quality Control Officer with responsibility for internal auditing and monitoring of the release process. This Quality Control Officer will be responsible for helping prevent errors with the release process, and the individual's duties will include tracking releases to ensure that staff members are completing all required paper work and checks. If the Quality Control Officer determines that an error has been made, the individual must have the authority to take corrective action, including the authority to immediately contact the Jail Administrator or other County official with authority to order a prisoner's release. The Quality Control Officer's duties also include providing data and reports so that release errors are incorporated into the Jail's continuous improvement and quality assurance process.

Partial Compliance

The Jail now has an individual whose title is Qualify Control Officer. At the present time, his work is primarily reactive. When an individual is brought to his attention, he researches the situation and takes corrective action. He does not track releases or prevent errors in the releasing process. He maintains a spreadsheet that includes release errors that he has addressed, but he does not at the present time collect and report on releasing errors. His work is not incorporated

into a continuous improvement and quality assurance process. Another individual serves as a court liaison with the lower courts. She also attempts to identify individuals entitled to release. This individual has been promoted to oversee the Records and Classification Office. It is not known whether someone will be assigned to her prior duties. Like the Quality Control Officer, she operated independently of the booking and release process and maintains her own spreadsheets. There still is no systemic approach to ensuring proper detention and release processes are being developed. This is being addressed by the monitoring team consultant in this area.

103. The County must require investigation of all incidents relating to timely or erroneous prisoner release within seven calendar days by appropriate investigators, supervisors, and the Jail Administrator. The Jail Administrator must document any deficiencies found and any corrective action taken. The Jail Administrator must then make any necessary changes to Jail policies and procedures. Such changes should be made, if appropriate, in consultation with court personnel, the District Attorney's Office, members of the defense bar, and any other law enforcement agencies involved in untimely or erroneous prisoner releases.

Non-Compliant

No documentation was provided of incident reports being created for untimely or erroneous prisoner release or any investigations of such incidents.

104. The County must conduct bi-annual audits of release policies, procedures, and practices. As part of each audit, the County must make any necessary changes to ensure that individuals are being released in a timely manner. The audits must review all data collected regarding timely release, including any incident reports or Quality Control audits referenced in Paragraph 102 above. The County must document the audits and recommendations and must submit all documentation to the Monitor and the United States for review.

Non-Compliant

Initial policies or procedures have been adopted but require significant revision. There has not been an initial audit of releasing practices. There are no incident reports regarding untimely releases even though such incidents have occurred.

105. The County must ensure that policies, procedures, and practices allow for reasonable attorney visitation, which should be treated as a safeguard to prevent the unlawful detention of citizens and for helping to ensure the efficient functioning of the County's criminal justice system. The Jail's attorney visitation process must provide sufficient space for attorneys to meet with their clients in a confidential setting and must include scheduling procedures to ensure that defense attorneys can meet with their clients for reasonable lengths of time and without undue delay. An incident report must be completed if Jail staff are unable to transport a prisoner to

meet with their attorney, or if there is a delay of more than 30 minutes for transporting a prisoner for a scheduled attorney visit.

Non-Compliant

This makes the third time that the monitoring team has recommended that the DSD should take advantage of unused video visitation space in front of the control room officer's station in the A, B and C Pods at the RDC to be repurposed as attorney/client visitation rooms. With very little effort, and almost no expense, they can be easily transformed into secure rooms that meet the needs of the facility.

CONTINUOUS IMPROVEMENT AND QUALITY ASSURANCE

The County must develop an effective system for identifying and self-correcting systemic violations of prisoner's constitutional rights. To that end, the County must:

106. Develop and maintain a database and computerized tracking system to monitor all reportable incidents, uses of force, and grievances. This tracking system will serve as the repository of information used for continuing improvement and quality assurance reports.

Non-Compliant

The County is making progress towards computerized incident and other reports as well as the development of summary reports that would allow the aggregation and sorting of reports. The monitoring team spent a significant amount of time with the IT team in this site visit to identify areas in which the incident reports were deficient. This included adding some fields and moving some fields into the computer-generated report. There continues to be a problem with providing a process in the reporting for approval/disapproval/action required blocks for supervisors. The incident reports are not linked to the investigation reports which often contain important additional information. It was reported that supervisory staff do not receive the investigation reports so they do not have access to this information which may be relevant to discipline, training, or remedial measures. There continues to be a concern because of the lack of reports or the small number of reports that some incidents and grievances are underreported including late releases, lost money and property, medical grievances and some use of force incidents.

The new computerized grievance system does not allow for the compilation of a useful summary grievance report. Currently, this is not possible for several reasons. The reporting functions of the system are either problematic or not adequately conveyed to staff. Staff reported that they could not generate reports with identified parameters. If the prisoner replies via the kiosk in any fashion to the grievance response, that is then automatically converted to an appeal which inaccurately reflects the number of appeals. The system needs to be able to generate accurate reports.

107. Compile an Incident Summary Report on at least a monthly basis. The Incident Summary Reports must compile and summarize incident report data in order to identify trends such as rates of incidents in general, by housing unit, by day of the week and date, by shift, and by individual prisoners or staff members. The Incident Summary reports must, at minimum, include the following information:

- a. Brief summary of all reportable incidents, by type, shift, housing unit, and date;
- b. Description of all suicides and deaths, including the date, name of prisoner, housing unit, and location where the prisoner died (including name of hospital if prisoner died off-site);
- c. The names and number of prisoners placed in emergency restraints, and segregation, and the frequency and duration of such placements;
- d. List and total number of incident reports received during the reporting period;
- e. List and Total number of incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of incidents in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. The summary reports are manually created and vary by facility. Because they are manually compiled, it is difficult to identify trends over time. The computerized summary report should remedy this. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

108. Compile a Use of Force Summary Report on at least a monthly basis. The Use of Force Summary Reports must compile and summarize use of force report data in order to identify trends such as rates of use in general, by housing unit, by shift, by day of the week and date, by individual prisoners, and by staff members. The Use of Force Summary reports must, at minimum, include the following information:

- a. Summary of all uses of force, by type, shift, housing unit, and date;
- b. List and total number of use of force reports received during the reporting period;
- c. List and total number of uses of force reports/incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of use of force in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph in that the reports are manually prepared each month and do not allow for identifying trends over time. As mentioned above the IT department is working on a computerized report that should allow for a summary

report to be generated. In meeting with the IT department, it was learned that not all the requirements of this paragraph were addressed. That should be remedied. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

109. Compile a Grievance Summary Report on at least a monthly basis. The Grievance Summary Reports must compile and summarize grievance information in order to identify trends such as most frequently reported complaints, units generating the most grievances, and staff members receiving the most grievances about their conduct. To identify trends and potential concerns, at least quarterly, a member of the Jail's management staff must review the Grievance Summary Reports and a random sample of ten percent of all grievances filed during the review period. These grievance reviews, any recommendations, and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

See response to 106 above.

110. Compile a monthly summary report of IAD investigations conducted at the Facility. The IAD Summary Report must include:

- a. A brief summary of all completed investigations, by type, shift, housing unit, and date;
- b. A listing of investigations referred for disciplinary action or other final disposition by type and date;
- c. A listing of all investigations referred to a law enforcement agency and the name of the agency, by type and date; and
- d. 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.

Partial Compliance

See response to paragraph 68. Subsequent to the last site visit, the IAD investigator provided a summary sheet reflecting the status of IAD investigations since 2017; however, the level of detail included does not comply with all of the requirements of this paragraph.

111. Conduct a review, at least annually, to determine whether the incident, use of force, grievance reporting, and IAD systems comply with the requirements of this Agreement and are effective at ensuring staff compliance with their constitutional obligations. The County must make any changes to the reporting systems that it determines are necessary as a result of the system reviews. These reviews and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

There has been no annual review pursuant to this paragraph.

112. Ensure that the Jail's continuous improvement and quality assurance systems include an Early Intervention component to alert Administrators of potential problems with staff members. The purpose of the Early Intervention System is to identify and address patterns of behavior or allegations which may indicate staff training deficiencies, persistent policy violations, misconduct, or criminal activity. As part of the Early Intervention process, incident reports, use of force reports, and prisoner grievances must be screened by designated staff members for such patterns. If misconduct, criminal activity, or behaviors indicate the need for corrective action, the screening staff must refer the incidents or allegations to Jail supervisors, administrators, IAD, or other law enforcement agencies for investigation. Additionally:

- a. The Early Intervention System may be integrated with other database and computerized tracking systems required by this Agreement, provided any unified system otherwise still meets the terms of this Agreement.
- b. The Early Intervention System must screen for staff members who may be using excessive force, regardless of whether use of force reviews concluded that the uses complied with Jail policies and this Agreement. This provision allows identification of staff members who may still benefit from additional training and serves as a check on any deficiencies with use of force by field supervisors.
- c. The Jail Administrator, or designee of at least Captain rank, must personally review Early Intervention System data and alerts at least quarterly. The Administrator, or designee, must document when reviews were conducted as well as any findings, recommendations, or corrective actions taken.
- d. The County must maintain a list of any staff members identified by the Early Intervention System as possibly needing additional training or discipline. A copy of this list must be provided to the United States and the Monitor.
- e. The County must take appropriate, documented, and corrective action when staff members have been identified as engaging in misconduct, criminal activity, or a pattern of violating Jail policies.
- f. The County must review the Early Intervention System, at least bi-annually, to ensure that it is effective and used to identify staff members who may need additional training or discipline. The County must document any findings, recommendations, or corrective actions taken as a result of these reviews. Copies of these reviews must be provided to the United States and the Monitor.

Non-Compliant

There is currently no Early Intervention program.

113. Develop and implement policies and procedures for Jail databases, tracking systems, and computerized records (including the Early Intervention System), that ensure both functionality and data security. The policies and procedures must address all of the following issues: data storage, data retrieval, data reporting, data analysis and pattern identification, supervisor responsibilities, standards used to determine possible violations and corrective action, documentation, legal issues, staff and prisoner privacy rights, system security, and audit mechanisms.

Non-Compliant

The initial P&P Manual that was issued in April, 2017 did not include policies and procedures covering this matter.

114. Ensure that the Jail's medical staff are included as part of the continuous improvement and quality assurance process. At minimum, medical and mental health staff must be included through all of the following mechanisms:

- a. Medical staff must have the independent authority to promptly refer cases of suspected assault or abuse to the Jail Administrator, IAD, or other law enforcement agencies;
- b. Medical staff representatives must be involved in mortality reviews and systemic reviews of serious incidents. At minimum, a physician must prepare a mortality review within 30 days of every prisoner death. An outside physician must review any mortalities associated with treatment by Jail physicians.

Partial Compliance

Medical Administration (MAC) meetings were held in February and May 2018. The Deputy Jail Administrator is conducting the meetings while the Jail Administrator has been out on sick leave.

Quarterly Continuous Quality Improvement meetings are conducted. Topics have included discharge planning, TB skin tests, medication administration. At the JDC, CQI studies included discharge planning, medication administration and compliance in conducting the suicide screen during the intake process

There were no critical incidents of deaths since the last audit. During the May site visit a chart of RW who expired on 5/4/17 was located. A request for medical records was made to the hospital on 5/18/17 but has not been received by the jail. A mortality review was not conducted.

CRIMINAL JUSTICE COORDINATING COMMITTEE

115. Hinds County will establish a Criminal Justice Coordinating Committee (“Coordinating Committee”) with subject matter expertise and experience that will assist in streamlining criminal justice processes and identify and develop solutions and interventions designed to lead to diversion from arrest, detention, and incarceration. The Coordinating Committee will focus particularly on diversion of individuals with serious mental illness and juveniles. Using the Sequential Intercept Model, or an alternative acceptable to the Parties, the Coordinating Committee will identify strategies for diversion at each intercept point where individuals may encounter the criminal justice system and will assess the County’s current diversion efforts and unmet service needs in order to identify opportunities for successful diversion of such individuals. The Committee will recommend appropriate changes to policies and procedures and additional services necessary to increase diversion.

Partial Compliance

Hinds County has contracted with Justice Management Institute (JMI) to provide consulting and assist in implementing a CJCC. The first three meetings of the CJCC have taken place. In order to have a CJCC with sufficient expertise and experience to carry out the mandate of this paragraph, the County will need to provide staff support. The recently hired Quality Control Officer may have been designated to provide some staff support but as yet is not familiar with the CJCC. It is unlikely that he will be able to do his job as Quality Control Officer and provide the needed CJCC staff support. At this time, the CJCC is not yet at a place to identify and develop solutions for diversion.

The Sequential Intercept Mapping required by this paragraph has already taken place under a grant to the Hinds County Behavioral Health from the GAINS Center. A two-day meeting was held on August 16-17, 2017 with broad participation including the County and Jail. The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of inmates with mental health illness. The GAINS center completed the report for Hinds County Behavioral Health. It includes recommendations for creating or improving intercepts in the jail and at release. This provides a useful road map for compliance with the diversion and discharge planning requirements of the consent decree.

116. The Coordinating Committee will include representation from the Hinds County Sheriff’s Office and Hinds County Board of Supervisors. The County will also seek representation from Hinds County Behavioral Health Services; the Jackson Police Department; Mississippi Department of Mental Health; Mississippi Department of Human Services, Division of Youth Services; judges from the Hinds County Circuit, Chancery, and County (Youth and Justice)

Courts; Hinds County District Attorney Office; Hinds County Public Defender Office; relevant Jackson city officials; and private advocates or other interested community members.

Partial Compliance

As noted above the CJCC had its first three meetings. Not all of the identified agencies were represented at the meeting. The reported intention is to expand representation after further development.

117. The Coordinating Committee will prioritize enhancing coordination with local behavioral health systems, with the goal of connecting individuals experiencing mental health crisis, including juveniles, with available services to avoid unnecessary arrest, detention, and incarceration.

Non-Compliant

The CJCC has not yet formally adopted priorities.

118. Within 30 days of the Effective Date and in consultation with the United States, the County will select and engage an outside consultant to provide technical assistance to the County and Coordinating Committee regarding strategies for reducing the jail population and increasing diversion from criminal justice involvement, particularly for individuals with mental illness and juveniles. This technical assistance will include (a) a comprehensive review and evaluation of the effectiveness of the existing efforts to reduce recidivism and increase diversion; (b) identification of gaps in the current efforts, (c) recommendations of actions and strategies to achieve diversion and reduce recidivism; and (d) estimates of costs and cost savings associated with those strategies. The review will include interviews with representatives from the agencies and entities referenced in Paragraph 116 and other relevant stakeholders as necessary for a thorough evaluation and recommendation. Within 120 days of the Effective Date of this Agreement, the outside consultant will finalize and make public a report regarding the results of their assessment and recommendations. The Coordinating Committee will implement the recommended strategies and will continue to use the outside consultant to assist with implementation of the strategies when appropriate.

Non-Compliant

The County did contract with an outside consultant to provide technical assistance in developing the CJCC. However, that contract does not encompass the requirements listed above regarding an assessment of and recommendations for strategies to reduce recidivism and increase diversion.

IMPLEMENTATION, TIMING, AND GENERAL PROVISIONS

Paragraphs 119 and 120 regarding duty to implement and effective date omitted.

121. Within 30 days of the Effective Date of this Agreement, the County must distribute copies of the Agreement to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Agreement. At minimum:

- a. A copy of the Agreement must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Agreement must be provided to prisoners upon request.

Partial Compliance

The HCSO has still not implemented this relatively simple solution. Staff and inmates are not familiar with the details of the Settlement Agreement, which would not be the case if handbook sized copies of it were made available to all personnel (staff and inmates).

POLICY AND PROCEDURE REVIEW

130. The County must review all existing policies and procedures to ensure their compliance with the substantive terms of this Agreement. Where the Jail does not have a policy or procedure in place that complies with the terms of this Agreement, the County must draft such a policy or procedure, or revise its existing policy or procedure.

Non-Compliant

This provision has been changed from partial compliance to non-compliant. An initial attempt to draft policies and procedures was made in early 2017. The Monitoring Team and DOJ provided comments but the policies really needed to be rewritten. The County identified a consulting team to assist with the policies but that has apparently fallen through. It is stated that the plan is back to preparing the policies and procedures in-house. Because there is no apparent forward progress, this provision has been changed to non-compliant.

131. The County shall complete its policy and procedure review and revision within six months of the Effective Date of this Agreement.

Non-Compliant

See response to 130.

132. Once the County reviews and revises its policies and procedures, the County must provide a copy of its policies and procedures to the United States and the Monitor for review and comment. The County must address all comments and make any changes requested by the

United States or the Monitor within thirty (30) days after receiving the comments and resubmit the policies and procedures to the United States and Monitor for review.

Non-Compliant

See response to 130.

133. No later than three months after the United States' approval of each policy and procedure, the County must adopt and begin implementing the policy and procedure, while also modifying all post orders, job descriptions, training materials, and performance evaluation instruments in a manner consistent with the policies and procedures.

Non-Compliant

See response to 130.

134. Unless otherwise agreed to by the parties, all new or revised policies and procedures must be implemented within six months of the United States' approval of the policy or procedure.

Non-Compliant

There have not yet been policies and procedures approved by the United States.

135. The County must annually review its policies and procedures, revising them as necessary. Any revisions to the policies and procedures must be submitted to the United States and the Monitor for approval in accordance with paragraphs 129-131 above.

Non-Compliant

This paragraph is now carried as non-compliant instead of not applicable because under the timeline established by the consent decree an annual review would now be due.

COUNTY ASSESSMENT AND COMPLIANCE COORDINATOR

Paragraphs 136 through 158 on Monitor duties omitted.

159. The County must file a self-assessment compliance report. The first compliance self-assessment report must be filed with the Court within four months of the Effective Date and at least one month before a Monitor site visit. Each self-assessment compliance report must describe in detail the actions the County has taken during the reporting period to implement this Agreement and must make specific reference to the Agreement provisions being implemented. The report must include information supporting the County's representations regarding its compliance with the Agreement such as quality assurance information, trends, statistical data,

and remedial activities. Supporting information should be based on reports or data routinely collected as part of the audit and quality assurance activities required by this Agreement (e.g., incident, use of force, system, maintenance, and early intervention), rather than generated only to support representations made in the self-assessment.

Non-Compliant

At the time of the October site visit, the County provided its first self-assessment. The assessment was a good first step towards compliance with this paragraph but needed to have the level of detail required by this paragraph. This paragraph was listed as Partial Compliance in the last monitoring report. It is now listed as non-compliant because it requires that the self-assessment be updated one month before each site visit, and that was not completed.

160. The County must designate a full-time Compliance Coordinator to coordinate compliance activities required by this Agreement. This person will serve as a primary point of contact for the Monitor. Two years after the Effective Date of this Agreement, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliant

The County has designated a full-time Compliance Coordinator who is coordinating compliance activities. The Monitor will continue to track this assignment to ensure sustained compliance in this area.

EMERGENT CONDITIONS

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Partial Compliance

Immediate notifications have been provided. However, the County has not been providing notification of over-detention and, in fact, is not currently identifying prisoners who have been detained beyond their release date. The records office needs to be reorganized to implement business practices that accurately identify release dates and process releases. In the interim, the County needs to continue and improve its internal audit procedures to identify individuals entitled to release and prepare incident reports for persons who were detained beyond their legal release date.

Paragraphs 162-167 regarding jurisdiction, construction and the PLRA omitted.

CERTIFICATE OF SERVICE

I hereby certify that on August 1 2018, I electronically filed the Court-Appointed Monitor's Fifth Monitoring Report with the Clerk of the Court using the ECF system, which sent notification of such filing to the following:

COUNSEL FOR PLAINTIFF, UNITED STATES OF AMERICA:

JOHN M. GORE
Acting Assistant Attorney General
U.S. Department of Justice
Civil Rights Division

D. MICHAEL HURST, JR..
U.S. Attorney
Southern District of Mississippi

STEVEN H. ROSENBAUM
Chief
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
steven.rosenbaum@usdoj.gov

LAURA COWALL
Special Counsel
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
laura.coon@usdoj.gov

CHRISTOPHER N. CHENG
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 514-8892
(202) 514-6273 (fax)
christopher.cheng@usdoj.gov

COUNSEL FOR DEFENDANTS – HINDS COUNTY; MEMBERS OF THE HINDS COUNTY BOARD OF SUPERVISORS IN THEIR OFFICIAL CAPACITIES; THE SHERIFF OF HINDS COUNTY IN HIS OFFICIAL CAPACITY:

PIETER TEEUWISSEN
Board Attorney
P.O. Box 686
Jackson, MS 39205-0686
(601) 968-6797
(601) 968-6794 (fax)
pteeuwissen@co.hinds.ms.us

CLAIRE BARKER
Counsel to the Sheriff
407 East Pascagoula Street
Jackson, MS 39205
(601) 974-2967
(Fax)
cbarker@co.hinds.ms.us

COUNSEL FOR INTERESTED PARTY, DISABILITY RIGHTS MISSISSIPPI:

ELISSA JOHNSON
JODY E. OWENS
PALOMA WU
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(601) 948-8882
(601) 948-8885 (Fax)
elissa.johnson@splcenter.org

/s/ Aaron S. Fleisher
AARON S. FLEISHER
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 307-6457
(202) 514-4883 (fax)
aaron.fleisher@usdoj.gov

PRIORITY RECOMMENDATIONS
June 2018

JAIL OPERATIONS

Priority Recommendation #1 (updated from February): Complete and implement the Policies and Procedures Manual for the Detention Services Division.

- Develop realistic plan for completing policies and procedures;
- Reconsider option to contract for development of policies and procedures;
- Finalize policies and procedures developed with Karen Albert regarding Classification, Records and Booking and submit for review;
- Complete draft policies by next site visit.

Priority Recommendation #2 (updated from February): Achieve 275 filled detention positions for this fiscal year.

- Complete a recruitment and retention plan and circulate to DOJ and monitoring team;
- Incorporate use of social media in recruitment efforts;
- Add detention personnel to recruitment presentations;
- Adopt step increases as incentive for retention;
- Develop recruitment material such as posters, pamphlets, etc.;
- Locate funding for four more positions in detention
- Identify a shift commander for each shift.

Priority Recommendation #3 (updated from February): Maximize the utilization of existing housing.

- Fix the HVAC system at the WC
- Relocate the juveniles at RDC to an ISO unit (operated as direct supervision).

Priority Recommendation #4 (new): Begin planning to close JDC except for use as a holding facility.

- Develop plan and timetable for closing of JDC;
- Complete priority recommendation #3 to add 180 beds;
- Complete renovations at JDC booking/transfer area to create open direct supervision and add several holding cells;
- Identify housing unit at WC for females and create a separate rec yard for them;
- Add tables to housing units for eating in the units at the WC.

Priority Recommendation #5 (updated from February): Develop plan for completing maintenance work more expeditiously.

- Complete an evaluation of barriers to completing maintenance work in a timely fashion;

- A language phone line or similar interpreter service needs to be provided.
- One classification officer will remain at the WC and the JDC, all others will be assigned to RDC.
- Obtain full access to court data bases and train staff on those data bases.

Priority Recommendation #2 (updated from November): Complete an action plan for each of the priority recommendations and provide to DOJ and monitoring team prior to the next site visit.

- Assign responsibility and timelines for each priority recommendation;
- Provide an update for each action item in all areas including completion date, progress made, barriers to completion, and anticipated completion.

Priority Recommendation #3 (Updated from November): Develop the ability to create the reports and summary reports required by the settlement agreement.

- Revise the incident report as discussed during the site visit;
- Link incident reports with investigation reports;
- Provide all documentation related to one incident in one packet;
- Provide summary reports in consistent format across all facilities;
- Provide grievance summary similar to JDC summary for all three facilities.

Priority Recommendation #4 (Updated from November)-Develop a more effective grievance system.

- Identify an individual to oversee the grievance system for all three facilities;
- Replace the current RDC grievance officer as a result of her promotion to another position;
- Assign responsibility for reviewing the adequacy of grievance responses to the person overseeing the grievance system for the three facilities;
- Set meeting with vendor to identify problems with current system.

Priority Recommendation #5: Continue progress towards compliance with the Prison Rape Elimination Act (PREA).

- Continue staff training and prisoner orientation;
- Print and post PREA placards throughout inmate occupied areas indicating “no tolerance” of sexual harassment and sexual abuse;
- Develop multiple means of reporting (PREA officer did not have a phone for reporting at the time of the site visit);
- Investigations should include not just evaluation for criminal prosecution but also internal corrective actions;
- Ensure that classification evaluates for least restrictive housing location;
- Modify the reclassification form to include more behavior-based assessment (e.g., program completion, participation in work force);
- Arrange for outside counseling to be available when needed.

MEDICAL AND MENTAL HEALTH

Priority Recommendation #1: Continue efforts to ensure that mental health assessments, and where indicated, psychiatric evaluations, have been performed and treatment plans have been developed for all prisoners on the mental health case load, and that these assessments and treatment plans are included in each prisoner's medical record.

- Continue effort to formally assess and document the assessment of all prisoners who are newly added to the mental health case load or were already on the mental health case load;
- Continue effort to develop and document treatment plans for all prisoners on the mental health case load;
- Ensure that documentation makes it clear why an inmate is receiving mental health treatment.

Priority Recommendation #2: Document altercations that come to the attention of medical staff.

- Meet with correctional staff and develop a policy utilizing the body chart for all altercations that require medical attention;
- Develop a log of all altercations that come to medical at each facility and the housing unit where the inmate was assaulted.

Priority Recommendation #3: Improve the process and documentation related to medication.

- Ensure that medications are charted in real time with refusals noted at the time of inmate contact;
- Develop a training program where both security and medical staff check inmate's mouth for hoarding of medications;
- Institute internet connectivity in both the intake area for the medication pass in the jail. Medications can be charted during the medication pass and then downloaded when the nurse returns to the medical unit.

Priority Recommendation #4: Provide health assessments consistent with NCCHC standards.

- Nurses performing the health assessment require in-service training on performing an appropriate physical exam and documentation of the exam;
- According to NCCHC standards the physical exam should be performed by an RN or NP.

Priority Recommendation #5: Because of the limitations of the electronic grievance system, maintain separate documentation of grievances.

- A running log of grievances should be maintained and the grievances should be categorized according to the nature of the complaint such as medication error, sick call timeliness, off-site referral timeliness, complaint about particular staff etc.

Priority Recommendation #6: Address process of sick call and chronic care.

- Sick call and chronic care are at times episodic in that providers only look at a particular complaint and do not look back to see that an inmate has refused medication and then has become symptomatic. The health administrator should discuss these issues with the providers at staff and CQI meetings.

JUVENILES CHARGED AS ADULTS

Priority Recommendation 1: Make physical plant modifications to Henley Young as soon as possible, including:

- Follow thru with a stated plan to add temporary/portable classroom/program space;
- Make modifications to the living units for JCAs, including: (1) replacing the existing fixed tables with movable, more normative furniture and (2) adding sound absorbing materials (e.g. carpeting, acoustic sound panels or baffles) to dramatically reduce the noise level.

Priority Recommendation 2: Select and contract with a consultant to help modify and improve the current behavior management system at Henley Young to better incentivize positive youth behaviors and reduce, and eventually eliminate, the use of solitary confinement for extended periods of time as a disciplinary tool.

- Modify the current behavior management system by creating additional incentives to help reinforce positive behaviors, integrating case planning and mental health services into the behavioral system, additional staff training related to preventing negative behaviors and redirecting youth, and significantly increasing both the nature of and time involved in constructive pro-social programming;
- Pending fully reforming the system, alternatives to extended cell confinement for disciplinary purposes should be implemented.

Priority Recommendation 3: Increase the amount of educational and pro-social programming for JCA youth at Henley Young.

- Implement a GED program;
- Evaluate options to relying on Jackson Public Schools for a complete educational program;
- Repurposing (possibly utilizing the Case Managers and/or recreation specialists) or create a position to be responsible for overall program development, including coordinating outreach to the community for volunteers (individual and groups) to provide programs for youth.

Priority Recommendation 4: Realign staffing for JCA units at Henley Young to create a more consistent staff/youth relationship.

- Utilize consistent staff on the JCA unit that receive additional training (especially as changes are made to the behavior management process);
- Evaluate creating a different classification and/or shift bonus/differential for working on the JCA unit and providing added training and supervision supports.

EXHIBIT 30

From: Leonard Dixon1 (Juvenile Temporary Detention Center) <Leonard.Dixon@cookcountyil.gov>
Sent: Tuesday, May 1, 2018 5:35 PM
To: Shone.Powell@mssd.uscourts.gov
Cc: Eddie Burnside <eburnside@co.hinds.ms.us>; Eric Dorsey <edorsey@co.hinds.ms.us>; Elissa Johnson <elissa.johnson@splcenter.org>; Pieter Teeuwissen <pteeuwissen@co.hinds.ms.us>; anthonysimonpllc@bellsouth.net; Nanetta Payne <nanetta.payne@att.net>; Dr. Lisa Boesky <drlisa@troubledteenexpert.com>; Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <jody.owens@splcenter.org>; Lbdixon1 <lbdixon1@comcast.net>
Subject: Mental Health Policy update

Hi! Shone.....Attach Is the information judge Jordan requested regarding an update on mental health policies and procedures for Henley Young. Please advise if you need any additional information. Thanks

**Leonard B. Dixon, MSPA
Federal Monitor**

MEMO

Date: May 1, 2018

**Daniel P Jordan III Chief Judge
United States District Court
501 East Court Street, Suite 5.750
Jackson, MS 39201**

Dear: **Judge Jordan**

As a follow-up to your court directive of April 24, 2018, I am providing a list of the current mental health policies and procedures being reviewed by Dr. Annette Payne the new clinical psychologist at Henley Young.

In addition, I am attaching a list of policies and procedures that are being developed by Dr. Payne and her team.

It should be noted that a conference call was held with Dr. Linda Boesky mental health consultant, Dr. Payne and myself to ensure the team is on the right track.

I will copy the group below as requested. Since July is our next review with your court; there should be ample time to have mental health policies developed.

Sincerely

Leonard B Dixon

cc.

Elissa Johnson SPLC
Carmen Davis, County administrator Hinds County
Pieter Teeuwissen, attorney
Anthony Simon, attorney
Dr.Nanetta Payne clinical psychologist HYJJC
Dr.Lisa Boesky M.H. Consultant
Paloma Wu SPLC
Eddie Burnside HYJJC

CURRENT POLICIES & PROCEDURES

Access to Adequate Rehabilitative Services

Case Management (Roles & Responsibilities)

Classification

Counseling, Programs, & Progress Notes

Individual Service Plan

Initial Assessment/Intake

Readmission Assessment-Update

Referral for Psychiatric Services

Request for Services

Scope of Mental Health Services

Staff & On-Call Mental Health Services

Substance Use & Treatment

Suicide Prevention

Treatment Plan

Treatment Team

Youth Screening & Instrument

ADDITIONAL POLICIES & PROCEDURES TO BE DEVELOPED

Privacy of Care – *Mental Health Procedure*

Notification in Emergencies – *Mental Health Procedure*

Emergency Services – *Mental Health Procedure*

Continuity of Care During Incarceration – *Mental Health Procedure*

Discharge Planning – *Mental Health Procedure*

Informed Consent and Right to Refuse Services

Clinical Record Keeping

Confidentiality of Health Records and Information

as of: 05/01/2018

Eric Dorsey HYJC
Jodi Owens SPLC
File

Attachments:

EXHIBIT 31

Ava Cilia

From: Paloma Wu
Sent: Wednesday, May 2, 2018 3:47 PM
To: Elissa Johnson; Ava Cilia
Subject: FW: Request for Records: Current Policies, Forms, and Staffing
Attachments: Policy Procedure Henley - Young.pdf; Policy Procedure Henley - Young2.pdf

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Eric Dorsey [<mailto:edorsey@co.hinds.ms.us>]
Sent: Tuesday, April 24, 2018 8:30 AM
To: Paloma Wu; Eddie Burnside
Subject: RE: Request for Records: Current Policies, Forms, and Staffing

Good morning, please see attachments. I have identified two policies that was either revised or created after October 2017.

Eric Dorsey | Quality Assurance Coordinator

Henley-Young Juvenile Justice Center

940 E. McDowell Road

Jackson, MS 39204

☎ 601-985-3000

📠 601-985-3082

✉ edorsey@co.hinds.ms.us

MISSION:

To create and maintain a safe, secure, stable, and mind-changing environment for each child in our care.

QUOTE:

"Every accomplishment starts with the decision to try. Dreams don't work unless you do"

From: Paloma Wu [<mailto:paloma.wu@splcenter.org>]
Sent: Monday, April 23, 2018 11:47 PM
To: Eric Dorsey <edorsey@co.hinds.ms.us>; Eddie Burnside <eburnside@co.hinds.ms.us>
Cc: Jody Owens <Jody.Owens@splcenter.org>; Elissa Johnson <Elissa.Johnson@splcenter.org>; Ava Cilia <Ava.Cilia@splcenter.org>; 'mdutro@drms.ms' <mdutro@drms.ms>; anthonysimonpllc@bellsouth.net; Pieter

Teeuwissen <pteeuwissen@bellsouth.net>; Leonard Dixon (Juvenile Temporary Detention Center)

<Leonard.Dixon@cookcountyl.gov>; Johnnie McDaniels <jmcdaniels@co.hinds.ms.us>

Subject: RE: Request for Records: Current Policies, Forms, and Staffing

Mr. Burnside and Mr. Dorsey,

Thank you very much for taking the time to meet today. I'm re-forwarding our records request below (for all new/updated policies, all blank forms, and filled/unfilled staff positions).

All the best,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Paloma Wu

Sent: Friday, April 20, 2018 9:59 AM

To: jmcdaniels@co.hinds.ms.us; Eric Dorsey

Cc: eburnside@co.hinds.ms.us; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; 'jowens@drms.ms'; anthonysimonplc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center)

Subject: Request for Records: Current Policies, Forms, and Staffing

Dear Mr. McDaniels and Mr. Dorsey,

I hope you are well. We understand the County has been working to update policies and procedures. In preparation for our April 24th status conference, SPLC requests (1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); and (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions).

If the records cannot be emailed, we are available to pick the records up at the facility at any time and hope to do so before the status conference. Please inform us in writing as soon as possible if the County cannot produce the requested information.

Do not hesitate to contact me with any questions or concerns. Thank you in advance for your attention to this matter.

Best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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From: Vidhi Bamzai
Sent: Wednesday, October 10, 2018 3:50 PM
To: pteeuwissen@bellsouth.net; anthonyssimonpllc@bellsouth.net
Cc: Jody Owens; Paloma Wu; Ava Cilia
Subject: Request to Discuss Plans for Compliance with Second Amended Consent Decree
Attachments: 181010_Letter to the County re Request to Discuss Plans for Compliance (FINAL EMAILED).pdf; 180727_Letter to the County re Judge Jordan's Requests on Policies, Agreements, Records (FINAL EMAILED).pdf

Counsel,

Please see the attached letter requesting to discuss plans for compliance with Second Amended Consent Decree. We hope to hear from you soon.

Thank you very much,

Vidhi Bamzai

Law Fellow (Admitted in Mississippi)
Southern Poverty Law Center
111 E. Capitol Street, Ste. 280
Jackson, MS 39201
C: 601.331.5610
O: 769.524.2006
F: 601.948.8885
vidhi.bamzai@splcenter.org



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Seeking Justice

Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

October 10, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**Re: 3:11-cv-327-DPJ-FKB, *J.H. et al. v. Hinds Co.*
Request to Discuss Plans for Compliance with Second Amended Consent Decree**

Dear Pieter and Anthony:

The Second Amended Consent Decree ("Consent Decree") in this matter was extended through March 28, 2019. Unfortunately, according to the Monitor's most recent report, Henley-Young Juvenile Justice Center ("Henley-Young") has not achieved substantial compliance with 89% of the Consent Decree's provisions.¹

We are writing to request to meet with the County and learn about its plans for achieving compliance with all provisions of the Consent Decree by March 2019, or a later date if an extension is desirable. Alternatively, we would appreciate the opportunity to meet and confer with the County to jointly develop a plan of action.

We sincerely hope to work with you to establish a concrete and effective plan for improving conditions at Henley-Young and achieving Consent Decree compliance. We are obligated as class counsel to pursue complete compliance. Therefore, if we do not hear back from you to schedule a meeting to discuss the County's plans by next Thursday, we unfortunately must seek relief from the court on this issue and regarding outstanding requests for records, such as those

¹ See, e.g., Twelfth Monitor's Report at 13, *J.H. et al. v. Hinds Cty.*, 3:11-cv-327-DPJ-FKB (S.D. Miss. Mar. 22, 2018), ECF No. 118 (providing that, in the Monitor's view, the facility has not achieved substantial compliance with 89% (42 of 47) of all substantive provisions in the Second Amended Consent Decree, excluding from the denominator the provisions relating to the Monitor's duties, Plaintiff counsel's access, enforcement, and fees). Note that the County has achieved substantial compliance with only 41% (29 of 71) of all original substantive provisions agreed-to in the initial January 2012 Settlement Agreement (later held to be an enforceable consent decree). See, e.g., Settlement Agreement, *id.* (S.D. Miss. Jan. 20, 2012), ECF No. 33.

Letter to Hinds County Attorneys Teeuwissen and Simon

October 10, 2018

Page 2 of 2

listed in our July 27, 2018, letter (attached) and the facility's currently-implemented policies and procedures, which we understand have been updated and/or supplemented since October 2017, but which we have not been given despite repeated requests.

If you are able to discuss these matters, we would be happy to meet in any location convenient for you, at our office, or at Henley-Young. We hope to hear from you. Please do not hesitate to email me at paloma.wu@splcenter.org or call me at the office number listed above.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink, appearing to read 'Paloma Wu', with a stylized, cursive script.

Paloma Wu
Attorney



Fighting Hate
Teaching Tolerance
Seeking Justice

Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 27, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Responding to Judge Jordan's Requests from Status Conference of July 25, 2018
J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB**

Dear Pieter and Anthony:

This letter is to follow-up on Judge Jordan's directions to the parties during the status conference of July 25, 2018.

Policies

In response to Judge Jordan's request regarding policies, Plaintiffs have not been given any of the versions the Monitor advised were newly written or re-written per the March 2018 Monitoring Report. (See attached.) **Plaintiffs will pick up the newly written/re-written policies listed on Wednesday, August 1, at 5:00 p.m.,** and will copy and return them. We can also scan and forward electronic copies to the court.

Compliance

In response to Judge Jordan's request regarding compliance, we initially seek two agreements. First, Plaintiffs request a built-in one-week comment period on draft policies before they are implemented, and we ask to be automatically provided with final implemented policies. This will help prevent inadvertent implementation of policies that do not comport with the consent decree.

Second, Plaintiffs request that Defendants comply with the psychiatry-related consent decree provisions on an expedited basis by any temporary means necessary until a permanent solution is found. Under the Second Amended Consent Decree, a psychiatrist must provide the following:

1. Medications for youth with a current prescription within 8 hours of admission (not to exceed 24 hours, including weekends and holidays) (Prov. 1.2);

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2. Timely treatment and evaluations for potential or current patients if requested or referred (Prov. 13.2; 13.4; 13.6);
3. Evaluations every 30 days for current patients (Prov. 13.2);
4. Counseling if needed (Prov. 13.6);
5. Input in treatment team meetings (Prov. 13.5);
6. Review of disciplinary actions to determine if treatment should be modified; (Prov. 13.6).

Minimum core medication management services can be provided on an expedited basis in at least two ways: (1) actively recruit one or more contractors; or (2) transport children entitled to such services to community-based psychiatrists for provision of core services. (Prov. 13.3) Lack of psychiatric care at a juvenile detention facility endangers children, staff, and places an unjustifiable burden on security. We seek swift agreement and will seek relief from the court in its absence.

Records

In response to Judge Jordan's request that we come to an agreement regarding timely provision of records, for records created in the normal course of business, we suggest 5 business days and are happy to pick up, copy, and return documents if helpful.

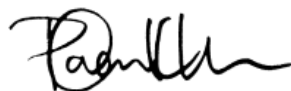
Per our letter of July 17, 2018, we request additional documents in the weekly production, which we can pick up, copy, and return if helpful:

1. Incident reports (currently receiving)
2. Any mental health records produced as a follow-up to incident reports
3. Any confinement records for any type of confinement (including for events at school)
4. Any staff disciplinary records produced as a follow-up to incident reports
5. Any files created during intake for new admits
6. Programming schedule for weekdays, weekends, and any variable schedule for CTAs
7. The psychiatrists' actual work hours (if no record is kept, then their schedule)
8. QMHP staff members' actual work hours (if no record is kept, then their schedule)
9. Medical staff members' actual work hours (if no record is kept, then their schedule)
10. Any document(s) kept in the regular course indicating staff positions filled and vacant
11. Current complete roster
12. Current list of policies and procedures

If you would like to discuss these matters, please email or call my cell at 601-715-5491. Plaintiffs plan to file a status report with the court on these issues after COB on Thursday, August 2, 2018.

Sincerely,

SOUTHERN POVERTY LAW CENTER



Paloma Wu
Attorney

Letter to Hinds County Attorneys Teeuwissen and Simon

July 27, 2018

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cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Acting Director, HYJC

Prov.	Intake	New or Revised Policies Recommended Per 12 th Monitoring Report (March 2018)	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
1.(1)	All Residents Admitted to Henley Young	1. "Fully develop admitting policies and procedures to reflect provision" (p. 19)	1. NO
1.(2)	MAYSI-2 Mental Health Screening	2. "Develop comprehensive policy and procedures for this provision" (p. 19) 3. "Develop process whereby facility staff and court employees develop a system for the sharing of information and reviewing of residents; files which are centrally located and accessible to detention staff" (p. 20)	2. NO 3. NO
1.(3)	Prescription Medications	4. "Maintain written policy and procedures or protocol for this provision" (p. 20)	4. NO

Prov.	Cell Confinement	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
3.(1)	Structured, Rehabilitative & Educational Programming	5. "Continue to maintain policies and procedures for this provision. Ensure JCAs are included in programming" (p. 25)	5. NO

Prov.	Structured Programming	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
4	Educational, Rehabilitative, and/or Recreational Programs	6. "Continue to develop adequate policies and procedures for this provision, which includes JCAs" (p. 30)	6. NO

Prov.	Individualized Treatment Plans/Treatment Program	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
5.(1)	Residents Access to Adequate Rehabilitative Services	7. "Continue to develop adequate policy and procedures to meet this provision to include JCAs" (p. 31)	7. NO
5.(2)	Health and/or Substance Abuse Treatment	8. "Continue to develop adequate mental health policies and procedures for this provision to include JCAs" (p. 32) 9. "Develop case management policies and procedures" (p. 32)	8. NO 9. NO
5.(3)	Treatment Plans	10. "Develop comprehensive policies and procedures for this provision that includes the contents (A-K)" (p. 33)	10. NO
5.(4)	Review of Individual Treatment Plans	11. "Develop comprehensive policies and procedures for this provision to include JCAs" (p. 34)	11. NO
5.(5)	Evening and Weekend Programs and Activities	12. "Develop comprehensive policies and procedures to meet the needs for the provision to include JCAs" (p. 34)	12. NO
5.(6)	Quality Assurance Program	13. "Develop comprehensive policies and procedures to meet the needs for this provision for the facility, school program and SICU program" (p. 36)	13. NO

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Prov.	Use of Restraints	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
7.(3)	Misuse of Mechanical Restraints	14. "Update the comprehensive policies and procedures for this provision, this should also include JCAs." (p. 40)	14. NO
7.(4)	Mental Health - Use of Mechanical Restraints	15. "Continue to develop comprehensive policy and procedures for this provision with mental health professionals including JCAs" (p. 41)	15. NO
		16. "Develop Mental Health protocols for this provision including JCAs" (p. 41)	16. NO
		17. "Revise restraint policy for juveniles," (p. 41)	17. NO

Prov.	Use of Force	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
8.(2)	Notice to Medical Professional After Use of Force	18. "Continue to develop comprehensive policies and procedures for this provision" (p. 46)	18. NO

Prov.	Meals and Nutrition	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
9.(3)	Provide Drinking Water Throughout the Day	19. "Continue to develop a policy for incidents regarding water quality and procedures to address them," (p.48)	19. NO

Prov.	Medical Care	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
12.(1)	Provide Residents With Adequate Medical Care	20. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 53)	20. NO
		21. "Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities" (p. 53) • "Have a licensed medical professional review and sign off on policy, procedures and protocols" (p. 53)	21. NO
12.(2)	Provide Medical Professional When Needed	22. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 54)	22. NO
12.(3)	Implement a Sick Call Policy to Ensure 24-Hour Services	23. "Develop policies, procedures and protocols for this provision" (p. 54)	23. NO
12.(4)	Prescription Medications Only Dispensed by Medical Staff	24. "Develop policies, procedures and protocols to address this provision. These policies, procedures and protocols must include the appointment of a medication administration protocol" (p. 55)	24. NO
12.(5)	Provide Medical and Mental Health Services	25. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 55)	25. NO
12.(6)	Proper Monitoring Residents Who Require Individualized Attention	26. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 56)	26. NO

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Prov.	Mental Health Care	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
13.(1)	Provide Adequate Mental Health Care	27. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 57)	27. NO
13.(2)	Residents and Psychotropic Medications	28. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 57)	28. NO
13.(3)	Within 72 Hours of Admittance Complete an Individualized Mental Health Treatment Plan	29. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 58) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (Psychiatrist, etc.)." (p. 58)	29. NO
13.(4)	Implement Policies and Procedures for Referrals	30. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 58) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 58)	30. NO
13.(5)	Sufficient Psychiatric Services	31. "Develop policies and procedures to address this provision. (Including JCAs)" (p. 59) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 59)	31. NO
13.(6)	Psychiatrist and/or Counselors to Record Review to Ensure Proper Care	32. "The facility needs to develop policies and procedures to address this provision. (Including JCAs)." (p. 60) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 60)	32. NO

Prov.	Suicide Prevention	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
14.(1)	Multi-Tiered Suicide Prevention Policy	33. "Develop policies and procedures to address this provision. (Executed). However, now JCAs must be included." (p. 60) 34. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 60)	33. NO 34. NO
14.(2)	Evaluate Highest Level of Suicide Watch Every 12 Hrs by Medical Professional	35. "Develop policies and procedures to address this provision. (Executed). However, JCAs must now be included." (p. 61) 36. "Identify a mental health agency to help develop policies, procedures and protocols" (p. 61) 37. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 61)	35. NO 36. NO 37. NO

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14.(3)	Closely Monitor Suicide Watch Residents During All Activities	<p>38. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>39. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>38. NO</p> <p>39. NO</p>
14.(4)	Court Shall Be Notified Within 24 Hours of Any Residents on Suicide Watch	<p>40. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>41. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>40. NO</p> <p>41. NO</p>

Prov.	Family Support and Interaction	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
15.(4)	Phone Calls Shall Be Allowed Based on Policy	42. "Case Managers develop policies and procedures that will help youth interact with attorneys and provide documentation of those interactions" (p. 64)	42. NO

Prov.	Miscellaneous Prov.s	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
16.(1)	Provide Equal Access to All Services	43. "Develop policies and procedures and practices for this provision including JCAs. See Ms. Brooks report." (p. 65)	43. NO
16.(5)	Provide Residents of All Ages With the Opportunity to See Their Attorneys and/or Residents Court Counselor	<p>44. "Develop policies and procedures and practices for this provision including JCAs" (p. 68)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 68) <p>45. "Develop policies and procedures based on the prison rape elimination act" (p. 68)</p>	<p>44. NO</p> <p>45. NO</p>

From: Paloma Wu
Sent: Friday, July 27, 2018 3:43 PM
To: Pieter Teeuwissen; anthonyssimonpllc@bellsouth.net
Cc: Eddie Burnside; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1
Subject: J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB: Letter re Judge Jordan's Requests (Policies, Agreements, Records)
Attachments: 180727_Letter to the County re Judge Jordan's Requests on Policies, Agreements, Records (FINAL EMAILED).pdf

Dear Pieter and Anthony,

Please see the attached letter following up on Judge Jordan's directions to the parties during the status conference of July 25, 2018.

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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BY ELECTRONIC MAIL

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Letter to Hinds County Attorneys Teeuwissen and Simon

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Paloma Wu
Attorney

Letter to Hinds County Attorneys Teeuwissen and Simon

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Eddie Burnside, Acting Director, HYJC

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Prov.	Use of Force	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
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14.(1)	Multi-Tiered Suicide Prevention Policy	33. "Develop policies and procedures to address this provision. (Executed). However, now JCAs must be included." (p. 60) 34. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61) • "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 60)	33. NO 34. NO
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14.(3)	Closely Monitor Suicide Watch Residents During All Activities	<p>38. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>39. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>38. NO</p> <p>39. NO</p>
14.(4)	Court Shall Be Notified Within 24 Hours of Any Residents on Suicide Watch	<p>40. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>41. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62) 	<p>40. NO</p> <p>41. NO</p>

Prov.	Family Support and Interaction	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
15.(4)	Phone Calls Shall Be Allowed Based on Policy	42. "Case Managers develop policies and procedures that will help youth interact with attorneys and provide documentation of those interactions" (p. 64)	42. NO

Prov.	Miscellaneous Prov.s	New or Revised Policies Recommended Per 12 th Monitoring Report	Plaintiffs have the versions newly written or re-written per the March 2018 Monitoring Report?
16.(1)	Provide Equal Access to All Services	43. "Develop policies and procedures and practices for this provision including JCAs. See Ms. Brooks report." (p. 65)	43. NO
16.(5)	Provide Residents of All Ages With the Opportunity to See Their Attorneys and/or Residents Court Counselor	<p>44. "Develop policies and procedures and practices for this provision including JCAs" (p. 68)</p> <ul style="list-style-type: none"> "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 68) <p>45. "Develop policies and procedures based on the prison rape elimination act" (p. 68)</p>	<p>44. NO</p> <p>45. NO</p>

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<i>Summary Chart III</i> MONITOR AND EXPERT FINDINGS AND RECOMMENDATIONS RE: FACILITY SPACE¹		
<i>Relevant Provision</i>	<i>Quote(s)</i>	<i>Source</i>
General Consent Decree Compliance	“Renovate and redesign unused space - Based on my review the county has made no in roads or provided any support for changes in this area.”	Twelfth Monitor’s Report 10, Mar. 22, 2018, ECF No. 118.
General Consent Decree Compliance	“I still continue to recommend the County proceed with the proposed renovations and additions to the existing juvenile facility.”	Twelfth Monitor’s Report 69, Mar. 22, 2018, ECF No. 118.
General Consent Decree Compliance	“Renovate and redesign unused space – during this visit I reviewed the plans for a redesign of the existing Henley Young complex building to accommodate young adults that are currently housed at the Hinds County Jail. My major concern, with the facility housing young adults from the county jail, is there adequate staffing and training to deal with this more aggressive population... the physical plant needs greater security hardware (i.e. fencing for outdoors, outdoors ground security, outdoor windows security etc.)... before this transition takes place.”	Eleventh Monitor’s Report 11, Sept. 25, 2017, ECF No. 113.
General Consent Decree Compliance	“I would also recommend that the County proceed with the proposed renovations and additions to the existing facility.”	Eleventh Monitor’s Report 71, Sept. 25, 2017, ECF No. 113.

¹ This chart summarizes material from the Monitor’s two most recently-filed reports, the subject matter experts’ most recently-filed reports, and from the reports and “Priority Recommendations” of the Monitor in *U.S. v. Hinds Cty., et al.*, No. 3:16-cv-489-WHB-JCG (S.D. Miss., June 23, 2016).

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<p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“The school program occupies designated space in the detention center. The space is definitely inadequate, made workable only because of the small numbers of residents attending school. If the numbers ever consistently approach the 32 resident capacity this will be an issue that needs to be revisited. I continue to stress this point especially as it relates to the social studies classroom and the EES rooms.”</p>	<p>Educ. Prog. Rev. Rep. 18, Sept. 19, 2018, ECF No. 126.</p>
<p>Mental Health Care</p> <p>No. 13.1 (requiring the County to provide “adequate mental health services to all confined residents with a mental health diagnosis or serious mental health need, as indicated by the MAYSI-2”)</p>	<p>“Utilize a variety of available areas (e.g., multi-purpose room, outside spaces, classrooms, living units, the non-operational “no contact” visiting area, medical waiting room) to provide confidential settings for individual and group treatment, including psychoeducation groups.”</p>	<p>Mental Health Serv. Rev. Rep. 13, Aug. 13, 2018, ECF No. 124-1.</p>
<p>Suicide Prevention</p> <p>No. 14.1 (requiring the County to “develop a multi-tiered suicide prevention policy that has at least three stages of suicide watch. . . The ‘suicide cell’ shall be reserved for residents for whom the ‘suicide cell’ is deemed necessary in conjunction with this suicide prevention policy.”)</p>	<p>“Create at least one “suicide-resistant” room/cell on each unit immediately.”</p>	<p>Mental Health Serv. Rev. Rep. 4, Aug. 13, 2018, ECF No. 124-1.</p>
<p>Medical Care</p> <p>No. 12.5 (requiring the County to provide medical and mental health services “in a manner that ensures the confidentiality of youth’s</p>	<p>“A designated area separate from the general population is needed to maintain youth that are recovering from acute illness and/or are actively contagious.” (p. 9)</p>	<p>Henley-Young Juv. Just. Ctr. Detention Division – Med. Serv. Rev. 9, Mar. 19, 2018,</p>

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health information”)		ECF No. 117.
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“Making this transition successful (safe for all youth and staff as well as meeting both Agreement requirements), additional steps will need to be taken, including but not limited to: ...</p> <p>2. Additional physical plant modifications related to perimeter and living unit security;</p> <p>3. Constructing of additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley Young...</p> <p>All of these steps will become increasingly important as the number of JCAs at Henley Young grows, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible.”</p>	<p>Court-Appointed Monitor’s Third Monitoring Report at 50-51, 55, <i>U.S. v. Hinds Cty., et al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Dec. 11, 2017).</p>
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p>	<p>“At this point in time, the JCA youth at Henley Young are assigned to one housing unit. As the transition continues it may be possible to utilize two of the Henley Young housing units in a way that permits appropriate classification, but that will be dependent on a number of factors, including: . . .</p> <p>(3) the creation of additional program space (s),”</p>	<p>Court-Appointed Monitor’s Third Monitoring Report at 55, <i>U.S. v. Hinds Cty., et al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Dec. 11, 2017).</p>
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured,</p>	<p>“... changes needed to address previous recommendations, including:</p> <p>1. Making additional physical plant modifications at HY related to perimeter</p>	<p>Court-Appointed Monitor’s Fourth Monitoring Rep. at 48-49, <i>U.S. v. Hinds Cty., et</i></p>

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<p>rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>and living unit security. There are legitimate concerns that as more serious offenders are held for longer periods of time, additional security for the perimeter (to prevent escape, incursion from the outside, tossing contraband into the “yard”, etc.) is increasingly critical.</p> <p>2. Constructing additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley-Young.”</p>	<p><i>al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Apr. 18, 2018).</p>
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“In the last Monitoring Report, a number of recommendations were made related to changes at Henley Young that would support a successful transition (i.e. physical plant changes, security improvements, increased programming, speeding up case processing, improving the overall behavior management system, etc.). The report indicated that as the length of time JCA youth are in placement increases, the more important these changes would become. Specifically, the previous report included this language:</p> <p><i>All of these steps will become increasingly important as the number of JCAs at Henley Young grows and/or their length of stay increases, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible. County staff indicates that some bonding authority has been approved in the budget and that some portion of those funds can be directed</i></p>	<p>Court-Appointed Monitor’s Fifth Monitoring Rep. at 54, <i>U.S. v. Hinds Cty., et al.</i>, No. 3:16-cv-489-WHB-JCG (S.D. Miss., Aug. 1, 2018)</p>

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	<p><i>to make these changes. A concern is that given the relative success of the transition to date, the sense of urgency needed to commit the necessary funding in a timely manner is diminished. The County needs to establish, articulate, and implement a plan (including action steps, fiscal resources, and timelines) to complete the transition of Juveniles Charged as Adults (JCAs) to the Henley Young facility.</i></p> <p>Unfortunately, most of these recommendations were not implemented, and some projected problems that have arisen since the last visit will be referenced later in this section.”</p>	
<p>Cell Confinement</p> <p>No. 3.1 (requiring the County to engage Youth in “to engage Youth in “structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays”)</p> <p>Structured Programming</p> <p>No. 4.1 (requiring the County to administer a “daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells”)</p>	<p>“Make physical plant modifications to Henley Young as soon as possible, including:</p> <ul style="list-style-type: none"> • Follow thru with a stated plan to add temporary/portable classroom/program space; • Make modifications to the living units for JCAs, including: (1) replacing the existing fixed tables with movable, more normative furniture and (2) adding sound absorbing materials (e.g. carpeting, acoustic sound panels or baffles) to dramatically reduce the noise level.” 	<p>Handout from Elizabeth Simpson, Court-Appointed Monitor in <i>U.S. v. Hinds Cty., et al.</i> at 5, June 2018.</p>

From: Paloma Wu
Sent: Tuesday, July 24, 2018 6:26 PM
To: Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1
Cc: Ava Cilia; Jody Owens
Subject: Status Conference of 7/25/18 & Request for an A.M. Call

Dear Mr. Dixon,

I hope all is well. I'm writing to ask if you are planning on attending or calling into the status conference tomorrow, July 25, 2018, and also to ask for the date your next report will issue and the dates of your next visit. If you have time during your next visit, we would sincerely appreciate the opportunity to meet with you and defendants; the last meeting was very helpful.

Might you be available for a brief call tomorrow morning? We continue to have concerns about backsliding in the provision of mental health care, discipline/isolation, and education. We would appreciate hearing your thoughts.

To give you one example of the nature of our concerns, in our June 14, 2018, meeting with you and defendants, we asked that a CTA resident, [REDACTED], be seen by a psychiatrist for medication to treat his diagnosed major mental illness. He has not. But he has been placed on **420-570 hours of lockdown** since he arrived in December 2017. [REDACTED] and another child, [REDACTED], who also has a history of being held in solitary confinement for multi-day periods at Henley-Young, have independently reported to staff that they are unable to sleep without their previously-prescribed psych meds because they currently experience **command auditory hallucinations**.

Children not receiving required mental health care have since our June 14, 2018 meeting been placed on discipline/isolation for periods of time that **exceed 24-hour post due-process requirements** (and which were not to isolate children posing an "immediate, serious threat of bodily injury"). While we appreciate anecdotally that some rare children must be treated as if they pose an ongoing threat, we frankly do not believe any such children currently reside at Henley-Young and that the "immediate, serious threat of bodily injury" administrative seg provision provides an adequate means to control if one were to move in. However, administrative seg has been grossly misused. The form itself provides at the top that the administrator can use non-due process segregation **to purely punish for a rules violation**; the longest we've seen decreed (there's no authority for it) is a **6-day continuous block of admin seg isolation as punishment** for an assault. (This was for [REDACTED], who was asking for psych meds during this time.) We are concerned.

We're anxious to hear your thoughts and hope we can discuss soon. The reason for our belated email to you is that we only received documents we've been requesting for months on Friday.

Thanks and best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

J.H., by and through his next friend
Terina Gray, on behalf of himself
and all persons similarly situated

PLAINTIFFS

VS.

CIVIL NO. 3:11CV327-DPJ-FKB

HINDS COUNTY, MISSISSIPPI

DEFENDANT

STATUS CONFERENCE

BEFORE THE HONORABLE DANIEL P. JORDAN III
UNITED STATES DISTRICT JUDGE
APRIL 24TH, 2018
JACKSON, MISSISSIPPI

APPEARANCES:

FOR THE PLAINTIFF: MS. PALOMA WU
MR. JODY E. OWENS II
MS. ELISSA F. JOHNSON

FOR THE DEFENDANT: MR. PIETER TEEUWISSEN
MR. ANTHONY R. SIMON

REPORTED BY: MARY VIRGINIA "Gina" MORRIS, RMR, CRR

501 East Court Street, Suite 2.500
Jackson, Mississippi 39201
(601) 608-4187

1 (COURT CALLED TO ORDER)

2 THE COURT: Thank you. You may be seated. All right.
3 Good morning.

4 (ALL RESPONDED "GOOD MORNING")

5 THE COURT: We're obviously here in the case of *J.H.*
6 *v. Hinds County*, 3:11cv327. Let me ask counsel to introduce
7 yourselves for the record.

8 MS. WU: Paloma Wu. I'm a lawyer for Southern Poverty
9 Law Center.

10 MR. OWENS: Jody Owens, Your Honor.

11 MS. JOHNSON: Elissa Johnson for the plaintiffs as
12 well, Your Honor.

13 MR. TEEUWISSEN: Good morning, Your Honor.
14 Pieter Teeuwissen, board attorney for Hinds County, and Anthony
15 Simon, special legal counsel for Hinds County. And we have
16 several county representatives present in the courtroom. May I
17 introduce them?

18 THE COURT: Of course.

19 MR. TEEUWISSEN: Present, Your Honor, this morning we
20 have in the blue shirt Mr. Eric Dorsey, who is the quality
21 assurance officer at Henley-Young. Next to him in the white
22 shirt is Mr. Eddie Burnside, the operations manager at
23 Henley-Young. And next to him is Major Mary Rushing of the
24 sheriff's department, who is also involved in some matters
25 we'll be discussing this morning at Henley-Young.

1 Thank you, Your Honor.

2 THE COURT: Is that it?

3 MR. TEEUWISSEN: Yes, sir. Thank you, Your Honor.

4 MS. WU: Your Honor, Mr. Dixon, the court's monitor,
5 is also here.

6 THE COURT: Oh, hey. Mr. Dixon, how are you?

7 MR. DIXON: Good, Judge.

8 THE COURT: I didn't see you. Mr. Teeuwissen casts a
9 big frame there. I didn't see you sitting behind him there.
10 All right. The parties asked for this status conference. So
11 how do you want to proceed?

12 MS. WU: Thank you, Your Honor, for the opportunity to
13 speak and discuss the status of this matter. We represent the
14 plaintiffs, who are all children who are residing at the
15 Henley-Young Detention Facility. The reason for today's status
16 conference is that the parties moved jointly to extend the
17 consent decree through March of 2019.

18 Our purpose is to take this opportunity to ask for the
19 court's assistance in achieving success in the next eleven
20 months. To that end we'd like to very briefly describe to the
21 court four key topics: Where we've been recently, where we're
22 going, and where we are today, as well as what we're asking
23 from the court.

24 As far as where we've been recently, we recently
25 learned that Mr. McDaniels has temporarily or permanently

1 departed as head of the detention facility. So it is worth
2 discussing moving forward how Henley-Young will have the
3 authority to make the types of decisions necessary to come into
4 compliance with certain provisions.

5 The second significant development is that beginning
6 in October of last year, the facility began housing a new
7 population of children who are being tried as adults. Because
8 these children are children residing at the Henley-Young
9 detention facility, these children are equal class members in
10 this case in every respect.

11 Plaintiffs agree with the court's monitor that as
12 long-term residents the consent decree provisions relating to
13 post-disposition residents apply with equal force to the CTA
14 population because, as is in the consent decree, the
15 postposition population is a proxy for long-term resident, and
16 CTA is our long-term resident. They are anticipated to have a
17 length of stay of between nine months to two years.

18 That the CTA population transition has gone so well
19 thus far is a testament to the structural and cultural
20 integrity of the administration at the facility. It cannot be
21 overstated. It is also a testament to the positive working
22 relationship with this court's monitor, Mr. Dixon, who we're
23 fortunate has both the knowledge and experience with housing
24 children under adult and youth court jurisdiction together.

25 It is fair to say that so far the facility has moved

1 mountains to come to the place where we are now with the
2 consent decree, and nothing that plaintiffs have to say
3 regarding the road to come is meant to detract or minimize from
4 this reality.

5 In order to talk about where we are now, we'd like to
6 draw the court's attention to the chart that we're putting up
7 on the Elmo. And we can pass out copies to the court and to
8 opposing counsel.

9 The chart that's up right now on the Elmo shows all of
10 the 71 provisions in the original consent decree. Across the X
11 axis are all 12 reports thus far that the court monitor has
12 provided. We have color coded it to correspond with the
13 designations that the court monitor himself uses.
14 Noncompliance red, beginning compliance orange, yellow is
15 partial compliance, substantial compliance is green or is
16 black, depending on which amendment to the consent decree it
17 eliminated.

18 Right now, the 12th monitoring report tells us that
19 41 percent of all of the consent decree provisions have been --
20 achieved substantial compliance. That is 29 of the original 71
21 provisions. This 29 includes the 24 which have already been
22 eliminated by amendment.

23 What we'd like to do is to ask for the court's
24 assistance in achieving compliance with the three major subject
25 matter topics that we have had the most ground to cover in the

1 next eleven months. These are mental health, medical, and
2 education.

3 Dr. Boesky is the medical expert in this case that
4 Mr. Dixon has chosen to work with. Her third report makes, by
5 our count, approximately 150 recommendations. When plaintiffs
6 tried to group those recommendations into the preexisting
7 categories provided by the provisions of the consent decree, we
8 found that they relate to approximately 25 provisions of the
9 consent decree, so not simply the mental health care section,
10 but other sections relating to intake screening and the like.

11 Of these 25 provisions, the facility is in substantial
12 compliance with only one. This is less than half of
13 one percent. They -- as to five of the provisions, five are
14 noncompliant and eleven have beginning compliance.

15 If I have permission to approach the bench, I would
16 like to give you a hard copy of it.

17 THE COURT: Okay.

18 (DOCUMENT TENDERED TO COURT)

19 MS. WU: We included at the top of the chart the
20 precise definition of the compliance code measurements that our
21 court monitor uses. It's helpful to note that beginning
22 compliance only requires that a policy be written. It requires
23 zero implementation. So 16 of the 25 provisions relating to
24 mental health in the consent decree are either noncompliance or
25 only at beginning compliance.

1 Dr. Ezike is the medical expert in this case.

2 Dr. Ezike's most recent third report makes approximately 35
3 main recommendations. Those recommendations by our analysis
4 fall into approximately 16 of the preexisting provisions of the
5 consent decree.

6 Two of those 16 provisions are in substantial
7 compliance, which is slightly more than a tenth of a percent.
8 And of those, seven are in beginning compliance, which means,
9 again, that no implementation has been made.

10 Finally, Dr. Brooks is the education subject matter
11 expert. In her most recent third report she makes
12 approximately 25 main recommendations. We categorize those
13 into five preexisting provisions of the consent decree. Of
14 those the county has achieved substantial compliance in only
15 one of five.

16 It's fair to say that the most progress as to the
17 consent decree has been made in the last two years since
18 Mr. McDaniels took the helm and conditions have been friendlier
19 towards progress in those areas.

20 We feel that with 69 percent of the provisions
21 remaining to achieve substantial compliance it would be
22 extremely helpful if the court could provide concrete ways for
23 the parties to continue progress, particularly in these three
24 subject matter areas.

25 In general, we would ask for a schedule of status

1 conferences in the next eleven months and some concrete dates
2 for production of policies. In particular, many of the
3 provisions that defendants have not yet gained compliance with
4 the court monitor has noted that policies are under development
5 or being written.

6 Right now it would be very helpful if we knew which
7 policies were under development or being written. It would be
8 helpful for plaintiffs if we were either included in in some
9 meaningful capacity the review of the remaining policy, only in
10 order to streamline the process, of course, not because those
11 policies require our approval, which they do not.

12 We would be interested to know what the mechanism is
13 that the defendants are using to have the subject matter
14 experts review the policies that are currently under
15 development and that are yet to be written. And we also think
16 it would be helpful to track the types of hiring decisions that
17 the subject matter experts have recommended be made and the
18 types that have been made and are yet to be made.

19 As you can see, plaintiffs are discussing 30,000-foot
20 issues with regards to the next eleven months. We're not
21 discussing any particular provisions. We think it's premature
22 to discuss particular provisions, because we feel that the most
23 productive way to do that would be in the context of a
24 structured assistance with this court, meeting with this court,
25 meeting with defendants.

1 And we do believe that the county is amenable. They
2 can, you know, attest for themselves. But they have been --
3 you know, in the spirit of cooperation have absolutely been
4 willing to talk with us and we're hopeful for the next eleven
5 months.

6 THE COURT: All right. Thank you. Mr. Teeuwissen.

7 MR. TEEUWISSEN: May it please the court.

8 THE COURT: Sure.

9 MR. TEEUWISSEN: Your Honor, would you permit me a few
10 minutes to provide a little context, and then I'll specifically
11 address some of the areas that Ms. Wu has raised? Thank you,
12 Your Honor.

13 Recently in this courthouse, Judge Barbour heard
14 testimony alleging all manner of mistreatment occurring at the
15 privately run East Mississippi Correctional Facility. The
16 warden in that case testified that such was the nature of
17 prisons, the nature of the beast, something to that effect.
18 Regardless of the constitutional merits, the testimony
19 indicated a sad state of affairs.

20 Perhaps this is why Nelson Mandela said, "No one truly
21 knows a nation until one has been inside its jails." Equally,
22 Douglas Hurd, British home secretary for Margaret Thatcher,
23 said, "Prison is an expensive way of making bad people worse."

24 Fortunately, the matter before this court, document
25 119, the joint motion to extend the consent decree, stands as

1 stark contrast to the litigation before Judge Barbour. Here
2 the parties have been cooperative and followed the lead of a
3 federal monitor, a monitor, Your Honor, who guides us through a
4 collaborative problem solving process and a monitor who's not
5 afraid to scold us appropriately when necessary to move us
6 along.

7 Four years ago we stood in this same courtroom and the
8 best Hinds County could offer Your Honor was an argument that
9 somehow a settlement agreement wasn't a consent decree. Your
10 Honor found that the county was at that time effectively in
11 contempt and had made no progress whatsoever, but withheld any
12 sanctions and gave us an attempt to start over.

13 Two years ago this court calmed and cajoled warring
14 parties into a tri-party peace treaty, document 106 in this
15 matter; and somehow that managed to stay out of the media.
16 Just this past December the Mississippi Supreme Court followed
17 the court's lead involving Jurist in Residence Hudson; and
18 there was an agreement reached between Judge Skinner, Judge
19 Priester and the county as to division of duties and funding
20 for various youth court needs.

21 All that circles us back to where we started in this
22 case, Your Honor, in 2011. Are the juveniles in Henley-Young
23 detained in a manner so as to protect and promote their
24 constitutional rights? The answer, Your Honor, is a healthy
25 yes.

1 Juveniles are safe and secure. Juveniles have access
2 to structured education. Juveniles have access to appropriate
3 medical care. The young folks eat well. One young man put on
4 20 pounds in his first month at Henley-Young as opposed to
5 staying in Raymond. But perhaps most importantly, the
6 juveniles now have access to case managers and mental health
7 personnel.

8 Finally, through the various court facilitators'
9 agreements, the number of youth detained for delinquency
10 averages about ten and their stay is limited to 21 days. Gone
11 are the days of 89-day programs without any content.

12 Feeling frisky, Your Honor, the county made a bold
13 move in September of last year and began housing juveniles
14 charged as adults at Henley-Young. While many of us held our
15 breath, we're pleased to announce that the integration is
16 working. That's right. Hinds County now has approximately ten
17 juveniles charged as adults receiving virtually the same
18 increased level of service as the delinquency juveniles.

19 Thus, we are diverting juveniles charged as adults
20 from the dysfunction at other county facilities and, hopefully,
21 offering them a second chance for those who deserve it. And
22 this is done in an environment that is largely calm and
23 arguably calmer than the home life of many of the individuals
24 who we now house.

25 Again, these individuals are safe and secure. The

1 protection of harm issue has enjoyed sustained compliance.

2 That is the most important thing.

3 Now, Your Honor, Hinds County will concede that our
4 work is not done. We need better educational services.

5 Jackson Public Schools just informed us that it did not have
6 funding for summer school at Henley-Young. Seems hard to
7 believe that a district with a \$300 million budget couldn't
8 come up with \$100,000, but it is what it is. That opens the
9 door for other approaches to education.

10 Likewise, our mental health services must continue
11 growing. To this end, the county as of last week engaged the
12 services of a licensed psychologist, Dr. Nanetta --
13 N-A-N-E-T-T-A -- S. Payne, Ph.D. She's licensed by the State
14 of Mississippi and she will provide services at Henley-Young
15 for 20 hours a week in addition to the case managers and mental
16 health personnel who are full-time.

17 A library and reading program would be nice.
18 Likewise, increased mentoring and discussion of career paths is
19 necessary. Stated differently, various types of next-level
20 programming are needed to not only ensure constitutional
21 compliance but really make a difference in the social fabric of
22 the city and the county.

23 To this end the county has recently engaged a
24 leadership development professional. This individual started
25 as a frontline youth detention officer in Ohio. He has worked

1 his way up through the ranks into administrative roles in both
2 youth and adult facilities. He is licensed, some sort of
3 certified management professional. And, best of all, he has
4 original ties to Hinds County.

5 Beginning in June he will take the next year to come
6 in and develop our shift supervisors, our frontline supervisory
7 personnel, as well as the administrative team to ensure that we
8 are all at every level promoting compliance, looking for new
9 ideas, and don't slide from the gains we have made.

10 Your Honor, Henley-Young is, in the best sense of the
11 word, a laboratory for improved detention conditions in
12 Mississippi. We try, we fail, we try again, we fight, we
13 litigate, we listen, and then we try some more. We are
14 building an innovative public facility.

15 Sure, we would all like it done faster. No question
16 about that. Your Honor expressed exasperation in 2014 at the
17 lack of progress and the pace at that time. Since that time,
18 we have significantly increased our compliance in the
19 conditions for these youth. Your Honor has been there. He has
20 seen some of the changes firsthand.

21 And with all due respect to the SPLC, compliance and
22 culture change isn't a scorecard. There's a lot more to it
23 than that.

24 We're proud of the facility we have now. We feel
25 ourselves on the cutting edge by incorporating the juveniles

1 charged as adults. And we see opportunity to improve what we
2 were doing and being a model facility in the state of
3 Mississippi and in the Southeast.

4 As to several of the issues raised by Attorney Wu,
5 Mr. McDaniels chose to run for the position of county court
6 judge. Your Honor is well versed in the history of animosity
7 between the board of supervisors and the existing senior county
8 court judge.

9 Therefore, Mr. Simon and I, in conjunction with
10 Ms. Carmen Davis, the county administrator, who, Your Honor,
11 would have been here, but she's on medical leave, recommended
12 to the board that Mr. McDaniels needed to take a leave of
13 absence. We have made too many gains with Judge Skinner to
14 risk the appearance of the board endorsing one candidate or
15 another. So it was the board's decision upon the
16 recommendation of counsel and Administrator Davis to place
17 Mr. McDaniels on leave.

18 Clearly, if he wins that race, we'll be searching for
19 a new director. If he does not, we will cross that bridge at
20 that time. But, again, looking from the 30,000-foot view, it
21 seemed more important to avoid the politics than to simply keep
22 him in place on the payroll.

23 THE COURT: When is that election?

24 MR. TEEUWISSEN: That election is November, Your
25 Honor, nonpartisan election. He went on leave effective

1 April 1st. The qualifying deadline is May 11th, Mr. Simon
2 says. If somehow he were not to have an opponent, I think we
3 could return him to the facility; but if there's any chance of
4 it being a contested race, with the funding issues that have
5 arisen in the past, the board is going to stay away from it.

6 Meanwhile --

7 THE COURT: Well, excuse me.

8 MR. TEEUWISSEN: Yes, Your Honor.

9 THE COURT: If it's uncontested -- I guess there's
10 been some -- I read some speculation that Judge Skinner might
11 run for county -- I mean for circuit?

12 MR. TEEUWISSEN: And chancery.

13 THE COURT: Okay. But if McDaniels ends up being
14 unopposed, you would return him to the facility until November?
15 Is that the plan?

16 MR. TEEUWISSEN: He would not -- the term does not
17 start until January. We would return him to the facility if
18 he's unopposed until he took over his duties as judge, and then
19 we would have a transition period with him.

20 THE COURT: And use that time to find somebody to
21 replace him?

22 MR. TEEUWISSEN: Yes.

23 THE COURT: And who is filling in for him now?

24 MR. TEEUWISSEN: A combination of Mr. Burnside and
25 Mr. Dorsey. They are the two most senior personnel and have

1 been the most involved in consent decree matters since the
2 inception of this litigation.

3 Moreover, Mr. Simon has taken a larger role, as he did
4 in 2014, with Mr. Bluntson of advising the facility on a
5 day-to-day, every-other-day basis to help Mr. Burnside and
6 Mr. Dorsey and Major Rushing. And Major Rushing is taking an
7 increased role even though she has a consent decree and plenty
8 of headaches herself because of the presence of juveniles
9 charged as adults.

10 Speaking of the JCA population as equal class members,
11 we absolutely agree they are equal class members. It was a
12 challenging decision on how we would integrate those youth.
13 And at Mr. Dixon's recommendation, we have not moved youth who
14 were already detained in Raymond to the facility. We started
15 in September with newly arrested youth who may be processed at
16 Raymond but then immediately brought to the Henley-Young
17 culture so that they are immersed in a positive culture from
18 day one as opposed to being exposed to the things that we
19 are -- the conditions that we are addressing in Raymond.

20 There is one individual who is 15 who's at Raymond,
21 Your Honor. With Mr. Dixon's guidance, we will integrate him
22 to Henley-Young.

23 There are six other individuals, Major Rushing? Five.

24 Five other individuals who are -- will age out this
25 year. We will leave those individuals at Raymond.

1 THE COURT: And the JCAs, how long are they typically
2 staying at Henley-Young?

3 MR. TEEUWISSEN: That's a very -- that's a concern,
4 Your Honor. Right now we have had some who have been there
5 since the fall, and we've been unable to impress upon the
6 District Attorney's Office the need to move those individuals
7 through the system faster.

8 The good news is that they have public defenders
9 assigned by the Hinds County Public Defender's Office,
10 Ms. Michele Purvis-Harris and her staff, who are very
11 competent. And those public defenders do routinely visit their
12 clients at Henley-Young.

13 What we've got to do now, Your Honor --

14 THE COURT: I'm sorry to interrupt --

15 MR. TEEUWISSEN: That's okay.

16 THE COURT: -- but I want to make sure I understand.
17 In looking at the Second Amended Consent Decree, you know, it
18 has a cap of 21 days and I think it says for those youth under
19 the jurisdiction of the youth court.

20 MR. TEEUWISSEN: Correct.

21 THE COURT: And I assume that means that the JCA kids
22 are not subject to that provision, which triggers a couple of
23 the other provisions where there are requirements for people
24 who stay over 30 days, none of which wouldn't apply if you
25 didn't have the JCA kids there.

1 MR. TEEUWISSEN: That's correct, Your Honor.

2 THE COURT: Okay.

3 MR. TEEUWISSEN: And we agree, and I'll take it a step
4 further. In cause number 3:16-cv-00489, which is the adult
5 consent decree, *United States of America v. Hinds County*, in
6 that cause number, document 2-1, section K, paragraphs 78
7 through 84, found on page 36 through 39, addresses the services
8 that we have to provide the JCAs. And it is in large measure
9 an overlap with the consent decree already in place before Your
10 Honor.

11 So we've got to provide those JCAs with the same level
12 of care that we -- and services that we provide the delinquency
13 people. The question is which location. Your Honor is right.
14 That means expanded services for the JCAs at Henley-Young.

15 The decision was made in consultation with Mr. Dixon
16 as well as Mr. Jim Mosler, who's a juvenile expert under the
17 adult consent decree, that the environment was significantly
18 better at Henley-Young and it was better for us to build upon
19 what we have done and provide some additional services at
20 Henley-Young for the JCAs. So we realize that -- I don't want
21 to say it upsets the apple cart but places some additional
22 challenges on us and we accept that.

23 THE COURT: All right.

24 MR. TEEUWISSEN: There was also reference to the
25 mental health issues. Those have been an ongoing challenge. I

1 would disagree with the SPLC that those are as bad as some
2 scorecard indicates, simply because two years ago we moved
3 funding from the youth court to the detention side to hire four
4 case managers, something that had not been done but that
5 Mr. Dixon had recommended. We had to go through litigation on
6 whether the board had authority to budget for that, but it has
7 occurred.

8 We have hired the licensed psychologist and are
9 actively doing all we can -- let's not forget this is
10 Mississippi, Your Honor. There's not a talent pool of
11 professionals who want to work in juvenile detention or
12 corrections settings. I believe the litigation that was before
13 Judge Barbour reflected the difficulties of an adult prison run
14 by a private corporation to provide mental health services.
15 The county faces those same challenges on a more limited
16 budget.

17 We have cast a wide net. We have called for CV's and
18 résumés. It simply takes some time to find the right qualified
19 people to put into the environment. We recognize that is a
20 challenge and want to proceed.

21 The education piece is perhaps the most challenging.
22 I was hoping the SPLC would have some answers as they joined --
23 took the position parallel with JPS with respect to charter
24 schools. I would hope they could figure out how to get JPS to
25 put some resources in the Henley-Young. It has not occurred.

1 As Your Honor is well aware, JPS is a failing school
2 district. It's a failing school district that the State of
3 Mississippi doesn't even want to take over. They created a
4 different approach. Well, that failing school district is our
5 current education provider, and I'm not sure what options we
6 have.

7 I will say this. We have recently been connected with
8 an individual who wants to discuss offering alternative
9 education services. This individual has done in it Washington,
10 D.C., is doing in it Orleans Parish, and provides a different
11 model.

12 We intend -- Mr. Simon and I intend to meet with him
13 in May in New Orleans to see what is being done there for
14 juveniles and see if we can develop a better program than
15 perhaps what JPS is offering or a program that can work in
16 conjunction with JPS to improve the offerings.

17 I'll just be candid, Your Honor, we can't have
18 juveniles in that facility all summer without education. We're
19 going to provide something if we have to hire an instructor to
20 provide GED training. One, it's unfair to the youth who need
21 the education. Two, bored youth create problems at the
22 facility. We need to keep their minds occupied, keep them
23 focused elsewhere.

24 There are no magic bullets for the mental health or
25 education. We've just got to keep marching up the hill, Your

1 Honor. And to that -- and we certainly defer to the guidance
2 of Mr. Dixon. He has done a yeoman's job at getting us where
3 we are, again, between educating us and scolding us. He finds
4 a good balance to keep us moving.

5 He has the respect of the board of supervisors, and I
6 will tell you I don't see the county parting with his services.
7 I think he'd have to tell us he absolutely wouldn't do it
8 before the county would part with his services, whether on a
9 consent decree for this, for the adults or whatever. The board
10 listens to Mr. Dixon and they accept his recommendations
11 wholeheartedly.

12 With that in mind, on the policies and procedures and
13 some of the other matters that I think Ms. Wu is much more --
14 and the SPLC are much more aware of the details than Mr. Simon
15 and I, I think it's best to defer to Mr. Dixon for explanations
16 about those items.

17 There are policies and procedures in place. I
18 understand there may not have been an exchange or review of
19 those, but I think there are some explanations from either
20 Mr. Dixon or -- it would have to be from Mr. Dixon as to
21 perhaps why that has not occurred as envisioned. But it's not
22 like we're running a facility without policies and procedures.

23 And, in fact, the juvenile monitor in the adult
24 consent decree has reviewed the policies and procedures and has
25 not criticized us. In fact, out of all the monitors we have in

1 the adult consent decree -- and we're currently running
2 somewhere in the neighborhood of six -- the juvenile monitor is
3 the only one who's saying we're doing something right.

4 And that's largely based on the efforts of the SPLC
5 and the county working at an arm's length but in a cooperative
6 adversarial sense. I know it's somewhat of an oxymoron,
7 cooperative adversary, but that's what we've been doing. And
8 so we've had -- ultimately, that means the DOJ has also looked
9 at what we're doing for the juveniles as well.

10 It's working. It's a work in progress, but it's
11 working. I don't think any of us are going to be satisfied
12 until we have exceeded every expectation that is here, but
13 culture change does not come easy.

14 Your Honor, that's all I have initially. I'll answer
15 any other questions Your Honor may have about the facility or
16 about the decisions that Hinds County has made, any funding
17 decisions or other matters.

18 I certainly had -- if Your Honor needs to hear from
19 any of them, you're welcome to hear from Mr. Dorsey,
20 Mr. Burnside or Major Rushing. I don't know that they can add
21 anything more specific; but if Your Honor wants to hear
22 anything, they're certainly here before the court and ready to
23 address any matters.

24 THE COURT: All right. Thank you. Let me hear from
25 Mr. Dixon. Does either side wish to have him sworn in? I

1 wasn't planning on doing that.

2 MR. OWENS: Not for the plaintiffs, Your Honor.

3 THE COURT: Mr. Dixon, you can either speak there if
4 you want to or come sit down up here.

5 MR. DIXON: Morning, Your Honor. Whatever you want to
6 do is fine. I'll sit. This was a comfortable chair the last
7 time too. Any questions or --

8 THE COURT: Well, I think Ms. Wu sort of gave us an
9 outline, and I do want to hear your thoughts on it and, you
10 know, I guess starting with Mr. McDaniels' departure, where we
11 are with that and then go down. Let's hit on the education
12 component, the mental health component, as well as the
13 recommendations from the subject area experts. Obviously, I've
14 read your report, but this morning puts it in a little
15 different context I guess.

16 MR. DIXON: Okay. We can start with the
17 administration piece of it with Mr. McDaniels. The county has
18 put in a good team of folks. One of the things that I did,
19 well, was to try to have a collective group of people to work
20 together as a team to get things accomplished.

21 The bulk of those things were done by the quality
22 assurance and the operations manager. Mr. McDaniels' key role
23 was actually the administrative piece in trying to move things
24 along with the county board and those kinds of things and with
25 the county administrator and the attorneys.

1 Based on what I have seen at this point, although he's
2 gone for this short -- for this period of time for ever how
3 long, I don't see anything falling apart based on that. One of
4 the reasons is because the county attorneys and the county
5 administrator have been key partners in trying to ensure that
6 things happen properly at the facility. And, to me, that's
7 always the major -- major part.

8 And the county board has also -- and I've met with
9 them on several occasions. They have been very professional
10 and very engaging in trying to make sure that there was
11 resources there and moving resources around to do some of the
12 things that we need to have done.

13 As relates to the mental health, the key for me --

14 THE COURT: I take it you're comfortable with the plan
15 of sort of waiting to see what happens with the election. You
16 know, if he doesn't get elected, bring him back. It sounds to
17 me like he's done a good job and that -- I mean the reports
18 seem to be favorable towards his -- and I know how hard it was
19 to find him.

20 MR. DIXON: Right.

21 THE COURT: But you're comfortable with sort of
22 playing it out, seeing what happens with the election; if he
23 doesn't prevail, he comes back. If he's unopposed, he comes
24 back in an interim period where during that -- that would give
25 us time to find a permanent replacement?

1 MR. DIXON: Yes.

2 THE COURT: Okay.

3 MR. DIXON: I'm comfortable with that. As it relates
4 to the mental health, Dr. Boesky has been very instrumental in
5 working with the current folks there. One of the keys to this
6 is that they do have policies and procedures. What was needed
7 was a professional there, which they have just hired, to ensure
8 that those things are implemented properly and that there is a
9 process by which those policies and procedures are carried out
10 and someone to identify when there are issues or problems and
11 things that need to be adjusted.

12 I think it's Dr. Payne. I met her last Friday. And
13 she appears to be competent and capable. I put her together
14 with Dr. Boesky last Friday; and they're working out some times
15 to come down to work out all of the other details, because
16 mental health is -- well, let me back up a little.

17 The major concern at any institution is the safety and
18 security aspect. If you don't have the safety and security
19 aspect, you won't be able to do mental health or anything else.
20 So the key for me was to ensure that we had a safe and secure
21 environment and then you tackle all of the other things. And
22 that's what we have done.

23 I'm a firm believer that as Dr. Payne and Dr. Boesky
24 get together, that things will move a lot quicker, you know,
25 with mental health. And I see the same thing happening, you

1 know, with medical.

2 As I've told SPLC and I've also told the county,
3 there's a human factor involved in these things. It's not as
4 simple as just writing some policies and this stuff just being
5 carried out. People have to be trained. You also have to
6 ensure that they are consistent in what they're doing.

7 And that does not mean that you won't have problems
8 from time to time. Having a problem in an institution is, like
9 I've told people, you know, before, if you show me a school
10 where kids don't have problems, I'll show you one that's not
11 open. And you have the worst of the worst.

12 And so it's not that there won't be problems. The
13 issue is how do you resolve those problems and do you have the
14 resources in place and you can identify things to ensure that
15 you're taking care of kids. And that's, you know, what should
16 be occurring.

17 The other thing that I've told them is that I don't
18 think people are giving folks enough credit of what has been
19 accomplished so far. You started out with 77 or 80 kids in a
20 facility that was in horrible condition with no services at
21 all.

22 THE COURT: Right.

23 MR. DIXON: And now you're averaging about 20, 25
24 kids. And, to me, most people in the country would love to be
25 able to do that. That's something that I don't think people

1 have given folks credit on.

2 And also working through the bureaucracies. If they
3 were easy to work through -- it's not like it's the private
4 sector where you say, *I want this done tomorrow*, or you can --
5 it doesn't work that way. And so you have to have the reality
6 of what really happens, you know, in bureaucracy and government
7 to move things, you know, forward.

8 I also advised them there's a few facilities around
9 this country that have been in this thing for 25, 30 years.
10 That's not going to happen here. And so I think we have to
11 give folks credit for what has been accomplished so far. And I
12 don't think they get enough credit for that. That's a major,
13 major accomplishment.

14 When I did this -- and I have experience in it -- it
15 took me nine years to get it where we needed to have it. And
16 so that's why I'm not uncomfortable with what's going on in
17 the -- what's going on in this process. Yeah, I would love to
18 have it done yesterday because I have other things I want to
19 do; but it doesn't work that way.

20 I think -- what was the other question?

21 THE COURT: Well, there was a question Ms. Wu asked
22 about the policies that are under development I guess at this
23 point.

24 And, Ms. Wu, I guess, are you just asking -- I mean,
25 it's throughout his report. But are you asking for like a list

1 of the policies that are currently under development? Is that
2 what you're getting at?

3 MS. WU: Your Honor, we would respectfully disagree
4 that the policies and procedures are in place; they simply need
5 to lift off.

6 THE COURT: No, no, no. That's not what I said.
7 Maybe I misunderstood what you said. His report indicates that
8 there's certain policies and procedures that are under
9 development. Doesn't mean they've been implemented. And I
10 thought you were asking for a list of the ones that they're
11 still working on. Did I misunderstand that?

12 MS. WU: No. For the purpose of making sure we're
13 moving forward apace, we would like to distinguish between the
14 policies that the experts have reviewed, many of which they
15 have said need to be revised, the policies that have not yet
16 been written at all, and the policies that are vaguely under
17 development.

18 THE COURT: Okay. Mr. Dixon, I don't expect you to
19 rattle that off off the top of your head, but can you provide a
20 list that would provide that information?

21 MR. DIXON: Yes. I could get with Dr. Boesky and
22 those, and that's not a difficult task.

23 THE COURT: I think she's just asking for, you know,
24 status, a more specific status as to policies and procedures
25 that are not yet at substantial compliance.

1 MR. DIXON: There's no question. Yes.

2 THE COURT: Okay. All right. Does either side have
3 any questions for Mr. Dixon?

4 MS. WU: Mr. Dixon, do you see the county coming into
5 compliance in the coming year on March --

6 MR. DIXON: Say it again.

7 MS. WU: Do you see the county coming into compliance
8 by March 2019?

9 MR. DIXON: I would hope so. I never guarantee in
10 these things because you never know what's going to happen, and
11 I hate giving concrete because these are not concrete
12 environments.

13 This is not like putting a car together on the
14 assembly line. Sometimes the parts don't work and you go back
15 and you readjust things and you try to get them there. The
16 question is, really, are you making progress on what you're
17 trying to get accomplished.

18 MS. WU: Would you say that in six months we would
19 know whether the county was going to achieve compliance by
20 March 2019?

21 MR. DIXON: I think in six months you'll have some
22 idea of where you're trying to get to. Again, I never
23 guarantee -- I never guarantee that. I just -- I don't know
24 how you do that. In my experience, you could start out and
25 something occurs, funding has to be readdressed, there's things

1 that could occur that you have no control over. And you try to
2 put the best program you can in place and you try to get there,
3 but I never guarantee -- I learned that a long time ago. You
4 don't do that. I'd rather work on it and get there.

5 That's why I don't believe that you should have dates,
6 you know, in these things, because when you tell someone you're
7 going to finish something at a certain time and you don't know
8 all of the dynamics that's involved, then it's like, you know,
9 you didn't give them the correct answer and people are saying,
10 *Well, you didn't -- you said you were going to finish on this*
11 *date and you didn't.*

12 And what I've found in these experiences and my
13 experience in dealing with some of my other colleagues, they
14 start out saying, *Oh, we're going to finish this in two years;*
15 and here it is eight years later, they're still dealing with
16 it.

17 I don't see that happening here because I think
18 they're making tremendous progress. But I never guarantee
19 dates.

20 MS. WU: Is there anything that the court can do to
21 help ensure that the county achieves compliance by March 2019?

22 MR. DIXON: Unless the court has a magic ball, I don't
23 know how you do that.

24 THE COURT: I do.

25 MR. DIXON: I don't know how you do that. I know --

1 you asked me the same thing but different ways. I'm going to
2 give you the same answer.

3 MS. WU: Are you aware of whether the facility has
4 full authority without Mr. McDaniels in place to hire, fire,
5 create new positions, post new positions, hire for any
6 positions, adopt policies?

7 MR. DIXON: Oh, no question. No question. And I
8 think with the -- with Dr. Payne coming in, I think that's
9 going to make it just that much better, because those are
10 professionals that's doing what needs to be done.

11 And Mr. Burnside and Mr. Dorsey have actually been the
12 key people in this process of moving things even before
13 Mr. McDaniels came. They needed someone to help them move it.
14 And what I see happening in the county now is that I know --
15 and I show up on unannounced visits, and so I see that the
16 county is still moving in that direction.

17 The attorneys, you know, Pieter and Anthony and
18 Ms. Davis, everything I've seen they have not, you know,
19 slacked off or moved any different direction than where we need
20 to go.

21 MS. WU: This may be a more technical question, but
22 are you aware of whether they have the institutional
23 organizational authority to sign off on policies to allocate
24 funding towards new positions, that kind of thing?

25 MR. DIXON: No. I think that with them getting with

1 the attorneys, based on what I've seen, that they have helped
2 them do that. I think they've told them what they needed and
3 they've acquiesced to that. So that's what I've seen. Yeah.

4 MS. WU: In about -- of the entire universe of
5 policies and procedures that need to be in place in order to
6 come into full compliance, about what percentage are in final
7 form and being implemented today?

8 MR. DIXON: Oh, I don't know the percentage.

9 THE COURT: He's going to provide a list that will
10 tell us.

11 MS. WU: Okay.

12 If the court were to order that we have a 60-day or a
13 90-day status conference in order to check in about progress,
14 do you think that would help the county achieve compliance?

15 MR. DIXON: That's a maybe. Based on my experience in
16 working in Hinds County, they've actually made a lot of
17 progress without the court having any intervention except for,
18 you know, the extensions of stuff. I think that -- you know,
19 my professional opinion, that they're moving the way they
20 should be moving. I don't know how else to -- to place it.

21 One of the biggest recommendations that I would have
22 if I was going to have the court involved was to something
23 happen -- that something is put in place so that the kids
24 receive their educational services during the school -- during
25 the summer.

1 To me, that would be one of the keys, because
2 education, mental health, medical, all those things, case
3 management, all come together. And if a kid has some serious
4 educational deficiencies, then you want to be able to identify
5 those. And if there's no school, then it's very difficult to
6 identify those. And that's one of the key problems that you
7 have with our kids.

8 So -- and that would be one of the things that I would
9 ask the court to do if I was going to ask them to do anything.

10 MS. WU: I just want to touch on a couple of things on
11 Dr. Boesky's report. Are there still no mental health or
12 substance abuse treatment being provided to youth at
13 Henley-Young?

14 MR. DIXON: Well, there's not the level I think that
15 she wants. There's some services being provided, but it's not
16 at the level. That's why it was a key to get the -- Dr. Payne
17 in so that she could move that to the next level.

18 You have your QMHPs now, but you don't have the --
19 they don't have the -- I want to say the medical knowhow to
20 look at the different diagnoses and the different programmatic
21 things that need to occur once the kids have been identified.
22 And that's what Dr. Boesky is there for.

23 And with Dr. Payne coming in, I think that's going to
24 pretty much reduce that, and they will have those things put in
25 place. That's why I am not really concerned about the policies

1 and procedures at this point, because they do have stuff.
2 However, Dr. Payne is going to codify those things better and
3 make them more -- I wouldn't want to use the word
4 "appropriate," for lack of a better term, but a better level of
5 services that the kids would get with a high-level professional
6 looking at it.

7 MS. WU: Dr. Boesky's September 2016 report
8 recommended hiring at least two full-time licensed
9 doctoral-level clinical psychologists. What yardstick will you
10 use to determine whether the current 30 hours per week
11 hiring --

12 MR. DIXON: The number of kids.

13 MS. WU: -- is sufficient?

14 MR. DIXON: The number of kids you have. You set your
15 systems up based on the population that you have in the
16 facility. When we were looking at it, we were talking about if
17 the facility was full, what would you need to have. And so
18 with the facility averaging, you know, 25, 30 kids, you know, I
19 don't think you need to have -- it's not necessary to have two
20 full-time, you know, folks.

21 I have a facility of 400 kids and we have three, you
22 know, licensed, you know, psychiatrists. And so -- and it's
23 one -- and we have them broken up in centers. And there's 30
24 kids to a center and there's one, you know, full-time
25 psychologist for those 30 kids.

1 THE COURT: Mr. Dixon, let me ask you a question about
2 that. You know, in some of these reports from the subject
3 matter experts, they make recommendations that are helpful,
4 instructive and good recommendations, but they may go beyond
5 what the consent decree requires.

6 And at this point I'm more concerned with making sure
7 that we address all of the problems identified in the consent
8 decree, which, as you've said, and I completely agree, there's
9 a lot of work that's been done. There's a lot of work that
10 remains to be done. And I'm afraid sometimes if you put too
11 many ornaments on a tree, it tips over.

12 And I don't really want the facility worrying about
13 things that are -- would be lagniappe at this point. I want
14 the basics covered first. And I'm wondering, when you go
15 through these reports and you make your report and your
16 recommendation is based on those reports, are you thinking in
17 terms of, *Okay. This is -- this would be great, but this is*
18 *not required by this provision of the consent decree?*

19 MR. DIXON: Yes, that was correct. I'm not looking at
20 the pie in the sky. I'm looking at do we have the basics in
21 place. And my position has been if you have the basics in
22 place, then everything else will take care of itself.

23 THE COURT: All right. Thank you. Anything else for
24 Mr. Dixon?

25 MS. WU: With regards to the suicide prevention

1 policies, is there -- are there plans to make a suicide
2 resistant room or is the new hire supposed to be creating
3 the -- doing implementation for the system?

4 MR. DIXON: Yeah, that would be Dr. Boesky -- I always
5 get that -- and Dr. Payne. That would be their -- what they
6 think should happen. You know, some facilities I've worked in
7 they do have that; some facilities don't. But, again, as I've
8 said, you know, in the past, we -- we have to understand that
9 this is supposed to be short term.

10 Juvenile detention centers are the emergency rooms of
11 the juvenile justice system. They're not supposed to be the
12 kids stay there for long periods of time. Now, the JCAs are
13 going to be there or the -- what do you call them? That's what
14 they are?

15 MR. TEEUWISSEN: Yes.

16 MR. DIXON: They're going to be longer. And, of
17 course, you have to modify your programming, you know, based on
18 that. But it's still the idea of kids are only supposed to be
19 in for a very short period of time. And you triage them and
20 you get some services together. You -- it's the beginning of
21 the rehab process. It's not the rehabilitation process.

22 And I think we have to educate people more on that.
23 And if we educate them more on that, you're not going to need
24 as much, because the kids are not going to be in there for a
25 long period of time.

1 MS. WU: It's not within the purview of the facility
2 to decide how long a CTA stays there. Right?

3 MR. DIXON: Beg your pardon?

4 MS. WU: It's not within the purview of the facility
5 to decide how long the children charged as adults will stay in
6 the facility?

7 MR. DIXON: No, no. That's the court. The court
8 determines that.

9 MS. WU: And they may be there for a couple of years.

10 MR. DIXON: They could be. I have some that's been
11 for a couple of years. But you have to modify your programs to
12 address those things. That's why education, to me, is one of
13 the key components of your programming, because you have to
14 have ways of ensuring that kids have a structured program
15 daily.

16 And, to me, the educational program is a structured
17 program, which means you can also identify a lot of problems
18 that kids have. If they're not in school, then it's very
19 difficult to deal with those problems or identify those
20 problems.

21 MS. WU: That's all I have. Thank you very much.

22 MR. DIXON: Okay. You're welcome.

23 THE COURT: Mr. Teeuwissen, would you like to ask any
24 questions?

25 MR. TEEUWISSEN: No questions, Your Honor, but I do

1 have one brief but important matter I need to put on the
2 record.

3 THE COURT: Okay. Mr. Dixon, thanks. You can return.

4 MR. DIXON: Okay.

5 THE COURT: Yes, sir.

6 MR. TEEUWISSEN: Your Honor, one of the -- one of the
7 many challenges involves facility pay. Mr. Dixon in the fall
8 through the efforts of Mr. McDaniels, Mr. Burnside and
9 Mr. Dorsey, identified some unappropriated funding within the
10 facility budget. And I'd be remiss if I didn't give Ms. Davis
11 the credit.

12 Effective February 1st of this year, all frontline
13 detention personnel received an increase in pay so that they
14 are now making the same as the individuals who are providing
15 detention to the adults, who have also received an increase in
16 pay.

17 Now, Your Honor, the pay is still woefully below where
18 we would want it to be, but I do think it's important for Your
19 Honor to know that Mr. Dixon made that recommendation and that
20 funding -- existing funding was reprogrammed to promote that.

21 The importance of that is we hope to see a decrease in
22 staff turnover which, again, fosters a better environment. And
23 I think Your Honor is well aware that in any detention facility
24 turnover is probably one of the largest challenges.

25 Ms. Davis also has -- addresses some of the issues

1 that SPLC has raised in terms of her authority. Mr. McDaniels
2 reported to her as county administrator. And, again, she just
3 went on medical leave. It's about a six-weeks recovery time
4 from her procedure. She'll be back May 21st.

5 So not only is there full authority to implement
6 anything that's necessary, Ms. Davis worked with Mr. McDaniels
7 to ensure that his transition into -- on leave status would not
8 have any hiccups in the process by herself taking on additional
9 responsibilities. And she fully supports Mr. Burnside and
10 Mr. Dorsey from a day-to-day standpoint. Thank you, Your
11 Honor.

12 THE COURT: All right. Thank you. Well, let me just
13 say this quickly, and I guess I'll echo what Mr. Dixon said.
14 If you look at that chart, up until about June of 2014 or so
15 there was basically nothing that was done. And that chart --
16 you can see where the contempt order was entered on that chart.
17 It's pretty obvious. And then you can see later, once we sort
18 of worked out the who's-in-charge-type issues, you saw more
19 progress after that.

20 I never thought any of this would be easy. I do think
21 that once the county took it seriously, there's been a lot of
22 progress made. But if you hand any organization the number of
23 requirements that we have handed this organization, even a good
24 organization would have a hard time implementing everything
25 that's on the list. And so it's not something that happens

1 overnight. It is cultural.

2 It has been impacted by turnover, not only in the
3 administration, but also -- of the facility, but also just the
4 employees of the facility. It's a process and the process, you
5 know, takes time. It is not a case that I would like to hand
6 over to another judge when I retire.

7 And I do -- Mr. Teeuwissen and Mr. Simon, I do want to
8 thank the both of you because I think that you've been somewhat
9 implemental in -- let me say irreplaceable in getting the
10 county on board with what we need to do. Unfortunately,
11 there's still a lot more to do. And you just signed an
12 agreement that you're going to make a lot of progress in the
13 next 90 days, which is ambitious, but that's what you've agreed
14 to.

15 I don't -- you know, I'm not opposed to having status
16 conferences. Mr. Dixon doesn't seem to think that's helpful.
17 I don't mind doing it. I'm reading these reports anyway and if
18 the parties, you know, want to add something to what's already
19 been written. I do think that given the 90-day period that
20 you've put into this Second Amended Consent Decree that it
21 would make sense to have a little checkup in about 90 days just
22 to see where we are on all that.

23 And, Mr. Dixon, how long do you think you need to
24 prepare that -- just the list of policies and procedures and
25 where they are in terms of status?

1 MR. DIXON: Probably in the next couple of weeks.

2 THE COURT: Okay. If you would, provide that to the
3 parties and also a copy to me. The obvious block that sort of
4 stands out here is the mental health component. And it
5 certainly seems now that you've hired a licensed psychologist,
6 that that's one of the requirements that Mr. Dixon has listed
7 throughout that section and it also touches on some other
8 sections, like intake, for example, as I recall. So I would
9 expect to see some pretty good progress in the next 90 days in
10 that area.

11 I guess I'll just ask the parties to contact
12 Ms. Powell here and get it on the calendar. I don't know that
13 we need to do this in open court. I feel like a lot of times
14 these types of conversations are more productive in my
15 conference room, but y'all wanted this on the record. I'll do
16 it however you want to do it.

17 And let me I guess add one last thing.
18 Mr. Teeuwissen, I'm going to ask the county to within two weeks
19 docket a report explaining your plans to the extent they've
20 been worked out regarding the summer school issue. You
21 indicated that JPS has I guess pulled the plug financially, but
22 that the county's committed to providing something. And I know
23 that's going to be a challenge. So just give us an update in
24 about two weeks, because the summer is rapidly approaching.

25 MR. TEEUWISSEN: Yes, sir, Your Honor.

1 THE COURT: All right. Ms. Wu, is there anything else
2 that you would like to cover or take up at this time?

3 MS. WU: Not at this time, Your Honor. Thank you.

4 THE COURT: All right. Mr. Teeuwissen, how about you?

5 MR. TEEUWISSEN: No, Your Honor.

6 THE COURT: All right. Mr. Dorsey and Mr. Burnside,
7 thank you for being here, and I appreciate it. I met you guys
8 over at the facility and I've seen you in action, so to speak.
9 Appreciate your efforts and appreciate you stepping up here
10 while Mr. McDaniels is out.

11 Mr. Dixon, as always, thank you for your help.

12 And if there's nothing else, we're adjourned. Yeah,
13 there is something else.

14 MS. WU: Pardon me, Your Honor. I would like to enter
15 in as an exhibit the chart, if possible.

16 THE COURT: Not a problem. Make that P-1.

17 MS. WU: Thank you, Your Honor.

18 (EXHIBIT P-1 MARKED)

19 THE COURT: All right. Anything else?

20 MS. WU: No.

21 THE COURT: All right. We're adjourned. Thank you.

22 (HEARING CONCLUDED)

23

24

25

1 CERTIFICATE OF REPORTER
2

3 I, MARY VIRGINIA "Gina" MORRIS, Official Court
4 Reporter, United States District Court, Southern District of
5 Mississippi, do hereby certify that the above and foregoing
6 pages contain a full, true and correct transcript of the
7 proceedings had in the aforementioned case at the time and
8 place indicated, which proceedings were recorded by me to
9 the best of my skill and ability.

10 I certify that the transcript fees and format
11 comply with those prescribed by the Court and Judicial
12 Conference of the United States.

13 This the 17th day of September, 2018.
14

15 s/ Gina Morris
16 U.S. DISTRICT COURT REPORTER
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price drop

price drop

Why are youths charged with murder and other violent crime housed at juvenile center in Jackson?

Jimmie E. Gates, Mississippi Clarion Ledger

Published 3:53 p.m. CT Sept. 18, 2018 | Updated 10:00 a.m. CT Sept. 19, 2018



(Photo: File photo/The Clarion-Ledger)

Youths charged as adults with violent crimes including capital murder, murder and armed robbery are now housed at the Henley-Young Juvenile Justice Center in Jackson, prompting a call for more funding for additional detention officers and other needs.

“It used to be a daycare facility, but now it is really a jail,” said Anthony Simon, an attorney for Hinds County.

The reason the youths are now at Henley-Young: A federal consent decree to make reforms to Hinds County's detention facilities including juvenile justice.

The goal is to have youths charged with serious crimes held in a different location from adult inmates. Youthful inmates were separated from adults inmates at the Raymond Detention Center, but they all were at the detention center.

Simon said initially three youths charged as adults were moved to the juvenile center in September of last year. The center now averages about 16 youths daily charged as adults, Simon said.

A juvenile over the age of 13 charged with a crime like murder or armed robbery — offenses that for anyone 18 or older would carry a penalty of life imprisonment or death — stands trial as an adult in criminal court.

The juvenile center had been a temporary holding facility for up to 90 days for youths accused of minor offenses. But with the youths charged with violent offenses being housed there as well, it has become more of a jail and staying there for a longer term, Simon said.

At least two juveniles at the center are charged with capital murder and one with murder.

The three youths initially transferred last year from the Raymond Detention Center to the juvenile center are still there and haven't been indicted, Simon said.

Last week, Simon urged Hinds County supervisors to provide more money for the center citing the additional needs including more detention officers and an ID security badge system.

Supervisor Peggy Hobson Calhoun asked Simon why the initial three youths are still in the center?

“We need to fix our entire Hinds County criminal justice system,” Simon said. “The criminal justice system isn't moving.”

Hinds County District Attorney Robert Shuler Smith said some officials try to cherry pick cases to show a backlog that doesn't exist.

Smith said when juveniles are charged as adults with a violent crime it requires thorough investigation before a case is presented to a grand jury.

Also, Smith said he has been requesting additional money for his office to run efficiently, but hasn't received additional funding.

10/24/2018 Youths charged as adults with violent crime now housed in juvenile center.
Simon estimates \$250,000 to \$300,000 more a year would go a long way toward addressing current needs at Henley-Young.

"I know Hinds County Board of Supervisors isn't responsible for moving or prosecuting the youths at Henley-Young," Calhoun said. "But can the board make a request to move those youths through the criminal justice system?"

If indicted, the youths would remain at the juvenile justice center, but if convicted, they would become the custody of the Mississippi Department of Corrections.

Simon has been working with a group of county officials, the U.S. Department of Justice and others on the consent decree the county signed with the Justice Department to reform the county's detention system.

A federal court monitor was appointed to oversee the process.

The most recent monitors report released in August said the last site visit at that time provided the opportunity for the expert on juvenile justice to spend the majority of his time at the Henley Young facility and dig deeper into the successes and challenges of the transition of juveniles charged as adults to that facility.

"While placement at Henley Young remains a vast improvement over the Raymond Detention Center, there has been a notable increase in the frequency and nature of behavioral issues among juveniles charged as adults," monitor Elizabeth Simpson said.

Simpson said many of the recommendations contained in prior reports and/or requirements of the settlement agreement have not been implemented, so it is not surprising that the hopes of a successful transition are running into the reality of dealing with older, long-term youth.

More: [Hinds supervisors pass \\$57.6M general fund budget without a tax increase \(/story/news/politics/2018/09/13/no-tax-increase-hinds-county-resident-upcoming-budget-year/1283678002/\)](#)

More: [Federal jail monitor cites problems, urges closing the Hinds County jail in Jackson \(/story/news/politics/2018/08/20/court-appointed-monitor-urges-officials-consider-closing-downtown-jail/1042266002/\)](#)

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at 601-961-7212 or [jgates@gannett.com \(/mailto:jgates@gannett.com/\)](mailto:jgates@gannett.com). Follow him
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Summary Chart I

MONITOR AND EXPERT FINDINGS RE: 13 KEY PROVISIONS¹

Structured Programming (Provisions 3.1, 4.1)

Medical Care (Provisions 12.1, 12.2)

Individualized Treatment Plans (Provisions 5.1, 5.2, 5.3, 5.4)

Mental Health Care (Provisions 13.3, 13.4, 13.5, 13.6)

Suicide Prevention (14.4)²

¹ This chart summarizes material from the subject matter experts' most recently-filed reports and from the Monitor's three most recently-filed reports. The Monitor's three most recently-filed reports are his 12th, 11th, and 10th. 12th Monitoring Rep., Mar. 22, 2018, ECF No. 118; 11th Monitoring Rep., Sept. 25, 2017, ECF No. [113]; 10th Monitoring Rep., Feb. 27, 2017, ECF No. 112. Dr. Boesky's most recent report is her fourth. Mental Health Serv. Rev. Rep. 14, Aug. 21, 2018, ECF No. 124-1. (Citations to her report refer to ECF-assigned pagination, as her report is not continuously paginated.) Dr. Carol Cramer Brooks' most recent report is her Fourth. Educ. Prog. Rev. Rep. 12, Sept. 19, 2018, ECF No. 126. Dr. Ngozi Ezike's most recent report is her fourth. Henley-Young Juv. Just. Ctr. Detention Division – Health Serv. Rev., Oct. 24, 2018, ECF No. 127.

² **Substantial Compliance (SC):** “Practices follow the county-approved policies, training materials or other documents; practices follow policy with rare exception and exceptions lead to corrective action; trained staff fill all positions and vacancies are filled within 3 months; the [C]ounty has completed work in an acceptable manner; policies, procedures and practice and training are operational and quality-assurance audited and audit exceptions lead to corrective action; outcomes meet or exceed agreement requirements.”

Partial Compliance (PC): “Policy and procedure is implemented in some but not all locations or times; staff are hired but not trained; the [C]ounty is working on implementation but tasks are not completed; system implemented at some but not all locations or times, outcomes meet or exceed agreement requirements some of the time and in certain area[s].”

Beginning Compliance (BC): “Policy and procedure is written by the [C]ounty but not implemented; funding and hiring authority are approved by the County but positions are not filled; training materials prepared and approved by the [C]ounty but training not started.”

Non Compliance (NC): “No action taken and immediate steps needed to maintain schedule or prevent further delay. A policy may exist, but the policy may need significant revision or modifications and rarely translates into practice.” 12th Monitoring Rep. 14, Mar. 2018, ECF No. 118.

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
Cell Confinement	3.1	Are youth engaged in structured, rehabilitative and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays? (7).	PC	<ul style="list-style-type: none"> • “School is a major component of facility programming and should be seen as such. Therefore, while youth are in Henley-Young educational services must be provided.”(Dixon 25). • “With the exception of the one EES student, JCAs did not receive an education during the 2017-2018 school year.” (Brooks 12). • “JCAs who are 16 and under are eligible to participate in the JPS school program. At the time of my site visit, this included three students.” (Brooks 12). • “No school program for JCAs that are over 16.” (Brooks 12). • “All general education students enrolled for 10 or more days must have an Individualized Academic Plan (IAP). During the 2017-2018 school year there were 56 students enrolled for 10 or more days. Of those 56 students, I randomly chose 28 students to review their IAPs. Of the 28 students, 10 students or 36% had a completed IAP in their folders. For an additional 7 students, school was not available to complete the assessment and goal setting due to summer break. Those students who had incomplete IAPs had missing test scores, missing goals, generic goals, or just no IAP in the file at all.” (Brooks 13). • “There does not appear to be evidence of JPS and the county working together to complete the requirements necessary to affect positive change on the school program or to fulfill the requirements of this MOU.” (Brooks 19). • “Continue to maintain policies and procedures for this provision (Dixon 25; Dixon 30, 11th Monitoring Rep.). • “Review the schedules to be sure that they adequately reflect all daily activities.” (Dixon 25; Dixon 30, 11th Monitoring Rep.). • “Develop positive behavior management systems with rewards and consequences for all youth including JCAs.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Develop monthly recreation and education schedules for all youth.” (Dixon 25). • “Purchase frames for facility activities and schedule.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Facility administrators documented walkthroughs.” (Dixon 25). • “Ensure JCAs are included in programming.” (Dixon 25; Brooks 12). • “Hire recreation staff.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Fully develop award and incentive program.” (Dixon 25; Dixon 30, 11th Monitoring Rep.; Dixon 31, 10th Monitoring Rep.). • “Develop and implement an appropriate education program for all youth in the HYJJC including the JCAs.” (Brooks 12). • “Hold teachers accountable for getting to school on time so that youth are actually getting the required time of

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
				<p>instruction, not just on paper.” (Brooks 14).</p> <ul style="list-style-type: none"> • “Utilize staff that have down time, i.e. no class because of low population to plan and implement educational opportunities for those not in the school program.” (Brooks 14).
Structured Programming	4.1	Is Henley-Young administering a "daily program, including weekends and holidays, to provide structured educational, rehabilitative and/or recreational programs for youth during all hours that youth shall be permitted out of their cells? (8).	PC	<ul style="list-style-type: none"> • “Now the administration must develop programming for the JCAs who have been transferred to the facility and include them into the overall facility programming. Structured education for these youth is a must as most are limited in their educational progress and are also behind in their academic pursuits, which much research has shown. Frankly many of these youth cannot read. Therefore, any programming must include the JCAs and continue to have the following: As stated in my previous reports, A. Comprehensive policies and procedures B. Reasonable rules and expectations C. Order D. Organization and clarity F. Clear rewards and incentives G. Reasonable and consistently implemented sanctions H. Case management to ensure youth are there is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and progress youth are making during their stay. I. good programming which includes an all-inclusive educational program. It should be noted as stated in my previous report, that education is a major component of programming in a juvenile facility including the JCAs therefore programming, scheduling and school should be tied together.” (Dixon 29-30). • “Continue to develop adequate policies and procedures for this provision, which includes JCAs.” (Dixon 30). • “Continue to provide adequate schedules for weekdays and weekend programming and act on it including JCAs.” (Dixon 30). • “Continue to develop an adequate monthly recreation schedule with age appropriate games and programs.” (Dixon 30; Dixon 34, 11th Monitoring Rep.). • “Hire case management staff.” (Dixon 30; Dixon 30, 11th Monitoring Rep.; Dixon 35, 10th Monitoring Rep.).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.1	Is Henley-Young ensuring that youth have "access to adequate rehabilitative services" and that children placed in the facility post-disposition will receive constitutionally compliant rehabilitative services"? (9).	PC	<ul style="list-style-type: none"> • Compliance rating of PC. (Boesky 4). • “Continue to review light weight residents in program (i.e. disturbing the family peace) and find alternative placement for them.” (Dixon 31; Dixon 34, 11th Monitoring Rep.). • “Continue to develop adequate policy and procedures to meet this provision including JCAS.” (Dixon 31; Dixon 30, 11th Monitoring Rep.). • “Youth Support Specialists should gather key information regarding youths’ current situation, estimated length of time in the Detention Center, and what will likely happen to them, when they attend youths’ court proceedings or by contacting juvenile court professionals/ “Youth Court Counselors” or the attorney of “Juveniles Charged as Adults.” (Boesky 5). • “Youth Support Specialists should communicate with Hinds Behavioral Health and Marion Counseling representatives located at HYJCC if youth on their caseloads are involved/should be involved with either of those agencies 3. As advocates, Youth Support Specialists should question referrals to inpatient psychiatric facilities when appropriate (e.g., no acute Mental Health disorder; psychiatric facility being used as a “placement” when YCC or Case Worker have not made other arrangements; when youth have had unhelpful or harmful experiences in the facility in the past; when intensive, home-based family oriented treatment in the community is needed).” (Boesky 5).
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.2	Are youth in “need of mental health and/or substance abuse treatment and/or who are in the facility post disposition" receiving appropriate treatment plans? (9).	BC	<ul style="list-style-type: none"> • Compliance rating of BC. (Boesky 6). • “No treatment plans have yet been developed for youth to address Mental Health or Substance Use treatment at the Detention Center.” (Boesky 6). • “Purchase case management system.” (Dixon 32; Dixon 35, 11th Monitoring Rep.). • “Continue to develop adequate mental health policies and procedures for this provision to include JCAs.” (Dixon 32). • “Increase the Clinical Psychologist’s hours to “Full-Time” as has been recommended in each of my reports.” (Boesky 6). • “The Behavioral Health Team should create a “Treatment Plan Form” that is practical and effective for treatment planning in a Juvenile Detention setting.” (Boesky 6). • “The Behavioral Health Team in the Detention Center should develop Individual Treatment Plans (ITPs) for youth on Mental Health and Substance Use “caseloads,” as well as any youth who are in the Detention facility post-disposition.” (Boesky 6)

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SUMMARY CHART I				
MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
Provision Topic	No.	Requirement	Rating	Selected Findings and Recommendation
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.3	<p>Has Henley-Young implemented policies and procedures for the required content of treatment plans, which shall include;</p> <ul style="list-style-type: none">• Are the treatment plans individualized? (10).• Do the treatment plans identify the mental and/or behavioral health and/or rehabilitative issues to be addressed? (10).• Do treatment plans describe any mental health, medication or medical course of action to be pursued, including the initiation of psychotropic medication? (10).• Do treatment plans include a description of planned activities to monitor the efficacy of any medication of the possibility of side effects? (10).• Do treatment plans include a description of any behavioral management plan or strategies to be undertaken? (10).• Do treatment plans include a description of any counseling or psychotherapy to be provided? (10).• Do treatment plans include a determination of whether the type or level of treatment needed can be provided in the youth's current placement? (10).	BC	<ul style="list-style-type: none">• Compliance rating of BC. (Boesky 7).• “Develop comprehensive policies and procedures for this provision.” (Dixon 33).• “Provide intensive training to all staff members.” (Dixon 33; Dixon 36, 11th Monitoring Rep.).• “Provide auxiliary training to all other direct care staff.” (Dixon 33; Dixon 37, 11th Monitoring Rep.; Dixon 38, 10th Monitoring Rep.).• “Increase the Clinical Psychologist’s hours to ‘Full-Time’ as has been recommended in each of my reports.” (Boesky 7).• “The Treatment Plans should be: individualized, strength-based and involve the youth; Written clearly, without jargon, so all adults interacting, managing and treating the youth understand the treatment goals and what services should be provided to help youth achieve them.” (Boesky 7).• “The Treatment Plans should: contain treatment objectives that are specific, objective, measurable and achievable; consider whether or not a youth’s current diagnosis is reliable and valid before using it as a primary piece of information in the development of the plan; include interventions to be provided, staff who will be implementing interventions, and timetables for objectives to be met.” (Boesky 7-8).• “Develop a formal process to ensure the Youth Support Specialists find out key information regarding youth’s expected length of stay, as well as previous/current Mental Health treatment as soon as possible to help determine the most effective type of information to include in a youth’s treatment plan.” (Boesky 8).

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SUMMARY CHART I				
MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
Provision Topic	No.	Requirement	Rating	Selected Findings and Recommendation
		<p>Do treatment plans include a plan for monitoring the course of treatment, and if necessary, for revising the treatment plan? (10).</p> <ul style="list-style-type: none">• Do treatment plans include a description of the precise terms of the facility’s long-term and short-term objectives for the youth, the full range of services to be provided, and procedure, and timetables and staff assignments for the implementation of such treatment plan? (10).• Do treatment plans include a plan for regularly engaging the family in the youth’s treatment plan? (10).• Do treatment plans include a comprehensive re-entry plan that will assist the youth re-enroll in their home school and access medical, mental health, vocational and rehabilitative services based in the community? (10).		

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
Individualized Treatment Plans/Treatment Program for Post-Disposition Youth	5.4	Do treatment plans include a program of periodic staff reviews every three weeks and evaluations of each youth's progress under his/her individualized treatment plan and of the appropriateness of the plan itself and Henley-Young's plan for such review? (10).	PC	<ul style="list-style-type: none"> • “Compliance rating of BC.” (Boesky 8). • “Develop comprehensive policies and procedures to meet the needs for this provision to include JCAs.” (Dixon 34). • “Continue to provide adequate staffing for this program.” (Dixon 34; Dixon 38, 11th Monitoring Rep.). • “Provide training to all staff.” (Dixon 34; Dixon 37, 11th Monitoring Rep.; Dixon 39, 10th Monitoring Rep.). • “Identify roles and responsibilities of direct care, treatment and educational staff through policies and procedures and adequate funding and staffing.” (Dixon 34; Dixon 37, 11th Monitoring Rep.). • “Hold Multi-Disciplinary Treatment Team (MTT) meetings at least once weekly to 1) discuss newly-arriving JCAs and non-JCAs if they will be in the Detention Center for more than seven days 2) discuss youth significantly struggling in the facility and 3) to regularly review youths' Individual Treatment Plans.” (Boesky 9). • “Individual Treatment Plans should be reviewed regularly.” (Boesky 9).
Medical Care	12.1	<p>Are youth receiving a full physical exam within 72 hours after their detention hearing or disposition order, as applicable? (15).</p> <p>Are you receiving access to medical professionals and/or prescription medications when needed? (15).</p> <p>Are youth provided prompt transportation to a local hospital in the case of a medical emergency? (15).</p>	BC	<ul style="list-style-type: none"> • “The Nurse Practitioner sees patients referred by the nurses but does not perform a physical on all admitted youth.” (Ezike 4). • “Youth admitted when no nurse is on duty are brought to the clinic the following day to be assessed.” (Ezike 4). • “Cursory physical exams are performed by the nurses which can result in missed health diagnoses.” (Ezike 5). • “Youths are appropriately sent to the ER for services that cannot be provided at the facility but the issue of hospital documents from the treating hospital/Emergency Department not returning with the youth persists.” (Ezike 6). • “There were several medications found on the cart that were expired (Cetirizine, Psyllium, Omeprazole). • “Medication cart contained many prescriptions medications that belonged to released youths.” (Ezike 7). • “Medical staff reports that they are unaware when youth are being released from the facility.” (Ezike 7). • “Problem lists were present and filled out in 50% of the reviewed charts.” (Ezike 8). • “Individual charts have papers in no established order. Charts are varied from one to another for additional lack of uniformity. To look for a specific document, every section and page of the chart must be reviewed because of the lack of chart organization.” (Ezike 8). • “Develop policies, procedures and protocols for this provision (Including JCAs).” (Dixon 53). • “Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.). • “Provide training for staff members who administer medication to residents on proper usage and possible side effects. Also, train the staff on emergency protocols if side effects occur.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.). • “Have a licensed medical professional review and sign off on policy, procedures and protocols.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
Provision Topic	No.	Requirement	Rating	Selected Findings and Recommendation
				<ul style="list-style-type: none">• “Have a licensed health professional periodically review and provide supervision to the nurse at facility.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Develop forms to coincide with provision.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Remove medication from bags and place them in secure, organized areas and develop forms to determine what medications are present in the facility at all times.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Hire or have on contract a physician to review medical area.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Ensure that residents received vision exams, dental screenings, mental health screenings, hearing tests, etc.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “Order folders with 2 dividers, end tab, classification folders in letter size with 2 prongs for medical charts.” (Dixon 53; Dixon 55, 11th Monitoring Rep.; Dixon 56, 10th Monitoring Rep.).• “The best practice would be for a clinical provider conduct complete assessments on every admitted youth within 72 hours. This would be in addition to the initial nurse assessment upon admission. This would better ensure that subtle exam findings and clues obtained from the history and physical would not be missed, but instead, uncover medical diagnoses and/or necessary prevention strategies.”(Ezike 5).• “... There should be medical staff on duty at the facility around the clock.” (Ezike 5).• “Complete physical exams should be performed on all youth including documentation of genital development.” (Ezike 5).• “There should be a physician available to consult by phone on the youth admitted if/when there is no medical staff on site.” (Ezike 5).• “BMI’s should be added to intake forms to screen for obesity.” (Ezike 5).• “There should be an established care plan for youth who test positive on the urine drug screen. Consider referral to the QMHP for further evaluation to rule out dependence. ” (Ezike 5).• “A formalized agreement, e.g. a Memorandum of Agreement, is still needed between the Detention Center and/or the Health Care vendor and the University of Mississippi Medical Center Hospital and Central Mississippi Medical Center. The agreement should delineate a standard protocol for sending physician notes, x-ray reports, and lab test results back to the facility with the patient after discharge.” (Ezike 7).• “There should be better communication between medical and detention center staff to ensure youth take their prescribed medication with them upon release.” (Ezike 7).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
				<ul style="list-style-type: none"> • “It should be possible to have all youth cleared by nursing before release.” (Ezike 7).
Medical Care	12.2	When necessary, is a medical professional available to examine youth confined at the facility to identify and treat medical needs? (15).		<ul style="list-style-type: none"> • “During the weekdays, there is a registered nurse that works the day shift, approximately 8a-4p. There is a 2nd nurse that works from 4p-8p. There is no nursing coverage from 8p-8a. On Saturday and Sundays, an RN works a 12 hour shift each day from 8a – 8p. There is a total of four nurses on staff that cover the facility from 8a-8p seven days per week.” (Ezike 2-3). • “Nurse Practitioner is at the facility about 4 hours weekly and only sees patients referred to her by the nurses.” (Ezike 3). • “60% of youth were admitted between 8PM and 8 AM when there was no medical staff on site.”(Ezike 3). • “Hire qualified medical professional for nights and weekend care.” (Dixon 54; Dixon 56, 11th Monitoring Rep.; Dixon 57, 10th Monitoring Rep.). • “Develop policies, procedures and protocols for this provision (Including JCAs).” (Dixon 54). • “Provide training for staff on this provision.” (Dixon 54; Dixon 56, 11th Monitoring Rep.; Dixon 57, 10th Monitoring Rep.). • “Ensure medical protocols are child/youth centered.” (Dixon 54). • “It is noted again that it is very critical that the vendor make necessary changes to the policies, procedure, and protocols to be adapted for care of adolescents.” (Ezike 3). • “The medical provider for this adolescent population should be a clinician with expertise in pediatrics and/or adolescents. The current physician is an adult medicine specialist.” (Ezike 4). • “More coordination is needed between Henley Young management and QCHC’s Head nurse at the site to review the status of the medical operations and identify needed coordination.” (Ezike 4). • “The nurse practitioner should be given more hours to give more timely visits.” (Ezike 4). • “Nursing coverage hours for the facility should be expanded to decrease the total hours without any medical coverage.” (Ezike 4).
Mental Health Care	13.3	Is Henley-Young developing individual mental health treatment plans for youth who are under the care of a mental health provider? (17).	NC	<ul style="list-style-type: none"> • “Compliance rating of BC.” (Boesky 14). • “No Treatment Plans have yet been developed for youth to address Mental Health or Substance Use treatment at the Detention Center.” (Boesky 14). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 58). • “Provide training to staff on policies and procedures.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 60, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 60, 10th Monitoring Rep.).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
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				<ul style="list-style-type: none"> • “Increase the Clinical Psychologist’s hours to ‘Full-Time.’” (Boesky 14). • “The Behavioral Health Team should create a “Treatment Plan Form” that is practical and effective for treatment planning in the juvenile detention setting.” (Boesky 14).
Mental Health Care	13.4	Is Henley-Young developing and implementing policies and procedures for referring residents in need of psychiatric services to a licensed psychiatrist for a timely mental health evaluation? (17).	NC	<ul style="list-style-type: none"> • “Apart from admitted youth on psychotropic medications and suicidal patients, it is not clearly identified which other youth are referred to see the psychiatrist.” (Ezike 10). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 58). • “Provide training to staff on policies and procedures.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 61, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 58; Dixon 60, 11th Monitoring Rep.; Dixon 61, 10th Monitoring Rep.). • “Additional work is needed to formalize in policy and procedure the criteria for psychiatric referral.” (Ezike 10). • “Ensure all youth that need to be referred to the Psychiatrist for issues related to psychotropic medication are being referred in a timely manner.” (Boesky 15).
Mental Health Care	13.5	Does Hinds County employ or contract for sufficient psychiatric services to permit a psychiatrist to fulfill the following functions: <ul style="list-style-type: none"> • Conduct needed psychiatric evaluations prior to place youth on psychotropic medications; • Monitor, as appropriate, the efficacy and side effects of psychotropic medications; • Participate in treatment team meetings for youth under the psychiatrist’s care; • Provide individual counseling and psychotherapy when needed; • Evaluate and treat in a timely manner all youth referred as possibly being in need of psychiatric services; and 	NC	<ul style="list-style-type: none"> • “The contracted psychiatrist was wholly unaware of the provisions surrounding psychiatric care at the facility.” (Ezike 8). • “There is a single psychiatrist that covers the facility. The currently assigned psychiatrist is present on site 1-2 hours maximum per week.” (Ezike 8). • “There is a lack of coordination between the psychiatrist and counselors at the facility. Neither the psychiatrist nor the counselors are aware of the others findings.” (Ezike 8). • “A psychiatrist is contracted for 8 hours weekly to cover 4 sites – Downtown, Raymond, County Farm and Henley Young. On site psychiatric coverage at Henley Young is less than 2 hours per week.” (Ezike 9). • “Psychiatry at Henley-Young is not part of the Behavioral Health Department. This separation creates some barrier structures. Coordination of care for the youth by the facility’s Behavioral Health team and the psychiatrist is not optimal.” (Ezike 9). • “Draft copy of QCHC’s Juvenile Policy and Procedure Manual dated August 6, 2018 was shared electronically. Draft manuals as related to intake procedures poorly reflects the actual process that takes place.” (Ezike 13). • “Review of the draft manual suggests that there have been little modifications or policy adjustments for the juvenile population.” (Ezike 13). • “23%-56% of youth were taking psychotropic medication while in the Detention Center.” (Boesky 16). • “Psychiatrist comes to the Detention Center for one hour a week or less.” (Boesky 16). • “Psychiatrist appears to have a significant amount of training and experience, but does not appear to have specialized training in “children” or “adolescents.”” (Boesky 16).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
		<ul style="list-style-type: none"> • Provide adequate documentation of treatment. • All evaluations and services outlined above may be performed and/or provided through employees of Hinds Behavioral Health or any other duly qualified Mental Health agency. (17-18). 		<ul style="list-style-type: none"> • “Little to no communication or collaboration between the Psychiatrist and the Mental Health Professionals working in the Center, nor the Youth Support Specialists, nor the living unit staff – all of whom work in facility full-time.” (Boesky 16). • “Psychotropic Medication” policy “(developed by Quality Correctional Health Care) was dated 2005 and last reviewed in 2009. It is unclear if this policy has since been updated.” (Boesky 16). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 59). • “Provide training to staff on policies and procedures.” (Dixon 59; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 59; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “More hours of psychiatric care are needed to comply with the provisions to review records, to see patients on psychotropic medications every 30 days, and to participate in treatment team meetings.” (Ezike 8). • “The specific provisions of the federal agreement as related to psychiatric services should be shared directly with the medical director of the vendor and/or with the psychiatry provider.” (Ezike 8). • “Psychiatric hours should be increased to permit the psychiatrist to participate in multi-disciplinary meetings... Additional psychiatric hours will promote compliance with required monthly follow up visits and to see all referrals in a time manner.” (Ezike 10). • “QCHC’S Juvenile Policy and Procedure Manual needs to be updated and finalized.” (Ezike 13). • “Review and evaluate if the Psychiatrist is providing enough “psychiatric time” given the number of youth on psychotropic medication and the complexity of their Mental Health disorders.” (Boesky 16). • “A formal mechanism should be developed for the Psychiatrist to receive brief feedback from staff working on the living units regarding youth’s mood and behavior before youth are evaluated for psychotropic medication.” (Boesky 18). • “If a youth has been assessed by one of the full-time Mental Health Professionals or is receiving individual or group therapy from them, mechanism should be developed for the Psychiatrist to receive brief feedback from the Mental Health Professionals regarding the youth’s affect, behavior, and progress in the treatment.” (Boesky 17). • “When youth display a pattern of negative/concerning behavior, medical staff should be contacted to see if you are supposed to be taking prescribed psychotropic medication, but do not have access to it at the facility.” (Boesky 17). <ul style="list-style-type: none"> ○ “If so, the nurse should attempt to have parents/caregivers bring it to the facility.” (Boesky 17). ○ “If the parents cannot/do not bring the medication, the youth should be seen by the Psychiatrist.” (Boesky 17). • “Psychiatrist should meet with any youth in the facility struggling with Suicidal thoughts/behavior or self-injury who do not have access to psychotropic medication that has been prescribed to them.” (Boesky 17).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
<i>Provision Topic</i>	<i>No.</i>	<i>Requirement</i>	<i>Rating</i>	<i>Selected Findings and Recommendation</i>
				<ul style="list-style-type: none"> • “On days when Psychiatrist is at the facility, he should participate in the brief multi-disciplinary “Mental Health” meeting to discuss youth on Safety Alert status, and those exhibiting other signs.” (Boesky 17). • “Weekly Multi-Disciplinary Treatment Team meeting should be scheduled during time the Psychiatrist is at the facility.” (Boesky 17). • “Formal process should be developed for the Psychiatrist to briefly inform the Mental Health Professionals of relevant information resulting from Psychiatric Assessments of youth.” (Boesky 18). • “A very brief summary of any changes to a youth’s psychotropic medication should be sent to the Behavioral Health department and Supervisors of the living units.” (Boesky 18). • “Ensure the Psychiatrist and nurse are working off the most recent Quality Correctional Health Care policy on Psychotropic Medication. If it truly was last reviewed in 2009, the policy should be reviewed as soon as possible and updated as necessary.” (Boesky 18). • “Psychiatrist should obtain training in “child/adolescent” psychiatric services, as well as Complex Trauma.” (Boesky 18).
Mental Health Care	13.6	Do the psychiatrist and/or counselors review incident reports, disciplinary reports, suicide watch logs, and lockdown logs of youth under their care to determine whether their treatment is working and, if not, how it should be modified? (18).	NC	<ul style="list-style-type: none"> • “The psychiatrist is apparently unaware of incident reports, lockdown logs, disciplinary reports, etc. of the patients as evidenced by charting.” (Ezike 8). • “The same findings as per Provision 12.1.” (Ezike 9). • “There is a lack of coordination between the psychiatrist and counselors at the facility. The contracted psychiatrist and behavioral therapist have little to no contact with the facility behavioral health team workers.” (Ezike 9). • Note: Not reviewed by Mr. Dixon or Dr. Boesky. • “The mental health of the residents in the custody of the facility needs to be closely monitored at all times.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Develop policies and procedures to address this provision (Including JCAs).” (Dixon 60). • “Provide training to staff on policies and procedures.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Facility needs documentation from a mental health organization on plan of action for residents receiving a mental health services.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Hire case management staff.” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “Policies and procedures shall be reviewed and signed by a licenses mental health professional (psychiatrist, etc.).” (Dixon 60; Dixon 61, 11th Monitoring Rep.; Dixon 62, 10th Monitoring Rep.). • “A new medical records system should be devised to permit the mental health specialists (psychologists, therapists, counselors) and the psychiatrist to see each other’s notes.” (Ezike 10).

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SUMMARY CHART I MONITOR AND EXPERT FINDINGS RE: THIRTEEN KEY PROVISIONS				
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				<ul style="list-style-type: none"> • “The specific provisions of the federal agreement as related to psychiatric services should be shared directly with the medical director of the vendor and/or the psychiatry provider.” (Ezike 9).
Suicide Prevention	14.4	When a youth is placed on any level of suicide watch, is a report made within 24 hours to the youth court, as well as to the youth’s guardian, and his/her defense attorney? (19).	BC	<ul style="list-style-type: none"> • “Compliance rating of PC.” (Boesky 19). • “But these rooms/cells have shelves, desks, seats, sinks, vents with medium size holes, and metal bed frames – all of which youth can tie a noose through or around.” (Boesky 19). • “No “Suicide-Resistant” rooms on any of the living units.” (Boesky 19). • “JCAs must now be included” in the development of policies and procedures for making and disturbing the reports in this provision. (Dixon 62). • “Provide training for staff on policies and procedures and document training.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “Facility needs to ensure that the suicide prevention policy is included in the overall mental health program.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “Policies and procedures shall be reviewed and signed by a licensed mental health professional.” (Dixon 62; Dixon 64, 11th Monitoring Rep.). • “Create at least one “Suicide-Resistant” room/cell on each unit immediately.” (Boesky 20). “Must be close to staff tower.” (Boesky 20). • “House all youth on Precautionary Status and Safety Alert status in Suicide-resistant rooms once they are available.” (Boesky 20). • “Ensure staff are vigilant with their observation/supervision of youth on Precautionary Status/Safety Alert, as well as all youth in the facility, especially when they are in their rooms.” (Boesky 20). • “Because youths may be minimizing or exaggerating risk of suicidal thoughts, watch all youth closely, especially when initially admitted.” (Boesky 20).

STATUS CONFERENCE OF JULY 25, 2018
J.H. ET AL V. HINDS COUNTY, 3:11-CV-327-DPJ-FKB
 CHIEF JUDGE DANIEL P. JORDAN III
 UNITED STATES DISTRICT COURT
 SOUTHERN DISTRICT OF MISSISSIPPI

To:	Status Conference Participants
From:	Plaintiffs
Subject:	Requests for Assistance with Compliance
	All citations are to the Second Amended Consent Decree (March 30, 2018).
Attachments:	<ol style="list-style-type: none"> 1. Outstanding Facility Policies, Staffing, and Training Issues; 2. Cell Confinement and Disciplinary Practices and Procedures; 3. Confinement/Mental Health Nexus: A Case Study; 4. Confinement/Mental Health Nexus: Additional Examples; 5. Need for Records Protocol: Plaintiffs' Letter

A. Requests for Assistance

The 12th Monitoring Report (March 19, 2018) referenced (1) 40-50 policies and/or procedures the facility should develop or modify (approximately half referenced CTAs); (2) staffing vacancies the facility should fill; (3) new staff the facility should hire; and (4) current staff the facility should train. (Attachment 1) Plaintiffs seek the following:

1. Confirmation that the facility intends to follow the above-listed recommendations in the 12th Monitoring Report, as listed in Attachment 1;
2. Access to a facility-maintained spreadsheet listing all current policies and all those listed in Attachment 1 regarding their status:
not drafted / draft only / in force needs modification / in force needs review / in force and final;
3. A date by which the facility will procure psychiatric care within a timeframe to effectuate: 1.2 (securing medications for youth with a valid, current prescription within 8 hours of admission) 13.2 (30 day med evals); 13.3 (transport to community psych); 13.4 (timely evals); 13.5 (treatment team meetings); 13.6 (timely treatment and evals for potential patients, counseling, review of disciplinary actions "to determine whether . . . treatment is working and, if not, how it should be modified");
4. Confirmation that confinement may only occur as provided by 3.2, 3.3, and 6.2, as provided in Attachment 2;
5. Confirmation that all residents of Henley-Young, including CTAs, will attend full days of school once the school year begins;

B. Recurring Records & Response Time

1. Agree on a timeframe within which records "relevant to assessing the [County's] compliance" shall be made available to Plaintiffs. (18.1) (*See, e.g.,* Attachment 5; still need highlighted records)
2. Agree to on Mondays provide:
 - a. Incident reports (receiving)
 - b. Any mental health records produced as a follow-up to incident reports
 - c. Any staff disciplinary records produced as a follow-up to incident reports
 - d. Any confinement records for any type of confinement (including for events that occur at school)
 - e. Any files created during intake for new admits
 - f. Programming schedule for weekdays, weekends, and any variable schedule for CTAs
 - g. The psychiatrists' actual work hours (if no record is kept, then their schedule)
 - h. QMHP staff members' actual work hours (if no record is kept, then their schedule)
 - i. Medical staff members' actual work hours (if no record is kept, then their schedule)
 - j. Document(s) indicating staff positions filled and vacant
 - k. Current complete roster
 - l. Current table of contents for the facility handbook indicating the status of policies/procedures

Status Conference of July 25, 2018

J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB

ATTACHMENT 1

OUTSTANDING FACILITY POLICIES, STAFFING AND TRAINING ISSUES AS PROVIDED IN THE
INDEPENDENT COURT-MONITORS' 12TH MONITORING REPORT

Source:	12 th Monitoring Report (March 19, 2018)
Key:	Policies, Procedures, & Records: Numbered in Black Staffing and Training: Bullets in Red

Provision	Intake	
1.(1)	All Residents Admitted to Henley Young	<ol style="list-style-type: none"> 1. "Fully develop admitting policies and procedures to reflect provision" (p. 19) <ul style="list-style-type: none"> • "Develop training records" (p.19) • "The Court should provide staffing for intake purposes" (p. 19) • "The facility should provide enough staff to fully cover the care and custody issues in the facility" (p. 19) • "Ensure all staff who admit residents are properly trained" (p.19)
1.(2)	MAYSI-2 Mental Health Screening	<ol style="list-style-type: none"> 2. "Develop comprehensive policy and procedures for this provision" (p. 19) 3. "Develop resident files that are organized and arranged properly" (p. 19) 4. "Develop process whereby facility staff and court employees develop a system for the sharing of information and reviewing of residents; files which are centrally located and accessible to detention staff" (p. 20) <ul style="list-style-type: none"> • "Identify person or person(s) whose responsibility is to score the instrument," (p.19) • "Develop training and provide documentation of training" (p.19)
1.(3)	Prescription Medications	<ol style="list-style-type: none"> 5. "Maintain written policy and procedures or protocol for this provision" (p. 20) <ul style="list-style-type: none"> • "Hire a Medical Doctor, physician's assistant or a practitioner. This person must be involved in developing the medical department and to direct medical care" (p. 20) • "Document staff training on distribution and side effects of medication," (p. 20)
1.(6)	Strip Search Policy	<ol style="list-style-type: none"> 6. "Staff must be provided with the necessary training with information stating the trainer, name of the training class/course, time, date and location of training." (p.21) <ul style="list-style-type: none"> • "Continue to provide enough staff for adequate coverage 24/7" (p. 22)

Provision	Staffing and Overcrowding	
		<ul style="list-style-type: none"> • The facility had 9 vacancies. • Hire and develop staffing for a certified restraint team (RTs) "County will need to hire several new staff for these enhanced positions and to train several of the existing Henley-Young staff to make up this new team" (p. 11)

Provision	Cell Confinement	
3.(1)	Structured, Rehabilitative & Educational Programming	<ol style="list-style-type: none"> 7. "Continue to maintain policies and procedures for this provision. Ensure JCAs are included in programming" (p. 25) <ul style="list-style-type: none"> • "Hire recreation staff" (p. 25)

Provision	Structured Programming	
4	Educational, Rehabilitative, and/or Recreational Programs	<ol style="list-style-type: none"> 8. "Continue to develop adequate policies and procedures for this provision, which includes JCAs" (p. 30)

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Provision	Individualized Treatment Plans/Treatment Program	
5.(1)	Residents Access to Adequate Rehabilitative Services	9. "Continue to develop adequate policy and procedures to meet this provision to include JCAs" (p. 31)
5.(2)	Health and/or Substance Abuse Treatment	10. "Continue to develop adequate mental health policies and procedures for this provision to include JCAs" (p. 32) 11. "Develop case management policies and procedures" (p. 32)
5.(3)	Treatment Plans	12. "Develop comprehensive policies and procedures for this provision that includes the contents (A-K)" (p. 33) <ul style="list-style-type: none"> • "Provide intensive training to all staff members. Train staff in various treatment modalities i.e. cognition, behavioral modification, modeling, psychotherapy, reality therapy, group therapy and group dynamics and other skills." (p. 33) • "Create treatment teams" (p. 33) • "Provide auxiliary training to all other direct care staff." (p. 33)
5.(4)	Review of Individual Treatment Plans	13. "Develop comprehensive policies and procedures for this provision to include JCAs" (p. 34) <ul style="list-style-type: none"> • "Provide training to all staff," (p. 34)
5.(5)	Evening and Weekend Programs and Activities	14. "Develop comprehensive policies and procedures to meet the needs for the provision to include JCAs" (p. 34)
5.(6)	Quality Assurance Program	15. "Develop comprehensive policies and procedures to meet the needs for this provision for the facility, school program and SICU program" (p. 36)

Provision	Use of Restraints	
7.(2)	Mechanical Restraints - Transportation	<ul style="list-style-type: none"> • "Continue to develop and provide remedial training for this provision including JCAs." (p. 40) • "Additional supervision needed to ensure mechanical restraints are not misused." (p. 40)
7.(3)	Misuse of Mechanical Restraints	16. "Update the comprehensive policies and procedures for this provision, this should also include JCAs." (p. 40) <ul style="list-style-type: none"> • "Additional supervision needed to ensure mechanical restraints are not misused." (p. 40)
7.(4)	Mental Health - Use of Mechanical Restraints	17. "Continue to develop comprehensive policy and procedures for this provision with mental health professionals including JCAs" (p. 41) 18. "Develop Mental Health protocols for this provision including JCAs" (p. 41) 19. "Revise restraint policy for juveniles," (p. 41) <ul style="list-style-type: none"> • "Provide training for staff on policy and procedures and document training." (p. 41) • "Provide training on de-escalation techniques including JCAs." (p. 41) • "Hire mental health professional or agency (see Dr. Boesky's report." (p. 41)

Provision	Use of Force	
8.(1)	No Misuse of Use of Force	<ul style="list-style-type: none"> • "Adapt an appropriate curriculum for training staff on the use of verbal de-escalation skill and safe use of physical restraints or mechanical restraints," (p. 45)
8.(2)	Notice to Medical	20. "Continue to develop comprehensive policies and procedures for this provision"

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	Professional After Use of Force	(p. 46)
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Provision	Meals and Nutrition	
9.(3)	Provide Drinking Water Throughout the Day	21. "Continue to develop a policy for incidents regarding water quality and procedures to address them," (p. 48)

Provision	Hygiene and Sanitation	
11.(1)	Provide Appropriate Hygiene Products	<ul style="list-style-type: none"> "Retain a licensed barber and/or beautician," (p. 25)
11.(6)	Fire Safety, Weather Emergencies, Sanitation Practices, Food Safety, and Provide Safe Environment	<ul style="list-style-type: none"> "Develop adequate staff training regarding fire safety," (p. 52) "Ensure that all areas in this provision are addressed by a certified professional," (p. 75)

Provision	Medical Care	
12.(1)	Provide Residents With Adequate Medical Care	22. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 53) 23. "Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities" (p. 53) 24. "Have a licensed medical professional review and sign off on policy, procedures and protocols" (p. 53) <ul style="list-style-type: none"> "Provide training for staff members who administer medication to residents on proper usage and possible side effects. Also, train the staff on emergency protocols if side effects occur." (p. 53) "Have a licensed health professional periodically review and provide supervision to the nurse at facility," (p. 53) "Hire or have on contract a physician to review medical area" (p. 53)
12.(2)	Provide Medical Professional When Needed	25. "Develop policies, procedures and protocols for this provision. (Including JCAs)" (p. 54) <ul style="list-style-type: none"> "Hire qualified medical professional for nights and weekend care," (p. 54) "Provide training for staff on this provision," (p. 54)
12.(3)	Implement a Sick Call Policy to Ensure 24-Hour Services	26. "Develop policies, procedures and protocols for this provision" (p. 54) <ul style="list-style-type: none"> "Provide training for staff on this provision," (p. 54)
12.(4)	Prescription Medications Only Dispensed by Medical Staff	27. "Develop policies, procedures and protocols to address this provision. These policies, procedures and protocols must include the appointment of a medication administration protocol" (p. 55) <ul style="list-style-type: none"> "Ensure that the training is comprehensive make certain that all medical contingencies are considered." (p. 55) "The staff should be trained on what side effects to look for drugs commonly prescribed to residents with mental health needs," (p. 55) "Provide training to staff on the policy, procedures and protocols for this provision." (p. 55)
12.(5)	Provide Medical and Mental Health Services	28. "Develop policies, procedures and protocols to address this provision. (Including JCAs)" (p. 55) <ul style="list-style-type: none"> "Provide training to staff on policies, procedures and protocols." (p. 55) "Provide training to staff on HIPAA requirements, and document training," (p.

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		55) • “Designate a HIPPA Privacy Officer” (p. 55)
12.(6)	Proper Monitoring Residents Who Require Individualized Attention	29. “Develop policies, procedures and protocols to address this provision. (Including JCAs)” (p. 56) • “Provide training to staff on the policies, procedures and protocols for this provision.” (p. 56) • “Annual competency training.” (p. 56)

Provision	Mental Health Care	
13.(1)	Provide Adequate Mental Health Care	30. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 57) • “Provide training to staff on policies and procedures and provide documentation of training.” (p. 57)
13.(2)	Residents and Psychotropic Medications	31. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 57) • “Provide training to staff on policies and procedures.” (p. 57)
13.(3)	Within 72 Hours of Admittance Complete an Individualized Mental Health Treatment Plan	32. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 58) 33. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (Psychiatrist, etc.).” (p. 58) • “Provide training to staff on policies and procedures.” (p. 58)
13.(4)	Implement Policies and Procedures for Referrals	34. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 58) 35. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 58) • “Provide and document training to staff on policies and procedures.” (p. 58)
13.(5)	Sufficient Psychiatric Services	36. “Develop policies and procedures to address this provision. (Including JCAs)” (p. 59) 37. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 59) • “Provide training to staff on policy and procedures and document training.” (p. 59)
13.(6)	Psychiatrist and/or Counselors to Record Review to Ensure Proper Care	38. “The facility needs to develop policies and procedures to address this provision. (Including JCAs).” (p. 60) 39. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 60) • “Provide and document training to staff on policies and procedures and document training.” (p. 60)

Provision	Suicide Prevention	
14.(1)	Multi-Tiered Suicide Prevention Policy	40. “Develop policies and procedures to address this provision. (Executed). However, now JCAs must be included.” (p. 60) 41. “Facility needs to ensure that the suicide prevention policy is included in the overall mental health program” (p. 61) 42. “Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).” (p. 60) • “Provide and document training for staff on policy and procedure.” (p. 60)
14.(2)	Evaluate Highest Level of Suicide Watch Every 12 Hrs by Medical	43. “Develop policies and procedures to address this provision. (Executed). However, JCAs must now be included.” (p. 61) 44. “Identify a mental health agency to help develop policies, procedures and protocols” (p. 61)

Status Conference of July 25, 2018

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	Professional	<p>45. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 61)</p> <p>46. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 61)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policy and procedure." (p. 61)
14.(3)	Closely Monitor Suicide Watch Residents During All Activities	<p>47. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>48. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <p>49. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policy and procedure." (p. 62) • "The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area." (p. 62)
14.(4)	Court Shall Be Notified Within 24 Hours of Any Residents on Suicide Watch	<p>50. "Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed). However, JCAs must now be included" (p. 62)</p> <p>51. "Facility needs to ensure that the suicide prevention policy is included in the overall mental health program" (p. 62)</p> <p>52. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 62)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policy and procedure." (p. 62) • "The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area." (p. 62)

Provision	Family Support and Interaction	
15.(4)	Phone Calls Shall Be Allowed Based on Policy	<p>53. "Case Managers develop policies and procedures that will help youth interact with attorneys and provide documentation of those interactions" (p. 64)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policies and procedures." (p. 64)

Provision	Miscellaneous Provisions	
16.(1)	Provide Equal Access to All Services	<p>54. "Develop policies and procedures and practices for this provision including JCAs. See Ms. Brooks report." (p. 65)</p>
16.(3)	Prohibit the Use of Profanity in the Presence of Residents	<ul style="list-style-type: none"> • "Provide training to staff in the proper de-escalation techniques of residents." (p. 66) • "Administration must provide enough supervision to reduce or eliminate insulting behavior by staff." (p. 66) • "Provide training for staff on policies and procedures and document training." (p. 66)
16.(4)	Provide Adequate Grievance Policy	<ul style="list-style-type: none"> • "Provide training for staff on policies and procedures and document training." (p. 67) • "Provide training for residents on policies and procedures and document training." (p. 67)
16.(5)	Provide Residents of All Ages With the Opportunity to See Their Attorneys and/or Residents Court Counselor	<p>55. "Develop policies and procedures and practices for this provision including JCAs" (p. 68)</p> <p>56. "Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.)." (p. 68)</p> <p>57. "Develop policies and procedures based on the prison rape elimination act" (p. 68)</p> <ul style="list-style-type: none"> • "Provide and document training for staff on policies and procedures." (p. 68)



STATUS CONFERENCE OF JULY 25, 2018
J.H. ET AL V. HINDS COUNTY, 3:11-CV-327-DPJ-FKB
CHIEF JUDGE DANIEL P. JORDAN III
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI

To:	Status Conference Participants
From:	Plaintiffs
Subject:	Cell Confinement and Disciplinary Practices and Procedures Permitted Under the Second Amended Consent Decree

All citations are to the Second Amended Consent Decree (March 30, 2018). For clarity, descriptive labels have been assigned to different types of restrictions on liberty; otherwise all are “confinement.”

A. Default Rule Regarding “Cell Confinement” (3.2)

1. All youth “shall be engaged in structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays.” (3.2) This includes youth in suicide watch cells and in booking cells “unless medically counter-indicated.” (3.2)

B. Three Exceptions Only to the Default Rule

1. **Protective Custody** (3.2: “Cell Confinement”)
2. **Immediate Injury Prevention Status** (3.3: “Cell Confinement”)
A non-disciplinary hold may be used to prevent a “serious threat of immediate bodily injury to others,” requiring:
 - ii) documentation of every hold and “the justification for determining that a youth poses an immediate, serious threat of bodily harm”;
 - iii) all children “shall be released from their cells daily to attend school, maintain appropriate personal hygiene and to engage in one hour of large muscle exercise”;
 - iv) no episode may exceed 12 hours without administrative approval;
 - v) visual checks are conducted every 15 minutes.
3. **Disciplinary Status** (6.2: “Disciplinary Practices and Procedures”)
A child alleged to have violated a non-“major rule” may not be confined. Violation of an unlimited number of “major rules” on an occasion may result in one (1) episode of confinement, requiring:
 - i) no episode may exceed 24 hours *total*;
 - ii) no episode may exceed 8 hours *without* the youth having (a) received written notification of the alleged rule violation; and (b) participated in a due process hearing before an impartial staff member;
 - iii) children “shall be released daily from their cells to attend school, maintain appropriate personal hygiene, and to engage in one hour of large muscle exercise.”

Note: According to the Consent Decree in *U.S. v. Hinds Co*, 3:16-cv-489–WHB–JCG, the CTAs at Henley-Young may not be subject to any disciplinary confinement exceeding one (1) hour.

STATUS CONFERENCE OF JULY 25, 2018
J.H. ET AL V. HINDS COUNTY, 3:11-cv-327-DPJ-FKB

ATTACHMENT 3
EXAMPLES OF CONFINEMENT/MENTAL HEALTH NEXUS:
A CASE STUDY (REDACTED)

Source: Facility File & client interviews (with permission to share specified facts).

1. 11/16/17: Resident placed on “Precautionary Status”
 - a. “Case Manager observed resident as he was escorted to the unit, it appears he is saddened by walking with his head down and crying.” Resident used to cut himself.
2. 11/20/17: Case Manager Refers Resident to Mental Health Department
 - a. Case Manager Galloway referred S. Elmore to mental health for further assessment. Resident “has stated that he was diagnosed with post-traumatic stress disorder,” “answered yes to 8 of 16 questions on a distress evaluation,” and has been having [violent nightmares.]
3. 11/22/17: Resident is seen by Dr. Kumar
 - a. “He states that he took some pills for PTSD.”
4. 1/17/18: Resident is seen by Dr. Kumar
 - a. “I need help with sleep meds.”
5. 12/5/17 – 12/7/17: Resident placed in confinement
 - a. 48 hours (“Threatening staff”)
6. 12/21/17 – 12/27/17: Resident placed in confinement
 - a. 144 hours or 6 days of Administrative Isolation for “Assaulting Unit Officer Perry Ward”
7. 2/7/18 – 2/9/18: Resident placed in confinement
 - a. 48 hours (“Fighting”)
8. 2/21/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. Pt. “had major complaints about his mental health. No prior mental health history. Pt. explained due to his case he’s worried, mind racing and can’t seem to slow it down because of his anxiety.”
9. 4/2/18 – 4/5/18: Resident placed in confinement
 - a. 72 hours (“Fighting”)
10. 4/11/18 – 4/12/18: Resident placed in confinement
 - a. 18 hours of “Administrative Isolation” (“Fighting, Flooding room”)
11. 4/12/18 – 4/14/18: Resident placed in confinement
 - a. 48 hours following the 18 hours of Administrative Isolation (“Flooding room, Fighting, Throwing resident food, Destroying room”)
12. 4/20/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. “He reports poor sleeping hygiene due to stress. Pt. stated he has been somewhat depressed due to the death of his grandmother, he noted to be more irritable since her death (his grandmother’s death is March 2018). Pt. has noted to be anxious.”
13. 4/27/18 – 4/30/18: Resident placed in confinement
 - a. 72 hours (“Passing contraband (During Visitation)”)
14. 5/9/18: Resident seen by a Licensed Professional Counselor (LPC)

STATUS CONFERENCE OF JULY 25, 2018

J.H. ETAL V. HINDS COUNTY, 3:11-cv-327-DPJ-FKB

- a. "Pt. shared that he used to be treated for PTSD. Pt. reports feeling a depression. Pt. continues to be anxious."
- 15. 5/23/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. "reports waking up in the middle of the night (most nights)," due to having violent nightmares
- 16. 5/29/18 – 5/31/18: Resident placed in confinement
 - a. 48 hours ("Tampering with security locks")
- 17. 6/4/18 – 6/7/18: Resident placed in confinement
 - a. 72 hours ("fighting")
- 18. 6/20/18: Resident seen by a Licensed Professional Counselor (LPC)
 - a. "Continues to have sleep disturbances in the middle of the night. Pt. stated the sleep disturbances are associated with bad dreams. Pt. stated his dreams have gotten worse.... "Now it's like someone is sending me a message that I going to get killed." Pt. repeated to the clinician that he suffered from PTSD

Total Hours Spent in Isolation: 570 hours, or 23.75 days



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111 East Capitol Street, Suite 280
Jackson, MS 39201
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www.splcenter.org

July 12, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Need for Psychiatric Care and Provision of Psychotropic Medications
*J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB***

Dear Pieter and Anthony:

Based on our facility monitoring visits, we are concerned that psychiatric care and psychotropic medications are not being provided to residents in accordance with the Second Amended Consent Decree. As a result, residents have reported worsening symptoms in recent months due to untreated and undertreated psychiatric conditions.

Residents are reportedly: (1) not regularly receiving currently-prescribed medications; and (2) not being evaluated by a clinician licensed to prescribe psychotropic medication.

Provision 13.2 of the Second Amended Consent Decree requires that “youth who are confined for longer than thirty (30) continuous days and who are prescribed psychotropic medications, shall be evaluated by a psychiatrist every thirty (30) days.” Provision 13.5 requires that Hinds County employ or contract with a psychiatrist to, among other duties: (a) “conduct needed psychiatric evaluations prior to placing youth on psychotropic medications”; (b) “monitor, as appropriate, the efficacy and side effects of psychotropic medications”; (c) “evaluate and treat in a timely manner all youth referred as possibly being in need of psychiatric services”; and (d) “provide adequate documentation of treatment.”

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 2 of 3

Pursuant to Provision 18.1 of the Second Amended Consent Decree, we request the following:

- (1) the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young;
- (2) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity;
- (3) the schedule of psychiatric services actually delivered from March 1, 2018, to the present;
- (4) the schedule of services expected to be provided from the present moving forward;
- (5) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED], and [REDACTED].

We are concerned that these four class members, [REDACTED], and [REDACTED] are not receiving adequate psychiatric care. We request that they be evaluated immediately by a licensed psychiatrist; some relevant facts are outlined below.

[REDACTED]
On June 29, 2018, [REDACTED] was seen “slitting his wrist with a toothbrush” following two episodes of confinement and use of force by multiple officers using arm and leg restraints within a three day period. Both uses of substantial force appear to have resulted after [REDACTED] declined to go to his room. The incident report of June 27, 2018, explains that leg restraints were used in part to keep [REDACTED] from hurting himself or others. However, the facility approved the reporting officer’s decision not to notify mental health. [REDACTED] has been a resident at Henley-Young for 20 days.

[REDACTED]
On June 14, 2018, we requested in a meeting with the facility that [REDACTED] be evaluated by a psychiatrist to treat his symptoms, which had been previously successfully treated in the community with prescribed psychotropic medication.

[REDACTED] has repeatedly made unsuccessful requests to facility clinicians to be evaluated and receive treatment for his worsening symptoms of Post-Traumatic Stress Disorder, with which he has been diagnosed with since age 13. The most recent clinician that [REDACTED] met with for psychiatric services advised [REDACTED] that he does not have the authority to prescribe any psychotropic medications. [REDACTED] has been a resident at Henley-Young for 240 days.

[REDACTED]
[REDACTED] has been at Henley-Young for more than ten days and has not received the prescription medications that he was prescribed and taking in the community to treat his diagnosed psychiatric condition. [REDACTED] reports that he has requested medication from both the nurse and the psychiatrist. His mother also called the facility requesting that her son be provided with both of the medications he was prescribed in the community: Vyvanse and Clonidine. Pursuant to Provision 1.3 of the Second Amended Consent Decree, “Prescription medications will be secured for all youth who have a valid, current prescription within 8 hours of admission, if possible, but in no case, longer than 24 hours after admission, including weekends and holidays.” [REDACTED] has been a resident at Henley-Young for 13 days.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 3 of 3

██████████
On June 14, 2018, we requested in a meeting with the facility that ██████████ be evaluated by a psychiatrist to treat symptoms of his psychiatric disorder, which had previously been successfully treated with Seroquel. ██████████ is still not receiving medication to treat his psychiatric disorder. He has also been the subject of multiple incident reports in recent months. Unfortunately, the facility has approved the decision that mental health not be notified when ██████████ is the subject of incident reports, including those with disturbing facts. ██████████ has been a resident at Henley-Young for 77 days.

Relationship Between Lack of Psychiatric Care & Discipline/Confinement

██████████ have all been subject to confinement and we are concerned they are not receiving appropriate psychiatric care. The facility's practice of refusing to involve appropriate mental health staff in the disciplinary process is concerning, particularly because multiple children with untreated diagnosed psychiatric disorders have in recent months been subjected to three or five day-long periods of disciplinary confinement that violate the Second Amended Consent Decree.

We look forward to reviewing these records and confirming that these class members have received the requested psychiatric evaluation from a licensed psychiatrist. Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone number at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER



Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Acting Director, HYJC



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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 17, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Records—Revised Weekly Request & Outstanding Requests
*J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB***

Dear Pieter and Anthony:

In preparation for the upcoming status conference, we require the routine facility documents that we have requested pursuant to the Second Amended Consent Decree and not yet received. They are listed in the table on the next page.

As you know, we cannot monitor the facility or fulfill our duties as class counsel without adequate time to review and evaluate relevant records. We are obligated to have assessed the requested documents in preparation for the status conference and so reserve the right to obtain them by way of a motion to compel if necessary. Unless you advise otherwise, we plan to pick up copies of all outstanding documents listed in the table at the facility at 10:00 a.m. on Friday, July 20, 2018.

To avoid this situation hereafter, please provide the records below on a weekly basis by email.

1. Incident reports (the facility already delivers every week by email)
2. All mental health records produced as a follow-up to incident reports
3. All discipline and confinement records (including regarding events that occur at school)
4. All files created during intake for new admits
5. Programming schedule, including the school schedule applicable to CTAs
6. The psychiatrists' actual work hours (if no record is kept, then their schedule)
7. Medical staff members' actual work hours (if no record is kept, then their schedule)
8. QMHP staff members' actual work hours (if no record is kept, then their schedule)
9. Document(s) indicating staff positions filled and vacant
10. Current complete roster

We also request a copy of any records produced to the Court Monitor in preparation for his visits.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018

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CURRENTLY-OUTSTANDING RECORDS REQUESTS	DATES REQUESTED & RE-REQUESTED
<p><u>Plaintiffs' Initial Request of April 20, 2018:</u> “(1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions)”</p>	<p>1. April 20, 2018 (Email to Defendants); 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants); 3. June 14, 2018 (Meeting with Court Monitor and Defendants)</p> <p>Partial response received on June 14, 2018. SPLC received a draft version of new policies and requested the final ones when made. They went into effect on July 1, 2018 and we have not received the final versions.</p>
<p><u>Plaintiffs' Initial Request of May 14, 2018:</u> “‘All documents and video footage related to and created as a result of the events of May 12, 2018... our requests includes, but is not limited to;” (1) any documentation in the facility’s possession that was created by the Hinds County Sheriff’s Department or other law enforcement organization as a result of the event; (2) any documentation of medical assessments made of residents or staff; and (3) any document evidencing follow-up actions taken by the facility as a result of the events.”</p>	<p>1. May 14, 2018 (Email to Defendants) 2. May 14, 2018 (Monitoring Visit) 3. May 15, 2018 (Monitoring Visit) 4. May 22, 2018 (Monitoring Visit)</p> <p>SPLC received video footage of events of May 12, 2018 and medical reporting follow-up forms relating to the events of May 12, 2018.</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...[f]or the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 15, 2018 (Monitoring Visit) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...copies of all documents these four children have signed or been asked to sign as a result of Saturday’s events.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of July 12, 2018:</u> (4) “the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young; (5) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity; (6) the schedule of psychiatric services actually delivered from March 1, 2018, to the present; (7) the schedule of services expected to be provided from the present moving forward; (8) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED]”</p>	<p>1. July 12, 2018 (Letter to Defendants)</p>

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018

Page 3 of 3

We look forward to receiving and reviewing these records, all of which are “relevant to assessing the [County’s] compliance” with the Second Amended Consent Decree. Provision 18.1.

Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink, appearing to read 'Paloma Wu', with a stylized, cursive script.

Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Operations Manager, HYJJC

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
Requests for “any new or updated policies (since October 31, 2017);” and “the forms referenced in the policies (blank versions).” ¹	<ol style="list-style-type: none"> 1. April 20, 2018 (E-Mail to Defendants) 2. April 23, 2018 (E-Mail to Defendants) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants) 4. June 14, 2018 (Meeting with Court Monitor and Defendants) 5. July 17, 2018 (E-Mail to Defendants) 6. July 20, 2018 (Plaintiffs’ Counsel go to facility to pick up policies as stated in email sent on July 17, 2018. Updated policies are not available for Plaintiffs’ Counsel.) 7. July 27, 2018 (E-Mail to Defendants) 8. August 1, 2018 (Plaintiffs’ Counsel go to facility to pick up records and policies as stated in letter sent on July 27, 2018. Records and policies are not available for Plaintiffs’ Counsel). 9. August 2, 2018 (Plaintiffs’ Counsel called Defendants and left messages notifying them that they would come by the facility again to obtain policies. Policies were not available when plaintiffs arrived at facility.) 10. August 6, 2018 (Plaintiffs’ Counsel met Defendants at the facility. Defendants explained to Plaintiffs’ Counsel that the only policies that have been revised since October of 2017 are the anti-bullying and off-site transportation policies that were sent to Plaintiffs on April 24, 2018.)² 	<ul style="list-style-type: none"> • Ex. 15, E-Mail from Pls.’ Counsel re: Request for Records: Current Policies, Forms, and Staffing, to Henley-Young (Apr. 20, 2018). • Ex. 16, E-Mail from Pls.’ Counsel re: Reforwarding Request for Records: Current Policies, Forms and Staffing, to Henley-Young (Apr. 23, 2018). • Ex. 17, Letter from Pls.’ Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.’s Counsel (July 17, 2018). • Ex. 2, Letter from Pls.’ Counsel re: Responding to Judge Jordan’s Requests from Status Conf. of July 25, 2018, to Def.’s Counsel (July 27, 2018). • Ex. 19, E-Mail from Pls.’ Counsel re: Pls.’ Counsel’s Attempts to Copy Resident Files, to Def.’s Counsel and Henley-Young (Sept. 18, 2018).

¹ On April 24, 2018, Defendants advised they had identified only two policies “either revised or created after October 2017.” On July 14, 2018, Defendants provided draft policies pertaining to behavior management isolation, visitation, phone calls, a behavior points system and due process isolation. Plaintiffs have not received the final version of these policies.

² On September 18, 2018 defendants advised that, “Mr. Dorsey has already emailed all of our policies and procedures to you all on October 31, 2017,” and included a screenshot of an email dated October 31, 2017 with a zip file titled, “Policy & Procedures,” which contained the facility’s SOP Manual as of October 2017. Ex. 20, E-Mail from Henley-Young re: Policies and Procedure Manual, to Pls.’ Counsel (Sept. 18, 2018).

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
	11. August 14, 2018 (Plaintiffs' Counsel meet with Dr. Payne and request all behavioral health policies that her and Dr. Boesky have been working on) 12. September 14, 2018 (E-Mail to Defendants) 13. September 17, 2018 (E-Mail to Defendants) 14. September 18, 2018 (E-Mail to Defendants)	
Requests for "new or updated staffing lists or charts (reflecting filled and unfilled positions)."	1. April 20, 2018 (E-Mail to Defendants) 2. April 23, 2018 (E-Mail to Defendants) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants) 4. June 14, 2018 (Meeting with Court Monitor and Defendants) 5. July 17, 2018 (E-Mail to Defendants) 6. July 27, 2018 (E-Mail to Defendants)	<ul style="list-style-type: none"> Ex. 15, E-Mail from Pls.' Counsel re: Request for Records: Current Policies, Forms, and Staffing, to Henley-Young (Apr. 20, 2018). Ex. 16, E-Mail from Pls.' Counsel re: Reforwarding Request for Records: Current Policies, Forms and Staffing, to Henley-Young (Apr, 23, 2018). Ex. 17, Letter from Pls.' Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.'s Counsel (July 17, 2018). Ex. 2, Letter from Pls.' Counsel re: Responding to Judge Jordan's Requests from Status Conf. of July 25, 2018, to Def.'s Counsel (July 27, 2018).
Requests for "documentation in the facility's possession that was created by the Hinds County Sheriff's Department or other law enforcement organization as a result of the event."	1. May 14, 2018 (E-Mail to Defendants) 2. May 14, 2018 (Monitoring Visit) 3. May 15, 2018 (E-Mail to Defendants) 4. May 15, 2018 (Monitoring Visit) 5. May 15, 2018 (E-Mail to Defendants) 6. May 22, 2018 (Monitoring Visit) 7. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)	<ul style="list-style-type: none"> Ex. 21, E-mail and Letter from Pls.' Counsel re: Requesting Records Pertaining to May 12, 2018 Incident, to Henley-Young (May 14, 2018). Ex. 22, E-mail from Pls.' Counsel re: Request for Confirmation of Compliance with SACD and Release from Lockdown, to Henley-Young (May 15, 2018).

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
		<ul style="list-style-type: none"> Ex. 23, E-mail from Pls.’ Counsel re: Forwarding Request for Confirmation of Compliance with SACD and Release from Lockdown, to Defs.’ Counsel (May 15, 2018).
Regarding Officer Albert Byrd, requesting “personnel records” and “grievances, formal or informal complaints, disciplinary actions, or reports of incidents involving him in the past three years.”	<ol style="list-style-type: none"> May 15, 2018 (E-Mail to Defendants) May 15, 2018 (E-Mail to Defendants) 	<ul style="list-style-type: none"> Ex. 22, E-mail from Pls.’ Counsel re: Request for Confirmation of Compliance with SACD and Release from Lockdown, to Henley-Young (May 15, 2018). Ex. 23, E-mail from Pls.’ Counsel re: Forwarding Request for Confirmation of Compliance with SACD and Release from Lockdown, to Defs.’ Counsel (May 15, 2018).
Requesting “the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young.”	<ol style="list-style-type: none"> July 12, 2018 (E-Mail to Defendants)³ 	<ul style="list-style-type: none"> Ex. 24, Letter from Pls.’ Counsel re: Need for Psychiatric Care and Provision of Psychotropic Medications, to Def.’s Counsel (July 12, 2018).
Requesting “contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity.”	<ol style="list-style-type: none"> July 12, 2018 (E-Mail to Defendants) 	<ul style="list-style-type: none"> Ex. 24, Letter from Pls.’ Counsel re: Need for Psychiatric Care and Provision of Psychotropic Medications, to Def.’s Counsel (July 12, 2018).
Requesting “the schedule of	<ol style="list-style-type: none"> July 12, 2018 (E-Mail to Defendants) 	<ul style="list-style-type: none"> Ex. 24, Letter from Pls.’ Counsel re: Need for

³ Defendants provided Plaintiffs with the licensing certificate and CV of Licensed Professional Counselor Brenda Frelax and the licensing certificate of Licensed Professional Counselor Monica Louise Harper. Neither of these individuals provides psychiatric care at Henley-Young.

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center">Summary Chart II NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
psychiatric services actually delivered from March 1, 2018, to the present” and “the schedule of services expected to be provided from the present moving forward.”		Psychiatric Care and Provision of Psychotropic Medications, to Def.’s Counsel (July 12, 2018).
<p>Requesting “on a weekly basis by email” the following:</p> <ol style="list-style-type: none"> 1. Incident reports (the facility already delivers every week by email) 2. All mental health records produced as a follow-up to incident reports 3. All discipline and confinement records (including regarding events that occur at school) 4. All files created during intake for new admits 5. Programming schedule, including the school schedule applicable to CTAs 6. The psychiatrists’ actual work hours (if no record is kept, then their schedule) 7. Medical staff members’ actual work hours (if no record is kept, then their schedule) 8. QMHP staff 	<ol style="list-style-type: none"> 1. July 17, 2018 (E-Mail to Defendants) 2. July 27, 2018 (E-Mail to Defendants) 3. August 1, 2018 (Plaintiffs go to facility to pick up records and policies as stated in letter sent on July 27, 2018. Records and policies are not available for plaintiffs). 	<ul style="list-style-type: none"> • Ex. 17, Letter from Pls.’ Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.’s Counsel (July 17, 2018). • Ex. 2, Letter from Pls.’ Counsel re: Responding to Judge Jordan’s Requests from Status Conf. of July 25, 2018, to Def.’s Counsel (July 27, 2018).

J.H. et al. v. Hinds County, 3:11-cv-327-DPJ-FKB

<p align="center"><i>Summary Chart II</i></p> <p align="center">NON-COMPLIANCE WITH ACCESS PROVISION</p>		
<i>Outstanding Records Requests</i>	<i>Dates Requested</i>	<i>Relevant Exhibits</i>
members' actual work hours (if no record is kept, then their schedule) 9. Document(s) indicating staff positions filled and vacant 10. Current complete roster."		
Requesting a copy of the "records produced to the Court Monitor in preparation for his visits."	1. July 17, 2018 (E-Mail to Defendants)	<ul style="list-style-type: none"> Ex. 17, Letter from Pls.' Counsel re: Records: Revised Weekly Request & Outstanding Requests, to Def.'s Counsel (July 17, 2018).
Requesting "records created by the facility to (1) to review staff responses to suicide attempts and assaults involving Gray."	1. September 26, 2018 (Letter to Defendants)	<ul style="list-style-type: none"> Ex. 25, Letter from Pls. Counsel re: Investigating Inadequate Provision of Mental Health Care to Youth, to Def.'s counsel. (Sept. 26, 2018).

From: Paloma Wu
Sent: Friday, April 20, 2018 9:59 AM
To: jmcDaniels@co.hinds.ms.us; Eric Dorsey
Cc: eburnside@co.hinds.ms.us; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; 'jowens@drms.ms'; anthonySimonpllc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center)
Subject: Request for Records: Current Policies, Forms, and Staffing

Dear Mr. McDaniels and Mr. Dorsey,

I hope you are well. We understand the County has been working to update policies and procedures. In preparation for our April 24th status conference, SPLC requests (1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); and (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions).

If the records cannot be emailed, we are available to pick the records up at the facility at any time and hope to do so before the status conference. Please inform us in writing as soon as possible if the County cannot produce the requested information.

Do not hesitate to contact me with any questions or concerns. Thank you in advance for your attention to this matter.

Best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

NOTICE: This communication was sent by an attorney and may contain confidential and/or privileged information intended only for the addressee. If you have received this e-mail in error or if you are not the intended recipient, please advise by return e-mail and then delete this e-mail and your reply immediately without reading or forwarding to others.

From: Paloma Wu
Sent: Monday, April 23, 2018 11:47 PM
To: Eric Dorsey; eburnside@co.hinds.ms.us
Cc: Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; anthonymsimonpllc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center); jmcDaniels@co.hinds.ms.us
Subject: RE: Request for Records: Current Policies, Forms, and Staffing

Mr. Burnside and Mr. Dorsey,

Thank you very much for taking the time to meet today. I'm re-forwarding our records request below (for all new/updated policies, all blank forms, and filled/unfilled staff positions).

All the best,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Paloma Wu
Sent: Friday, April 20, 2018 9:59 AM
To: jmcDaniels@co.hinds.ms.us; Eric Dorsey
Cc: eburnside@co.hinds.ms.us; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; 'jowens@drms.ms'; anthonymsimonpllc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center)
Subject: Request for Records: Current Policies, Forms, and Staffing

Dear Mr. McDaniels and Mr. Dorsey,

I hope you are well. We understand the County has been working to update policies and procedures. In preparation for our April 24th status conference, SPLC requests (1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); and (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions).

If the records cannot be emailed, we are available to pick the records up at the facility at any time and hope to do so before the status conference. Please inform us in writing as soon as possible if the County cannot produce the requested information.

Do not hesitate to contact me with any questions or concerns. Thank you in advance for your attention to this matter.

Best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201

T: 601-948-8882
F: 601-948-8885
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paloma.wu@splcenter.org

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From: Paloma Wu
Sent: Tuesday, July 17, 2018 4:52 PM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net
Cc: Leonard Dixon (Juvenile Temporary Detention Center); Ibdixon1; Eddie Burnside; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'
Subject: J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB: Letter re Revised Weekly & Outstanding Records Requests
Attachments: 180717_Letter to the County re Revised Weekly & Outstanding Records Requests (FINAL EMAILED).pdf

Dear Pieter and Anthony,

Please see the attached letter regarding outstanding records requests and a new weekly request to avoid future delays. As noted in our letter, we sincerely hope to avoid having to seek enforcement of the monitoring/records provision. However, we are obligated as class counsel to have reviewed these records in preparation for the upcoming status conference. We have requested most of them three or more times. As noted, we will be at the facility at 10:00 a.m. on Friday to pick them up to begin review. We hope to hear from you. I'm available by cell at 601-715-5491.

Sincerely,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 17, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Records—Revised Weekly Request & Outstanding Requests
*J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB***

Dear Pieter and Anthony:

In preparation for the upcoming status conference, we require the routine facility documents that we have requested pursuant to the Second Amended Consent Decree and not yet received. They are listed in the table on the next page.

As you know, we cannot monitor the facility or fulfill our duties as class counsel without adequate time to review and evaluate relevant records. We are obligated to have assessed the requested documents in preparation for the status conference and so reserve the right to obtain them by way of a motion to compel if necessary. Unless you advise otherwise, we plan to pick up copies of all outstanding documents listed in the table at the facility at 10:00 a.m. on Friday, July 20, 2018.

To avoid this situation hereafter, please provide the records below on a weekly basis by email.

1. Incident reports (the facility already delivers every week by email)
2. All mental health records produced as a follow-up to incident reports
3. All discipline and confinement records (including regarding events that occur at school)
4. All files created during intake for new admits
5. Programming schedule, including the school schedule applicable to CTAs
6. The psychiatrists' actual work hours (if no record is kept, then their schedule)
7. Medical staff members' actual work hours (if no record is kept, then their schedule)
8. QMHP staff members' actual work hours (if no record is kept, then their schedule)
9. Document(s) indicating staff positions filled and vacant
10. Current complete roster

We also request a copy of any records produced to the Court Monitor in preparation for his visits.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018

Page 2 of 3

CURRENTLY-OUTSTANDING RECORDS REQUESTS	DATES REQUESTED & RE-REQUESTED
<p><u>Plaintiffs' Initial Request of April 20, 2018:</u> “(1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions)”</p>	<p>1. April 20, 2018 (Email to Defendants); 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants); 3. June 14, 2018 (Meeting with Court Monitor and Defendants)</p> <p>Partial response received on June 14, 2018. SPLC received a draft version of new policies and requested the final ones when made. They went into effect on July 1, 2018 and we have not received the final versions.</p>
<p><u>Plaintiffs' Initial Request of May 14, 2018:</u> “All documents and video footage related to and created as a result of the events of May 12, 2018... our requests includes, but is not limited to;” (1) any documentation in the facility’s possession that was created by the Hinds County Sheriff’s Department or other law enforcement organization as a result of the event; (2) any documentation of medical assessments made of residents or staff; and (3) any document evidencing follow-up actions taken by the facility as a result of the events.”</p>	<p>1. May 14, 2018 (Email to Defendants) 2. May 14, 2018 (Monitoring Visit) 3. May 15, 2018 (Monitoring Visit) 4. May 22, 2018 (Monitoring Visit)</p> <p>SPLC received video footage of events of May 12, 2018 and medical reporting follow-up forms relating to the events of May 12, 2018.</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...[f]or the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 15, 2018 (Monitoring Visit) 3. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of May 15, 2018:</u> “...copies of all documents these four children have signed or been asked to sign as a result of Saturday’s events.”</p>	<p>1. May 15, 2018 (Email to Defendants) 2. May 23, 2018 (Meeting at SPLC with DOJ and Defendants)</p>
<p><u>Plaintiffs' Initial Request of July 12, 2018:</u> (4) “the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young; (5) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity; (6) the schedule of psychiatric services actually delivered from March 1, 2018, to the present; (7) the schedule of services expected to be provided from the present moving forward; (8) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED].”</p>	<p>1. July 12, 2018 (Letter to Defendants)</p>

Letter to Hinds County Attorneys Teeuwissen and Simon

July 17, 2018


Page 3 of 3

We look forward to receiving and reviewing these records, all of which are “relevant to assessing the [County’s] compliance” with the Second Amended Consent Decree. Provision 18.1.

Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink, appearing to read 'Paloma Wu', with a stylized, cursive script.

Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Operations Manager, HYJJC

From: Pieter Teeuwissen <pteeuwissen@bellsouth.net>
Sent: Friday, July 27, 2018 4:02 PM
To: Paloma Wu
Cc: anthonymsimonpllc@bellsouth.net; Eddie Burnside; Jody Owens; Elissa Johnson; Ava Cilia; mdutro@drms.ms; Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1
Subject: Re: J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB: Letter re Judge Jordan's Requests (Policies, Agreements, Records)

Good Afternoon Paloma,

It seems the parties are drifting apart. We look forward to discussing your requests further next week.

In the meantime, where are these contract professionals and/or community based services you suggest? Clearly you know something that those of us in this community don't.

We look forward to you sharing your's and SPLC's knowledge. Have a good weekend!

PT/Sent from my iPhone

On Jul 27, 2018, at 3:42 PM, Paloma Wu <paloma.wu@splcenter.org> wrote:

Dear Pieter and Anthony,

Please see the attached letter following up on Judge Jordan's directions to the parties during the status conference of July 25, 2018.

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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<180727_Letter to the County re Judge Jordan's Requests on Policies, Agreements, Records (FINAL EMAILED).pdf>

From: Ava Cilia
Sent: Friday, September 14, 2018 9:51 AM
To: Pieter Teeuwissen; anthonymsimonpllc@bellsouth.net; Eddie Burnside
Cc: Jody Owens; Paloma Wu; Vidhi Bamzai
Subject: RE: Henley-Young: Copying Resident Files

As we've agreed and pursuant to Provision 18.1 of the Consent Decree, plaintiffs will come to the facility with scanners at noon on Monday, September 17, to scan the entire files (including medical and mental health) of all of our clients currently housed at Henley-Young. We also request to scan:

1. Four former residents' entire files: [REDACTED]
2. All current facility policies, procedures, and blank versions of all forms/slips/templates referred to in the policies & procedures. (We have requested these without success, including on April 20, 2018; May 23, 2018; June 14, 2018; July 17, 2018; July 20, 2018; July 27, 2018; August 1, 2018; August 2, 2018. And August 6, 2018.)

Thank you again for your time and attention, and we look forward to seeing you on Monday.

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

From: Eddie Burnside [mailto:eburnside@co.hinds.ms.us]
Sent: Wednesday, September 12, 2018 1:48 PM
To: Ava Cilia
Subject: RE: Henley-Young: Copying Resident Files

See you Monday.

From: Ava Cilia [mailto:Ava.Cilia@splcenter.org]
Sent: Wednesday, September 12, 2018 12:45 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

We will come Monday at noon.

Thank you very much,
Ava

Ava Cilia

From: Ava Cilia
Sent: Tuesday, September 18, 2018 1:44 PM
To: Eddie Burnside
Cc: Eric Dorsey
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

We will come to the facility at 9:00 a.m. on Thursday the 20th to make copies of the documents we have requested. As stated in my previous emails, we request:

1. The entire files of all of our clients currently housed at Henley-Young, (including but not limited to all records kept by medical, mental health, and facility staff and administrators).
2. Five former residents' entire files (including but not limited to all records kept by medical, mental health, and facility staff and administrators): [REDACTED]
[REDACTED]
3. All current facility policies, procedures, and blank versions of all forms/slips/templates referred to in the policies & procedures. (We have requested these without success, including on April 20, 2018; May 23, 2018; June 14, 2018; July 17, 2018; July 20, 2018; July 27, 2018; August 1, 2018; August 2, 2018, August 6, 2018, September 14, 2018, and September 17, 2018.)

To avoid further delay in obtaining the above-requested files, please let me know in advance of Thursday if there will be any problems with making any of these files, policies, procedures or forms available to us.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

From: Eddie Burnside [mailto:eburnside@co.hinds.ms.us]
Sent: Monday, September 17, 2018 1:21 PM
To: Ava Cilia
Cc: Eric Dorsey
Subject: RE: Henley-Young: Copying Resident Files

Ava,

I am sorry but I have to reschedule your time to make copies. Thursday, the 20th at 9:00 a.m. would be a good time. Please send me a list of the files that you would like to review and copy.

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]
Sent: Monday, September 17, 2018 12:50 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Cc: Eric Dorsey <edorsey@co.hinds.ms.us>
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

I came by the facility at noon to make copies of the requested resident files but they were not pulled or available for me to begin copying. Please advise when the requested files will be ready and we can come to make the copies.

Thank you very much,
Ava

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]
Sent: Wednesday, September 12, 2018 1:48 PM
To: Ava Cilia
Subject: RE: Henley-Young: Copying Resident Files

See you Monday.

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]
Sent: Wednesday, September 12, 2018 12:45 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Subject: RE: Henley-Young: Copying Resident Files

Eddie,

We will come Monday at noon.

Thank you very much,
Ava

From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]
Sent: Wednesday, September 12, 2018 11:19 AM
To: Ava Cilia
Subject: RE: Henley-Young: Copying Resident Files

Ava,

I can't allow files out of the facility but I'm okay with you all coming to the facility to make copies. Please bring your own paper. Would Monday or Tuesday afternoon be good for you?

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]

Sent: Wednesday, September 12, 2018 10:53 AM

To: Eddie Burnside <eburnside@co.hinds.ms.us>

Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>; anthonysimonpllc@bellsouth.net; Pieter Teeuwissen <pteeuwissen@bellsouth.net>

Subject: RE: Henley-Young: Copying Resident Files

Eddie,

Thanks for getting back to us so quickly.

I just left you a voicemail to verify whether or not it is ok for us to take the files off-site. If we are able to take the files off-site we can have a professional copy service copy all of the files and return them within 24 hours. Otherwise, we will need to use your machines to make the copies at Henley-Young (we can bring paper). If the facility only has one copying machine, this will likely take more than a day and will require a few of us to be at the facility to make the copies. Please let me know what you prefer.

Thanks so much,

Ava

From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]

Sent: Wednesday, September 12, 2018 8:38 AM

To: Ava Cilia

Subject: RE: Henley-Young: Copying Resident Files

Ava,

It would be best for you all to come to the facility and make copies.

From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]

Sent: Tuesday, September 11, 2018 5:42 PM

To: Eddie Burnside <eburnside@co.hinds.ms.us>; Pieter Teeuwissen <pteeuwissen@bellsouth.net>; anthonysimonpllc@bellsouth.net

Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>

Subject: Henley-Young: Copying Resident Files

Eddie,

Pursuant to Provision 18.1 of the Second Amended Consent Decree, plaintiffs request complete copies of the entire files (all parts) of all of our clients currently housed at Henley-Young, (including but not limited to all records kept by medical, mental health, and facility staff and administrators).

If it is most convenient for the facility to make the files this week, we can reimburse the reasonable costs. If it is more convenient for us to arrange off-site copying, we can make arrangements with a copy service and can pick up all of the

files this Thursday at noon (9/13/2018) and return them by COB Friday (9/14/2018). Please let us know your preference by tomorrow at noon.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

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From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]

Sent: Wednesday, September 12, 2018 11:19 AM

To: Ava Cilia

Subject: RE: Henley-Young: Copying Resident Files

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Sent: Wednesday, September 12, 2018 10:53 AM

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Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>; anthonysimonpllc@bellsouth.net; Pieter Teeuwissen <pteeuwissen@bellsouth.net>

Subject: RE: Henley-Young: Copying Resident Files

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Thanks so much,

Ava

From: Eddie Burnside [<mailto:eburnside@co.hinds.ms.us>]

Sent: Wednesday, September 12, 2018 8:38 AM

To: Ava Cilia

Subject: RE: Henley-Young: Copying Resident Files

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From: Ava Cilia [<mailto:Ava.Cilia@splcenter.org>]

Sent: Tuesday, September 11, 2018 5:42 PM

To: Eddie Burnside <eburnside@co.hinds.ms.us>; Pieter Teeuwissen <pteeuwissen@bellsouth.net>; anthonysimonpllc@bellsouth.net

Cc: Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <Jody.Owens@splcenter.org>; Vidhi Bamzai <vidhi.bamzai@splcenter.org>

Subject: Henley-Young: Copying Resident Files

Eddie,

Pursuant to Provision 18.1 of the Second Amended Consent Decree, plaintiffs request complete copies of the entire files (all parts) of all of our clients currently housed at Henley-Young, (including but not limited to all records kept by medical, mental health, and facility staff and administrators).

If it is most convenient for the facility to make the files this week, we can reimburse the reasonable costs. If it is more convenient for us to arrange off-site copying, we can make arrangements with a copy service and can pick up all of the files this Thursday at noon (9/13/2018) and return them by COB Friday (9/14/2018). Please let us know your preference by tomorrow at noon.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org

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From: Eddie Burnside <eburnside@co.hinds.ms.us>
Sent: Tuesday, September 18, 2018 2:15 PM
To: Ava Cilia
Subject: FW:
Attachments: email splc.jpg

Ava,

Mr. Dorsey has already emailed all of our policies and procedures to you all on October 31, 2017. I will have all of the requested files and forms related to each policy ready for you on Thursday.

From: Eric Dorsey
Sent: Tuesday, September 18, 2018 2:04 PM
To: Eddie Burnside <eburnside@co.hinds.ms.us>
Subject:

This E-mail may contain legally privileged and/or confidential information intended only for the individual or entity named in the message. If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited. If this communication was received in error, please notify us by reply E-mail and delete the original message.



Tue 10/31/2017 11:33 AM

Eric Dorsey

FW: Full SOP manual

To 'Elissa Johnson'

Cc Johnnie McDaniels; Eddie Burnside

 Message  Policy & Procedures.zip (8 MB)

Elissa, I have attached the full SOP (Standard Operating Procedures) manual which consist of 113 policies. The file attached is a .zip file due to the size of the manual. If you have any problems viewing any documents please feel free to contact to me.

Eric Dorsey
Quality Assurance Coordinator
Henley-Young Juvenile Justice Center
940 E. McDowell Road
Jackson, MS 39204
☎ 601-985-3000
📠 601-985-3082
✉ edorsey@co.hinds.ms.us

MISSION:

To create and maintain a safe, secure, stable, and mind-changing environment for each child in our care.

"Every accomplishment starts with the decision to try. Dreams don't work unless you do"

From: Paloma Wu
Sent: Monday, May 14, 2018 2:23 PM
To: Eric Dorsey; Eddie Burnside
Cc: Pieter Teeuwissen; anthonymsimonpllc@bellsouth.net; Leonard Dixon (Juvenile Temporary Detention Center); Ibdixon1; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'
Subject: Request for Records re: May 12, 2018 Incident & Request to Shorten Waiting Time During Facility Visits
Attachments: 5.12.18_ [REDACTED].ICR.PDF

Dear Mr. Burnside and Mr. Dorsey,

We are writing to request all documents and video footage related to and created as a result of the events of May 12, 2018, that are described in incident report we received today, May 14, 2018 which is attached to this email.

Our requests includes, but is not limited to (1) any documentation in the facility's possession that was created by the Hinds County Sheriff's Department or other law enforcement organization as a result of the event; (2) any documentation of medical assessments made of residents or staff; and (3) any document evidencing follow-up actions taken by the facility as a result of the events.

If they are available, we can pick the documents up this afternoon, as Ava Cilia, SPLC's community advocate, will be visiting the facility shortly.

We are hoping today and in the future to advise the facility prior to visiting of the class members we plan to meet—in hopes that notifying the facility beforehand can shorten the amount of waiting time between interviews, **which can be 20-30 minutes (resulting in 1-2 hours of waiting-time built-in per visit).**

This afternoon, we would like to interview [REDACTED].

If the County cannot produce the requested information, please inform us in writing as soon as possible. Also, please let us know if there is anything more we can do to shorten the amount of waiting time before and between interviews, and if prior notice helps.

Thanks very much for your time and consideration,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Eric Dorsey [<mailto:edorsey@co.hinds.ms.us>]
Sent: Monday, May 14, 2018 11:46 AM
To: Jody Owens; Elissa Johnson; Ava Cilia; Paloma Wu; 'mdutro@drms.ms'
Cc: 'JLledger@dps.ms.gov'; Eddie Burnside; Johnnie McDaniels
Subject: Weekly Incident Reports (HYJJC)

HENLEY-YOUNG JUVENILE JUSTICE CENTER

Supervisor Incident Report Checklist

CHECKLIST

EACH INCIDENT REPORT WRITTEN WILL REQUIRE SUPERVISORS TO COMPLETE THE CHECKLIST. IF STAFF ANSWER NO TO ANY QUESTION, THE SUPERVISOR SHALL PERFORM A CORRECTIVE ACTION FOR STAFF TO CORRECT ANY ISSUE(S) WITH THE SUBMITTED REPORT BEFORE SUBMITTING TO ADMINISTRATION.

Resident Name [REDACTED] Incident:

1. Did staff accurately state the who, what, when, where and why in narrative? ☐ Yes ☐ No
2. Was verbal de-escalation used to de-escalate the situation? ☒ Yes ☐ No ☐ N/A Is it documented in the report? ☐ Yes ☐ No
3. Was the nurse notified? ☒ Yes ☐ No ☐ N/A (If yes, please attach medical report)
4. Checked for spelling, grammar and adequate details? ☒ Yes ☐ No
5. All sections filled out completely? ☒ Yes ☐ No
6. If use of force was used, did staff thoroughly document all techniques used? ☒ Yes ☐ No ☐ N/A
7. Was Mental Health notified? ☐ Yes ☐ No ☒ N/A
8. Did staff properly document the use of restraints? ☐ Yes ☐ No ☒ N/A
9. All staff involved submitted a report? ☒ Yes ☐ No ☐ N/A

COMMENTS

Supervisor Signature: [REDACTED]

Date: 5-12-18

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]	(2) Resident Name: [REDACTED]
(3) Resident Name: [REDACTED]	Date of Occurrence: 5/12/18
Time of Occurrence: 13:37pm	Time of Report: 15:13pm
Reporting Officer/Staff: [REDACTED]	Type of Incident: Refuse to lock up & Assault on Officer

Location of Incident: B-pod(Ossie Davis)

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date at approximately 13:37pm I [REDACTED] were monitoring all resident when resident [REDACTED] was walking around using Profanity and fussing. Therefore I [REDACTED] asked all resident to lock up due to residents [REDACTED] being loud and making threats toward I [REDACTED]. Once all the residents refused to lockdown I [REDACTED] radio all available officers for assist. [REDACTED] [REDACTED] [REDACTED] [REDACTED] & [REDACTED] reported to B-pod(Ossie Davis) to restraint all residents that were in the altercation. Resident [REDACTED] refused to lock up and begin to run around the pod and in the process the residents running around they begin to throw objects and knock over trash cans. I [REDACTED] started to restraint resident [REDACTED] and while trying to restraint resident [REDACTED] tried to assault myself [REDACTED] by swinging but didnt make contact. Resident [REDACTED] somehow was able to break loose and continue to run around the pod. As I was trying to restraint resident [REDACTED] that's when resident [REDACTED] yelled for resident [REDACTED] and stated GET THIS NIGGA OFF ME, resident [REDACTED] grabbed a cup filled with tea and threw it and hit myself [REDACTED] in the back. When resident [REDACTED] was able to free himself due to resident [REDACTED] resident [REDACTED] and resident [REDACTED] begin to get into fighting stand trying to attack myself [REDACTED] [REDACTED] asked me to leave the pod due to resident [REDACTED] and [REDACTED] trying to attack me. Central control notified HINDS COUNTY SHERIFF DEPT. Hinds county deputy enter the pod and escorted the residents to intake for lockdown.

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in injury to resident? no	Incident result in injury to staff? yes
If yes, was treatment received? yes	
Was restraints used? If so, what kind of restraints? no	For how long? n/a

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
ofc	[REDACTED]	
ofc	[REDACTED]	
ofc	[REDACTED]	
sr.ofc	[REDACTED]	
Rec	[REDACTED]	

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input checked="" type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input checked="" type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input checked="" type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input checked="" type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☐ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT
[REDACTED]				

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]	(2) Resident Name: [REDACTED]
(3) Resident Name: [REDACTED]	Date of Occurrence: 5/12/18
Time of Occurrence: 1300	Time of Report: 1410
Reporting Officer/Staff: [REDACTED]	Type of Incident: Assault on officer/ Riot
Location of Incident: Ossie Davis Pod	

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On 5/12/18 at approximately 1300, Resident [REDACTED] started to jump on tables in the pod. [REDACTED] and [REDACTED] asked [REDACTED] to get down, but he refused. [REDACTED] started locking the other residents down. [REDACTED] asked Resident [REDACTED] and [REDACTED] to lock down they refused. Resident [REDACTED] started to Riot by throwing the garbage can in the pod. [REDACTED] slung trash all over the pod. Residents [REDACTED] and [REDACTED] went through slamming all the doors that were open to their cell. [REDACTED] and [REDACTED] called for assistance. [REDACTED], [REDACTED], [REDACTED], [REDACTED] entered the unit. Resident [REDACTED] started to try and wrestle [REDACTED]. [REDACTED] and [REDACTED] assisted with trying to restrain Resident [REDACTED]. [REDACTED] tried restraining Resident [REDACTED], and had to take him to the floor in a CPI control hold, and tried to handcuff him. [REDACTED] assisted with the Restraint. Resident [REDACTED] came and moved both myself and [REDACTED] out the way to get Resident [REDACTED] up off the floor. Neither of the residents would lock up. To gain control [REDACTED] had central to call Hinds County Sherriff Department. Resident [REDACTED] got up, and [REDACTED] grabbed him. I [REDACTED], assisted [REDACTED] Resident [REDACTED] picked me up to try and get to Resident [REDACTED]. Resident [REDACTED] threw a whole cup of tea on [REDACTED] and [REDACTED]. [REDACTED] tried talking to all residents, and advised them to lock up; they refused. Resident [REDACTED] tried fighting [REDACTED]. Hinds County Sherriff Department came and gained control. Operations Manager Eddie Burnside was called. [REDACTED] was called. I [REDACTED] strained my back and hurt my wrist in the mist of restraining.

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in injury to resident? NO	Incident result in injury to staff? NO
If yes, was treatment received?	
Was restraints used? If so, what kind of restraints? YES/ HANDCUFFS	For how long? 30mins

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Assault on officer/ Riot
Detention Officer	[REDACTED]	Assault on officer/ Riot
Detention Officer	[REDACTED]	Assault on officer/ Riot
Senior Officer	[REDACTED]	Assault on officer/ Riot
Rec	[REDACTED]	Assault on officer/ Riot

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input checked="" type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input checked="" type="checkbox"/>	

CONFINEMENT

Following the Incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☒ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

Witness Statement

Name: [REDACTED]	Youth: [REDACTED]	Staff: [REDACTED]	Date: 05/12/2018
NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Be as specific as possible)			

At approximately 13:15 I [REDACTED] was on the Rec Yard and [REDACTED] called for assistance . That's when I [REDACTED] went in and saw that [REDACTED] was trying to get his Residents to lock up .But they refused to lock up Resident [REDACTED] threw the trash can and then [REDACTED] were all running around the pod.

Signature: [REDACTED]

Date: 5/5/18 5-12-18 MG

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]		(2) Resident Name: [REDACTED]	
(3) Resident Name: [REDACTED]		Date of Occurrence: 5/12/18	
Time of Occurrence: 1450		Time of Report: 1502	
Reporting Officer/Staff: [REDACTED]		Type of Incident: Inciting a riot/ assault on staff	
Location of Incident: Ossie Davis			

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date at approximately 1315 I [REDACTED] was responding to a call for assistance on the Ossie-Davis unit when I did witness fellow officers in a physical altercation with several residents. Resident [REDACTED] threw a drink on [REDACTED] and [REDACTED]. After repeated attempts to force comply by way of CPI holds [REDACTED] gave the order to Central Control to call the Hinds County Sheriffs office to get control of the situation.

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in injury to resident?	Incident result in injury to staff? Yes
If yes, was treatment received? Yes	
Was restraints used? If so, what kind of restraints? No	For how long?

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff on Duty
Detention Officer	[REDACTED]	Staff on Duty

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input checked="" type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☐ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]		(2) Resident Name: [REDACTED]	
(3) Resident Name: [REDACTED]		Date of Occurrence: 5/12/18	
Time of Occurrence: 1300		Time of Report: 1504	
Reporting Officer/Staff: [REDACTED]		Type of Incident: Assault on staff/ Riot	
Location of Incident: Ossie Davis Pod			

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date and time, I [REDACTED] was called to Ossie Davis Pod to assist in a riot. When I arrived to B-pod all 4 Residents were trying to fight [REDACTED] [REDACTED] [REDACTED], [REDACTED], [REDACTED], and [REDACTED] tried gaining control by talking to them, but they kept trying to fight staff, and kept closing doors as we opened them. Due to several officers complaining of being hurt. I, [REDACTED], radioed, Central Control to call Hinds County Sherriff Office to gain control. Hinds County Sheriff Department entered the building at 1340. Mr. Burnside was called and arrived at 1355. All residents were seen by [REDACTED].

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in [REDACTED]	Incident result in injury to staff?
If yes, was treatment received?	
Was restraints used? If so, what kind of restraints? YES/HANDCUFFS	For how long? 30MINS

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Assault on Staff/Riot
Detention Officer	[REDACTED]	Assault on Staff/Riot
Detention Officer	[REDACTED]	Assault on Staff/Riot
Rec.	[REDACTED]	Assault on Staff/Riot
Rec.	[REDACTED]	Assault on Staff/Riot

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input checked="" type="checkbox"/>	Preventing injury to other detainee <input checked="" type="checkbox"/>
Non-compliance <input type="checkbox"/>	Preventing damage to property <input type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input checked="" type="checkbox"/>
Other: <input checked="" type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☒ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

HENLEY-YOUNG JUVENILE JUSTICE CENTER

UNUSUAL INCIDENT REPORT

INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: [REDACTED]	(2) Resident Name: [REDACTED]
(3) Resident Name: [REDACTED]	Date of Occurrence: 5/12/18
Time of Occurrence: 1450	Time of Report: 1502
Reporting Officer/Staff: [REDACTED]	Type of Incident: Inciting a riot/ assault on staff

Location of Incident: Ossie Davis

NARRATIVE (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de escalate the situation initially and/or during the incident? Be as specific as possible.)

On the above date at approximately 1315 I [REDACTED] was responding to a call for assistance on the Ossie-Davis unit when I did witness [REDACTED] being surrounded by the residents on the unit. The resident refused to comply with the repeated command to go to their rooms. Resident [REDACTED] threw the trash can across the floor and threw a drink on [REDACTED] and [REDACTED]. The above mentioned residents assaulted all officer involved. After repeated attempts to force comply by way of CPI holds [REDACTED] gave the order to Central Control to call the Hinds County Sheriffs office to get control of the situation.

Staff Signature: [REDACTED]	Date: 5/12/18
Incident result in injury to resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Incident result in injury to staff? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, was treatment received? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was restraints used? If so, what kind of restraints? No	For how long?

STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff On Duty
Detention Officer	[REDACTED]	Staff on Duty

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches (cell) <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input checked="" type="checkbox"/>	Preventing injury to staff <input checked="" type="checkbox"/>
Assault on a detainee <input type="checkbox"/>	Preventing injury to other detainee <input type="checkbox"/>
Non-compliance <input checked="" type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another cell <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input type="checkbox"/>	

CONFINEMENT

Following the incident, the youth may be placed in Behavior Management Isolation for 15 minutes or more. Behavior Management Isolation: a cooling off period where placement of the resident in a room either locked or unlocked for the purpose controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavior rules and expectations.

Was the youth placed in BMI? Yes ☐ No ☐

Behavior Management Isolation (BMI)	Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved: Yes ☐ No ☐

Signature _____

Eric Dorsey | Quality Assurance Coordinator

Henley-Young Juvenile Justice Center

940 E. McDowell Road

Jackson, MS 39204

☎ 601-985-3000

📠 601-985-3082

✉ edorsey@co.hinds.ms.us

MISSION:

To create and maintain a safe, secure, stable, and mind-changing environment for each child in our care.

QUOTE:

"Every accomplishment starts with the decision to try. Dreams don't work unless you do"

This E-mail may contain legally privileged and/or confidential information intended only for the individual or entity named in the message. If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited. If this communication was received in error, please notify us by reply E-mail and delete the original message.

From: [Paloma Wu](#)
To: [Eric Dorsey](#); [Eddie Burnside](#); [Pieter Teeuwissen](#); anthonysimonpllc@bellsouth.net
Cc: [Leonard Dixon \(Juvenile Temporary Detention Center\)](#); [lbdixon1](#); [Jody Owens](#); [Elissa Johnson](#); [Ava Cilia](#); ["mdutro@drms.ms"](mailto:mdutro@drms.ms)
Subject: Request for Confirmation of Compliance with Second Amended Consent Decree & Release From Lockdown
Date: Tuesday, May 15, 2018 11:35:55 AM

Dear Mr. Burnside and Mr. Dorsey,

Thank you for your communication thus far regarding the events of May 12, 2018. As explained below, we are concerned that the County may have violated the Second Amended Consent Decree's disciplinary and confinement provisions. Most concerning is that the youth involved in the incident on May 12 have already been on lockdown for longer than the 24 hours permitted by Provision 6.2 of the Second Amended Consent Decree.

As a result, the children should be immediately released from lockdown and permitted to resume participation in facility programming.

We appreciate that you altered course yesterday to allow us legal visits with our clients; thank you also for producing the video footage. Particularly at this time of transition for the facility's staff and its population, we sincerely value your leadership and longstanding commitment to the facility's residents.

We ask that you review the below-listed provisions of the Second Amended Consent Decree and confirm that the facility has taken the necessary steps to ensure that the County is fully complying.

1. Involuntary Confinement Is Time-Limited to 24 Hours. Under no circumstances shall youth be subjected to involuntary cell confinement for longer than 24 hours for disciplinary purposes. Provision 6.2.
2. Involuntary Confinement Requires Certain Out-Of-Cell Activities. In every circumstance that a youth placed is placed on involuntary cell confinement, such youth shall be released daily from their cells to attend school, and to engage in one hour of large muscle exercise, maintain appropriate personal hygiene. Provision 6.2.
3. No Exception to Out-of-Cell Activities Is Made For Youth Duly Determined to Pose A Current/Immediate Serious Threat of Bodily Injury Only if the facility has documented in writing its justification for determining that a child poses an immediate, serious threat of bodily injury to others may the facility confine that child in a cell longer than 12 hours without administrative approval. Such youth must still be daily released to attend school, engage in one hour of large muscle exercise, and maintain personal hygiene. Provision 3.3.
4. Involuntary Confinement Requires A Due Process Hearing Within 8 Hours: Under no circumstances shall a youth be confined to a cell longer than 8 hours for rule violation without receiving written notification of the alleged rule violation and the occurrence of a disciplinary review/ due process hearing before an impartial staff member, which includes participation by the accused youth. Provision 6.2.
5. Restraints May Only Be Used Past 15 Minutes If Certain Requirements Are Met. No youth shall be restrained for longer than 15 minutes, unless restraints are approved by a mental health professional or as reasonably necessary to prevent the youth from engaging in acts of self-harm or harm to others. Provision 7.4.
6. Treatment Plans Should Be Reviewed/Revised If Not Working. Psychiatrists and/or

counselors shall review, if necessary, incident reports, disciplinary reports, and lockdown logs of youth under their care to determine whether their treatment is working and, if not, how it should be modified. Provision 13.6.

For the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans, per Second Amended Consent Decree Provision 18.1.

In addition, for Officer Albert Byrd, please provide his personnel records. Please also include any grievances, formal or informal complaints, disciplinary actions, or reports of incidents involving him in the past three years.

As requested in our previous email of 5/14/18, we look forward to reviewing (1) the Sheriff's incident reports; (2) any documentation of medical or mental health assessments made as a result of the events (youth and staff); and (3) all documentation of follow-up actions taken as a result of the events, including follow-up investigations, debriefs, and/or trainings.

If the County disagrees or cannot respond with the requested information, please inform us in writing as soon as possible.

I'll be by the facility today for a client visit with Ava and am looking forward to saying hello. I can also pick up any of the above-listed records available by that time.

Thank you,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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From: [Paloma Wu](#)
To: [Pieter Teeuwissen](#); anthony@simonpllc.com
Cc: [Leonard Dixon \(Juvenile Temporary Detention Center\)](#); [lbdixon1](#); [Jody Owens](#); [Elissa Johnson](#); [Ava Cilia](#); ["mdutro@drms.ms"](mailto:mdutro@drms.ms)
Subject: RE: Request for Confirmation of Compliance with Second Amended Consent Decree & Release From Lockdown
Date: Tuesday, May 15, 2018 10:46:19 PM

Dear Pieter and Anthony,

As you know, four children remain in lockdown and under conditions of lockdown that flatly violate a half-dozen terms of the Second Amended Consent Decree.

We respectfully request that the County respond by Wednesday before noon confirming that these children have been released from lockdown and permitted to resume participation in facility programming.

We also respectfully request that the County confirm it is treating these class members according to the remaining five relevant terms of the Second Amended Consent Decree listed in our email below.

Finally, we request that the County advise Plaintiffs immediately if any of the four children are being charged with a criminal offense as a result of Saturday's events.

In addition to the documents listed in our email below, we request copies of all documents these four children have signed or been asked to sign as a result of Saturday's events.

Plaintiffs are concerned that the County is setting a disturbing precedent. Just weeks ago, parties confirmed during our April 24th status conference before Judge Jordan that children under adult court jurisdiction held at Henley-Young are in all respects equal class members in this case.

If the County cannot respond with the requested information by *Wednesday before noon* and with the requested documents *by the end of the week*, please inform us in writing as soon as possible.

Thank you, and we look forward to continuing to work together.

Best,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Paloma Wu
Sent: Tuesday, May 15, 2018 11:36 AM
To: Eric Dorsey; Eddie Burnside; Pieter Teeuwissen; anthony@simonpllc.com
Cc: Leonard Dixon (Juvenile Temporary Detention Center); [lbdixon1](#); Jody Owens; Elissa Johnson; Ava Cilia; ["mdutro@drms.ms"](mailto:mdutro@drms.ms)
Subject: Request for Confirmation of Compliance with Second Amended Consent Decree & Release From Lockdown

Dear Mr. Burnside and Mr. Dorsey,

Thank you for your communication thus far regarding the events of May 12, 2018. As explained below, we are concerned that the County may have violated the Second Amended Consent Decree's disciplinary and confinement provisions. Most concerning is that the youth involved in the incident on May 12 have already been on lockdown for longer than the 24 hours permitted by Provision 6.2 of the Second Amended Consent Decree.

As a result, the children should be immediately released from lockdown and permitted to resume participation in facility programming.

We appreciate that you altered course yesterday to allow us legal visits with our clients; thank you also for producing the video footage. Particularly at this time of transition for the facility's staff and its population, we sincerely value your leadership and longstanding commitment to the facility's residents.

We ask that you review the below-listed provisions of the Second Amended Consent Decree and confirm that the facility has taken the necessary steps to ensure that the County is fully complying.

1. Involuntary Confinement Is Time-Limited to 24 Hours. Under no circumstances shall youth be subjected to involuntary cell confinement for longer than 24 hours for disciplinary purposes. Provision 6.2.
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6. Treatment Plans Should Be Reviewed/Revised If Not Working. Psychiatrists and/or counselors shall review, if necessary, incident reports, disciplinary reports, and lockdown logs of youth under their care to determine whether their treatment is working and, if not, how it should be modified. Provision 13.6.

For the youth who were placed on lockdown following the incident, please provide their entire facility records, including their institutional, educational, medical, and mental health records, and their individual treatment plans, per Second Amended Consent Decree Provision 18.1.

In addition, for Officer Albert Byrd, please provide his personnel records. Please also include any grievances, formal or informal complaints, disciplinary actions, or reports of incidents involving him in the past three years.

As requested in our previous email of 5/14/18, we look forward to reviewing (1) the Sheriff's incident reports; (2) any documentation of medical or mental health assessments made as a result of the events (youth and staff); and (3) all documentation of follow-up actions taken as a result of the events, including follow-up investigations, debriefs, and/or trainings.

If the County disagrees or cannot respond with the requested information, please inform us in writing as soon as possible.

I'll be by the facility today for a client visit with Ava and am looking forward to saying hello. I can also pick up any of the above-listed records available by that time.

Thank you,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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From: Paloma Wu
Sent: Thursday, July 12, 2018 4:56 PM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net
Cc: Leonard Dixon (Juvenile Temporary Detention Center); lbdixon1; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'
Subject: Letter to the County re: Delivery of Psychiatric Care & Psychotropic Medication (Residents [REDACTED])
Attachments: 180712_Letter to the County re [REDACTED] (FINAL EMAILED).pdf

Dear Pieter and Anthony,

Please see the attached letter regarding the provision of psychiatric services and our requests regarding [REDACTED].

All the best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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Teaching Tolerance
Seeking Justice

Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

July 12, 2018

BY ELECTRONIC MAIL

Pieter Teeuwissen
Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

**RE: Need for Psychiatric Care and Provision of Psychotropic Medications
*J.H. et al v. Hinds County, 3:11-cv-327-DPJ-FKB***

Dear Pieter and Anthony:

Based on our facility monitoring visits, we are concerned that psychiatric care and psychotropic medications are not being provided to residents in accordance with the Second Amended Consent Decree. As a result, residents have reported worsening symptoms in recent months due to untreated and undertreated psychiatric conditions.

Residents are reportedly: (1) not regularly receiving currently-prescribed medications; and (2) not being evaluated by a clinician licensed to prescribe psychotropic medication.

Provision 13.2 of the Second Amended Consent Decree requires that “youth who are confined for longer than thirty (30) continuous days and who are prescribed psychotropic medications, shall be evaluated by a psychiatrist every thirty (30) days.” Provision 13.5 requires that Hinds County employ or contract with a psychiatrist to, among other duties: (a) “conduct needed psychiatric evaluations prior to placing youth on psychotropic medications”; (b) “monitor, as appropriate, the efficacy and side effects of psychotropic medications”; (c) “evaluate and treat in a timely manner all youth referred as possibly being in need of psychiatric services”; and (d) “provide adequate documentation of treatment.”

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 2 of 3

Pursuant to Provision 18.1 of the Second Amended Consent Decree, we request the following:

- (1) the CVs and licensing accreditations of all individuals providing psychiatric care at Henley-Young;
- (2) all contracts that exist between persons providing psychiatric care at Henley-Young and Hinds County or any other entity;
- (3) the schedule of psychiatric services actually delivered from March 1, 2018, to the present;
- (4) the schedule of services expected to be provided from the present moving forward;
- (5) the entire mental health and facility files, including all records of discipline and confinement, for [REDACTED].

We are concerned that these four class members, [REDACTED] and [REDACTED], are not receiving adequate psychiatric care. We request that they be evaluated immediately by a licensed psychiatrist; some relevant facts are outlined below.

[REDACTED]
On June 29, 2018, [REDACTED] was seen “slitting his wrist with a toothbrush” following two episodes of confinement and use of force by multiple officers using arm and leg restraints within a three day period. Both uses of substantial force appear to have resulted after [REDACTED] declined to go to his room. The incident report of June 27, 2018, explains that leg restraints were used in part to keep [REDACTED] from hurting himself or others. However, the facility approved the reporting officer’s decision not to notify mental health. [REDACTED] has been a resident at Henley-Young for 20 days.

[REDACTED]
On June 14, 2018, we requested in a meeting with the facility that [REDACTED] be evaluated by a psychiatrist to treat his symptoms, which had been previously successfully treated in the community with prescribed psychotropic medication.

[REDACTED] has repeatedly made unsuccessful requests to facility clinicians to be evaluated and receive treatment for his worsening symptoms of Post-Traumatic Stress Disorder, with which he has been diagnosed with since age 13. The most recent clinician that [REDACTED] met with for psychiatric services advised [REDACTED] that he does not have the authority to prescribe any psychotropic medications. [REDACTED] has been a resident at Henley-Young for 240 days.

[REDACTED]
[REDACTED] has been at Henley-Young for more than ten days and has not received the prescription medications that he was prescribed and taking in the community to treat his diagnosed psychiatric condition. [REDACTED] reports that he has requested medication from both the nurse and the psychiatrist. His mother also called the facility requesting that her son be provided with both of the medications he was prescribed in the community: Vyvanse and Clonidine. Pursuant to Provision 1.3 of the Second Amended Consent Decree, “Prescription medications will be secured for all youth who have a valid, current prescription within 8 hours of admission, if possible, but in no case, longer than 24 hours after admission, including weekends and holidays.” [REDACTED] has been a resident at Henley-Young for 13 days.

Letter to Hinds County Attorneys Teeuwissen and Simon

July 12, 2018

Page 3 of 3

██████████
On June 14, 2018, we requested in a meeting with the facility that ██████████ be evaluated by a psychiatrist to treat symptoms of his psychiatric disorder, which had previously been successfully treated with Seroquel. ██████████ is still not receiving medication to treat his psychiatric disorder. He has also been the subject of multiple incident reports in recent months. Unfortunately, the facility has approved the decision that mental health not be notified when ██████████ is the subject of incident reports, including those with disturbing facts. ██████████ has been a resident at Henley-Young for 77 days.

Relationship Between Lack of Psychiatric Care & Discipline/Confinement

██████████ have all been subject to confinement and we are concerned they are not receiving appropriate psychiatric care. The facility's practice of refusing to involve appropriate mental health staff in the disciplinary process is concerning, particularly because multiple children with untreated diagnosed psychiatric disorders have in recent months been subjected to three or five day-long periods of disciplinary confinement that violate the Second Amended Consent Decree.

We look forward to reviewing these records and confirming that these class members have received the requested psychiatric evaluation from a licensed psychiatrist. Please do not hesitate to contact me to discuss this matter. I can be reached by cell phone number at 601-715-5491 and by email at paloma.wu@splcenter.org. Thank you in advance for your attention to this matter.

Sincerely,

SOUTHERN POVERTY LAW CENTER



Paloma Wu
Attorney

cc: Leonard Dixon, Court-Appointed Monitor
Eddie Burnside, Acting Director, HYJC

From: Ava Cilia
Sent: Wednesday, September 26, 2018 5:06 PM
To: Pieter Teeuwissen; anthonySimonpllc@bellsouth.net
Cc: Eddie Burnside; Jody Owens; Paloma Wu; Vidhi Bamzai
Subject: Letter to Hinds County re HY Resident [REDACTED]
Attachments: 180926_Letter re [REDACTED]_(FINAL MAILED).pdf

Counsel,

Please see the attached letter that was postmarked today, September 26, 2018.

Thank you very much,

Ava Cilia
Community Advocate
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(O) 769-524-2734
(C) 601-715-3708
(E) ava.cilia@splcenter.org



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Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T 601.948.8882 F 601.948.8885
www.splcenter.org

September 26, 2018

BY US MAIL AND ELECTRONIC MAIL

Mr. Pieter Teeuwissen
Mr. Anthony Simon
Simon & Teeuwissen PLLC
621 East Northside Drive
Jackson, MS 39206
Tel: 601-420-1188
Email: pteeuwissen@bellsouth.net
Email: anthonymsimonpllc@bellsouth.net

Re: J.H., et al. v. Hinds County, Mississippi; Civil Action No. 3:11cv327 DPJ-FKB

Dear Counsel:

We are writing to request that resident [REDACTED], whose legal name is [REDACTED], be evaluated for immediate transfer to an inpatient facility or discharged from Henley-Young.

As you know, [REDACTED], a transgender resident, has repeatedly engaged in self-injurious behavior and has attempted suicide multiple times. During a visit with Plaintiffs' counsel last week, [REDACTED] reported she was denied her prescribed psychotropic medication despite daily requests. During a visit, and as observed by Plaintiffs' counsel, [REDACTED] presented with fresh blood on her wrists and forearms from self-inflicted wounds. [REDACTED] was violently assaulted in recent weeks by two male residents. [REDACTED] reported to staff that one of these residents had raped her at another facility.¹ [REDACTED] has filed a grievance indicating that she feels unsafe housed with male residents at night.² At the time of our visit, [REDACTED] had not been seen by a psychiatrist.

[REDACTED] treatment is in violation of provisions 1.3 and 13.5(e) of the Second Amended Consent Decree ("SACD"). Specifically, [REDACTED] lack of treatment violates the SACD requirements that residents have access to their prescribed medication and psychiatric services. We respectfully request that [REDACTED] be discharged from the facility or transferred to an inpatient facility. In addition to the suicide notes included in [REDACTED] file, she informed Plaintiffs' counsel that she is suicidal, plans to harm herself, and is not being housed in a suicide-proof cell.

¹ Incident Report re: "Suicide Note," dated Sept. 4, 2018 (rec'd by Pls 09/12/18).

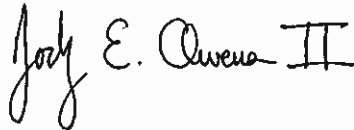
² Grievance Form written by [REDACTED] dated Sept. 6, 2018 (rec'd by Pls 09/13/18).

We request all records created by the facility (1) to review staff responses to suicide attempts and assaults involving [REDACTED]; and (2) to obtain psychiatric medication and inpatient evaluation during her two most recent stays at the facility.

In the event it is helpful for getting resident [REDACTED] the care she needs, the appendix attached to this letter outlines the documentation we do have regarding resident [REDACTED] stay. Thank you and we look forward to your response. As always, please do not hesitate to contact our office to discuss this matter or let us know how we can be of assistance. I can be reached at 601-948-8882.

Sincerely,

SOUTHERN POVERTY LAW CENTER

A handwritten signature in black ink that reads "Jody E. Owens II". The signature is written in a cursive, flowing style.

Jody E. Owens, II
Director, Mississippi Office

cc: Mr. Eddie Burnside

Page 3
September 26, 2018

APPENDIX

September 4, 2018:³ Staff wrote an incident report indicating that [REDACTED] gave a suicide note to staff stating that she did not want to live anymore. [REDACTED] was placed on Safety Alert 3.

September 5, 2018:⁴ Staff wrote an incident report that [REDACTED] was continuing to have suicidal thoughts and engaging in self-injurious behavior, including cuts on her wrist. [REDACTED] indicated that she had harmed herself in her room earlier that morning. Plaintiff-requested records included a suicide note written by [REDACTED], dated September 5.

September 16, 2018:⁵ Staff wrote an incident report indicating that resident [REDACTED] was continuing to harm herself by cutting her wrists and attempting to choke herself. She also stated that she was going to commit suicide.

September 17, 2018:⁶ Staff wrote an incident report indicating that [REDACTED] was seen by mental health staff after defecating in a cup and showing the cup to staff.

September 17, 2018:⁷ Staff wrote an incident report indicating that [REDACTED] attempted to intentionally swallow sharp objects and successfully cut her wrists, which were visible to staff. The report indicates that [REDACTED] was not seen by any medical staff that night because none were on duty.

September 18, 2018:⁸ Staff wrote an incident report indicating that [REDACTED] went into her cell and told staff, "I'm cutting myself, look." Resident [REDACTED] "kept flashing whatever object he was using to cut on himself but no one could ever see what it was." [REDACTED] room was checked, but no objects were found.

September 18, 2018: Counsel met with [REDACTED] at Henley-Young. [REDACTED] had visible cuts on her wrists and forearms and dried blood in her fingernails. [REDACTED] reported that she had tried to commit suicide by hanging herself on September 17, 2018

in the holding cell. [REDACTED] explained that she tried hanging herself again on the afternoon of September 18, 2018 on C Pod. When asked by counsel, [REDACTED] explained that she had a plan to try to commit suicide again. She would not disclose what that plan was. [REDACTED] does not think that her mother has been notified of her suicide attempts.

[REDACTED] explained that she has been diagnosed with PTSD and major depressive disorder since the age of five. At the time of her admittance to Henley-Young, she was prescribed and taking Tenex and another medication whose name she could not remember. [REDACTED] reportedly told the nurse on September 16th, 17th and 18th that she was prescribed and needed that medication. As of

³ Incident Report re: "Suicide Note," dated Sept. 4, 2018 (rec'd by Pls 09/12/18).

⁴ Incident Report re: "Self-Injury," dated Sept. 5, 2018 (rec'd by Pls 09/12/18).

⁵ Incident Report re: "Preventing Self Injury," dated Sept. 16, 2018 (rec'd by Pls 09/17/18).

⁶ Incident Report re: "Resident Defecated in a Cup," dated Sept. 17, 2018 (rec'd by Pls 09/24/18).

⁷ Incident Report re: "Resident Attempting to Harm Himself," dated Sept. 17, 2018 (rec'd by Pls 09/24/18).

⁸ Incident Report re: "Non-compliance," dated Sept. 18, 2018 (rec'd by Pls 09/24/18).

⁹ Plaintiffs have not received an incident report describing [REDACTED] attempted hanging.

Page 4

September 26, 2018

September 18, she still had not received her medication. She reported feeling anxious, worried, depressed, and fidgety since she had been off of her medication.

██████████ has been treated at mental-health hospitals multiple times and for up to a year. As of September 18, ██████████ had not been seen by a psychiatrist despite her continuing self-injurious behaviors, multiple suicide attempts, history of mental health hospitalizations and prescription of medication.

September 19, 2018:¹⁰ Staff wrote an incident report indicating that hand and leg restraints were used to carry ██████████ to D Pod after she stole and broke pencils from school to presumably harm herself with.¹¹

¹⁰ Incident Report re: "Attempt to Injure Self," dated Sept. 19, 2018 (rec'd by Pls 09/24/18).

¹¹ On September 6, 2018 ██████████ wrote a grievance stating that she worried for her life on D Pod. ██████████ has been attacked by two different male residents in the past three weeks at Henley-Young.

Court-Appointed Monitor's Third Monitoring Report
United States v. Hinds County, et al. Civ. No. 3:16cv489 WHB-JCG

Elizabeth E. Simpson, J.D.
Court-Appointed Monitor

David M. Parrish
Corrections Operations

Jacqueline M. Moore, RN, Ph.D.
Corrections Medicine

Jim Moeser
Juvenile Justice

EXECUTIVE SUMMARY

The Monitoring Team has now completed a year at the Hinds County Detention Center. The first site inspection was completed in October 2016 as a baseline visit. Subsequent to the first visit, there have now been three additional site visits completed as monitoring visits. Although compliance activities started slowly and a number of early deadlines in the Settlement Agreement were missed, there has nonetheless been progress made in a number of areas. However, there continue to be some critical areas of deficiency having substantial impact on the health and safety of the prisoners. As required by the Settlement Agreement, the areas of deficiency are identified in the Monitoring Reports. In addition to the Monitoring Reports, priority recommendations have been identified after each visit to allow for immediate attention to areas that could either be addressed quickly or presented the most pressing health and safety concerns.

The third site visit took place from October 16, 2017 through October 20, 2017. This Monitoring Report describes the findings from that visit. In keeping with the previously adopted process, priority recommendations were provided subsequent to the October site visit. And, as required by the Settlement Agreement, the body of this report contains a listing of each substantive requirement of the Settlement Agreement and a description of the status of compliance as of the time of the site visit. This executive summary highlights some areas of progress and those areas of greatest concern. This report reflects conditions at the time of the site visit. Any progress since that time will be reflected in the report on the next site visit.

Corrections Operations

After an extensive review and reconciliation of Sheriff's Office and County records, the number of authorized positions in the Hinds County Sheriff's Office has been determined to be 410. Of those, 140 are assigned to Operations and 270 are assigned to Detention Services. Within the Detention Division 5 positions are allocated to Detention Administration, 154 to the Raymond Detention Center ("RDC"), 49 to the Jackson Detention Center ("JDC") and 62 to the Work Center ("WC"). Currently, 250 of those positions are filled. The goal for the fiscal year (October 2017 through September 2018) is to have and fill 275 positions in Detention. The five unfunded positions will have to be funded either by transferring them from the Operations side of the Sheriff's Office or by identifying the necessary funding somewhere in the Operations budget and using that money to create and fund five new positions in Detention.

The salary increase, previously reported as applying to all ranks within the Detention Services Division, with a five-step merit increase system, was not implemented as planned; however, a significant increase for Detention Officers and Sergeants did go into effect on October 1st. A

merit step plan will be put in place once a procedure for step achievement has been developed by the Sheriff's Office and adopted by the County.

Construction of the wall separating Units 3 and 4 at the Work Center is almost complete. The units currently each have 100 beds. Thirty-six beds need to be removed from each unit as soon as possible because the units are not capable of accommodating 100 inmates each based on their size and configuration. In short order, all four, 64-bed units should then be available for housing of pre-trial and sentenced felons and misdemeanants in any combination, based on appropriate behavior. Priority needs to be given to adding secondary security fencing for each recreation yard, as they are not adequately protected at this time.

Building maintenance is still a major issue, particularly at the RDC. The roll up, drive through, sally-port doors have been reported as "out of order" during each site visit for the past year. Currently, two out of three pod security doors leading to the central corridor cannot be closed. Numerous showerheads and even entire plumbing boxes are missing in shower stalls throughout the facility. This situation has obviously existed for a period of time prior to the Monitoring Team's initial Baseline Visit.

Basic security measures throughout the Jail System continue to be ignored. During the most recent site visit the door to master control at the RDC was found standing open. It was also noted that the interlocking vestibule doors were routinely overridden throughout the facility. In addition, the entry door to the main corridor at the WC was observed standing ajar, held open with a wooden wedge. Law enforcement officers were seen walking throughout the administrative areas of the RDC while armed, in contravention of the standard practice that requires firearms to be secured in the gun locker by the entrance to the facility. Convenience of operations must not take precedence over security.

Renovation of the transfer waiting area at the JDC and the booking component of the RDC needs to proceed apace. The holding cells at the JDC cannot be upgraded to meet basic standards. The only solution is to demolish them and add their space to the processing area to create a usable place for transfer waiting. The facility commander has already taken steps to clean and paint the area and to install a television to keep inmates occupied while they await their court appearances. At the RDC, the County is actively examining the practicality of opening up all of Booking to make it operate as a true "open booking" area.

Suicide watches, and the cells in which they are maintained at the RDC, do not comply with the requirements of the Settlement Agreement. The assigned Detention Officer sits at a desk outside a door to a vestibule area which leads to another set of doors for the two cells that house suicidal inmates. There is virtually no visibility into the cells even through the door windows because they have been so heavily modified and damaged over the years. During the most recent site

visit, one assigned officer was found to have a total of three days of experience on duty subsequent to his 40 hours of pre-service training. This critical post requires a seasoned officer who is familiar with jail operations. It is essential that the suicide watch procedure be revised and that suicide watches be maintained in a different setting. Utilization of a four-cell isolation unit may be the most practical answer, with three cells closed and one left open for the inmates to access toilet and water facilities. This will require an officer to be assigned inside the unit as if he/she were working in a mini-direct supervision unit.

Food service at the three facilities is provided by a private contractor. While general sanitation and operational practices appear to be in place, inmates at the RDC and JDC receive a hot meal for breakfast and lunch and a cold meal for dinner. At the WC the cold meal is at noontime, while hot meals are served for breakfast and supper. As a matter of uniformity, the vendor should be required to serve according to the same schedule at each facility—a hot breakfast, cold lunch and hot supper. The food service contractor should also be required to provide a new rotating menu every three months, approved by a certified dietician. The current menu was last revised in March 2014. This discrepancy was pointed out during the June site visit, but no corrective action was taken other than to update the signature line on the 2014 menu.

A more integrated response on the part of the Sheriff's Office to the Settlement Agreement was noted during this site visit. Personnel from all areas of the agency as well as from various levels, not just command staff, participated in a series of productive meetings regarding Information Technology issues, Training and Report Writing.

Youthful Offenders

Significant progress has been made as a result of the county's decision to transition juvenile offenders to the Henley Young (HY) Juvenile Detention facility. Beginning on/about September 1, 2017 Hinds County began placing any "new" juvenile offenders (referred to as JCAs – Juveniles Charged as Adults) at HY, and as of the end of this site visit there were five JCA youth in placement at Henley Young and nine JCAs remaining at the RDC.

Many of the requirements of the Settlement Agreement for this case are consistent with and/or complementary to the provisions of the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree, and significant progress has been reported in meeting the requirements of that Decree. Movement towards substantial compliance with the components of this agreement related to JCAs should be much easier, assuming this transition continues.

The decision poses a potential conflict with the Hinds County/SPLC Decree as it relates to the 21-day placement limit for youth under that decree and potentially the limit on the total number of youth (maximum 32) in placement at Henley Young. Steps to reconcile the discrepancy between the two cases need to be taken as soon as possible, and a number of additional steps to

ensure a safe and successful transition for all JCAs need to occur prior to complete transition. It is possible that the transition of all JCAs to Henley Young may be completed by the time of the next site visit at which time more detailed work can be done to confirm whether the requirements in this case are being met at Henley Young.

The status of the JCAs at RDC remains relatively unchanged, albeit benefiting somewhat from the reduced number of juveniles in placement. There is little evidence of further movement toward the compliance requirements for those youth. Concerns about the limited educational programming, mental health services, training of supervising staff, and case processing in adult court remain.

Medical and Mental Health

There continues to be a shortage of nurses and health care staff in the Hinds County Jail System. There are three full time vacancies and one part time vacancy. (1 RN, 2 LPNs and a PT RN at Henley Young). The current contract is budgeted for 7 RN's and 10 LPN's for all three facilities and Henley Young. The discharge planner left after three months and the file clerk position is vacant. The dental assistant performs some part time filing.

Medical records are in disarray at all facilities. There is no organization of the medical record which makes auditing a difficult process. Quality Correctional Health Care ("QCHC") has developed an Electronic Medical Record ("EMR") system but does not have internet reception. Follow up with IT is necessary to resolve this problem.

There was some progress and some regression in the efforts to divert individuals with mental illness out of the jail and into community services. Hinds County Behavioral Health held a Sequential Intercept meeting on August 16-17, 2017. There were 45 participants from the mental health community and law enforcement officials. Dr. Crockett, the Executive Director of Hinds County Behavioral Health, reported that the meeting was very successful. The Gaines center is putting together a report. Mental health first aid training is planned for November 2017 for both the correctional staff and the health care staff.

The discharge planner that had been hired since the last site visit resigned shortly before this site visit. There were reported problems regarding the effectiveness of the work that was done. It was reported that the discharge planner made 60 referrals but only one appointment was kept. The discharge planner did not follow through with efforts to provide more in-reach into the facility that might improve this outcome. A two-week supply of discharge medicine is available when an inmate is released from the jail but release procedures do not ensure that the releasing inmate obtains the medications from medical before being discharged.

Chronic care consisting of diabetics, hypertension, AIDS, COPD is in place at JDC and WC, but not at RDC. Food services were unable to indicate that there was a special diet menu reviewed by a certified dietician. During the site visit, there was one inmate requesting a Kosher diet. Security insisted that special diet requests must come from medical and medical stated that it only prescribes diets for medical not religious reasons. There needs to be a means identified in the Policies and Procedures and the Inmate Handbook to provide religious diets.

As noted above, suicide watches are not being performed adequately. During the visit there were nine inmates on suicide watch. The inmates were housed in two cells which were not able to accommodate four grown men. As a result, there were three altercations which occurred in the suicide units during our visit. Logs of suicidal inmates are not maintained well. National standards and paragraph 44a of the Settlement Agreement require that watches are maintained every 15 minutes at irregular times unless constant observation is necessary (paragraph 42h of the Settlement Agreement). Logs sheets had times and watches recorded that had not occurred.

There were a number of altercations that occurred between the inmates. Two of the charts reviewed recorded that inmates had been stabbed multiple times. Interviews with inmates indicated that they did not feel safe in the jail.

Criminal Justice and Correctional System Issues

The County has made significant progress in eliminating the incidence of people being held on unlawful orders regarding fines and fees. This was largely due to the new Supreme Court Rules on Criminal Procedure and a class action against the City of Jackson. However, the County had previously made progress by eliminating the practice of researching old fines and fees and converting those into jail days. And the County assisted in educating the stakeholders regarding the constitutional and new local law requirements in this area.

Jail staff is working to track inmates being booked into the facility in order to identify their release dates. However, this continues to be a fractured process with numerous systemic pitfalls. It continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals- two in records and another not in records-who are tracking individuals and maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between records and booking for overseeing the documentation. Several systemic problems were reported. Records does not routinely get the “no bill” list which identifies people who the grand jury did not indict. The three individuals do not have access to the new circuit court system providing court event information on cases after 2014. Cases initiated in Byram and Clinton often get lost in the system. There also appears to be a lack of

knowledge on the part of both detention and medical staff regarding competency proceedings and the status of defendants who are involved in those proceedings. Consultation with the National Institute of Corrections when their budget is eventually approved should continue to be sought to provide the overhaul that this system needs. Staff should continue to audit the records and track individuals.

The paper grievance system was replaced by a computerized system. This may be an improvement in the long run but the system is currently fairly dysfunctional for the submission of grievances. The system is also either dysfunctional or not understood in its ability to generate reports. Many prisoners are not recognized by the system and therefore unable to submit grievances. The Work Center has found the system completely unusable in this respect. The staff does not know how to generate reports, if it is possible, to meet the requirements of the Settlement Agreement and be useful to them.

The County and the Jail specifically, participated in the Sequential Intercept Mapping exercise hosted by the Hinds County Behavioral Health agency. This is a good first step towards developing more diversion opportunities. The County has contracted with a consultant to assist in the development of a Criminal Justice Coordinating Council (“CJCC”). It is now necessary for the County to move forward with that work with the assistance of the consultant. A number of systemic problems impacting the jail including the incarceration of many individuals with mental illness can only be solved with the collaboration of other stakeholders.

Priority Recommendations

Following the June 2017 site visit, the Monitoring Team identified steps that could be taken to make interim improvements identified as Priority Recommendations. An action plan was created to identify the action steps required to achieve the Priority Recommendations and also identifying the responsible individuals and a target date for each action item. This has proven useful in organizing the compliance efforts and a number of priority items have been achieved. These include:

- An acceptable staffing analysis has been completed;
- Salary increases for detention officers have been implemented;
- A unit at the Work Center has been divided by a wall which allows for housing of different classifications in the unit;
- Operational changes have been made at JDC to relieve congestion in the booking area;
- A contract with a consultant for the development of a CJCC has been completed;
- A decision has been made on the housing of juveniles charged as adults; and
- The routine detention of any prisoners on any unlawful fines and fees orders has been eliminated.

Additional progress has been made in some of the other priority recommendations. This reflects a significant amount of effort on the part of the County and Sheriff staff. Not all of the priority recommendations, however, were completed and some, such as the policies and procedures need additional work to be satisfactory. These areas are reflected in the updated and revised priority recommendations attached as Attachment 1. Other areas of improvement or lack thereof are covered in the executive summary above and the detail below.

MONITORING ACTIVITIES

The Monitoring Team conducted a site visit October 16th through October 19th, 2017. The site visit schedule was as follows:

HINDS COUNTY SITE VISIT SCHEDULE OCTOBER 16-19, 2017

	Simpson	Parrish	Moore	Moeser
Monday 8:30	Simpson and Parrish meet with Major Rushing and Synarus	Simpson and Parrish meet with Major Rushing and Synarus		
Monday 9:00	Simpson and Parrish at RDC Booking and Release	Simpson and Parrish at RDC Booking and Release		
Monday 11:00	Simpson and Parrish meet with Board of Supervisors	Simpson and Parrish meet with Board of Supervisors		
Monday P.M.	Simpson meet with Kanisha Jones re court orders and grievances	Parrish reviews staffing efforts; Meet with Major Rushing, Doris Coleman and Synarus		
Monday 5:15	Simpson and team meet with JMI	Simpson and team meet with JMI	Simpson and team meet with JMI	Simpson and team meet with JMI
Tuesday 8:30	Intro Meeting	Intro Meeting	Intro Meeting	Intro Meeting
Tuesday A.M.	Simpson, Parrish, and Moore at RDC Mental health/seg housing	Simpson, Parrish, and Moore at RDC Mental	Simpson, Parrish, and Moore at RDC Mental health/seg housing	Moeser met with staff at Southern Poverty Law Center re:

		health/seg housing	Interviews with selected inmates. Chart reviews	coordination with HY Consent Decree
Tuesday P.M.	Simpson and Moore meet with QCHC re mental health Simpson meet with Tanika Moore re court orders	Parrish tour RDC	Simpson and Moore meet with QCHC re mental health Moore review medical records	Moeser at HY; Met with leadership team at Henley Young, including Judge Priester; Continued discussions with SPLC staff re: status of transition and future plans; meeting(s) with HY Executive Director ; met with staff responsible for behavior management programming at HY
Tuesday P.M.- 4:30	Team Meeting on Mental Health	Team Meeting on Mental Health	Team Meeting on Mental Health	Team Meeting on Mental Health
Wednesday A.M.	8:00 Simpson meet with Sheriff Simpson and Parrish meet with RDC architect Parrish and Simpson meet with classification Simpson meet with Records	Simpson and Parrish meet with RDC architect Parrish and Simpson meet with classification Parrish at RDC	Moore at RDC, medical record review and staff interviews Observation of psychiatric sick call. Review of mental health records and inmates on suicide watch	Moeser at RDC; review juvenile records (incidents, grievances, etc.); review youth medical records;

Wednesday P.M.	2:00 Simpson meet with Dr. Crockett at Hinds County Behavioral Health Simpson meet with District Attorney Simpson meet with JDC re grievances	Parrish at RDC	Moore at JDC Review of medical records, review of juvenile medical records, observation of medication pass evening shift	Continue juvenile record review; met with program officer re programming; Briefly observed ABE class and met with ABE instructor;
Thursday A.M.	Simpson and Parrish meet with training and top staff re reporting Simpson meet with Deputy Neal and Ms. Shuler at Work Center	Simpson and Parrish meet with training and top staff re reporting Parrish at RDC	Moore at RDC chart reviews and interviews with staff	Moeser at HY; Met with Henley Young school Principal, three Case Managers; interviewed three of the five Juveniles Charged as Adults (JCAs) re: their transition, experience @ HY, behavior management system, incentives, etc.
Thursday P.M.	Simpson at federal court hearing	Parrish meet with IT and captains re reporting	Moore at Work Center and RDC Chart reviews, interviews with nurses that were on-staff	Moeser continue @ HY with above; Interview youth at RDC; meet w. programming officer; review

				juvenile unit daily log; interview Sgt. Tower; Join meeting re: IT at RDC
Friday	Exit Meeting	Exit Meeting Parrish at JDC	Exit Meeting	Exit Meeting

Prior to the site visit, the County provided documents on an ongoing basis in response to standing document requests. The Monitoring Team members reviewed the documents relevant to their areas of expertise. The County has improved its ability to provide the requested documentation, however, it is not yet complete or in the format requested or required by the Settlement Agreement. The Monitoring Team will continue to work with the County to improve its ability to produce the required documentation and reports.

In the course of the site visit, the team interviewed numerous staff members, contractors, prisoners and stakeholders as mentioned below when relevant. In addition, facility and prisoner records on site were reviewed during the course of the site visit again as referenced below when relevant. Of particular note was the review of the training modules provided prior to the site visit and the review of architectural drawings during the site visit. With respect to youthful prisoners, on-site activities included activities at both Henley Young and RDC as there are youth charged as adults at both facilities at this time. With respect to medical and mental health, prisoner medical records and QCHC records were reviewed.

COMPLIANCE OVERVIEW

The Monitoring Team will track progress towards compliance with the following chart. This chart will be added to with each Monitoring Report showing the date of the site visit and the number of Settlement Agreement requirements in full, partial or non-compliance. Requirements that have not yet been triggered such as an annual review are listed as NA (not applicable) at this time. Sustained compliance is achieved when compliance with a particular settlement agreement requirement has been sustained for 18 months or more. The count of 92 requirements is determined by the number of Settlement Agreement paragraphs which have substantive requirements. Introductory paragraphs and general provisions are not included. Some paragraphs may have multiple requirements which are evaluated independently in the text of the report but are included as one requirement for purposes of this chart. The provisions on Youthful Offenders were evaluated in the text below for compliance at Henley Young and Raymond Detention Center but only the results for Raymond Detention Center are included in the totals in this chart.

Site Visit Date	Sustained Compliance	Full Compliance	Partial Compliance	NA at this time	Non-compliant	Total
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2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92

INTRODUCTORY PARAGRAPHS

Text of paragraphs 1-34 regarding “Parties,” “Introduction,” and “Definitions” omitted.

SUBSTANTIVE PROVISIONS

PROTECTION FROM HARM

Consistent with constitutional standards, the County must take reasonable measures to provide prisoners with safety, protect prisoners from violence committed by other prisoners, and ensure that prisoners are not subjected to abuse by Jail staff. To that end, the County must:

37. Develop and implement policies and procedures to provide a reasonably safe and secure environment for prisoners and staff. Such policies and procedures must include the following:

- a. Booking;
- b. Objective classification;
- c. Housing assignments;
- d. Prisoner supervision;
- e. Prisoner welfare and security checks (“rounds”);
- f. Posts and post orders;
- g. Searches;
- h. Use of force;
- i. Incident reporting;
- j. Internal investigations;
- k. Prisoner rights;
- l. Medical and mental health care;
- m. Exercise and treatment activities;
- n. Laundry;
- o. Food services;
- p. Hygiene;
- q. Emergency procedures;
- r. Grievance procedures; and
- s. Sexual abuse and misconduct.

Partial Compliance

Prior to and during the June site visit, the Hinds County Sheriff's Office's (HCSO) first effort to issue a Policies and Procedures Manual (P&P Manual) was critiqued by the Monitoring Team and Justice Department representatives. Because it did not adequately address the requirements of the Settlement Agreement, the decision was made to solicit technical assistance from the National Institute of Corrections (NIC) or a private corrections consultant. That effort resulted in an unacceptably lengthy schedule. The private vendor indicated that the estimated completion date would be at least a year off. Consequently, the HCSO has arranged with Jackson State University to provide the re-writing service. Although no specific date is on record, it is anticipated that the job can be completed in a more timely fashion because the University is a local institution. It is essential that the concerns and recommendations outlined in the Second Monitoring Report be addressed. Until this project is accomplished, the Detention Services Division will continue to operate without adequate written directives and compliance with many aspects of the Settlement Agreement cannot be achieved.

As reported in the executive summary, many inmates at RDC reported they were concerned for their safety. Two charts were reviewed and two inmates were interviewed that had alleged to have been attacked. Patient 1 indicated that he had been attacked by 12 inmates in C 3. He had been sent to the ER with contusions on his head. A CAT scan was performed. RDC took pictures of his injuries. The second inmate complained that he was jumped and stalked by multiple inmates on 10/11/17. He was now housed in the observation unit. His chart revealed that he had lacerations of his left brow and shoulder and that the hospital initially thought that he might have kidney failure from the injuries. This has not been the case but he does not want to return to general population. The lack of a safe environment is reflected throughout this report including the insufficient staffing, the lack of adherence to security requirements, the presence of contraband, the high number of people on suicide watch-some reportedly because they do not feel safe in the units, and the fights occurring in the suicide cells. Those issues are addressed under the related specific Agreement requirement.

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail, including at least five years of related management experience for their positions, and a bachelor's degree. When the Jail Administrator is absent or if the position becomes vacant, a qualified deputy administrator with comparable education, training, and experience, must serve as acting Jail Administrator.

Partial Compliance

At the time of the site visit there had been no change in the status of this paragraph since the last Report; in fact, there had been no change since the Baseline Visit a year ago. Subsequent to the site visit, the Acting Training Director was appointed to be the Deputy Jail Administrator. The

monitoring team will assess whether the appointment provides the appropriate level of expertise at the time of the next site visit. However, of immediate concern is that the Deputy Administrator was the Acting Training Director and had made progress in the area of orientation and training. The newly appointed Training Director is not experienced in corrections and does not have the necessary background to provide training in this area.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members. At minimum, Jail supervisors must have at least 3 years of field experience, including experience working in the Jail. They must also be familiar with Jail policies and procedures, the terms of this Agreement, and prisoner rights.

Partial Compliance

With three additional supervisors added since the last site visit, there are now 30 Lieutenants and Sergeants. All have at least a high school diploma or GED and eight have AA degrees; however, seven had less than three years of relevant work experience at the time of their promotion. Familiarity with the P&P Manual will be determined once it is published in final form.

40. Ensure that no one works in the Jail unless they have passed a background check, including a criminal history check.

Non-Compliant

This paragraph is still carried as non-compliant because there has not been sufficient time during the site visits to review all individual employee records and the HCSO has not submitted documentation that supports compliance. As a preliminary step, such documentation, attesting to compliance, should be submitted to the Monitor.

41. Ensure that Jail policies and procedures provide for the “direct supervision” of all Jail housing units.

Non-Compliant

There has been no change with regard to this issue since the last site visit. Once the P&P Manual is re-issued it will be reviewed to determine compliance. It should be noted, however, that implementation of the direct supervision related policies will require that an officer be assigned inside each housing unit at the RDC. Only the WC currently operates as a direct supervision jail and has enough staff assigned to do so. The JDC cannot function as a direct supervision facility because of its linear design.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Jail. The parties recognize that the

Board allocates to the Sheriff lump sum funding on a quarterly basis. The Sheriff recognizes that sufficient staffing of the Jail should be a priority for utilizing those funds. To that end, the County must at minimum:

- a. Hire and retain sufficient numbers of detention officers to ensure that:
 - i. There are at least two detention officers in each control room at all times;
 - ii. There are at least three detention officers at all times for each housing unit, booking area, and the medical unit;
 - iii. There are rovers to provide backup and assistance to other posts;
 - iv. Prisoners have access to exercise, medical treatment, mental health treatment, and attorney visitation as scheduled;
 - v. There are sufficient detention officers to implement this Agreement.
- b. Fund and obtain a formal staffing and needs assessment (“study”) that determines with particularity the minimum number of staff and facility improvements required to implement this Agreement. As an alternative to a new study, the September 2014 study by the National Institute of Corrections may be updated if the updated study includes current information for the elements listed below. The study or study update must be completed within six months of the Effective Date and must include the following elements:
 - i. The staffing element of the study must identify all required posts and positions, as well as the minimum number and qualifications of staff to cover each post and position.
 - ii. The study must ensure that the total number of recommended positions includes a “relief factor” so that necessary posts remain covered regardless of staff vacancies, turnover, vacations, illness, holidays, or other temporary factors impacting day-to-day staffing.
 - iii. As part of any needs assessment, the study’s authors must estimate the number of prisoners expected to be held in the Jail and identify whether additional facilities, including housing, may be required.
- c. Once completed, the County must provide the United States and the Monitor with a copy of the study and a plan for implementation of the study’s recommendations. Within one year after the Monitor’s and United States’ review of the study and plan, the County must fund and implement the staffing and facility improvements recommended by the study, as modified and approved by the United States.
- d. The staffing study shall be updated at least annually and staffing adjusted accordingly to ensure continued compliance with this Agreement. The parties recognize that salaries are an important factor to recruiting and retaining qualified personnel, so the County will also annually evaluate salaries.
- e. The County will also create, to the extent possible, a career ladder and system of retention bonuses for Jail staff.

Partial Compliance

Since the Second Monitoring Report was submitted, the County and the HCSO have moved forward to identify and set actual and necessary staffing levels within the Detention Services Division. As a result of the combined efforts of the County's Workforce Development Group and members of the Monitoring Team, the NIC Staffing Analysis (2014) has been updated. A total of 433.1 positions are required in order to fill all posts throughout the Jail System. This figure takes into account appropriate relief factors. They are allocated as follows:

Administration-----	5.0
Jackson Detention Center-----	83.6
Work Center-----	64.1
Raymond Detention Center--	280.4
Total-----	433.1

Recognizing that the County cannot afford to increase staffing to that level immediately, a goal of 275 positions was set for FY 2017-18. Currently, there are 250 authorized Detention positions with 20 more authorized and funded for the fiscal year. That leaves a total of five positions that must either be funded and added to the total or be permanently reassigned from within other areas of the Sheriff's Office. Significant progress has been made to fill vacancies. While there were only 199 Detention positions occupied by employees in June, by October that number had risen to 238. The number of currently authorized positions in Detention Administration and at each facility follows:

Administration-----	5 (4 are filled)
Jackson Detention Center-----	49 (all are filled)
Work Center-----	62 (52 are filled)
Raymond Detention Center---	154 (132 are filled)
Total-----	270 (238 are filled)
The goal for FY 2017-18 is---	275

The issue of future bed space and facility needs has not been addressed to date. The proposed salary schedule, previously reported, was originally supposed to include a significant increase for all ranks within Detention from Officer to Captain, with a five-step merit salary increase for each supervisory rank. Although the merit increase system was not approved and funded, a salary increase was approved for Detention Officers and Detention Sergeants. Effective October 1, 2017, they received 26.05% and 6.9% raises respectively. Detention Officers now start work at \$27,500 per year while Sergeants earn approximately \$32,500. This realignment for the most critically undercompensated officers has made the position of Detention Officer much more competitive in the local marketplace and is reflected in the remarkable employment statistics that

have been posted recently. If the HCSO and County are successful in creating a validated, merit based career ladder within the various Detention ranks, it will go a long way toward reducing the excessive turnover rate that has plagued the Jail System.

- f. Develop and implement an objective and validated classification and housing assignment procedure that is based on risk assessment rather than solely on a prisoner's charge. Prisoners must be classified immediately after booking, and then housed based on the classification assessment. At minimum, a prisoner's bunk, cell, unit, and facility assignments must be based on his or her objective classification assessment, and staff members may not transfer or move prisoners into a housing area if doing so would violate classification principles (e.g., placing juveniles with adults, victims with former assailants, and minimum security prisoners in a maximum security unit). Additionally, the classification and housing assignment process must include the following elements:
 - i. The classification process must be handled by qualified staff who have additional training and experience on classification.
 - ii. The classification system must take into account objective risk factors including a prisoner's prior institutional history, history of violence, charges, special needs, physical size or vulnerabilities, gang affiliation, and reported enemies.
 - iii. Prisoner housing assignments must not be changed by unit staff without proper supervisor and classification staff approval.
 - iv. The classification system must track the location of all prisoners in the Jail, and help ensure that prisoners can be readily located by staff. The County may continue to use wrist bands to help identify prisoners, but personal identification on individual prisoners may not substitute for a staff-controlled and centralized prisoner tracking and housing assignment system.
 - v. The classification system must be integrated with the Jail prisoner record system, so that staff have appropriate access to information necessary to provide proper supervision, including the current housing assignment of every prisoner in the Jail.
 - vi. The designation and use of housing units as "gang pods" must be phased out under the terms of this Agreement. Placing prisoners together because of gang affiliation alone is prohibited. The County must replace current gang-based housing assignments with a more appropriate objective classification and housing process within one year after the Effective Date.

Partial Compliance

Improvement in the area of Classification continues to be noted with each site visit. As was reported previously, a Classification Officer is now on duty seven days per week on day shift which was made possible by the assignment of a Sergeant and six Detention Officers to the Section. They are responsible for the placement of all inmates during an extended day shift and follow up on all movements that occur during their absence on the evening and night shifts. This is accomplished by requiring the shift commanders to submit a written move report to Classification whenever a change of cell/location is made. An override by Classification can then be ordered if required. The need to have a single point of information for every inmate in the Jail System was highlighted in the Second Monitoring Report. The consolidation of Classification and Records into a single Unit/Section was recommended. To date no concrete action has been taken with regard to this matter other than to coordinate with NIC in order to obtain technical assistance. Follow up on that effort should be given priority. In addition, the Classification Sergeant should submit recommended policies regarding Classification for inclusion in the P&P Manual. There are currently no written directives or Post Orders in place governing Classification operations other than memoranda generated by the Sergeant. It appears that Classification procedures are adapting with the changing conditions within the Jail System. Both pre-trial and sentenced felons and misdemeanants are now held at the WC since it has evolved from a facility dedicated to sentenced low risk inmates into a full service, general population jail.

- g. Develop and implement positive approaches for promoting safety within the Jail including:
 - i. Providing all prisoners with at least 5 hours of outdoor recreation per week;
 - ii. Developing rewards and incentives for good behavior such as additional commissary, activities, or privileges;
 - iii. Creating work opportunities, including the possibility of paid employment;
 - iv. Providing individual or group treatment for prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions, who would benefit from therapeutic activities;
 - v. Providing education, including special education, for youth, as well as all programs, supports, and services required for youth by federal law;
 - vi. Screening prisoners for serious mental illness as part of the Jail's booking and health assessment process, and then providing such prisoners with appropriate treatment and therapeutic housing;
 - vii. Providing reasonable opportunities for visitation.
- h. Ensure that policies, procedures, and practices provide for higher levels of supervision for individual prisoners if necessary due to a prisoner's individual circumstances. Examples of such higher level supervision include (a) constant

observation (i.e., continuous, uninterrupted one-on-one monitoring) for actively suicidal prisoners (i.e., prisoners threatening or who recently engaged in suicidal behavior); (b) higher frequency security checks for prisoners locked down in maximum security units, medical observation units, and administrative segregation units; and (c) more frequent staff interaction with youth as part of their education, treatment and behavioral management programs.

- i. Continue to update, maintain, and expand use of video surveillance and recording cameras to improve coverage throughout the Jail, including the booking area, housing units, medical and mental health units, special management housing, facility perimeters, and in common areas.

Non-Compliant

There has been no change in conditions within the facilities regarding outside recreation. It is still not available at JDC or the RDC other than for juveniles being tried as adults. As was previously noted, this has been the case for at least five years at the RDC and apparently since the 1970's at the JDC since there is no outside recreation area at that facility. Only the WC meets the standard as outlined in the Settlement Agreement. Documentation of hourly, thirty minute and fifteen minute well-being checks has not improved since the last site visit, but an orientation and training session with all supervisory personnel (lieutenant and above) held during the October site visit should help to standardize the completion of these required documents. Video recording capabilities have not changed since the last site visit; however, hand held recording devices are reportedly on order.

With respect to the requirement to provide individual and group treatment, there is one-to-one counseling provided on Mondays and Fridays with a Ph.D. psychologist. He saw approximately 101 patients in August 2017. His hours are insufficient to cover the needs of all three jail facilities. There is no group therapy provided for either the youth or other inmates with behavioral health problems. Currently the only groups provided are those provided by a Chaplain to the youth housing unit. The groups consist of NA and AA, however the youth complained that there is too much of a religious overtone in the groups.

The treatment that is provided does not substantially comply with the requirement for individual therapy. Most medication renewals should take approximately 15 minutes. New intake evaluations should generally take 45 minutes or longer depending upon the inmate's past history and current problems. Care at RDC is very rushed allowing only 5 minutes per patient.

Psychiatric sick call and mental health charts were reviewed. Five charts were reviewed and eight interactions with the psychiatrist were observed. The psychiatrist spent about five minutes with each patient. The patients were scheduled for a re-ordering of medications and one was a new patient. A chart review indicated insufficient follow up on reported mental health symptoms.

and a lack of therapeutic intervention. The ongoing behavior issues of the patient in one of the isolation units and his isolation as a result of that behavior without any change in medication or other therapeutic interventions is a prime example of the lack of appropriate therapeutic services.

The facility is now tracking the number of inmates that are receiving Haldol Deaconate. As of 9/27/2017, there were 8 inmates at RDC receiving the medication and 1 inmate at Jackson. This number has decreased significantly from the first monitoring report. Unfortunately, none of the inmates had mental health consents on their chart other than the initial consent signed at intake.

Inmates are screened at booking by Detention Officers. The nurses hired to do intake screening resigned. Following this screening, an additional health assessment is conducted by RN nursing staff during the booking process. Due to a lack of space in the booking area for this medical assessment, inmates are now brought to the medical unit for their secondary assessment. The second assessment includes a suicide screen. Inmates with mental health problems are referred to the psychologist or social worker. If the inmate is on psychotropic medication, they are referred to the psychiatrist for an order to continue the medication. Medications are verified at booking by the nurses. Intake nurses are supposed to be provided 7-3 PM, 4-11PM Monday through Friday and 7 pm to 7 am three times per week. County staff stated that the booking area will be revamped and a secure space will exist for medical intake screenings and that the area will be staffed 24 hours per day.

Although inmates are screened for mental health issues, there is not appropriate therapeutic housing as required by paragraph 42(g)(vi). One unit is identified as the mental health unit but it is simply a segregation unit where they place individuals with mental health issues. It is not appropriately designed or staffed as a mental health unit and there is no therapeutic programming.

The physical portion of the health assessment form is inadequate. The only areas for inclusion are a checkmark for normal and abnormal findings without adequate space to identify what the findings are. Revision of the form is necessary in order to require and allow for the recording of more detail such as abnormal findings.

A review of five medical records was performed with the objective to see how soon a mental health professional saw an inmate after he was booked into the jail. The charts were randomly selected from inmates that had been booked into RDC in the last three weeks.

Date arrested	Date referred	Referral completed by mental health
7/15/17	7/26/17	8/21/17
7/14/17	7/15/17	7/26/17
5/22/17	5/23/17	6/7/17

5/27/17	Request of SGT	8/28/17
7/14/17	7/26/17	8/21/17

The mental health referral was identified as the first mental health evaluation. It could have been by a bachelor's level social worker, psychologist or psychiatrist. The sample size is too small to derive definite conclusions but it does appear that nursing referrals are not made in a timely manner to mental health staff and that it takes the inmates 2-3 weeks to enter the mental health caseload. This study will be repeated during the next audit with a larger sample size. Additional criteria will be added which looks at the time of the arrest and the time the inmate is seen by nursing staff.

As a result of the chart review, it appears that many inmates that need mental health treatment go untreated for weeks before they enter the system. Even when identified, mentally ill prisoners receive inadequate care. Individual sessions with the psychiatrist were cancelled on a weekly basis due to time constraints. Dr. Kumar generally provides psychiatric care on Wednesdays and starts at JDC and then provides care at the other facilities. The care is very rushed which cannot be considered as therapeutic care. Statistical reports show that Dr. Kumar sees a range of 100 to 150 inmates per month during his visits.

Suicide watch conditions are not adequate to deal with the inmates who require close supervision. The two cells located in the Medical Unit are unsuitable for such use. It is impossible to observe what is going on in them because the tiny windows are literally obscured with retrofitted metal and screening that makes them almost opaque. In addition, the assigned officer sits outside a second door leading to the general cell area, which makes direct supervision impractical. The Detention Services Division should consider utilizing a four cell isolation unit associated with one of the housing units at the RDC as an alternative area for supervising suicidal inmates. One cell could be left open so that inmates have access to toilet and water facilities. The other three cells should remain locked. Four or more inmates could be supervised in such a setting with an officer physically located inside the isolation unit, equipped with a work station/desk, phone, radio and emergency alarm. In this way the officer would serve as assigned officer in a "mini-direct supervision unit".

While there is a full time social worker who could evaluate whether an inmate needs to be on suicide watch, she does not perform this function and many suicide threats occur after she has left for the day. The result is that a large number of inmates have been assigned to suicide watch without being first screened by a mental health professional. In August and September there were 22 inmates each month placed on suicide precautions for verbalizing a suicide threat.

Inmates on suicide watch are placed in a suicide cell designed for two persons. There is limited visibility into the cell. On the days of the audit, one cell contained four adult inmates and the other cell five adult inmates. As a result, there were three altercations of inmates in these cells

due to overcrowding of the cells. An additional issue is that inmates placed in lockdown complain of suicidal ideation in order to be transferred to the suicide cells. The suicide cells have also been used by inmates to escape gang activities or to carry out gang-related activities. The last altercation in the suicide cell during the site visit was gang related. An inmate from lockdown unit entered the suicide unit and immediately started a fight with another inmate that was in the suicide cell. Suicide units are for inmates suffering from acute mental health problems such as acute psychosis or other conditions causing an acute risk of self-harm and who have not been stabilized through other interventions. Suicide units are intended to stabilize the patient as quickly as possible so that the patient can return to a less restricted housing unit. Unfortunately, inmates placed in the current suicide cells receive no additional mental health therapy. When they are released they are returned to general population or lockdown cells.

Contributing to the problem in responding to suicide comments is the lack of sufficient correctional staffing at RDC to provide one to one staffing. In the future, the facility should explore crisis intervention with Hinds County Behavioral Health and admit the patient to St. Luke's Hospital. Another recommendation is to add a part time social worker that would work 20 hours per week at RDC and/or mental health technicians that would be on-call for one to one suicide watches. This position could perform a suicide assessment and screenings on inmates that verbalize self-harm or on new intakes that are booked in the facility. The individual might also be responsible for group therapy which could include life skill groups such as anger management, domestic violence, parenting etc.

Based on a review of visitation records covering a two week period (October 2-16, 2017), it appears that only at the JDC are some of the inmates able to visit with family and friends. Of 82 scheduled video visitation connections, 50 were actually completed at that facility. This means that about 20% of the inmates were able to have a visit each week. At the RDC and WC, which share video visitation equipment, only 12 inmates were able to have a visit although 53 visits were scheduled. Thus only 1.2% of the inmates at those facilities were able to have a visit each week. While the Inmate Handbook requires inmates to schedule visitation seven days in advance between the hours of 8:00 AM and 5:00 PM, in reality visitation is apparently not a viable privilege for most of the inmates in the Jail System.

43. Include outcome measures as part of the Jail's internal data collection, management, and administrative reporting process. The occurrence of any of the following specific outcome measures creates a rebuttable presumption in this case that the Jail fails to provide reasonably safe conditions for prisoners:

- a. Staff vacancy rate of more than 10% of budgeted positions;
- b. A voluntary staff turnover rate that results in the failure to staff critical posts (such as the housing units, booking, and classification) or the failure to maintain experienced supervisors on all shifts;

- c. A major disturbance resulting in the takeover of any housing area by prisoners;
- d. Staffing where fewer than 90% of all detention officers have completed basic jailer training;
- e. Three or more use of force or prisoner-on-prisoner incidents in a fiscal year in which a prisoner suffers a serious injury, but for which staff members fail to complete all documentation required by this Agreement, including supervision recommendations and findings;
- f. One prisoner death within a fiscal year, where there is no documented administrative review by the Jail Administrator or no documented mortality review by a physician not directly involved in the clinical treatment of the deceased prisoner (e.g. corporate medical director or outside, contract physician, when facility medical director may have a personal conflict);
- g. One death within a fiscal year, where the death was a result of prisoner-on-prisoner violence and there was a violation of Jail supervision, housing assignment, or classification procedures.

Non-Compliant

The last reported turnover rate for Detention was 43% in 2016. Although recruiting efforts have paid off with 58 Detention Officers hired since January 2017, the number of vacancies still stands at 32, which equates to an 11.85 vacancy rate. Required posts at the WC and JDC appear to be more frequently filled than at the RDC. This is partly due to the fact that approximately 25% of rated capacity at those two facilities is either closed for renovation (HU-4 at the WC) or not occupied because of the low daily census (one wing at the JDC). Consequently, even though there are 10 vacancies at the WC and the number of authorized positions at the JDC is inadequate, both facilities are able to cope well with current conditions. The staffing situation at the RDC is better than was observed during previous site visits, but it is still inadequate to meet inmate supervision requirements. Based on inspection and a review of daily duty rosters, it appears that approximately half of the housing units are now being staffed with an officer. Unfortunately, he/she is placed in the safety vestibule leading to the housing unit instead of physically inside it. While it is not possible to supervise inmates from that position, until all staff have been trained on the principles and dynamics of direct supervision, the command decision that led to this situation is understandable. While training records are more comprehensive than any time to date, it is still not possible to determine exactly how many officers have not completed the basic 40 hour orientation class before being assigned to a post. It should be noted, however, that every new officer questioned during the most recent inspection of the facilities had completed the orientation class prior to assignment.

44. To complement, but not replace, “direct supervision,” develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate. To that end:

- a. Rounds must be conducted at least once every 30 minutes in general population housing units and at least once every 15 minutes for special management prisoners (including prisoners housed in booking cells).
- b. All security rounds must be conducted at irregular intervals to reduce their predictability, and must be documented on forms or logs.
- c. Officers must only be permitted to enter data on these forms or logs at the time a round is completed. Forms and logs must not include pre-printed dates or times. Officers must not be permitted to fill out forms and logs before they actually conduct their rounds.
- d. The parties anticipate that “rounds” will not necessarily be conducted as otherwise described in this provision when the Jail is operated as a “direct supervision” facility. This is because a detention officer will have constant, active supervision of all prisoners in the detention officer’s charge. As detailed immediately below, however, even under a “direct supervision” model, the Jail must have a system in place to document and ensure that staff are providing adequate supervision.
- e. Jail policies, procedures, and practices may utilize more than one means to document and ensure that staff are supervising prisoners as required by “direct supervision,” including the use and audit of supervisor inspection reports, visitation records, mealtime records, prisoner worker sheets, medical treatment files, sick call logs, canteen delivery records, and recreation logs. Any system adopted to ensure that detention officers are providing “direct supervision” must be sufficiently detailed and in writing to allow verification by outside reviewers, including the United States and Monitor.

Partial Compliance

There have been a few positive changes regarding the completion of rounds and documentation of well-being checks, but the system-wide response to this requirement is inconsistent at best. At the WC officers document hourly well-being checks in the unit logs for general population inmates; however, command staff and supervisors should set and enforce standard entries since it is not clear what some officers mean or what they did based on the jail slang and abbreviations that are used. This recommended action should be institutionalized throughout the entire Jail System. Thirty minute well-being checks were found to be properly documented on an inmate who was housed in a segregation cell. At the JDC hourly logs for general population and 30 minute logs for those in confinement/segregation were maintained as required. The previously reported recommendation, to place the segregation log adjacent to the inmates rather than in the control room, has been implemented. At the RDC there has been little change since the last site visit. One notable difference is that the unit logs are now frequently maintained at the entrance to the respective units rather than in the control room. While this is a step in the right direction, no amount of documentation can take the place of assigning an officer inside each unit so that

they can operate under the principles of direct supervision. In Booking a log calling for 30 minute well-being checks was located inside the staff office area, not by the individual cells as had previously been recommended. In addition, because of the nature of the inmates being temporarily held in this area, and the lack of knowledge about their backgrounds during the booking process, well-being checks need to be conducted every 15 minutes.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail. To that end, the County must ensure that the Jail employs Qualified Training Officers, who must help to develop and implement a formal, written training program. The program must include the following:

- a. Mandatory pre-service training. Detention officers must receive State jailer training and certification prior to start of work. Staff who have not received such training by the Effective Date of this Agreement must complete their State jailer training within twelve months after the Effective Date of this Agreement. During that twelve month period, the County must develop an in-house detention training academy.
- b. Post Order training. Detention officers must receive specific training on unit-specific post orders before starting work on a unit, and every year thereafter. To document such training, officers must be required to sign an acknowledgement that they have received such training, but only after an officer is first assigned to a unit, after a Post Order is updated, and after completion of annual retraining.
- c. "Direct supervision" training. Detention officers must receive specific pre- and post-service training on "direct supervision." Such training must include instruction on how to supervise prisoners in a "direct supervision" facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective "direct supervision."
- d. Jail administrator training. High-level Jail supervisors (*i.e.*, supervisors with facility-wide management responsibilities), including the Jail Administrator and his or her immediate deputies (wardens), must receive jail administrator training prior to the start of their employment. High-level supervisors already employed at the Jail when this Agreement is executed must complete such training within six months after the Effective Date of this Agreement. Training comparable to the Jail Administration curriculum offered by the National Institute of Corrections will meet the requirements of this provision.
- e. Post-service training. Detention officers must receive at least 120 hours per year of post-service training in their first year of employment and 40 hours per year after their first year. Such training must include refresher training on Jail policies. The training may be provided during roll call, staff meetings, and post-assignment

meetings. Post-service training should also include field and scenario-based training.

- f. Training for Critical Posts. Jail management must work with the training department to develop a training syllabus and minimum additional training requirements for any officer serving in a critical position. Such additional training must be provided for any officer working on a tactical team; in a special management, medical or mental health unit; in a maximum security unit; or in booking and release.
- g. Special management unit training. Officers assigned to special management units must receive at least eight hours of specialized training each year regarding supervision of such units and related prisoner safety, medical, mental health, and security policies.
- h. Training on all Jail policies and procedures including those regarding prisoner rights and the prevention of staff abuse and misconduct.

Partial Compliance

With the change of Training Directors previously noted, efforts to enhance training have escalated. A 40-hour orientation block of instruction is now provided to all new hires. While that insures that Detention Officers receive at least a modicum of training and relevant job information before being assigned to a post, it does not prepare them to work independently. A copy of the Settlement Agreement is now given to each employee for orientation and reference purposes. It has been reproduced in a compact booklet form similar in size to the Inmate Handbook. The 120-hour block of instruction (basic academy) that is required during the first year of employment is also now being provided; however, according to Training records there are more than 30 officers who have still not completed this training. Records are not available to determine whether or not officers receive 40 hours of in service training annually after their first year of employment. Information regarding Post Order training, Critical Post training, Special Management Unit training and Direct Supervision training has as yet not been provided.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail. To that end, the County must:

- a. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. Personal Identification Numbers (PINs) allocated for budget purposes represent a salaried slot and are not a restriction on personnel assignment authority. While the Sheriff may retain final authority for personnel decisions, the Jail's policies and procedures must document and clearly identify who is responsible for a personnel

decision, what administrative procedures apply, and the basis for personnel decisions.

- b. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail, including any who are not already reporting to the Jail Administrator and the Jail's chain of command. This provision covers road deputies assigned to supervise housing units and emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances.
- c. Ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- d. Ensure that staff conduct daily inspections of all housing and common areas to identify damage to the physical plant, safety violations, and sanitation issues. This maintenance program must include the following elements:
 - i. Facility safety inspections that include identification of damaged doors, locks, cameras, and safety equipment.
 - ii. An inspection process.
 - iii. A schedule for the routine inspection, repair, and replacement of the physical plant, including security and safety equipment.
 - iv. A requirement that any corrective action ordered be taken.
 - v. Identification of high priority repairs to assist Jail and County officials with allocating staff and resources.
 - vi. To ensure prompt corrective action, a mechanism for identifying and notifying responsible staff and supervisors when there are significant delays with repairs or a pattern of problems with equipment. Staff response to physical plant, safety, and sanitation problems must be reasonable and prompt.

Non-Compliant

Until the P&P Manual is revised and re-issued, compliance with this paragraph cannot be achieved. The revision work is underway in concert with Jackson State University, but as yet there is no estimated date of completion. As was previously reported, supervisors still do not document the results of their rounds. Maintenance issues are not resolved in a timely fashion, particularly at the RDC. Conditions at the JDC and WC are better, primarily because staffing levels are better at those facilities than at the RDC. Once the housing units there are properly staffed and function under the principles of direct supervision, it should be possible to achieve higher maintenance standards.

47. Ensure that staff members conduct random shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband. Such shakedowns must be

conducted in each housing unit at least once per month, on an irregular schedule to make them less predictable to prisoners and staff.

Non-Compliant

Random shakedowns are still not conducted by Detention Officers as they should be; however, in a significant policy change, law enforcement officers no longer go into the facilities to conduct shakedowns independently as last occurred on June 7, 2017. That practice was counter-productive in that it undercut the authority of the Detention Officers and, worse yet, was done outside the scope of the Detention chain of command. A recent shakedown of Pod C, Unit 3 at the RDC was conducted appropriately utilizing law enforcement officers in support of, not in place of, Detention staff. Further it was conducted under the command of the Detention Services Division Administrator. Unfortunately, the results of the shakedown revealed that the prevalence of contraband in the Jail System continues to be completely unacceptable. Items found included 12 cellphones, 15 phone chargers, one cellphone battery, five bags of marijuana, 33 bags of tobacco, one razor, two sets of ear buds, eight cigarette lighters, one knife, one Allen wrench, a flat piece of metal, four large screws, an unspecified number of containers filled with bleach and various prescription medications. All of this contraband was found in one general population unit that routinely houses fewer than 66 inmates.

48. Install cell phone jammers or other electronic equipment to detect, suppress, and deter unauthorized communications from prisoners in the Jail. Installation must be completed within two years after the Effective Date.

Non-Compliant

There has been no change in the status of this paragraph. Because of legal barriers, cell phone jammers cannot resolve the problem of unauthorized communications. Other alternatives have been suggested to the County by both the DOJ and Monitoring Team and the Correctional Expert has suggested potential vendors who can supply appropriate equipment. No action has been taken to address this issue to date.

49. Develop and implement a gang program in consultation with qualified experts in the field that addresses any link between gang activity in the community and the Jail through appropriate provisions for education, family or community involvement, and violence prevention.

Partial Compliance

There is no change in the status of this paragraph. Updated information was not provided on the actions of the law enforcement investigative officer who is now assigned to conduct investigations within the Jail System.

USE OF FORCE STANDARDS

Consistent with constitutional standards, the County must take reasonable measures to prevent excessive force by staff and ensure force is used safely and only in a manner commensurate with the behavior justifying it. To that end, the County must:

50. Develop and implement policies and procedures to regulate the use of force. The policies and procedures must:

- a. Prohibit the 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;
- b. Prohibit the 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, visitors, or property;
- c. Prohibit the use of force against a prisoner after the prisoner has ceased to resist and is under control;
- d. Prohibit the use of force as punishment or retaliation;
- e. Limit the level of force used so that it is commensurate with the justification for use of force; and
- f. Limit use of force in favor of less violent methods when such methods are more appropriate, effective, or less likely to result in the escalation of an incident.

Non-Compliant

Until the P&P Manual is revised, re-issued and approved, compliance with this paragraph cannot be achieved. While use of force documentation is improving, according to the monthly summary, there were still only eight such reports for the entire Jail System for the month of October. Of those, seven were described as "muscling", a term that needs to be clarified. In a separate report for the RDC, nine use of force cases were generated in October. The inconsistency in documentation brings into doubt the accuracy of reporting.

51. Develop and implement policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to use of force and after any use of force. These policies and procedures must specifically include the following requirements:

- a. Staff members must obtain prior supervisory approval before the use of weapons (e.g., electronic control devices or chemical sprays) and mechanical restraints unless responding to an immediate threat to a person's safety.
- b. If a prisoner has a serious medical condition or other circumstances exist that may increase the risk of death or serious injury from the use of force, the type of force that may be used on the prisoner must be restricted to comply with this provision. These restrictions include the following:

- i. The use of chemical sprays, physical restraints, and electronic control devices must not be used when a prisoner may be at risk of positional asphyxia.
 - ii. Electronic control devices must not be used on prisoners when they are in a location where they may suffer serious injury after losing voluntary muscle control (e.g., prisoner is standing atop a stairwell, wall, or other elevated location).
 - iii. Physical strikes, holds, or other uses of force or restraints may not be used if the technique is not approved for use in the Jail or the staff member has not been trained on the proper use of the technique.
- c. Staff members must conduct health and welfare checks every 15 minutes while a prisoner is in restraints. At minimum, these checks must include (i) logged first-person observations of a prisoner's status while in restraints (e.g. check for blood flow, respiration, heart beat), and (ii) documented breaks to meet the sanitary and health needs of prisoners placed in emergency restraints (e.g., restroom breaks and breaks to prevent cramping or circulation problems).
- d. The County must ensure that clinical staff conduct medical and mental health assessments immediately after a prisoner is subjected to any Level 1 use of force. Prisoners identified as requiring medical or mental health care during the assessment must receive such treatment.
- e. A first-line supervisor must personally supervise all planned uses of force, such as cell extractions.
- f. Security staff members must consult with medical and mental health staff before all planned uses of force on juveniles or prisoners with serious mental illness, so that medical and mental health staff may offer alternatives to or limitations on the use of force, such as assisting with de-escalation or obtaining the prisoner's voluntary cooperation.
- g. The Jail must have inventory and weapon controls to establish staff member responsibility for their use of weapons or other security devices in the facility. Such controls must include:
 - i. a sign-out process for staff members to carry any type of weapon inside the Jail,
 - ii. a prohibition on staff carrying any weapons except those in the Jail's tracked inventory, and
 - iii. random checks to determine if weapons have been discharged without report of discharge (e.g., by checking the internal memory of electronic control devices and weighing pepper spray canisters).
- h. A staff member must electronically record (both video and sound) all planned uses of force with equipment provided by the Jail.
- i. All staff members using force must immediately notify their supervisor.

- j. All staff members using a Level 1 use of force must also immediately notify the shift commander after such use of force, or becoming aware of an allegation of such use by another staff member.

Non-Compliant

There are no recorded instances of staff members obtaining supervisory approval prior to using weapons and mechanical restraints; nor is there any record of chemical sprays, physical restraints and electronic control devices being used when a prisoner may be at risk of positional asphyxia. At this point it is not possible to determine whether or not Detention staff are following prescribed procedure. There are no records noted to date that reflect whether or not an inmate was placed on a 15 minute watch while in restraints. Restraints are not utilized at any of the facilities except for transport.

The P&P Manual is still under review and will be re-issued once it has been revised. Until then, compliance with this paragraph is not possible. Currently, 15 minute well-being checks are maintained only for inmates under suicide watch although it is expected that detainees in Booking holding cells will be similarly monitored henceforth. To date no documentation has been submitted reflecting a planned use of force which would necessitate video recording, supervisory authorization or communication/coordination with medical staff. Inmates with serious or potentially serious medical problems are not identified prior to pepper spray use, nor do correctional staff contact medical staff before force is used on juveniles with serious mental health conditions. A recent innovation at the RDC allows OC spray canisters to be weighed so that it can be determined whether or not they have been used.

A review of the uses of force reports for September 2017 reported that there were 28 uses of force reports written. Four inmates were escorted to medical for evaluation. Tasers were used but pepper spray was not utilized. If the inmate required hospitalization, he was immediately sent to the ER. As previously stated, inmates sustaining serious injuries from the use of force are sent to the hospital. On the reports sent in the drop box there was no resolution written by medical staff. It could be in the chart; however, time did not permit a review of charts.

As previously recommended, a protocol should be developed and posted in the medical exam area for inmates that are tased or pepper sprayed and that it include the documentation of vital signs and the rinsing of eyes in the cases of pepper spray use. An eye wash station should be set up with disposable saline solution bottles or an attachment that fits on the sink. Training on the use of force on seriously mentally ill inmates and inmates that may adversely be affected by pepper spray should be added to the training curriculum and roll call.

QCHC has been tasked with the development of medical policies following the use of pepper spray or tasers. These policies have not yet been developed.

USE OF FORCE TRAINING

52. The County must develop and implement a use of force training program. Every staff member who supervises prisoners must receive at least 8 hours of pre-service use of force training and annual use of force refresher training.

Non-Compliant

The Training Director has accessed on line training modules offered by the Mississippi Department of Standards and Training which address at least some components of the Settlement Agreement. While it is not totally compliant, it represents a step in the right direction. The requirement for every member who supervises prisoners to receive at least eight hours of pre-service training and annual use of force refresher training has not been met.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Non-Compliant

These topics cannot be addressed until the P & P Manual is revised and published.

54. The County must randomly test at least 5 percent of Jail Staff members annually to determine whether they have a meaningful, working knowledge of all use of force policies and procedures. The County must also evaluate the results to determine if any changes to Jail policies and procedures may be necessary and take corrective action. The results and recommendations of such evaluations must be provided to the United States and Monitor.

Non-Compliant

This cannot be completed until the revised P&P Manual is issued, officers are trained and sufficient time has passed to conduct the random testing of at least five percent of Jail staff.

55. The County must update any use of force training within 30 days after any revision to a use of force policy or procedure.

Non-Compliant

This cannot be updated until the requisite training has been completed.

USE OF FORCE REPORTING

To prevent and remedy the unconstitutional use of force, the County must develop and implement a system for reporting use of force. To that end, the County must:

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Non-Compliant

There has been no change with regard to this paragraph. It cannot be addressed until the P&P Manual is revised and issued to all personnel. The inadequacy and inconsistency of the existing use of force forms is still an issue. While a standard, computer based form is being developed, supervisory review is still inadequate. It must include a recommendation for approval, disapproval and/or corrective action.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible, and no later than by the end of that staff member's shift. Staff members must accurately complete all fields on a Use of Force Report. The failure to report any use of force must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination. Similarly, supervisors must also comply with their documentation obligations and will be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change with regard to this paragraph. The requirement cannot be analyzed until the P&P Manual is revised and issued to all personnel. While report writing is improving throughout the Jail System, it is still not possible to determine whether incident reports are submitted in a timely fashion or whether supervisors follow up as required. Use of Force and Incident Report documentation, while better, is still inadequate. Some reports include no supervisory review. In those cases where supervisory review is documented it does not indicate approval, disapproval or recommended follow up action. While reports sometimes indicate that the involved inmate was referred to Medical for treatment/evaluation, the results of the treatment/evaluation are seldom included as a supplement to the original incident report. A training session with Detention, Operations and Information Technology personnel representing various supervisory ranks, that was held during the October site visit, should help to standardize and improve the quality of documentation.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events. At minimum, use of force reports must document the following information:

- a. A unique tracking number for each use of force;

- b. The names of all staff members, prisoner(s), and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. A description of the events leading to the use of force, including what precipitated or appeared to precipitate those events;
- f. A description of the level of resistance, staff response, and the type and level of force (including frequency and duration of use). For instance, use of force reports must describe the number of discharges from electronic control devices and chemical munitions canisters; the amount of discharge from chemical munitions canisters; whether the Staff Member threatened to use the device or actually discharged the device; the type of physical hold or strike used; and the length of time a prisoner was restrained, and whether the prisoner was released from restraints for any period during that time;
- g. A description of the staff member's attempts to de-escalate the situation without use of force;
- h. A description of whether the staff member notified supervisors or other personnel, including medical or mental health staff, before or after the use of force;
- i. A description of any observed injuries to staff or prisoners;
- j. Whether medical care was required or provided to staff or prisoners;
- k. Reference to any associated incident report or prisoner disciplinary report completed by the reporting officer, which pertains to the events or prisoner activity that prompted the use of force;
- l. A signature of the staff member completing the report attesting to the report's accuracy and completeness.

Non-Compliant

Although this paragraph must still be carried as "Non-Compliant", it is anticipated that it will move toward "Partial Compliance" by the time of the January 2018, site visit. The Use of Force report forms are now being generated through the Jail Management System (JMS). Although staff have not been adequately trained to date, once they are familiar with the computer created forms and how they link electronically with the original Incident Report associated with each event, there should be a major improvement in the quality of documentation. A training and orientation session was held during the October site visit involving Information Technology, Training, Operations, Detention, Justice Department and Monitoring Team staff. Many areas of inconsistency and concern were addressed.

USE OF FORCE SUPERVISOR REVIEWS

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force. At minimum:

- a. A supervisor must review all use of force reports submitted during the supervisor's watch by the end of the supervisor's watch.
- b. A supervisor must ensure that staff members complete their use of force reports by the end of their watch.
- c. Reviewing supervisors must document their findings as to the completeness of each staff member's use of force report, and must also document any procedural errors made by staff in completing their reports.
- d. If a Use of Force report is incomplete, reviewing supervisors must require Staff Members to provide any required information on a revised use of force report, and the Jail must maintain both the original and any revised report in its records.
- e. Any supervisor responsible for reviewing use of force reports must document their use of force review as described in Paragraph 62 sufficiently to allow auditing to determine whether an appropriate review was conducted.
- f. All Level 1 uses of force must be sent to the shift commander, warden, Jail Administrator, and IAD.
- g. A Level 2 use of force must be referred to the shift commander, warden, Jail Administrator, and IAD if a reviewing supervisor concludes that there may have been a violation of law or policy. Level 2 uses of force may also be referred to IAD if the County requires such reporting as a matter of Jail policy and procedure, or at the discretion of any reviewing supervisor.

Non-Compliant

The status of this paragraph is unchanged. Appropriate supervisory review cannot be determined until the P&P Manual is revised and issued. In addition, the standardized, computer generated incident and use of force forms must actually be used by all personnel. At present supervisors merely sign their names on forms or review them electronically. Their signature does not reflect agreement, disagreement or recommended action.

60. After any Level 1 use of force, responding supervisors will promptly go to the scene and take the following actions:

- a. Ensure the safety of everyone involved in or proximate to the incident. Determine if anyone is injured and ensure that necessary medical care is or has been provided.
- b. Ensure that photos are taken of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in a use of force incident. Photos must be taken no later than two hours after a use of force. Prisoners may refuse to consent to photos, in which case they should be asked to sign a waiver indicating that they have refused consent. If they refuse to sign a waiver, the shift commander must document that consent was requested and refused.

- c. Ensure that staff members and witnesses are identified, separated, and advised that communications with other staff members or witnesses regarding the incident are prohibited.
- d. Ensure that victim, staff, and witness statements are taken confidentially by reviewing supervisors or investigators, outside of the presence of other prisoners or involved staff.
- e. Document whether the use of force was recorded. If the use of force was not recorded, the responding supervisors must review and explain why the event was not recorded. If the use of force was recorded, the responding supervisors must ensure that any record is preserved for review.

Non-Compliant

There has been no change with regard to compliance with the requirements of this paragraph. Currently, supervisors do not routinely collect witness statements or take photographs. The revision of the P&P Manual and the standardized incident report and use of force report forms will move the County towards compliance, but it will be essential for supervisors to be trained to follow through and to provide complete and accurate information. Consistent review and follow up corrective action will be essential.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor of Captain rank or above who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Non-Compliant

Although the number of use of force reports continues to increase, it is not necessarily an indication of more violence, rather it may represent improved reporting on the part of staff. All three facilities had submissions. Supervisors still do not follow through with the requirements of this paragraph. Although medical care issues are documented, photographs are not taken, nor is reference to them made in the reports. Witnesses are seldom questioned and supervisors do not make comments about recording of the incidents. While using the paper report forms supervisors have historically not made any recommendations or indicated whether or not they concurred with the action taken. While using the new computer-generated forms supervisors seldom followed through with any recommendation or action because it was not automatically required of them.

62. Reviewing supervisors must document the following:

- a. Names of all staff members, prisoner(s), and other participants or witnesses interviewed by the supervisor;
- b. Witness statements;
- c. Review date and time;
- d. The findings, recommendations, and results of the supervisor's review;
- e. Corrective actions taken;
- f. The final disposition of the reviews (e.g., whether the Use of Force was found to comply with Jail policies and procedures, or whether disciplinary action was taken against a staff member);
- g. Supporting documents such as incident reports, logs, and classification records. Supervisors must also obtain and review summary medical and mental health records describing –
 - i. The nature and extent of injuries, or lack thereof;
 - ii. The date and time when medical care was requested and actually provided;
 - iii. The names of medical or mental health staff conducting any medical or mental health assessments or care.
- h. Photos, video/digital recordings, or other evidence collected to support findings and recommendations.

Non-Compliant

Supervisors do not follow through with the requirements of this paragraph. They simply sign the incident and use of force reports (without making a recommendation of any type) on the older paper forms; on the new computer-generated forms they often take no action because, to date, the system did not require them to do so.

INCIDENT REPORTING AND REVIEW

To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement a system for reporting and reviewing incidents in the Jail that may pose a threat to the life, health, and safety of prisoners. To that end, the County must:

- 63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information in order to respond appropriately to reportable incidents.

Non-Compliant

The P&P Manual must be revised and issued to all personnel before the level of compliance can be determined. Computer generated, standardized forms are being developed for use by all personnel.

64. Ensure that Incident Reports include an accurate and detailed account of the events. At minimum, Incident Reports must contain the following information:

- a. Tracking number for each incident;
- b. The names of all staff members, prisoner, and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. Type of incident;
- f. Injuries to staff or prisoner;
- g. Medical care;
- h. All staff involved or present during the incident and their respective roles;
- i. Reviewing supervisor and supervisor findings, recommendations, and case dispositions;
- j. External reviews and results;
- k. Corrective action taken; and
- l. Warden and Administrator review and final administrative actions.

Non-Compliant

The comments associated with the previous paragraph apply to this one as well. Hopefully, the computer-generated forms being developed for use by all personnel will address the previously noted deficiencies.

65. Require each staff member directly involved in a reportable incident to accurately and thoroughly complete incident reports as promptly as possible, by the end of the staff member's shift. At minimum:

- a. Staff members must complete all fields on an Incident Report for which they have responsibility for completion. Staff members must not omit entering a date, time, incident location, or signature when completing an Incident Report. If no injuries are present, staff members must write that; they may not leave that section blank.
- b. Failure to report any reportable incident must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination.
- c. Supervisors must also comply with their documentation obligations and will also be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change in the status of this paragraph. At present, it is not possible to determine whether or not incident reports are being routinely submitted on all reportable incidents. While the number of untoward events that are documented appears to be increasing over time, the fact that there are no reports on file regarding late releases or lost money and property is indicative of a failure to document significant incidents. Based on a review of

records and through conversation with staff, it is known that inmates have been held beyond their scheduled release dates, yet no incident reports are on file.

66. Ensure that Jail supervisors review and respond appropriately to incidents. At minimum:

- a. Shift commanders must document all reportable incidents by the end of their shift, but no later than 12 hours after a reportable incident.
- b. Shift commanders must report all suicides, suicide attempts, and deaths, no later than one hour after the incident, to a supervisor, IAD, and medical and mental health staff.
- c. Any supervisor responsible for reviewing Incident Reports must document their incident review within 24 hours of receipt of an Incident Report sufficiently to allow auditing to determine whether an appropriate review was conducted. Such documentation must include the same categories of information required for supervisor use of force reviews such as names of individuals interviewed by the supervisor, witness statements, associated records (e.g. medical records, photos, and digital recordings), review dates, findings, recommendations, and case dispositions.
- d. Reportable incidents must be reviewed by a supervisor not directly involved in the incident.

Partial Compliance

While a more definitive determination cannot be made until the P&P Manual is revised and issued, it does appear, from a review of paper generated reports, that supervisors are reviewing incident reports in a timely fashion. Most reflect same day review based on signature dates. That determination cannot be made at this time with regard to the new computer-generated forms.

SEXUAL MISCONDUCT

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero-tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;
- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;

- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Non-Compliant

There does not appear to be any change in the status of this paragraph. The P&P Manual, as originally submitted in April, does not meet the requirements of the Settlement Agreement. It should be noted that there are no notices regarding the PREA posted throughout the Jail System although the Inmate Handbook does contain a brief reference to it. At present, there is no record on file to reflect compliance. The health administrator reported that there were no cases of sexual misconduct this visit. If an inmate complains of a sexual assault, they are sent to the hospital and a rape kit is performed.

An in-service on PREA provisions for the health staff is essential.

INVESTIGATIONS

68. The County shall ensure that it has sufficient staff to identify, investigate, and correct misconduct that has or may lead to a violation of the Constitution. At a minimum, the County shall:

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely (within 60 days of referral) investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement, within 90 days of its Effective Date. At a minimum, an investigation will be conducted if:
 - i. Any prisoner exhibited a serious injury;
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or

- iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- b. Per policy, investigations shall:
 - i. Be conducted by qualified persons, who do not have conflicts of interest that bear on the partiality of the investigation;
 - ii. 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
 - iii. 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.
- c. Provide investigators with pre-service and annual in-service training so that investigators conduct quality investigations that meet the requirements of this Agreement;
- d. Ensure that any investigative report indicating possible criminal behavior will be referred to the appropriate criminal law enforcement agency;
- e. Within 90 days of the Effective Date of this Agreement, IAD must have written policies and procedures that include clear and specific criteria for determining when it will conduct an investigation. The criteria will require an investigation if:
 - i. Any prisoner exhibited serious, visible injuries (e.g., black eye, obvious bleeding, or lost tooth);
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
 - i. a brief summary of all completed investigations, by type and date;
 - ii. a listing of investigations referred for administrative investigation;
 - iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
 - iv. 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.

- v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.
- g. Jail management 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 and United States.

Partial Compliance

There has been no substantive change with regard to this paragraph since the Second Monitoring Report. Compliance with this paragraph cannot be achieved until the P&P Manual is revised and issued to all personnel and documentation is available to verify that actions taken are consistent with those policies and procedures. The number of IAD investigative reports submitted through Dropbox actually reflects a decrease during the current reporting period. In one case, a Detention Officer was found to be guilty of making a false statement, refusal or non-compliance with a direct lawful order and making improper use of his official position to include introduction of contraband to the facility. Although appropriate action may have been taken by the HCSO, there is no documentation of the disposition of the investigation that has been provided to the Monitor to date even though the IAD investigation is dated August 14, 2017.

GRIEVANCE AND PRISONER INFORMATION SYSTEMS

Because a reporting system provides early notice of potential constitutional violations and an opportunity to prevent more serious problems before they occur, the County must develop and implement a grievance system. To that end:

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

The use of the new kiosk system will eventually allow the prisoners to report grievances without the intervention of detention officers. However, the system is newly implemented and is not working as it should. A number of prisoners reported that when they try to submit a grievance the system will not accept their pin and they are kicked out of the system. Corrections officers confirmed that this is true. Staff have not identified an alternative method for submitting grievances for those prisoners. The system at the Work Center was completely non-functioning at the time of the site visit and the facility had reverted to paper grievances. Improvements to the system should be addressed promptly. In the interim, prisoners that cannot access the kiosk system should be able to submit paper grievances. The Inmate Handbook will need to be updated and will need to provide more detail to assist prisoners in using the system. The grievance

protocol in the current Handbook does not even reflect the process that was in place prior to the kiosks being implemented. Medical grievances are unusually low for the size of the population. This should be evaluated to ensure that prisoners understand that the grievance process can be used for medical grievances.

70. Grievance policies and procedures must be applicable and standardized across the entire Jail.

Non-Compliant

It was reported that there is now one Inmate Handbook that applies to all facilities. However, that Inmate Handbook, as noted above, describes a grievance procedure that has not existed in any of the facilities since the time monitoring began. Also, as noted above, because of problems with the kiosk system, the Work Center is not using the kiosk system. There should be training of staff on the kiosk system so that they can assist prisoners as needed.

71. All grievances must receive appropriate follow-up, including a timely written response by an impartial reviewer and staff tracking of whether resolutions have been implemented or still need implementation. Any response to a medical grievance or a grievance alleging threats or violence to the grievant or others that exceeds 24 hours shall be presumed untimely.

Partial Compliance

The new system creates a spreadsheet to track grievances and responses. The Grievance Officer can track who has been assigned to respond to a grievance on the spreadsheet. There are currently several problems with the process that prevent compliance. The person assigned to respond to a grievance is assigned based on housing and subject matter. However, this results in some situations in the responding individual not being impartial. The assignments need to be evaluated both generally and in the specific case to ensure that an impartial person is reviewing the grievance. At least one grievance was marked as resolved because it was referred to an individual to resolve. Referral alone does not constitute a resolution. At RDC, there is no one routinely checking to ensure that all grievances have been responded to and no one ensuring whether resolutions have been implemented. The new system has no means known to staff for marking a grievance as an emergency or otherwise identifying emergent grievances.

The number of grievances reported to medical for RDC seems very low. There was one grievance in June, 2 in July, 9 in August, and 15 grievances in September. The grievances were for a variety of issues with delayed care being the most frequent followed by missed medication. One inmate that was a diabetic requested his diabetic shoes from his property. The response was that it was not a medical issue. The need for diabetic shoes is a medical issue in that a diabetic inmate may develop ulcers due to poor fitting shoes. The physician should examine this patient. QCHC must coordinate with security when there are grievances that might involve security

rather than deny those grievances as non-medical. A similar impasse was reached with an inmate requesting a Kosher diet. QCHC would not order the diet because it was not a medical issue. The Jail would not allow the diet without an order from medical. The failure to provide the diet, however, resulted in the inmate refusing to eat and having increased mental health symptoms. All grievances were answered within 5 days. Medical grievances go directly to the medical department.

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

The staff is currently not well-trained on the capabilities of the system. They will need to be trained so that they can assist prisoners with accessing the system once it is functional. Staff did not know whether a different language could be selected and utilized with the system. Neither did staff know whether it had a voice recognition feature. These questions should be addressed to the vendor. Currently, the staff assumes that other prisoners will assist with prisoners who cannot access the current system. This does not meet the requirements of this paragraph.

73. The County must ensure that all current and newly admitted prisoners receive information about prison rules and procedures. The County must provide such information through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding the Jail's disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse, battery, and assault; accessing medical and mental health care; emergency procedures; visitation; accessing the grievance process; and prisoner rights. The County must provide such information in appropriate languages for prisoners with LEP.

Non-Compliant

As noted above, the grievance procedure described in the Inmate Handbook is not the one that is utilized and would not be consistent with paragraph 69 above. There is nothing in the Handbook describing how to report misconduct, sexual abuse, or battery and assault. The procedure for a medical or other inmate request is now outdated. The Handbook does not describe prisoner rights. Punishment is being assigned in excess of that listed for rules infractions. It was previously reported that a translation into Spanish was being worked on but that has not been provided.

RESTRICTIONS ON THE USE OF SEGREGATION

In order to ensure compliance with constitutional standards and to prevent unnecessary harm to prisoners, the County must develop and implement policies and procedures to limit the use of segregation. To that end, this Agreement imposes the following restrictions and requirements:

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Partial Compliance

During the October site visit, discussions with Classification staff set in place procedures which should make it possible for all detainees to be classified and assigned to appropriate housing within 24 hours of entry to the RDC. While this still does not comply with the requirement that classification take place within eight hours of intake, it represents another step toward compliance with that standard. Although it was previously reported that the single cells in Booking were no longer used for long term housing, during the October site visit it was discovered that an inmate with medical issues was, once again, housed there in a negative pressure cell. The situation was immediately rectified and the inmate was placed in a negative pressure cell in the Medical Unit.

At the RDC none of the housing units are properly designed to serve as a confinement/segregation unit. The recommendations that were made in the Second Monitoring Report need to be implemented. Confinement housing should be sub-divided into small components of from four to sixteen cells (modules) within a 48 to 64 cell unit. Without this design feature the job of keeping problem prisoners separate from each other is extremely difficult. Because the configuration at the RDC has 50 or more cells opening to a common day room, it is impossible to allow each inmate out of the cell individually in a 24 hour period. Segregation housing is very labor intensive to operate. Realistically, three officers are required to operate a 64 bed confinement unit. All of these issues are exacerbated at the RDC because the shortage of officers makes it impossible to assign one to many of the adult housing units.

The monitoring team as a group interviewed several patients that were in lockdown. The conditions in the segregation unit reflected significant problems. Inmates reported being in fear of their lives, unable to file grievances, denied a religious diet, and having insufficient light with the lights in the cells being non-functional. Time did not permit the monitoring team to verify all of the information provided by the inmates. It was verified that one inmate had been in altercations with other inmates and the lighting in the cells was poor with most of the cell ceiling lights being non-functional. It was also verified that a Kosher diet was not being provided. The inmates were shouting and throwing food and other items out of their cells.

75. The County must document the placement and removal of all prisoners to and from segregation.

Non-Compliant

There has been little change in the status of this paragraph. Documentation of inmates housed in the two, five bed confinement/segregation modules at the WC were found to be current although well-being checks were conducted at 30 minute, rather than 15 minute intervals. The same conditions were found at the JDC. During an inspection of HU B-3, which is currently designated as a segregation housing area, the well-being logs taped to the front of each cell were all signed by the officer at precisely the same time in exact 30 minute increments—a physical impossibility. On the following day, the well-being logs were no longer taped to the cell fronts; instead, they were located in the officer’s Unit Log.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner’s mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Non-Compliant

Segregation rounds are conducted by nursing staff on a daily basis at all three facilities. Nurses see each patient that is housed in segregation. Units that are utilized include B-3 and B-3 Isolation. The social worker conducts segregation rounds on all inmates placed in segregation twice a week. There is no notification by correctional staff prior to placement of an inmate on disciplinary sanctions or suicide precautions.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness. These safeguards must include the following:

- a. All decisions to place a prisoner with serious mental illness in segregation must include the input of a Qualified Mental Health Professional who has conducted a face-to-face evaluation of the prisoner in a confidential setting, is familiar with the details of the available clinical history, and has considered the prisoner’s mental health needs and history.
- b. Segregation must be presumed contraindicated for prisoners with serious mental illness.
- c. Within 24 hours of placement in segregation, all prisoners on the mental health caseload must be screened by a Qualified Mental Health Professional to

determine whether the prisoner has serious mental illness, and whether there are any acute mental health contraindications to segregation.

- d. If a Qualified Mental Health Professional finds that a prisoner has a serious mental illness or exhibits other acute mental health contraindications to segregation, that prisoner must not be placed or remain in segregation absent documented extraordinary and exceptional circumstances (i.e. for an immediate and serious danger which may arise during unusual emergency situations, such as a riot or during the booking of a severely psychotic, untreated, violent prisoner, and which should last only as long as the emergency conditions remain present).
- e. Documentation of such extraordinary and exceptional circumstances must be in writing. Such documentation must include the reasons for the decision, a comprehensive interdisciplinary team review, and the names and dated signatures of all staff members approving the decision.
- f. Prisoners with serious mental illness who are placed in segregation must be offered a heightened level of care that includes the following:
 - i. If on medication, the prisoner must receive at least one daily visit from a Qualified Medical Professional.
 - ii. The prisoner must be offered a face-to-face, therapeutic, out-of-cell session with a Qualified Mental Health Professional at least once per week.
 - iii. If the prisoner is placed in segregation for more than 24 hours, he or she must have his or her case reviewed by a Qualified Mental Health Professional, in conjunction with a Jail physician and psychiatrist, on a weekly basis.
- g. Within 30 days of the Effective Date of this Agreement, A Qualified Mental Health Professional will assess all prisoners with serious mental illness housed in long-term segregation. This assessment must include a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Prisoners requiring follow-up for additional clinical assessment or care must promptly receive such assessment and care.
- h. If a prisoner on segregation decompensates or otherwise develops signs or symptoms of serious mental illness, where such signs or symptoms had not previously been identified, the prisoner must immediately be referred for appropriate assessment and treatment by a Qualified Mental Health Professional. Any such referral must also result in a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Signs or symptoms requiring assessment or treatment under this clause include a deterioration in cognitive, physical, or

verbal function; delusions; self-harm; or behavior indicating a heightened risk of suicide (e.g., indications of depression after a sentencing hearing).

- i. The treatment and housing of prisoners with serious mental illness must be coordinated and overseen by the Interdisciplinary Team (or Teams), and guided by formal, written treatment plans. The Interdisciplinary Team must include both medical and security staff, but access to patient healthcare information must remain subject to legal restrictions based on patient privacy rights. The intent of this provision is to have an Interdisciplinary Team serve as a mechanism for balancing security and medical concerns, ensuring cooperation between security and medical staff, while also protecting the exercise of independent medical judgment and each prisoner's individual rights.
- j. Nothing in this Agreement should be interpreted to authorize security staff, including the Jail Administrator, to make medical or mental health treatment decisions, or to overrule physician medical orders.

Non-Compliant

Some RDC segregation practices can be thought to inflict further harm on inmates suffering from inadequate medical care. Inmates in these cells receive less contact with and less monitoring by providers than the acuity of their condition demands. When they are released to the general population inmates receive little follow-up care. Due to the effects of isolation, placement in segregation endangers mentally ill inmates and the risk of harm increases with the length of isolation and severity of their mental illness. Despite these dangers RDC does not have a meaningful mechanism that allows mental health staff to review an inmate's chart prior to placement. Moreover, many mental health patients end up in segregation as a result of symptoms of mental illness and as described under suicide prevention, many inmates try to commit suicide in segregation cells.

There are no interdisciplinary team meetings. Mental health staff should meet with the Major, Classification officer, Captain on a weekly basis to discuss housing, treatment goals and medications for seriously mental ill offenders. The meetings should last no longer than 30-45 minutes and two or three of the most mentally ill inmates should be discussed. When the unit designated as a mental health unit is actually operated as a therapeutic mental health unit as required by paragraph 42(g)(vi), the interdisciplinary team meeting should take place with the staff of that unit.

YOUTHFUL PRISONERS

As long as the County houses youthful prisoners, it must develop and implement policies and procedures for their supervision, management, education, and treatment consistent with federal

law, including the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. **Within six months of the Effective Date of this Agreement, the County will determine where it will house youthful prisoners. During those six months, the County will consult with the United States, the monitor of the Henley Young Juvenile Detention Center Settlement Agreement, and any other individuals or entities whose input is relevant.** The United States will support the County's efforts to secure appropriate housing for youthful prisoners, including supervised release. **Within 18 months** after the Effective Date of this Agreement, the County will have **completed** transitioning to any new or replacement youthful prisoner housing facility.

Partial Compliance

The County has taken a significant step toward compliance with this requirement. Specifically, beginning September 1, the transition of Youthful Prisoners (Juveniles Charged as Adults – JCAs) began by placing “new” JCAs at the Henley Young Juvenile Justice Center (hereinafter referred to as Henley Young). In this case, “new” refers to JCAs that had not already been in placement at the RDC other than for a short time, i.e. a few days following booking up to one youth indicating he had been at RDC about three weeks. As of this site visit, five JCAs were housed at Henley Young. Consequently, the number of JCAs remaining at the RDC is diminishing, with eleven JCAs in placement as of the start of the site visit. During the week of the site visit, two of those youth turned age 18 and were transferred to an adult unit at RDC, leaving nine JCAs at RDC at the end of the site visit. The current plan is to continue this transition. In order to meet the requirement of the Agreement, all JCAs would have to be transitioned out of RDC by January 19, 2018 (note previous report erroneously referenced this date as June 2018). None of the youth remaining at RDC will turn 18 prior to that date so absent changes in their court case that results in placement elsewhere these youths will need to be moved. These remaining JCAs present greater challenges in transitioning to Henley Young, at least in part resulting from their long-term confinement at the RDC and the resulting “adulthood” they have experienced by being housed in a setting that has offered little programming, minimal mental health services, often inadequate supervision, and generally poor living conditions. The concerns related to transitioning remaining JCAs is echoed in the September 25, 2017 Henley Young Monitoring report filed by Mr. Leonard Dixon, the court-appointed monitor for the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree related to the Henley Young facility.

Pertinent sections of that report include:

“During my visit to the County Jail, the young adult unit was in extreme poor condition, no programs were available, the young adults were constantly on lockdown and there were inadequate supervision for them. Transitioning from a jail environment which is run by sworn officers to Henley-Young which is staffed with unsworn staff may lead to an increase in violence toward both staff and residents. This will have to be addressed and managed properly.”

If this transition is to occur I would recommend a slow transfer of these young adults into Henley-Young to mitigate the negative impacts from integrating these young adults into a relatively structured facility. An initial carefully planned selective transitional program should be developed to slowly move these young adults a few at a time into Henley-Young on a weekly or biweekly basis. This transition process is critical if the facility is to maintain its compliance with the consent decree. There also needs to be additional security for these adult inmates. The physical plant needs greater security hardware (i.e. fencing for outdoors, outdoors ground security, outdoor windows security etc.) and new stringent staffing security protocols in place before this transition takes place.... and

I am concerned that the integration of young adults into Henley-Young may possibly jeopardize and potentially undermine all the hard work and effort put in place by the County if the above- mentioned recommendations are not carefully considered or adhered to”.¹

The decision to utilize Henley Young for JCAs does create an immediate conflict with the Hinds County/SPLC Consent Decree related to the maximum length of stay (21 days) that will need to be resolved. It is our understanding that the parties for both cases are aware of this conflict, and some resolution of that conflict will need to occur. The court should be advised of any progress on this issue.

Finally, as noted in the initial Baseline Report and as referenced in other reports, making this transition successful (safe for all youth and staff as well as meeting both Agreement requirements), additional steps will need to be taken, including but not limited to:

1. Continue to house “new” JCAs (male and female) at Henley Young after booking at RDC;
2. Additional physical plant modifications related to perimeter and living unit security;
3. Constructing of additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley Young;
4. Reviewing staffing alignment and positions to ensure additional staffing and supports as additional JCAs are transferred from RDC. While the Henley Young agreement calls for a direct supervision staff/youth ratio of 1/8, a 1/6 ratio for the JCA youth that remain at RDC is recommended;
5. Addressing case processing concerns in the adult system that has resulted in very lengthy periods of confinement for JCAs at RDC and, absent changes will result in similar lengths of stay at Henley Young. This not only delays resolution of the youth’s case but also increases the likelihood that the population of JCAs at Henley Young will grow and create additional challenges for operation of the facility as a whole. Note that the Dixon Monitoring Report

¹ Dixon, Leonard. *Henley Young Compliance Monitoring Report*. J.H., ET AL, Vs. Hinds County Mississippi. Filed September 25, 2017. pp. 11-12.

provides some specific recommendations in this regard that would provide more timely and appropriate outcomes for JCAs;

6. Making structural improvements to the living units that will support more effective supervision and programming for youth including:
 - a. Installing soundproofing materials (e.g. acoustic ceiling tiles, acoustic wall panels, carpeting in portions of the floor) to reduce the noise level created by normal adolescent behavior(s); noise that makes it not only difficult to properly interact with/supervise youth but also adds to the overall noise level that unnecessarily elevates the emotional level of youth;
 - b. Removing the steel tables and replace them with movable, security grade tables and chairs that are more comfortable, flexible, and permit rearrangement for purposes of programming in small groups, separation of youth within a unit, and/or even individual program purposes; and
7. Continuing to implement practices and policies that limit the number of non-JCA youth confined at Henley Young. In recent months, the average daily population of non-JCA youth has declined considerably, making it possible to “free up” at least one, and possibly two, housing units for JCA youth. This has been accomplished in large part by implementing a detention screening tool that helps limit youth being admitted, authorizing the release of youth that can be supervised in the community, reducing the use of Henley Young for probation violations, and ensuring timely processing of cases in the youth court. Use of Henley Young for non-JCA youth should be limited to those youth that pose a danger to the community or circumstances in which it is necessary to secure a youth’s appearance in court; and for those youth only as long as those conditions remain a concern. Continued administrative and judicial leadership to support alternatives to confinement will be critical to making it possible to utilize Henley Young safely and effectively for all youth.

All of these steps will become increasingly important as the number of JCAs at Henley Young grows, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible.

REPORTING COMPLIANCE ON THE REMAINING CONDITIONS WILL REFERENCE ONE/BOTH LOCATIONS AS APPROPRIATE.

For any youthful prisoners in custody, the County must:

78. Develop and implement a screening, assessment and treatment program to ensure that youth with serious mental illness and disabilities, including developmental disabilities, receive appropriate programs, supports, education, and services.

Partial Compliance at Henley Young

Moving to Partial Compliance on this component is solely the result of transitioning some youth to the Henley Young facility. Any JCAs booked at RDC and then housed at Henley Young are screened for mental health concerns using the MAYSI-II, a common screening tool that is appropriate for use with adolescents. Additionally, the County has hired three additional case managers to help support individualized planning and services and has been in the process of hiring an on-site psychologist. However, the case manager positions are relatively new and the nature of their role and responsibilities is still being developed; and, the psychologist position remains unfilled, as a previous offer was made to a potential employee but that offer was ultimately rejected. Based on interviews with staff at Henley Young, comments included in Mr. Dixon's recent report are appropriate. Work on roles and policies are in the early stages but the progress is promising.

As noted in the prior Compliance Report, implementing a more comprehensive mental health program also means integrating what is known about the mental health needs of youthful prisoners with multiple requirements of the operation including reducing the use of seclusion/restraints, increased training for staff supervising youth, and development of a behavioral management program. Significant progress toward this goal has been made at Henley Young, including developing a contractual relationship for various services with the Hinds County Behavioral Health unit, and will be evaluated further in subsequent visits.

Finally, further information related to this requirement may be available upon receipt of a report by Dr. Boesky, the consultant hired to assess mental health services for the Henley Young Consent Decree.

Non-Compliant at RDC

There is no evidence of any change in how JCAs confined at RDC are screened and/or served in relation to the various components required in this provision. Mental health services remain limited to dealing with crisis situations (i.e. suicide concerns) and issues related to psychotropic medications (i.e. adjustments in medications). Thus, there is no evidence of any substantive programming/services to deal with issues related to developmental disabilities or integration of any such services into a behavioral health approach to addressing the needs of youth at RDC.

In the last Compliance Report, it was noted that there were increasing concerns about the number and nature of incidents for JCAs of suicide ideation/expression, but in reviewing the RDC youth's files and other information provided by the County, that concern has subsided in recent months; perhaps consistent with the reduction in the number of youth at RDC.

On a positive note, Deputy Newell has been given the task of developing some additional supportive life skill programming for adults, including young adults, at RDC. He has recruited fifteen volunteers to offer a variety of group programs that inmates can participate in, for example decision-making, AODA support, money management, anger management, parenthood, etc. Those programs are being planned to be implemented in later October/early November, and review of progress in this regard can be done during the next site visit.

Recommendations:

1. Assuming the transition of JCAs to Henley Young continues, the case manager recently employed to work with the JCA youth at Henley Young should begin outreach to the remaining JCAs at RDC to begin a more complete assessment process and assist in the transition of those youth to Henley Young; and
2. The County should continue efforts to secure a psychologist for Henley Young consistent with the terms of that Consent Decree or, at a minimum, on a contractual basis.

79. Ensure that youth receive adequate free appropriate education, including special education.

Partial Compliance at Henley Young

Education services at Henley Young are provided by the Jackson Public School (JPS) system. As youth transition to Henley Young they are assessed by JPS staff related to their education status including whether they have been receiving special education services. This is a first step in meeting the condition of this requirement, but at this point the determination has been made that only youth 15 and under will be integrated into the regular JPS program at Henley Young. The current plan calls for the 16 & 17 year old JCAs placed at Henley Young to be placed in a developing GED instruction/testing program. For some youth that will be an appropriate placement, while for others it will not likely be consistent with what is appropriate and/or legally required (particularly for youth that are eligible for special education services). Unfortunately, the majority of youth already at Henley Young as well as those remaining to be transferred from RDC fall in the 16-17 year old category.

Further concerns related to the education program at Henley Young include (1) whether or not the amount of instructional time provided for youth is consistent with state requirements, and (2) whether youth at Henley Young are provided services in a way that will permit them to keep up with where they were at academically prior to admission and/or whether they are able to receive credit (time and/or actual course credit) that will support successful reentry back into the community and a school program at the time of release.

These concerns are even more relevant for JCA youth for longer periods of time, periods that will likely span multiple academic semesters. In some ways, having youth for longer periods of

time should enable JPS to provide a more complete education program, e.g. assess needs and gather appropriate educational records, provide individualized programming, provide remedial support as needed to allow youth to “catch up”, and ultimately provide credits that can be applied to subsequent programming.

In addition to meeting the needs of youth while placed at Henley Young, it will be increasingly important that there is adequate programming at RDC for those youth who “age out” of Henley Young and return to RDC and/or that there is sufficient transition planning done to ensure that youth receive required/appropriate services no matter where they ultimately are released to/placed at.

Finally, the state of compliance with this requirement will be further informed by a pending report being submitted to Mr. Dixon by Carol Kramer-Brooks, a well-respected expert on educating youth in confinement. Conclusions and recommendations in that report will be reviewed and assist in planning the next site visit.

Non-Compliant at the Raymond Detention Center

The JCAs at RDC have continued to benefit, albeit on a very limited basis, from the continued support of a volunteer for Adult Basic Education (ABE) services. With a reduced number of youth to serve, the volunteer has been focusing more on providing individualized instruction, but that remains limited to two-three times/week for relatively brief periods of time (e.g. 1-2 hours). As noted in the prior report, the ABE program is dependent on the availability and interest of the volunteer, and that person is not certified to fully assess educational needs or administer GED testing (if appropriate). Leadership reported that they are in the process of recruiting a certified GED instructor that will enable increased services for young adults, but it is not clear to what extent that individual will serve JCAs if/when that position is secured.

There remains no routine screening process (other than assessment related to ABE skills) to determine whether and what educational services a juvenile or youthful offender was engaged in prior to admission that would help determine what the appropriate, and often legally required, services should be for the youth while confined. As well as providing some increased GED programming for adults, as JCAs are transitioned out of RDC there will still be a need to assess young adults placed at RDC that may be eligible for special education services.

80. Ensure that youth are properly separated by sight and sound from adult prisoners.

Substantial Compliance at Henley Young

Since there are no adult prisoners placed at Henley Young, this provision is met, and as JCA youth in placement turn 18, they will be transferred to RDC.

Partial Compliance at the Raymond Detention Center

Youth are housed in a separate unit so that the potential for contact with adults is minimized. The initial Policies and Procedures provided, however, fall short of emphasizing the need for this separation/proper supervision to be carried through all aspects of the operation, lacking reference to how youth might be moved throughout the facility, e.g. to medical, the classroom, or holding/transportation to court. Further revision of Policies/Procedures has apparently been contracted out to Jackson State University and the timeline for completion is uncertain but not imminent.. Any revision (as well as related training) should clearly include a requirement to document (via an Incident Report) any instance in which improper contact occurs.

As noted in prior reports, there is no evidence of signage or consistent policies that indicate appropriate attention to the requirements of the Prison Rape Elimination Act (PREA) related to youthful offenders, including separation and supervision.

81. Ensure that the Jail's classification and housing assignment system does not merely place all youth in the same housing unit, without adequate separation based on classification standards. Instead, the system must take into account classification factors that differ even within the youth sub-class of prisoners. These factors include differences in age, dangerousness, likelihood of victimization, and sex/gender.

Partial Compliance at the Raymond Detention Center and Henley Young

With only one unit in RDC, this provision cannot be fully met. Separation of some JCAs has been achieved simply through the process of placing new JCAs at Henley Young. The number of youth remaining at RDC has declined as noted, and the youth remaining tend to be older and have alleged to have committed very serious offenses.

At this point in time, the JCA youth at Henley Young are assigned to one housing unit. As the transition continues it may be possible to utilize two of the Henley Young housing units in a way that permits appropriate classification, but that will be dependent on a number of factors, including: (1) maintaining the number of non-JCA youth as low as possible; (2) reconciling any conflicts between this Settlement Agreement and the SPLC/Hinds County Consent Decree; and (3) the creation of additional program space(s).

The criteria and process for classification will need to be finalized and evaluated as additional youth are transferred from RDC.

82. Train staff members assigned to supervise youth on the Jail's youth-specific policies and procedures, as well as on age-appropriate supervision and treatment strategies. The County must ensure that such specialized training includes training on the supervision and treatment of youth, child and adolescent development, behavioral management, crisis intervention, conflict

management, child abuse, juvenile rights, the juvenile justice system, youth suicide prevention and mental health, behavioral observation and reporting, gang intervention, and de-escalation.

Partial Compliance at Henley Young

Supervising staff at Henley Young receive basic detention officer certification through the state. In reviewing that standard curriculum and notes from Mr. Dixon's most recent report, I agree that the focus of that training provides some baseline knowledge that is useful, but it lacks the kind of focus on working with youthful offenders that is needed be effective with juveniles and young adults. In addition to this state training and the facility orientation training, all staff apparently receives Non-Violent Crisis Intervention training (and refresher training) certified by the Crisis Prevention Institute. This is a curriculum that is commonly used in juvenile detention settings and places an emphasis on verbal de-escalation skills and, if necessary, restraint and protection skills that are safe and more appropriate when used with juveniles.

Time did not permit a full review of training records, but Mr. Dixon's report indicates that there is good documentation related to staff training. Henley Young is making notable progress toward substantial compliance, and continuing to develop specific training programs related to adolescent development, professional communications, mental health, gang recognition skills, behavior management, and dealing with suicide/self-harm behaviors will further advance the safety and effectiveness of the facility for all youth, not just the JCAs. Further review of all training records and curriculum at Henley Young should be a priority for the next site visit.

Non-Compliant at the Raymond Detention Center

The last specialized training for supervising youthful prisoners was held in June prior to the site visit. Ten staff participated in the training, although seven of the ten are staff currently assigned to the JDC, leaving only three RDC staff receiving the training. And, it appears that no effort has been made to then clearly assign those trained staff to the juvenile unit (A-1) with the exception of Sgt. Tower. While the general course of training for new detention officers does include some basic elements that are appropriate for juveniles, the lack of additional training and lack of focus on assigning specific staff to the juvenile unit is of significant concern. Overall this is a step backward from the prior plan to train more officers and assign them to the juvenile unit.

That concern was perhaps best illustrated by an incident on August 27 when a juvenile, D.C., ended up with a broken jaw resulting from a fight with another juvenile on the unit. In reviewing the Incident Report, speaking with Warden Rushing and Mr. Bennis (Internal Affairs), and viewing the video recording of the lead-up to the incident, it was clear that there were three to four points in the minutes before the fight occurred in which a more experienced and well-trained officer could have and likely would have intervened to prevent the fight from occurring. So, while there was an officer providing direct supervision on the unit (recall prior concerns that there were periods of time when a staff was not on the unit), the officer did not respond at all to

the precursors of the fight and in fact did not respond after either. It was not until some other youth helped D.C. down the stairs and brought him to attention of the next staff member on the unit that medical support was called. Per the report(s) D.C. had significant injuries that required the use of oxygen, transport to the hospital, and eventually having his jaw wired shut. D.C. was then placed in isolation in a medical monitoring unit and was still on that unit at the time of this site visit. Of additional concern is that the Internal Affairs follow up report of the incident had not been completed at the time of the site visit, and the conclusion that the officer essentially did nothing overtly wrong is confusing at best. Clearly, negligence on the part of the officer in failing to intervene was a contributing factor in the resulting incident.

Recommendations included in the prior report remain largely appropriate as long as juveniles remain at RDC, including: (1) training any/all staff working with youthful prisoners (keeping in mind that much of the training is appropriate for supervising young adult offenders as well as youth under age 18); (2) assigning only properly trained staff to the juvenile unit; (3) training key supervisory staff so they can properly reinforce the training that was received and properly evaluate officer performance; (4) and integrating knowledge gained in the training in development of a behavioral management program and related policies/procedures.

83. Specifically prohibit the use of segregation as a disciplinary sanction for youth. Segregation may be used on a youth only when the individual's behavior threatens imminent harm to the youth or others. This provision is in addition to, and not a substitute, for the provisions of this Agreement that apply to the use of segregation in general. In addition:

- a. Prior to using segregation, staff members must utilize less restrictive techniques such as verbal de-escalation and individual counseling, by qualified mental health or other staff trained on the management of youth.
- b. Prior to placing a youth in segregation, or immediately thereafter, a staff member must explain to the youth the reasons for the segregation, and the fact that the youth will be released upon regaining self-control.
- c. Youth may be placed in segregation only for the amount of time necessary for the individual to regain self-control and no longer pose an immediate threat. As soon as the youth's behavior no longer threatens imminent harm to the youth or others, the County must release the individual back to their regular detention location, school or other programming.
- d. If a youth is placed in segregation, the County must immediately provide one-on-one crisis intervention and observation.
- e. The County must specifically document and record the use of segregation on youth as part of its incident reporting and quality assurance systems.
- f. A Qualified Medical Professional, or staff member who has completed all training required for supervising youth, must directly monitor any youth in segregation at least

every fifteen (15) minutes. Such observation must be documented immediately after each check.

- g. Youth may not be held in segregation for a continuous period longer than one (1) hour during waking hours. If staff members conclude that a youth is not sufficiently calm to allow a break in segregation after one hour, they must contact a Qualified Mental Health Professional. The Qualified Mental Health Professional must assess the youth and determine whether the youth requires treatment or services not available in the Jail. If the youth requires mental health services that are not provided by the Jail, the Qualified Mental Health Provider must immediately notify the Jail Administrator and promptly arrange for hospitalization or other treatment services.
- h. If a youth is held in segregation for a continuous period longer than two (2) hours, Staff Members must notify the Jail Administrator.
- i. Any notifications or assessments required by this paragraph must be documented in the youth's individual record.

Partial Compliance at Henley Young

Based on conversations with staff and youth, segregation as defined in this agreement is uncommon in that there are short periods of time when youth may be confined to a cell for disciplinary reasons but not for a majority of waking hours. This is consistent with the general operation of a reasonable behavior management system in which most of the behavior is managed by adhering to a full daily routine of constructive pro-social activities, promoting sound direct supervision practices, and shaping behaviors through use of a well-designed incentive system.

However, it is apparent that policies do permit the use of cell confinement/segregation for up to three days for non-JCA youth and up to five days for JCA youth. Further review of the policies, practices, and documentation related to the use of cell confinement will need to be completed during the next site visit.

While there are some differences in the language of the Henley Young Consent Decree and this Agreement, Mr. Dixon's most recent report does reference those requirements and includes the following:

During this visit and my review of documentation, I found that the facility was not abusing isolation practices. However, I would recommend the administration closely review incidents reports to ensure that staff is accurate when placing residents in confinement (i.e. Resident M.C. on 2/9/2017 was escorted back to B Pod however there is no mention of the resident going to his room; Resident J.P. on 2/15/2017 was escorted back to his pod again there was no mention of the resident placed in his room after flooding his room; Resident J.P. on 2/9/2017 he was escorted to his room B101 but there is no indication that he was placed on BMI for 15 minutes to cool down and Resident L.M. on 6/13/2017 was escorted to his room for acting out however there is no indication that he was placed in his room even though the

incident report shows that he was placed in his room). These are areas that must be persistently monitored.²

Note that his specific concerns relate to documentation (rather than evidence of the overuse of cell confinement), which is critical for ensuring staff accountability and overall compliance with proper policies. Overall, implementing a comprehensive behavior management system that includes the strategic use of various forms of “time outs” or short term room confinement (e.g. up to one hour) for disciplinary purposes only when necessary is a fairly complex task. Mr. Dixon’s recommendations that this continue to be a focus of policy development and staff training is appropriate.

Non-Compliant at the Raymond Detention Center

There remains no evidence of sufficient policies/procedures or documentation related to the use of room confinement or other forms of isolation/segregation for youth, although youth report that use of extended room confinement is not occurring. In a discussion with Sgt. Tower she continues to report that there were occasional times when she addressed behavioral concerns by placing youth in their cell for short periods of time, e.g. 30 minutes, to calm a situation of concern that she was observing. However, as noted earlier, the youth that had his jaw broken in the incident of August 27 was placed in a medical isolation cell since the incident and complained of being able to be out of his cell on rare occasion and not having hot water for a shower. While concerns about his health and the potential of risk of further harm if returned to the juvenile unit were legitimate, something other than extended isolation in this manner should be developed for such cases. Per Warden Rushing, the plan was for the youth to return to the juvenile unit the week following the October site visit.

Recommendation: Steps toward compliance can be made by (1) developing clear policies/procedures, consistent with the Agreement requirements, related to the use of segregation or other forms of isolation/confinement for disciplinary purposes; and (2) keeping a room confinement log that documents any period of time in which a youth is placed in segregation/room confinement for disciplinary purposes that includes the name of the youth, the time confined, the officer implementing the confinement, brief reason for the confinement, and any involvement of medical/mental health staff to review confinement if it is extended; and (3) require the writing of an Incident Report for any such confinement that exceeds one hour.

84. Develop and implement a behavioral treatment program appropriate for youth. This program must be developed with the assistance of a qualified consultant who has at least five years of experience developing behavioral programs for institutionalized youth. The Jail’s behavioral program must include all of the following elements:

² Dixon, Leonard. *Henley Young Compliance Monitoring Report*. J.H., ET AL, Vs. Hinds County Mississippi. Filed September 25, 2017. p.14.

- a. The behavioral program must include positive incentives for changing youth behavior, outline prohibited behaviors, and describe the consequences for prohibited behaviors.
- b. An individualized program must be developed by a youth's interdisciplinary treatment team, and properly documented in each youth's personal file. Documentation requirements must include the collection of data required for proper assessment and treatment of youth with behavioral issues. For instance, the County must track the frequency and duration of positive incentives, segregation, and targeted behaviors.
- c. The program must include safeguards and prohibitions on the inappropriate use of restraints, segregation, and corporal punishment.

Partial Compliance at Henley Young

In moving toward compliance with the County/SPLC Consent Decree, many steps have been taken to develop staffing and programming to meet the requirements of this paragraph. For example:

1. Three case managers have been hired to work with youth in placement to provide some individualized counseling, provide some group programming, serve as a link to other needed resources to address behavioral and mental health needs, and keep youth informed of their court status. As this role is further developed, the case manager can be a facilitator for the kind of treatment team approach envisioned in this requirement;
2. The County continues searching for a psychologist on an employee or contractual basis to provide support for on-going treatment of all youth, including the JCA youth;
3. A rudimentary point/level system is in place that links expectations for youth to various privileges/rewards they can earn, and the JCAs interviewed all referenced some activities and privileges they had received. This system remains a work in progress, as there are a number of improvements that can be made as it is used for all youth; but, particularly it should be enhanced with additional requirements/incentives for JCA youth (e.g. provide for individualized goal-setting, compliance with additional programming expectations, use of peer support, etc.);
4. Based on brief conversations with staff and youth and consistent with the information included in Mr. Dixon's most recent report, there is a daily schedule of programming that keeps youth relatively active and engaged in a variety of constructive activities. Keeping youth active in "normalized" activities is an important component of managing the behavior of youth in the facility as well as promoting more effective reentry when they are released; and
5. Use of isolation, extensive cell confinement, use of restraints, and corporal punishment are not permitted according to facility policies/procedures. Disciplinary procedures do provide for periods of cell confinement for up to three days (non-JCA youth) or five days (JCAs), but actual use for any/all youth appears to be for short periods of time, e.g. hours to several

hours. However, further review of policies/procedures and the documentation of the use of cell confinement for disciplinary or safety purposes will need to be done on future visits.

While there remains room for improvement on these requirements, certainly Henley Young is much further along in meeting them than anything that has developed at RDC. Additional information related to this requirement is available in Mr. Dixon's most recent report, but further review of policies/procedures should take place on the next site visit.

Recommendation: While the fact that a point/level system exists is a big step toward compliance, the system should be improved in various ways, including: (1) further integration of that system along with increasing the variety of programming (e.g. cognitive-behavioral programs, life skills programming, etc.); (2) further refining the level system to better define expectations for youth for the "recreation" aspect of the system (recreation is a general term apparently used for all types of activities including school, physical recreation, various groups, etc.); (3) especially for JCA youth beginning to incorporate other longer-term requirements and incentives, focusing particularly on education and other pro-social skill development; and (4) increasing communication between staff and youth related to behavioral expectations and how youth are "scored" on the system. Further technical assistance would be helpful in making these and other improvements to the current system.

Non-Compliant at the Raymond Detention Center

There has been no substantive change related to these provisions. The County has not identified a consultant to help them take steps to develop even a rudimentary behavioral management program. A small step forward in a potential foundation for such a program is the development of a "daily schedule" for programming, but absent any other incentives (group or individual) there remains no behavioral program to speak of. Some "rewards" for group behavior(s) have been provided but those have been on an ad hoc, incidental basis rather than built into any kind of systemic approach. Finally, as previously noted, there is no real assessment (other than for the Adult Basic Education programming), no treatment team, no individualized goal setting, or other components of a complete behavioral management program.

LAWFUL BASIS FOR DETENTION

Consistent with constitutional standards, the County must develop and implement policies and procedures to ensure that prisoners are processed through the criminal justice system in a manner that respects their liberty interests. To that end:

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order. Examples of inadequate paperwork include, but are not limited to undated or

unsigned court orders, warrants, and affidavits; documents memorializing oral instructions from court officers that are undated, unsigned, or otherwise fail to identify responsible individuals and the legal basis for continued detention or release; incomplete arresting police officer documents; and any other paperwork that does not establish a lawful basis for detention.

Non-Compliant

Determining the lawful basis for detention including on-going detention after some court activity continues to be difficult. In addition to booking staff, there are three individuals-two in records and the court liaison-tracking the lawful basis of detention. They are all three using separate spreadsheets and lists. There continues to be a lack of business process to check all law enforcement and court documents. The Monitor did not conduct an extensive review of files during this site visit. There was at least one individual who continued in custody without valid paperwork from the court although paperwork was subsequently provided by the public defender. Another individual remained in custody as a result of an order that was confusing and efforts to clarify it had proved unsuccessful. The indicted and non-indicted lists were substantially improved but still included people on one list that should have been on the other and some individuals were charged with a felony but were not on either list. There is significant confusion regarding the status of individuals who are in the competency process. At least one individual appeared to have been found incompetent and non-restorable. The records did not reflect the legal basis for his continued detention in the detention facility.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in Bearden v. Georgia, 461 U.S. 660 (1983) and Cassibry v. State, 453 So.2d 1298 (Miss. 1984). The County must develop and implement policies consistent with the applicable federal law and the terms of this Agreement.

Non-Compliant

At the time of the site visit there was no one in the facility on an unlawful order for failure to pay fines and fees compared to a 100 inmates detained on unlawful fines and fees orders at the time of the February visit. With the municipal class action and the adoption of Supreme Court rules for criminal procedure, the jail has not been receiving unlawful orders. This requirement is listed as non-compliant because the jail has not developed or implemented policies as specified in paragraphs 87 through 89 below. As the Supreme Court rules are very new, it would be advisable to have policies to address orders that are not compliant with the new rules.

87. No person shall be incarcerated in the Jail for failure to pay fines or fees absent (a) documentation demonstrating that a meaningful analysis of that person's ability to pay was conducted by the sentencing court prior to the imposition of any sentence, and (b) written findings by the sentencing court setting forth the basis for a finding that the failure to pay the

subject fines or fees was willful. At a minimum, the County must confirm receipt from the sentencing court of a signed “Order” issued by the sentencing court setting forth in detail the basis for a finding that the failure to pay fines or fees was willful.

Partial Compliance

The County has been pro-active in ensuring that valid court orders are utilized. The County sponsored a training session on the new rules as related to orders on fines and fees. This is to be commended. This requirement is carried as partial compliance in that a process was not adopted to address non-compliant orders. If this becomes moot because of the rule change, the parties could explore dropping this requirement.

88. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a person for failure to pay fines or fees, Jail staff must promptly notify Jail administrators, Court officials, and any other appropriate individuals to ensure that adequate documentation exists and must obtain a copy to justify continued detention of the prisoner. After 48 hours, that prisoner must be released promptly if the Jail staff cannot obtain the necessary documentation to verify that the failure to pay fines or fees was willful, and that person is incarcerated only for the failure to pay fines or fees.

Partial Compliance

See response to number 87 above.

89. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a prisoner for failure to pay fines or fees, and if that person is incarcerated for other conviction(s) or charge(s), other than the failure to pay fines and/or fees, Jail staff must promptly notify Jail administrators, Court officials, and other appropriate individuals to ensure that adequate documentation exists and to ascertain the prisoner’s length of sentence. If Jail staff cannot obtain a copy of the necessary documentation within 48 hours of the prisoner’s incarceration, Jail staff must promptly arrange for the prisoner’s transport to the sentencing court so that the court may conduct a legally sufficient hearing and provide any required documentation, including the fines or fees owed by the prisoner, and an assessment of the prisoner’s ability to pay and willfulness (or lack thereof) in failing to pay fines or fees.

Partial Compliance

See response to number 87 above.

90. Jail staff must maintain the records necessary to determine the amount of time a person must serve to pay off any properly ordered fines or fees. To the extent that a sentencing court does not specifically calculate the term of imprisonment to be served, the Jail must obtain the necessary information within 24 hours of a prisoner’s incarceration. Within 48 hours of incarceration, each

prisoner shall be provided with documentation setting forth clearly the term of imprisonment and the calculation used to determine the term of imprisonment.

Partial Compliance

The WC continues to maintain a spreadsheet. There are some individuals who have a sentence of confinement. Some of these individuals show fines and fees but with the notation of a payment plan in effect. This signifies that they will be released after the sentence of confinement. The Monitor will continue to track these entries to ensure that individuals are released after the confinement period. There was no documentation that prisoners were provided with documentation of their release date although they do typically have the orders from the court.

91. No pre-trial detainee or sentenced prisoner incarcerated by the County solely for failure to pay fines or fees shall be required to perform physical labor. Nor shall any such detainee or prisoner receive any penalty or other adverse consequence for failing to perform such labor, including differential credit toward sentences. Any physical labor by pre-trial detainees or by prisoners incarcerated solely for failure to pay fines or fees shall be performed on a voluntary basis only, and the County shall not in any way coerce such pre-trial detainees or prisoners to perform physical labor.

Non-Compliant

This has become a limited issue now that virtually no individuals are working off fines and fees. The recent standard practice at the WC is to give half the amount of credit towards fines and fees for individuals who do not perform physical labor. This includes individuals who cannot perform physical labor because of a medical or mental health condition. Captain Chandler stated that individuals with medical conditions did get the full amount of credit without working. However, Deputy Neal stated that only in special situations would they get full credit. He would make the recommendation to the Captain based upon criteria such as how long the prisoner has been incarcerated, the nature of the charge and generally a subjective judgement. There needs to be a written policy requiring that individuals who cannot work because of a medical or mental health condition or other disability receive full credit towards fines and fees.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:

- i. Individuals who have completed their sentences;
- ii. Individuals who have been acquitted of all charges after trial;
- iii. Individuals whose charges have been dismissed;
- iv. Individuals who are ordered released by a court order; and
- v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Non-Compliant

The Monitor did not do a thorough review of files for release at this site visit. At last review RDC continued to rely on inmate requests to identify prisoners entitled to release. RDC did not track the sentences of individuals at RDC. During this site visit, by report and random check, it appeared that individuals who are entitled to release because they came in on a probation warrant and did not receive a hearing in 21 days was more routine and accurate. There was still not an accurate method for accessing court records to verify information regarding court events and, in some instances, there was a lack of understanding of court events. There were seven cases in which the current status of the defendant was incorrect or uncertain. At the time of the site visit, it could not be determined with certainty whether any of the seven were entitled to release.

93. The County must develop and implement a reliable, complete, and adequate prisoner records system to ensure that staff members can readily determine the basis for a prisoner's detention, when a prisoner may need to be released, and whether a prisoner should remain in detention. The records system must provide Jail staff with reasonable advance notice prior to an anticipated release date so that they can contact appropriate agencies to determine whether a prisoner should be released or remain in detention.

Non-Compliant

It continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals-two in records and another not in records-who are tracking individuals and maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between records and booking for overseeing the documentation. Several systemic problems were reported. Records does not routinely get the "no bill" list which identifies people who the grand jury did not indict. These individuals would be entitled to release if no other case is holding them. The three individuals do not have access to the new circuit court system providing court event information on cases after 2014. They were unaware that they could access the circuit court docket on earlier cases. Ongoing difficulties tracking cases initiated in Byram and Clinton were reported. It was said that these cases often get lost in the system. This was identified as arising from the lack of communication that resulted from that community

conducting its own preliminary hearings with its own public defender office. There also appears to be a lack of knowledge on the part of both detention and medical staff regarding competency proceedings and the status of defendants who are involved in those proceedings. One individual was believed to be waiting for a hospital bed when, in fact, he was waiting for a trial date. Another individual had been found incompetent and non-restorable. He appeared to be on the list waiting for a civil commitment bed but no one could explain the jail's continuing authority to detain the individual. The two individuals did not appear on the indicted or unindicted list. Another 5 individuals, as reported above, had case status that was unclear. In one instance, the lack of clarity resulted in efforts to get a hearing set in the wrong court which left the case stagnant.

Priority recommendations have been made in this area. Consultation with the National Institute of Corrections or an alternative should continue to be sought to provide the overhaul that this system needs. Staff should continue to audit the records and track individuals. A knowledgeable attorney should provide a training on the competency process and how the jail and the medical staff should be tracking these individuals.

94. Jail record systems must accurately identify and track all prisoners with serious mental illness, including their housing assignment and security incident histories. Jail staff must develop and use records about prisoners with serious mental illness to more accurately and efficiently process prisoners requiring forensic evaluations or transport to mental hospitals or other treatment facilities, and to improve individual treatment, supervision, and community transition planning for prisoners with serious mental illness. Records about prisoners with serious mental illness must be incorporated into the Jail's incident reporting, investigations, and medical quality assurance systems. The County must provide an accurate census of the Jail's mental health population as part of its compliance reporting obligations, and the County must address this data when assessing staffing, program, or resource needs.

Non-Compliant

The Jail record system does not identify persons with serious mental illness. While there are incident reports submitted, the forms do not have a place to indicate if the individual had a mental health illness. And there is no electronic method of identifying individuals with mental illness at the time an incident is occurring. Unless a computerized program is developed between the contractor and the medical vendor, officers will not know in advance of inmates with special mental health needs. Health staff can identify the information after the fact, which may be useful but does not allow security staff to adjust its response to a developing incident based on possible mental health issues.

The QCHC staff could not identify the number of individuals on the mental health caseload. They provided a list of 60 individuals all of whom were listed with an SMI diagnosis. The staff

could not say whether this list was what was understood to be the mental health case load. QCHC also provided the number of encounters with the psychiatrist and the psychologist. This was not broken down by how many individual patients were seen or whether they were assessments or for ongoing care. Based on this information, it would appear that the Jail is significantly under identifying persons with mental illness.

Although Jail and QCHC staff attempt to move individuals to the state hospital as needed, this continues to be a systemic problem. There are only 15 forensic beds at the State Hospital to serve the entire state for competency evaluations or restoration. There are an additional 20 beds that are for individuals for civil commitments. Of the 15 forensic beds, two are reserved for females.

The social worker at RDC maintains a list of all inmates who are waiting to go to the state hospital or require competency evaluations. This list is updated with their current status in the process. Court orders for competency are sent to Sgt. Lewis who is in charge of transportation. He provides a copy to the social worker. The list tracks when a competency hearing was held, if the patient was sent to Mississippi State Hospital and if they were returned to the Hinds County Jail System. At the time of the site visit there were 23 names on the list. However, the state hospital has only 8 people on their list for people waiting for a state hospital bed. A similar discrepancy was noted last time. As mentioned above, there appears to be a lack of knowledge on the part of both detention and medical staff as to competency proceedings and the status of individuals in those proceedings. QCHC and legal staff should review the list with the state hospital to ensure the correct status of those individuals.

The jail based restoration to competency program reported its progress since its inception in June, 2017. The program reports that three individuals were restored to competency in the program and are no longer waiting for a state hospital bed. It is understood that the services are minimal and are being provided in an extremely non-therapeutic environment. This program is a pilot program and should be evaluated. As a substitute for state hospital restoration, an appropriate therapeutic environment that does not currently exist in the jail will need to be created. However, the twice-weekly sessions with mental health workers does provide some therapeutic interaction that does not otherwise exist in the facility.

Medical Records are still in paper copy. The EMR was unsuccessful due to problems with connectivity. Until this issue is resolved, it is recommended that a four folder chart is utilized with tabs that describe the various services. Old records can be separated from new admissions by utilizing colored paper.

A medical quality assurance program is in its beginning stages. A case study was performed on an inmate that missed his 4 AM medications on 21 days between January 2017 and March 2017. The psychiatrist was contacted and medication times were adjusted. Nurses were required to

obtain refusals of medication and to bring inmates in for counseling after three refusals. The study was a good start at a CQI program but it did not list the participants or the date and time of the study.

The second study focused on daily booking statistics. Daily booking statistics were examined during the month of May 2017. Daily booking statistics were compared to the QCHC intake log. The study was a bit confusing but the result was that daily booking statistics were not being cross checked with the intake log. Policy changes were made to correct this problem. This study also lacked attendees present, date and time of study

As discussed below, transition planning has not been provided. A transition planner was hired by QCHC but then resigned.

95. All individuals who (i) were found not guilty, were acquitted, or had charges brought against them dismissed, and (ii) are not being held on any other matter, must be released directly from the court unless the court directs otherwise. Additionally:

- a. Such individuals must not be handcuffed, shackled, chained with other prisoners, transported back to the Jail, forced to submit to bodily strip searches, or returned to general population or any other secure Jail housing area containing prisoners.
- b. Notwithstanding (a), above, individuals may request to be transported back to the Jail solely for the purpose of routine processing for release. If the County decides to allow such transport, the County must ensure that Jail policies and procedures govern the process. At minimum, policies and procedures must prohibit staff from:
 - i. Requiring the individual to submit to bodily strip searches;
 - ii. Requiring the individual to change into Jail clothing if the individual is not already in such clothing; and
 - iii. Returning the individual to general population or any other secure Jail housing area containing prisoners.

Non-Compliant

Individuals are not being released from the Court at this time.

96. The County must develop, implement, and maintain policies and procedures to govern the release of prisoners. These policies and procedures must:

- a. Describe all documents and records that must be collected and maintained in Jail files for determining the basis of a prisoner's detention, the prisoner's anticipated release date, and their status in the criminal justice system.
- b. Specifically, detail procedures to ensure timely release of prisoners entitled to be released, and procedures to prevent accidental release.

- c. Be developed in consultation with court administrators, the District Attorney's Office, and representatives of the defense bar.
- d. Include mechanisms for notifying community mental health providers, including the County's Program of Assertive Community Treatment ("PACT") team, when releasing a prisoner with serious mental illness so that the prisoner can transition safely back to the community. These mechanisms must include providing such prisoners with appointment information and a supply of their prescribed medications to bridge the time period from release until their appointment with the County PACT team, or other community provider.

Non-Compliant

Policies and procedures have been adopted. There are two policies that may relate to this requirement-the policy on records and the policy on booking which includes some requirements related to release. These policies do not have the specificity or the breadth required by this paragraph. The Monitoring Team and DOJ provided comments on these policies and a second draft should be forthcoming. Neither the DA's office nor the defense bar has been involved in the drafting. The level of specificity required by this paragraph will require significant revision of the policy.

Neither the County nor QCHC have developed sufficient mechanisms for the transition of persons with mental illness into community based services. As stated earlier the discharge planner was an RN from another County who was unfamiliar with the resources at Hinds County. The discharge planner met with Hinds County Behavioral Health (HCBC) on three occasions. Each time they requested that she send them information which she never followed through on. One of the problems with referrals to HCBC was that the address of the inmate at booking was not updated by the officers. Thus, HCBC staff was unable to track the inmates for their upcoming appointments. Other items that were not provided to HCBC was a release of information and the current medicine that the inmate was taking. The mental health specialist from HCBC indicated that during the month of July there were only 7 referrals made. HCBC attempted to schedule a weekly time when they would regularly go to the jail and connect with clients. The discharge planner did not follow through with this plan. When this position is filled again, it is recommended that the health administrator and the Behavioral Specialist from HCBC are involved in the interview and orientation process.

Nursing states that inmates are provided with two weeks of discharge medications if they know that the patient is released from the jail. However, the nurses do not know when an inmate is released and ensuring that medications are provided has not been made part of the releasing process. This is an issue that should be addressed by both custody and medical.

Hinds County Behavioral Health received a grant from the GAINS Center to conduct a two day meeting on Sequential Intercept Mapping as an approach to decriminalize individuals with serious mental illness. A two day meeting was held on August 16-17, 2017. There were 45 participants involved. Participants were from all disciplines such as judges, warden, police chief, QCHC staff, crisis team members, day outreach center members, psychiatrist from the State Hospital, and staff from Merritt Hospital and St. Dominic's Hospital.

The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of inmates with mental health illness. Using the model, a community can develop targeted strategies that evolve over time to increase the diversion of individuals from entering the criminal justice system. The GAINS center will develop a report for Hinds County Behavioral Health.

97. The County must develop, implement, and maintain appropriate post orders relating to the timely release of individuals. Any post orders must:

- a. Contain up-to-date contact information for court liaisons, the District Attorney's Office, and the Public Defender's Office;
- b. Describe a process for obtaining higher level supervisor assistance in the event the officer responsible for processing releases encounters administrative difficulties in determining a prisoner's release eligibility or needs urgent assistance in reaching officials from other agencies who have information relevant to a prisoner's release status.

Non-Compliant

The County has not yet developed post orders in this area.

98. Nothing in this Agreement precludes appropriate verification of a prisoner's eligibility for release, including checks for detention holds by outside law enforcement agencies and procedures to confirm the authenticity of release orders. Before releasing a prisoner entitled to release, but no later than the day release is ordered, Jail staff should check the National Crime Information Center or other law enforcement databases to determine if there may be a basis for continued detention of the prisoner. The results of release verification checks must be fully documented in prisoner records.

Partial Compliance

The booking staff reportedly now runs an NCIC check at the time of booking and again at release. This will be verified at the next site visit. The business processes of booking and release need to be evaluated and revised in conjunction with the NIC consultation.

99. The County must ensure that the release process is adequately staffed by qualified detention officers and supervisors. To that end, the County must:

- a. Ensure that sufficient qualified staff members, with access to prisoner records and to the Jail's e-mail account for receiving court orders, are available to receive and effectuate court release orders twenty-four hours a day, seven days a week.
- b. Ensure that staff members responsible for the prisoner release process and related records have the knowledge, skills, training, experience, and abilities to implement the Jail's release policies and procedures. At minimum, the County must provide relevant staff members with specific pre-service and annual in-service training related to prisoner records, the criminal justice process, legal terms, and release procedures. The training must include instruction on:
 - i. How to process release orders for each court, and whom to contact if a question arises;
 - ii. What to do if the equipment for contacting other agencies, such as the Jail's fax machine or email service, malfunctions, or communication is otherwise disrupted;
 - iii. Various types of court dispositions, and the language typically used therein, to ensure staff members understand the meaning of court orders; and
 - iv. How and when to check for detainers to ensure that an individual may be released from court after she or he is found not guilty, is acquitted, or has the charges brought against her or him dismissed.
- c. Provide detention staff with sufficient clerical support to prevent backlogs in the filing of prisoner records.

Non-Compliant

Staffing levels in Booking are still inadequate. There is routinely only one officer and one booking clerk assigned (in addition to an ID officer, although sometimes even that post is not covered). They should routinely have at least two officers assigned in order to be able to receive arrestees and monitor those who are held in the cells, and there should be at least two booking clerks on duty.

100. The County must annually review its prisoner release and detention process to ensure that it complies with any changes in federal law, such as the constitutional standard for civil or pre-trial detention.

Non-Compliant

There has not been an initial review of this process to determine consistency with federal law.

101. The County must ensure that the Jail's record-keeping and quality assurance policies and procedures allow both internal and external audit of the Jail's release process, prisoner lengths of stay, and identification of prisoners who have been held for unreasonably long periods without charges or other legal process. The County must, at minimum, require:

- a. A Jail log that documents (i) the date each prisoner was entitled to release; (ii) the date, time, and manner by which the Jail received any relevant court order; (iii) the date and time that prisoner was in fact released; (iv) the time that elapsed between receipt of the court order and release; (v) the date and time when information was received requiring the detention or continued detention of a prisoner (e.g., immigration holds or other detainers), and (vi) the identity of the authority requesting the detention or continued detention of a prisoner.
- b. Completion of an incident report, and appropriate follow-up investigation and administrative review, if an individual is held in custody past 11:59 PM on the day that she or he is entitled to release. The incident report must document the reason(s) for the error. The incident report must be submitted to the Jail Administrator no later than one calendar day after the error was discovered.

Non-Compliant

The record keeping process does not at this time allow for an audit other than a review of individual files. Incident reports are not prepared for errors in releasing.

102. The County must appoint a staff member to serve as a Quality Control Officer with responsibility for internal auditing and monitoring of the release process. This Quality Control Officer will be responsible for helping prevent errors with the release process, and the individual's duties will include tracking releases to ensure that staff members are completing all required paper work and checks. If the Quality Control Officer determines that an error has been made, the individual must have the authority to take corrective action, including the authority to immediately contact the Jail Administrator or other County official with authority to order a prisoner's release. The Quality Control Officer's duties also include providing data and reports so that release errors are incorporated into the Jail's continuous improvement and quality assurance process.

Partial Compliance

The Jail has two individuals who are tracking inmates booked into the facility. One is tracking the circuit court cases and the other is tracking lower court cases. These individuals attempt to identify individuals entitled to release. These individuals operate independently of the booking and release process and maintain their own spreadsheets. This is a valuable task; however, this should eventually loop back to the booking and release process so that a systemic approach to ensuring proper detention and release is developed. The NIC consultation should address this issue.

103. The County must require investigation of all incidents relating to timely or erroneous prisoner release within seven calendar days by appropriate investigators, supervisors, and the Jail Administrator. The Jail Administrator must document any deficiencies found and any corrective action taken. The Jail Administrator must then make any necessary changes to Jail policies and procedures. Such changes should be made, if appropriate, in consultation with court personnel, the District Attorney's Office, members of the defense bar, and any other law enforcement agencies involved in untimely or erroneous prisoner releases.

Non-Compliant

No documentation was provided of incident reports being created for untimely or erroneous prisoner release or any investigations of such incidents.

104. The County must conduct bi-annual audits of release policies, procedures, and practices. As part of each audit, the County must make any necessary changes to ensure that individuals are being released in a timely manner. The audits must review all data collected regarding timely release, including any incident reports or Quality Control audits referenced in Paragraph 102 above. The County must document the audits and recommendations, and must submit all documentation to the Monitor and the United States for review.

Non-Compliant

Initial policies or procedures have been adopted but require significant revision. There has not been an initial audit of releasing practices.

105. The County must ensure that policies, procedures, and practices allow for reasonable attorney visitation, which should be treated as a safeguard to prevent the unlawful detention of citizens and for helping to ensure the efficient functioning of the County's criminal justice system. The Jail's attorney visitation process must provide sufficient space for attorneys to meet with their clients in a confidential setting, and must include scheduling procedures to ensure that defense attorneys can meet with their clients for reasonable lengths of time and without undue delay. An incident report must be completed if Jail staff are unable to transport a prisoner to meet with their attorney, or if there is a delay of more than 30 minutes for transporting a prisoner for a scheduled attorney visit.

Non-Compliant

The current attorney/client visitation spaces in the pods at the RDC do not allow officers to readily monitor them for safety and security. The situation is exacerbated by the shortage of staff; however, a reasonable solution to the problem is readily at hand as a result of the recent change of video visitation vendors. The new equipment is located inside each housing unit, which makes the old video visitation space, adjacent to the three pod control rooms, available for

repurposing. Once the old equipment and floor mounted stainless-steel stools are removed, the addition of typical office type tables and chairs will create three private, yet easily observed attorney/client visitation rooms.

CONTINUOUS IMPROVEMENT AND QUALITY ASSURANCE

The County must develop an effective system for identifying and self-correcting systemic violations of prisoner's constitutional rights. To that end, the County must:

106. Develop and maintain a database and computerized tracking system to monitor all reportable incidents, uses of force, and grievances. This tracking system will serve as the repository of information used for continuing improvement and quality assurance reports.

Non-Compliant

The data base is getting better, but is not yet a reliable source of information. They are transitioning over from paper incident and use of force forms to an automated system that ties all records on an incident to the original report number. This will hopefully address a current problem by requiring approval/disapproval/action required blocks for supervisors. There continues to be a concern that some incidents and grievances are underreported including late releases, lost money and property, medical grievances and some use of force incidents.

The new computerized grievance system should allow for the compilation of a summary grievance report. Currently, this is not possible for several reasons. As noted above, the system is not functioning properly at this time and many prisoners are unable to submit grievances. The reporting functions of the system are either problematic or not adequately conveyed to staff. Staff reported that they could not generate reports with identified parameters. Another problem is that the prisoner identifies the type of grievance. Most are clicking on "general" rather than the specific type. Staff are unable to correct this so a report by type of grievance would not prove useful. Similarly, there is a separate category for inmate request. This is seldom used and again results in an inability to accurately aggregate the data. If the prisoner replies via the kiosk in any fashion to the grievance response, that is then automatically converted to an appeal. The system needs to be able to generate accurate reports.

107. Compile an Incident Summary Report on at least a monthly basis. The Incident Summary Reports must compile and summarize incident report data in order to identify trends such as rates of incidents in general, by housing unit, by day of the week and date, by shift, and by individual prisoners or staff members. The Incident Summary reports must, at minimum, include the following information:

- a. Brief summary of all reportable incidents, by type, shift, housing unit, and date;

- b. Description of all suicides and deaths, including the date, name of prisoner, housing unit, and location where the prisoner died (including name of hospital if prisoner died off-site);
- c. The names and number of prisoners placed in emergency restraints, and segregation, and the frequency and duration of such placements;
- d. List and total number of incident reports received during the reporting period;
- e. List and Total number of incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of incidents in the three facilities. Although the information was helpful and appreciated, it did not meet the requirements of this paragraph. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. At the present time, the summary reports, particularly from RDC and the WC are difficult to follow and incomplete. Because they are manually compiled, it is difficult to identify trends over time. The computerized summary report should remedy this. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

108. Compile a Use of Force Summary Report on at least a monthly basis. The Use of Force Summary Reports must compile and summarize use of force report data in order to identify trends such as rates of use in general, by housing unit, by shift, by day of the week and date, by individual prisoners, and by staff members. The Use of Force Summary reports must, at minimum, include the following information:

- a. Summary of all uses of force, by type, shift, housing unit, and date;
- b. List and total number of use of force reports received during the reporting period;
- c. List and total number of uses of force reports/incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of use of force in the three facilities. Although the information was helpful and appreciated, it did not meet the requirements of this paragraph in that the reports are manually prepared each month and do not allow for identifying trends over time. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. In meeting with the IT department, it was learned that not all the requirements of this paragraph were addressed. That should be remedied. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

109. Compile a Grievance Summary Report on at least a monthly basis. The Grievance Summary Reports must compile and summarize grievance information in order to identify trends such as most frequently reported complaints, units generating the most grievances, and staff members receiving the most grievances about their conduct. To identify trends and potential concerns, at least quarterly, a member of the Jail's management staff must review the Grievance Summary Reports and a random sample of ten percent of all grievances filed during the review period. These grievance reviews, any recommendations, and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

See response to 106 above.

110. Compile a monthly summary report of IAD investigations conducted at the Facility. The IAD Summary Report must include:

- a. A brief summary of all completed investigations, by type, shift, housing unit, and date;
- b. A listing of investigations referred for disciplinary action or other final disposition by type and date;
- c. A listing of all investigations referred to a law enforcement agency and the name of the agency, by type and date; and
- d. 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.

Non-Compliant

There is currently no summary report of IAD investigations being compiled.

111. Conduct a review, at least annually, to determine whether the incident, use of force, grievance reporting, and IAD systems comply with the requirements of this Agreement and are effective at ensuring staff compliance with their constitutional obligations. The County must make any changes to the reporting systems that it determines are necessary as a result of the system reviews. These reviews and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

An annual review has not been conducted.

112. Ensure that the Jail's continuous improvement and quality assurance systems include an Early Intervention component to alert Administrators of potential problems with staff members. The purpose of the Early Intervention System is to identify and address patterns of behavior or

allegations which may indicate staff training deficiencies, persistent policy violations, misconduct, or criminal activity. As part of the Early Intervention process, incident reports, use of force reports, and prisoner grievances must be screened by designated staff members for such patterns. If misconduct, criminal activity, or behaviors indicate the need for corrective action, the screening staff must refer the incidents or allegations to Jail supervisors, administrators, IAD, or other law enforcement agencies for investigation. Additionally:

- a. The Early Intervention System may be integrated with other database and computerized tracking systems required by this Agreement, provided any unified system otherwise still meets the terms of this Agreement.
- b. The Early Intervention System must screen for staff members who may be using excessive force, regardless of whether use of force reviews concluded that the uses complied with Jail policies and this Agreement. This provision allows identification of staff members who may still benefit from additional training and serves as a check on any deficiencies with use of force by field supervisors.
- c. The Jail Administrator, or designee of at least Captain rank, must personally review Early Intervention System data and alerts at least quarterly. The Administrator, or designee, must document when reviews were conducted as well as any findings, recommendations, or corrective actions taken.
- d. The County must maintain a list of any staff members identified by the Early Intervention System as possibly needing additional training or discipline. A copy of this list must be provided to the United States and the Monitor.
- e. The County must take appropriate, documented, and corrective action when staff members have been identified as engaging in misconduct, criminal activity, or a pattern of violating Jail policies.
- f. The County must review the Early Intervention System, at least bi-annually, to ensure that it is effective and used to identify staff members who may need additional training or discipline. The County must document any findings, recommendations, or corrective actions taken as a result of these reviews. Copies of these reviews must be provided to the United States and the Monitor.

Non-Compliant

There is currently no Early Intervention program.

113. Develop and implement policies and procedures for Jail databases, tracking systems, and computerized records (including the Early Intervention System), that ensure both functionality and data security. The policies and procedures must address all of the following issues: data storage, data retrieval, data reporting, data analysis and pattern identification, supervisor responsibilities, standards used to determine possible violations and corrective action, documentation, legal issues, staff and prisoner privacy rights, system security, and audit mechanisms.

Non-Compliant

The initial P&P Manual that was issued in April, 2017 did not include policies and procedures covering this matter.

114. Ensure that the Jail's medical staff are included as part of the continuous improvement and quality assurance process. At minimum, medical and mental health staff must be included through all of the following mechanisms:

- a. Medical staff must have the independent authority to promptly refer cases of suspected assault or abuse to the Jail Administrator, IAD, or other law enforcement agencies;
- b. Medical staff representatives must be involved in mortality reviews and systemic reviews of serious incidents. At minimum, a physician must prepare a mortality review within 30 days of every prisoner death. An outside physician must review any mortalities associated with treatment by Jail physicians.

Non-Compliant

As reported above, a medical quality assurance program is in its beginning stages. A case study was performed on an inmate that missed his 4 AM medications on 21 days between January 2017 and March 2017. The psychiatrist was contacted and medication times were adjusted. Nurses were required to obtain refusals of medication and to bring inmates in for counseling after three refusals. The study was a good start at a CQI program but it did not list the participants or the date and time of the study.

The second study focused on daily booking statistics. Daily booking statistics were examined during the month of May 2017. Daily booking statistics were compared to the QCHC intake log. The study was a bit confusing but the result was that daily booking statistics were not being cross checked with the intake log. Policy changes were made to correct this problem. This study also lacked attendees present, date and time of study.

A mortality review was completed after the last monitoring report noted this deficiency. The mortality review was incomplete. It does not contain the time the inmate was booked, the time medical was called, and the time the ambulance arrived. Dr. Bates in his mortality review indicated that the patient died of positional asphyxia; however, an autopsy report to support this diagnosis was not attached to the mortality review.

CRIMINAL JUSTICE COORDINATING COMMITTEE

115. Hinds County will establish a Criminal Justice Coordinating Committee ("Coordinating Committee") with subject matter expertise and experience that will assist in streamlining

criminal justice processes, and identify and develop solutions and interventions designed to lead to diversion from arrest, detention, and incarceration. The Coordinating Committee will focus particularly on diversion of individuals with serious mental illness and juveniles. Using the Sequential Intercept Model, or an alternative acceptable to the Parties, the Coordinating Committee will identify strategies for diversion at each intercept point where individuals may encounter the criminal justice system, and will assess the County's current diversion efforts and unmet service needs in order to identify opportunities for successful diversion of such individuals. The Committee will recommend appropriate changes to policies and procedures and additional services necessary to increase diversion.

Non-Compliant

The County is laying the groundwork for a CJCC but has not yet established one.

116. The Coordinating Committee will include representation from the Hinds County Sheriff's Office and Hinds County Board of Supervisors. The County will also seek representation from Hinds County Behavioral Health Services; the Jackson Police Department; Mississippi Department of Mental Health; Mississippi Department of Human Services, Division of Youth Services; judges from the Hinds County Circuit, Chancery, and County (Youth and Justice) Courts; Hinds County District Attorney Office; Hinds County Public Defender Office; relevant Jackson city officials; and private advocates or other interested community members.

Non-Compliant

See 115 above.

117. The Coordinating Committee will prioritize enhancing coordination with local behavioral health systems, with the goal of connecting individuals experiencing mental health crisis, including juveniles, with available services to avoid unnecessary arrest, detention, and incarceration.

Non-Compliant

See 115 above.

118. Within 30 days of the Effective Date and in consultation with the United States, the County will select and engage an outside consultant to provide technical assistance to the County and Coordinating Committee regarding strategies for reducing the jail population and increasing diversion from criminal justice involvement, particularly for individuals with mental illness and juveniles. This technical assistance will include (a) a comprehensive review and evaluation of the effectiveness of the existing efforts to reduce recidivism and increase diversion; (b) identification of gaps in the current efforts, (c) recommendations of actions and strategies to

achieve diversion and reduce recidivism; and (d) estimates of costs and cost savings associated with those strategies. The review will include interviews with representatives from the agencies and entities referenced in Paragraph 116 and other relevant stakeholders as necessary for a thorough evaluation and recommendation. Within 120 days of the Effective Date of this Agreement, the outside consultant will finalize and make public a report regarding the results of their assessment and recommendations. The Coordinating Committee will implement the recommended strategies and will continue to use the outside consultant to assist with implementation of the strategies when appropriate.

Partial Compliance

At the time of the site visit, a consultant had been identified, a contract completed, and the initial visit was underway. The County now must use the technical assistance to develop the CJCC and identify the strategies in this paragraph.

IMPLEMENTATION, TIMING, AND GENERAL PROVISIONS

Paragraphs 119 and 120 regarding duty to implement and effective date omitted.

121. Within 30 days of the Effective Date of this Agreement, the County must distribute copies of the Agreement to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Agreement. At minimum:

- a. A copy of the Agreement must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Agreement must be provided to prisoners upon request.

Partial Compliance

Copies of the Settlement Agreement that were found riveted to the wall in common areas and housing units during the February site visit are no longer there. As expected they have all been pulled apart and destroyed. The Monitor's recommended solution, creation of an Inmate Handbook sized copy that could be given to each employee and inmate, has proven to be a successful solution. While they have not been distributed to the inmate population at this time, and not all staff have copies, it is expected that by the next site visit most staff and inmates should have copies readily available.

Paragraphs 122-129 regarding third party beneficiaries, costs, severability, etc. omitted.

POLICY AND PROCEDURE REVIEW

130. The County must review all existing policies and procedures to ensure their compliance with the substantive terms of this Agreement. Where the Jail does not have a policy or procedure

in place that complies with the terms of this Agreement, the County must draft such a policy or procedure, or revise its existing policy or procedure.

Partial Compliance

At the time of the site visit, the County/Sheriff had adopted an initial set of policies and procedures. These have been reviewed and been found to not be fully compliant with the terms of the agreement. The Monitoring Team and DOJ provided comments and a second round of drafting should be underway. As recommended, the County/Sheriff is identifying key policies to develop first and circulate for review. This will help guide the process in the remaining areas.

131. The County shall complete its policy and procedure review and revision within six months of the Effective Date of this Agreement.

Partial Compliance

Six months expired on January 19, 2017. The policy and procedure review and drafting was completed after that time. Those policies are not sufficiently in compliance so this requirement is listed as partially compliant.

132. Once the County reviews and revises its policies and procedures, the County must provide a copy of its policies and procedures to the United States and the Monitor for review and comment. The County must address all comments and make any changes requested by the United States or the Monitor within thirty (30) days after receiving the comments and resubmit the policies and procedures to the United States and Monitor for review.

Non-Compliant

The policies and procedures were completed and submitted to the United States and the Monitor in April for review and comment. The comments were provided on June 1, 2017. Changes have not been made in the 30-day time frame.

133. No later than three months after the United States' approval of each policy and procedure, the County must adopt and begin implementing the policy and procedure, while also modifying all post orders, job descriptions, training materials, and performance evaluation instruments in a manner consistent with the policies and procedures.

Non-Compliant

The policies and procedures are in need of revision. They should be revised before training and other ensuing operations.

134. Unless otherwise agreed to by the parties, all new or revised policies and procedures must be implemented within six months of the United States' approval of the policy or procedure.

Non-Compliant

There have not yet been policies and procedures approved by the United States.

135. The County must annually review its policies and procedures, revising them as necessary. Any revisions to the policies and procedures must be submitted to the United States and the Monitor for approval in accordance with paragraphs 129-131 above.

NA at this time

Paragraphs 136-158 regarding appointment and duties of the Monitor omitted.

COUNTY ASSESSMENT AND COMPLIANCE COORDINATOR

159. The County must file a self-assessment compliance report. The first compliance self-assessment report must be filed with the Court within four months of the Effective Date and at least one month before a Monitor site visit. Each self-assessment compliance report must describe in detail the actions the County has taken during the reporting period to implement this Agreement and must make specific reference to the Agreement provisions being implemented. The report must include information supporting the County's representations regarding its compliance with the Agreement such as quality assurance information, trends, statistical data, and remedial activities. Supporting information should be based on reports or data routinely collected as part of the audit and quality assurance activities required by this Agreement (e.g., incident, use of force, system, maintenance, and early intervention), rather than generated only to support representations made in the self-assessment.

Partial Compliance

At the time of the site visit, the County provided its first self-assessment. The assessment is a good first step towards compliance with this paragraph but needs to have the level of detail required by this paragraph.

160. The County must designate a full-time Compliance Coordinator to coordinate compliance activities required by this Agreement. This person will serve as a primary point of contact for the Monitor. Two years after the Effective Date of this Agreement, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliant

The County has designated a full-time Compliance Coordinator who is coordinating compliance activities. The Monitor will continue to track this assignment to ensure sustained compliance in this area.

EMERGENT CONDITIONS

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Partial Compliance

Immediate notifications have been provided. However, the County has not been providing notification of over-detention and, in fact, is not currently identifying prisoners who have been detained beyond their release date. The records office needs to be reorganized to implement business practices that accurately identify release dates and process releases. In the interim, the County needs to continue and improve its internal audit procedures to identify individuals entitled to release and prepare incident reports for persons who were detained beyond their legal release date.

Paragraphs 162-167 regarding jurisdiction, construction and the PLRA omitted.

Court-Appointed Monitor's Third Monitoring Report
United States v. Hinds County, et al. Civ. No. 3:16cv489 WHB-JCG

Elizabeth E. Simpson, J.D.
Court-Appointed Monitor

David M. Parrish
Corrections Operations

Jacqueline M. Moore, RN, Ph.D.
Corrections Medicine

Jim Moeser
Juvenile Justice

EXECUTIVE SUMMARY

The Monitoring Team has now completed a year at the Hinds County Detention Center. The first site inspection was completed in October 2016 as a baseline visit. Subsequent to the first visit, there have now been three additional site visits completed as monitoring visits. Although compliance activities started slowly and a number of early deadlines in the Settlement Agreement were missed, there has nonetheless been progress made in a number of areas. However, there continue to be some critical areas of deficiency having substantial impact on the health and safety of the prisoners. As required by the Settlement Agreement, the areas of deficiency are identified in the Monitoring Reports. In addition to the Monitoring Reports, priority recommendations have been identified after each visit to allow for immediate attention to areas that could either be addressed quickly or presented the most pressing health and safety concerns.

The third site visit took place from October 16, 2017 through October 20, 2017. This Monitoring Report describes the findings from that visit. In keeping with the previously adopted process, priority recommendations were provided subsequent to the October site visit. And, as required by the Settlement Agreement, the body of this report contains a listing of each substantive requirement of the Settlement Agreement and a description of the status of compliance as of the time of the site visit. This executive summary highlights some areas of progress and those areas of greatest concern. This report reflects conditions at the time of the site visit. Any progress since that time will be reflected in the report on the next site visit.

Corrections Operations

After an extensive review and reconciliation of Sheriff's Office and County records, the number of authorized positions in the Hinds County Sheriff's Office has been determined to be 410. Of those, 140 are assigned to Operations and 270 are assigned to Detention Services. Within the Detention Division 5 positions are allocated to Detention Administration, 154 to the Raymond Detention Center ("RDC"), 49 to the Jackson Detention Center ("JDC") and 62 to the Work Center ("WC"). Currently, 250 of those positions are filled. The goal for the fiscal year (October 2017 through September 2018) is to have and fill 275 positions in Detention. The five unfunded positions will have to be funded either by transferring them from the Operations side of the Sheriff's Office or by identifying the necessary funding somewhere in the Operations budget and using that money to create and fund five new positions in Detention.

The salary increase, previously reported as applying to all ranks within the Detention Services Division, with a five-step merit increase system, was not implemented as planned; however, a significant increase for Detention Officers and Sergeants did go into effect on October 1st. A

merit step plan will be put in place once a procedure for step achievement has been developed by the Sheriff's Office and adopted by the County.

Construction of the wall separating Units 3 and 4 at the Work Center is almost complete. The units currently each have 100 beds. Thirty-six beds need to be removed from each unit as soon as possible because the units are not capable of accommodating 100 inmates each based on their size and configuration. In short order, all four, 64-bed units should then be available for housing of pre-trial and sentenced felons and misdemeanants in any combination, based on appropriate behavior. Priority needs to be given to adding secondary security fencing for each recreation yard, as they are not adequately protected at this time.

Building maintenance is still a major issue, particularly at the RDC. The roll up, drive through, sally-port doors have been reported as "out of order" during each site visit for the past year. Currently, two out of three pod security doors leading to the central corridor cannot be closed. Numerous showerheads and even entire plumbing boxes are missing in shower stalls throughout the facility. This situation has obviously existed for a period of time prior to the Monitoring Team's initial Baseline Visit.

Basic security measures throughout the Jail System continue to be ignored. During the most recent site visit the door to master control at the RDC was found standing open. It was also noted that the interlocking vestibule doors were routinely overridden throughout the facility. In addition, the entry door to the main corridor at the WC was observed standing ajar, held open with a wooden wedge. Law enforcement officers were seen walking throughout the administrative areas of the RDC while armed, in contravention of the standard practice that requires firearms to be secured in the gun locker by the entrance to the facility. Convenience of operations must not take precedence over security.

Renovation of the transfer waiting area at the JDC and the booking component of the RDC needs to proceed apace. The holding cells at the JDC cannot be upgraded to meet basic standards. The only solution is to demolish them and add their space to the processing area to create a usable place for transfer waiting. The facility commander has already taken steps to clean and paint the area and to install a television to keep inmates occupied while they await their court appearances. At the RDC, the County is actively examining the practicality of opening up all of Booking to make it operate as a true "open booking" area.

Suicide watches, and the cells in which they are maintained at the RDC, do not comply with the requirements of the Settlement Agreement. The assigned Detention Officer sits at a desk outside a door to a vestibule area which leads to another set of doors for the two cells that house suicidal inmates. There is virtually no visibility into the cells even through the door windows because they have been so heavily modified and damaged over the years. During the most recent site

visit, one assigned officer was found to have a total of three days of experience on duty subsequent to his 40 hours of pre-service training. This critical post requires a seasoned officer who is familiar with jail operations. It is essential that the suicide watch procedure be revised and that suicide watches be maintained in a different setting. Utilization of a four-cell isolation unit may be the most practical answer, with three cells closed and one left open for the inmates to access toilet and water facilities. This will require an officer to be assigned inside the unit as if he/she were working in a mini-direct supervision unit.

Food service at the three facilities is provided by a private contractor. While general sanitation and operational practices appear to be in place, inmates at the RDC and JDC receive a hot meal for breakfast and lunch and a cold meal for dinner. At the WC the cold meal is at noontime, while hot meals are served for breakfast and supper. As a matter of uniformity, the vendor should be required to serve according to the same schedule at each facility—a hot breakfast, cold lunch and hot supper. The food service contractor should also be required to provide a new rotating menu every three months, approved by a certified dietician. The current menu was last revised in March 2014. This discrepancy was pointed out during the June site visit, but no corrective action was taken other than to update the signature line on the 2014 menu.

A more integrated response on the part of the Sheriff's Office to the Settlement Agreement was noted during this site visit. Personnel from all areas of the agency as well as from various levels, not just command staff, participated in a series of productive meetings regarding Information Technology issues, Training and Report Writing.

Youthful Offenders

Significant progress has been made as a result of the county's decision to transition juvenile offenders to the Henley Young (HY) Juvenile Detention facility. Beginning on/about September 1, 2017 Hinds County began placing any "new" juvenile offenders (referred to as JCAs – Juveniles Charged as Adults) at HY, and as of the end of this site visit there were five JCA youth in placement at Henley Young and nine JCAs remaining at the RDC.

Many of the requirements of the Settlement Agreement for this case are consistent with and/or complementary to the provisions of the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree, and significant progress has been reported in meeting the requirements of that Decree. Movement towards substantial compliance with the components of this agreement related to JCAs should be much easier, assuming this transition continues.

The decision poses a potential conflict with the Hinds County/SPLC Decree as it relates to the 21-day placement limit for youth under that decree and potentially the limit on the total number of youth (maximum 32) in placement at Henley Young. Steps to reconcile the discrepancy between the two cases need to be taken as soon as possible, and a number of additional steps to

ensure a safe and successful transition for all JCAs need to occur prior to complete transition. It is possible that the transition of all JCAs to Henley Young may be completed by the time of the next site visit at which time more detailed work can be done to confirm whether the requirements in this case are being met at Henley Young.

The status of the JCAs at RDC remains relatively unchanged, albeit benefiting somewhat from the reduced number of juveniles in placement. There is little evidence of further movement toward the compliance requirements for those youth. Concerns about the limited educational programming, mental health services, training of supervising staff, and case processing in adult court remain.

Medical and Mental Health

There continues to be a shortage of nurses and health care staff in the Hinds County Jail System. There are three full time vacancies and one part time vacancy. (1 RN, 2 LPNs and a PT RN at Henley Young). The current contract is budgeted for 7 RN's and 10 LPN's for all three facilities and Henley Young. The discharge planner left after three months and the file clerk position is vacant. The dental assistant performs some part time filing.

Medical records are in disarray at all facilities. There is no organization of the medical record which makes auditing a difficult process. Quality Correctional Health Care ("QCHC") has developed an Electronic Medical Record ("EMR") system but does not have internet reception. Follow up with IT is necessary to resolve this problem.

There was some progress and some regression in the efforts to divert individuals with mental illness out of the jail and into community services. Hinds County Behavioral Health held a Sequential Intercept meeting on August 16-17, 2017. There were 45 participants from the mental health community and law enforcement officials. Dr. Crockett, the Executive Director of Hinds County Behavioral Health, reported that the meeting was very successful. The Gaines center is putting together a report. Mental health first aid training is planned for November 2017 for both the correctional staff and the health care staff.

The discharge planner that had been hired since the last site visit resigned shortly before this site visit. There were reported problems regarding the effectiveness of the work that was done. It was reported that the discharge planner made 60 referrals but only one appointment was kept. The discharge planner did not follow through with efforts to provide more in-reach into the facility that might improve this outcome. A two-week supply of discharge medicine is available when an inmate is released from the jail but release procedures do not ensure that the releasing inmate obtains the medications from medical before being discharged.

Chronic care consisting of diabetics, hypertension, AIDS, COPD is in place at JDC and WC, but not at RDC. Food services were unable to indicate that there was a special diet menu reviewed by a certified dietician. During the site visit, there was one inmate requesting a Kosher diet. Security insisted that special diet requests must come from medical and medical stated that it only prescribes diets for medical not religious reasons. There needs to be a means identified in the Policies and Procedures and the Inmate Handbook to provide religious diets.

As noted above, suicide watches are not being performed adequately. During the visit there were nine inmates on suicide watch. The inmates were housed in two cells which were not able to accommodate four grown men. As a result, there were three altercations which occurred in the suicide units during our visit. Logs of suicidal inmates are not maintained well. National standards and paragraph 44a of the Settlement Agreement require that watches are maintained every 15 minutes at irregular times unless constant observation is necessary (paragraph 42h of the Settlement Agreement). Logs sheets had times and watches recorded that had not occurred.

There were a number of altercations that occurred between the inmates. Two of the charts reviewed recorded that inmates had been stabbed multiple times. Interviews with inmates indicated that they did not feel safe in the jail.

Criminal Justice and Correctional System Issues

The County has made significant progress in eliminating the incidence of people being held on unlawful orders regarding fines and fees. This was largely due to the new Supreme Court Rules on Criminal Procedure and a class action against the City of Jackson. However, the County had previously made progress by eliminating the practice of researching old fines and fees and converting those into jail days. And the County assisted in educating the stakeholders regarding the constitutional and new local law requirements in this area.

Jail staff is working to track inmates being booked into the facility in order to identify their release dates. However, this continues to be a fractured process with numerous systemic pitfalls. It continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals- two in records and another not in records-who are tracking individuals and maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between records and booking for overseeing the documentation. Several systemic problems were reported. Records does not routinely get the “no bill” list which identifies people who the grand jury did not indict. The three individuals do not have access to the new circuit court system providing court event information on cases after 2014. Cases initiated in Byram and Clinton often get lost in the system. There also appears to be a lack of

knowledge on the part of both detention and medical staff regarding competency proceedings and the status of defendants who are involved in those proceedings. Consultation with the National Institute of Corrections when their budget is eventually approved should continue to be sought to provide the overhaul that this system needs. Staff should continue to audit the records and track individuals.

The paper grievance system was replaced by a computerized system. This may be an improvement in the long run but the system is currently fairly dysfunctional for the submission of grievances. The system is also either dysfunctional or not understood in its ability to generate reports. Many prisoners are not recognized by the system and therefore unable to submit grievances. The Work Center has found the system completely unusable in this respect. The staff does not know how to generate reports, if it is possible, to meet the requirements of the Settlement Agreement and be useful to them.

The County and the Jail specifically, participated in the Sequential Intercept Mapping exercise hosted by the Hinds County Behavioral Health agency. This is a good first step towards developing more diversion opportunities. The County has contracted with a consultant to assist in the development of a Criminal Justice Coordinating Council (“CJCC”). It is now necessary for the County to move forward with that work with the assistance of the consultant. A number of systemic problems impacting the jail including the incarceration of many individuals with mental illness can only be solved with the collaboration of other stakeholders.

Priority Recommendations

Following the June 2017 site visit, the Monitoring Team identified steps that could be taken to make interim improvements identified as Priority Recommendations. An action plan was created to identify the action steps required to achieve the Priority Recommendations and also identifying the responsible individuals and a target date for each action item. This has proven useful in organizing the compliance efforts and a number of priority items have been achieved. These include:

- An acceptable staffing analysis has been completed;
- Salary increases for detention officers have been implemented;
- A unit at the Work Center has been divided by a wall which allows for housing of different classifications in the unit;
- Operational changes have been made at JDC to relieve congestion in the booking area;
- A contract with a consultant for the development of a CJCC has been completed;
- A decision has been made on the housing of juveniles charged as adults; and
- The routine detention of any prisoners on any unlawful fines and fees orders has been eliminated.

Additional progress has been made in some of the other priority recommendations. This reflects a significant amount of effort on the part of the County and Sheriff staff. Not all of the priority recommendations, however, were completed and some, such as the policies and procedures need additional work to be satisfactory. These areas are reflected in the updated and revised priority recommendations attached as Attachment 1. Other areas of improvement or lack thereof are covered in the executive summary above and the detail below.

MONITORING ACTIVITIES

The Monitoring Team conducted a site visit October 16th through October 19th, 2017. The site visit schedule was as follows:

HINDS COUNTY SITE VISIT SCHEDULE OCTOBER 16-19, 2017

	Simpson	Parrish	Moore	Moeser
Monday 8:30	Simpson and Parrish meet with Major Rushing and Synarus	Simpson and Parrish meet with Major Rushing and Synarus		
Monday 9:00	Simpson and Parrish at RDC Booking and Release	Simpson and Parrish at RDC Booking and Release		
Monday 11:00	Simpson and Parrish meet with Board of Supervisors	Simpson and Parrish meet with Board of Supervisors		
Monday P.M.	Simpson meet with Kanisha Jones re court orders and grievances	Parrish reviews staffing efforts; Meet with Major Rushing, Doris Coleman and Synarus		
Monday 5:15	Simpson and team meet with JMI	Simpson and team meet with JMI	Simpson and team meet with JMI	Simpson and team meet with JMI
Tuesday 8:30	Intro Meeting	Intro Meeting	Intro Meeting	Intro Meeting
Tuesday A.M.	Simpson, Parrish, and Moore at RDC Mental health/seg housing	Simpson, Parrish, and Moore at RDC Mental	Simpson, Parrish, and Moore at RDC Mental health/seg housing	Moeser met with staff at Southern Poverty Law Center re:

		health/seg housing	Interviews with selected inmates. Chart reviews	coordination with HY Consent Decree
Tuesday P.M.	Simpson and Moore meet with QCHC re mental health Simpson meet with Tanika Moore re court orders	Parrish tour RDC	Simpson and Moore meet with QCHC re mental health Moore review medical records	Moeser at HY; Met with leadership team at Henley Young, including Judge Priester; Continued discussions with SPLC staff re: status of transition and future plans; meeting(s) with HY Executive Director ; met with staff responsible for behavior management programming at HY
Tuesday P.M.- 4:30	Team Meeting on Mental Health	Team Meeting on Mental Health	Team Meeting on Mental Health	Team Meeting on Mental Health
Wednesday A.M.	8:00 Simpson meet with Sheriff Simpson and Parrish meet with RDC architect Parrish and Simpson meet with classification Simpson meet with Records	Simpson and Parrish meet with RDC architect Parrish and Simpson meet with classification Parrish at RDC	Moore at RDC, medical record review and staff interviews Observation of psychiatric sick call. Review of mental health records and inmates on suicide watch	Moeser at RDC; review juvenile records (incidents, grievances, etc.); review youth medical records;

Wednesday P.M.	2:00 Simpson meet with Dr. Crockett at Hinds County Behavioral Health Simpson meet with District Attorney Simpson meet with JDC re grievances	Parrish at RDC	Moore at JDC Review of medical records, review of juvenile medical records, observation of medication pass evening shift	Continue juvenile record review; met with program officer re programming; Briefly observed ABE class and met with ABE instructor;
Thursday A.M.	Simpson and Parrish meet with training and top staff re reporting Simpson meet with Deputy Neal and Ms. Shuler at Work Center	Simpson and Parrish meet with training and top staff re reporting Parrish at RDC	Moore at RDC chart reviews and interviews with staff	Moeser at HY; Met with Henley Young school Principal, three Case Managers; interviewed three of the five Juveniles Charged as Adults (JCAs) re: their transition, experience @ HY, behavior management system, incentives, etc.
Thursday P.M.	Simpson at federal court hearing	Parrish meet with IT and captains re reporting	Moore at Work Center and RDC Chart reviews, interviews with nurses that were on-staff	Moeser continue @ HY with above; Interview youth at RDC; meet w. programming officer; review

				juvenile unit daily log; interview Sgt. Tower; Join meeting re: IT at RDC
Friday	Exit Meeting	Exit Meeting Parrish at JDC	Exit Meeting	Exit Meeting

Prior to the site visit, the County provided documents on an ongoing basis in response to standing document requests. The Monitoring Team members reviewed the documents relevant to their areas of expertise. The County has improved its ability to provide the requested documentation, however, it is not yet complete or in the format requested or required by the Settlement Agreement. The Monitoring Team will continue to work with the County to improve its ability to produce the required documentation and reports.

In the course of the site visit, the team interviewed numerous staff members, contractors, prisoners and stakeholders as mentioned below when relevant. In addition, facility and prisoner records on site were reviewed during the course of the site visit again as referenced below when relevant. Of particular note was the review of the training modules provided prior to the site visit and the review of architectural drawings during the site visit. With respect to youthful prisoners, on-site activities included activities at both Henley Young and RDC as there are youth charged as adults at both facilities at this time. With respect to medical and mental health, prisoner medical records and QCHC records were reviewed.

COMPLIANCE OVERVIEW

The Monitoring Team will track progress towards compliance with the following chart. This chart will be added to with each Monitoring Report showing the date of the site visit and the number of Settlement Agreement requirements in full, partial or non-compliance. Requirements that have not yet been triggered such as an annual review are listed as NA (not applicable) at this time. Sustained compliance is achieved when compliance with a particular settlement agreement requirement has been sustained for 18 months or more. The count of 92 requirements is determined by the number of Settlement Agreement paragraphs which have substantive requirements. Introductory paragraphs and general provisions are not included. Some paragraphs may have multiple requirements which are evaluated independently in the text of the report but are included as one requirement for purposes of this chart. The provisions on Youthful Offenders were evaluated in the text below for compliance at Henley Young and Raymond Detention Center but only the results for Raymond Detention Center are included in the totals in this chart.

Site Visit Date	Sustained Compliance	Full Compliance	Partial Compliance	NA at this time	Non-compliant	Total
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2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92

INTRODUCTORY PARAGRAPHS

Text of paragraphs 1-34 regarding “Parties,” “Introduction,” and “Definitions” omitted.

SUBSTANTIVE PROVISIONS

PROTECTION FROM HARM

Consistent with constitutional standards, the County must take reasonable measures to provide prisoners with safety, protect prisoners from violence committed by other prisoners, and ensure that prisoners are not subjected to abuse by Jail staff. To that end, the County must:

37. Develop and implement policies and procedures to provide a reasonably safe and secure environment for prisoners and staff. Such policies and procedures must include the following:

- a. Booking;
- b. Objective classification;
- c. Housing assignments;
- d. Prisoner supervision;
- e. Prisoner welfare and security checks (“rounds”);
- f. Posts and post orders;
- g. Searches;
- h. Use of force;
- i. Incident reporting;
- j. Internal investigations;
- k. Prisoner rights;
- l. Medical and mental health care;
- m. Exercise and treatment activities;
- n. Laundry;
- o. Food services;
- p. Hygiene;
- q. Emergency procedures;
- r. Grievance procedures; and
- s. Sexual abuse and misconduct.

Partial Compliance

Prior to and during the June site visit, the Hinds County Sheriff's Office's (HCSO) first effort to issue a Policies and Procedures Manual (P&P Manual) was critiqued by the Monitoring Team and Justice Department representatives. Because it did not adequately address the requirements of the Settlement Agreement, the decision was made to solicit technical assistance from the National Institute of Corrections (NIC) or a private corrections consultant. That effort resulted in an unacceptably lengthy schedule. The private vendor indicated that the estimated completion date would be at least a year off. Consequently, the HCSO has arranged with Jackson State University to provide the re-writing service. Although no specific date is on record, it is anticipated that the job can be completed in a more timely fashion because the University is a local institution. It is essential that the concerns and recommendations outlined in the Second Monitoring Report be addressed. Until this project is accomplished, the Detention Services Division will continue to operate without adequate written directives and compliance with many aspects of the Settlement Agreement cannot be achieved.

As reported in the executive summary, many inmates at RDC reported they were concerned for their safety. Two charts were reviewed and two inmates were interviewed that had alleged to have been attacked. Patient 1 indicated that he had been attacked by 12 inmates in C 3. He had been sent to the ER with contusions on his head. A CAT scan was performed. RDC took pictures of his injuries. The second inmate complained that he was jumped and stalked by multiple inmates on 10/11/17. He was now housed in the observation unit. His chart revealed that he had lacerations of his left brow and shoulder and that the hospital initially thought that he might have kidney failure from the injuries. This has not been the case but he does not want to return to general population. The lack of a safe environment is reflected throughout this report including the insufficient staffing, the lack of adherence to security requirements, the presence of contraband, the high number of people on suicide watch-some reportedly because they do not feel safe in the units, and the fights occurring in the suicide cells. Those issues are addressed under the related specific Agreement requirement.

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail, including at least five years of related management experience for their positions, and a bachelor's degree. When the Jail Administrator is absent or if the position becomes vacant, a qualified deputy administrator with comparable education, training, and experience, must serve as acting Jail Administrator.

Partial Compliance

At the time of the site visit there had been no change in the status of this paragraph since the last Report; in fact, there had been no change since the Baseline Visit a year ago. Subsequent to the site visit, the Acting Training Director was appointed to be the Deputy Jail Administrator. The

monitoring team will assess whether the appointment provides the appropriate level of expertise at the time of the next site visit. However, of immediate concern is that the Deputy Administrator was the Acting Training Director and had made progress in the area of orientation and training. The newly appointed Training Director is not experienced in corrections and does not have the necessary background to provide training in this area.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members. At minimum, Jail supervisors must have at least 3 years of field experience, including experience working in the Jail. They must also be familiar with Jail policies and procedures, the terms of this Agreement, and prisoner rights.

Partial Compliance

With three additional supervisors added since the last site visit, there are now 30 Lieutenants and Sergeants. All have at least a high school diploma or GED and eight have AA degrees; however, seven had less than three years of relevant work experience at the time of their promotion. Familiarity with the P&P Manual will be determined once it is published in final form.

40. Ensure that no one works in the Jail unless they have passed a background check, including a criminal history check.

Non-Compliant

This paragraph is still carried as non-compliant because there has not been sufficient time during the site visits to review all individual employee records and the HCSO has not submitted documentation that supports compliance. As a preliminary step, such documentation, attesting to compliance, should be submitted to the Monitor.

41. Ensure that Jail policies and procedures provide for the “direct supervision” of all Jail housing units.

Non-Compliant

There has been no change with regard to this issue since the last site visit. Once the P&P Manual is re-issued it will be reviewed to determine compliance. It should be noted, however, that implementation of the direct supervision related policies will require that an officer be assigned inside each housing unit at the RDC. Only the WC currently operates as a direct supervision jail and has enough staff assigned to do so. The JDC cannot function as a direct supervision facility because of its linear design.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Jail. The parties recognize that the

Board allocates to the Sheriff lump sum funding on a quarterly basis. The Sheriff recognizes that sufficient staffing of the Jail should be a priority for utilizing those funds. To that end, the County must at minimum:

- a. Hire and retain sufficient numbers of detention officers to ensure that:
 - i. There are at least two detention officers in each control room at all times;
 - ii. There are at least three detention officers at all times for each housing unit, booking area, and the medical unit;
 - iii. There are rovers to provide backup and assistance to other posts;
 - iv. Prisoners have access to exercise, medical treatment, mental health treatment, and attorney visitation as scheduled;
 - v. There are sufficient detention officers to implement this Agreement.
- b. Fund and obtain a formal staffing and needs assessment (“study”) that determines with particularity the minimum number of staff and facility improvements required to implement this Agreement. As an alternative to a new study, the September 2014 study by the National Institute of Corrections may be updated if the updated study includes current information for the elements listed below. The study or study update must be completed within six months of the Effective Date and must include the following elements:
 - i. The staffing element of the study must identify all required posts and positions, as well as the minimum number and qualifications of staff to cover each post and position.
 - ii. The study must ensure that the total number of recommended positions includes a “relief factor” so that necessary posts remain covered regardless of staff vacancies, turnover, vacations, illness, holidays, or other temporary factors impacting day-to-day staffing.
 - iii. As part of any needs assessment, the study’s authors must estimate the number of prisoners expected to be held in the Jail and identify whether additional facilities, including housing, may be required.
- c. Once completed, the County must provide the United States and the Monitor with a copy of the study and a plan for implementation of the study’s recommendations. Within one year after the Monitor’s and United States’ review of the study and plan, the County must fund and implement the staffing and facility improvements recommended by the study, as modified and approved by the United States.
- d. The staffing study shall be updated at least annually and staffing adjusted accordingly to ensure continued compliance with this Agreement. The parties recognize that salaries are an important factor to recruiting and retaining qualified personnel, so the County will also annually evaluate salaries.
- e. The County will also create, to the extent possible, a career ladder and system of retention bonuses for Jail staff.

Partial Compliance

Since the Second Monitoring Report was submitted, the County and the HCSO have moved forward to identify and set actual and necessary staffing levels within the Detention Services Division. As a result of the combined efforts of the County's Workforce Development Group and members of the Monitoring Team, the NIC Staffing Analysis (2014) has been updated. A total of 433.1 positions are required in order to fill all posts throughout the Jail System. This figure takes into account appropriate relief factors. They are allocated as follows:

Administration-----	5.0
Jackson Detention Center-----	83.6
Work Center-----	64.1
Raymond Detention Center--	280.4
Total-----	433.1

Recognizing that the County cannot afford to increase staffing to that level immediately, a goal of 275 positions was set for FY 2017-18. Currently, there are 250 authorized Detention positions with 20 more authorized and funded for the fiscal year. That leaves a total of five positions that must either be funded and added to the total or be permanently reassigned from within other areas of the Sheriff's Office. Significant progress has been made to fill vacancies. While there were only 199 Detention positions occupied by employees in June, by October that number had risen to 238. The number of currently authorized positions in Detention Administration and at each facility follows:

Administration-----	5 (4 are filled)
Jackson Detention Center-----	49 (all are filled)
Work Center-----	62 (52 are filled)
Raymond Detention Center---	154 (132 are filled)
Total-----	270 (238 are filled)
The goal for FY 2017-18 is---	275

The issue of future bed space and facility needs has not been addressed to date. The proposed salary schedule, previously reported, was originally supposed to include a significant increase for all ranks within Detention from Officer to Captain, with a five-step merit salary increase for each supervisory rank. Although the merit increase system was not approved and funded, a salary increase was approved for Detention Officers and Detention Sergeants. Effective October 1, 2017, they received 26.05% and 6.9% raises respectively. Detention Officers now start work at \$27,500 per year while Sergeants earn approximately \$32,500. This realignment for the most critically undercompensated officers has made the position of Detention Officer much more competitive in the local marketplace and is reflected in the remarkable employment statistics that

have been posted recently. If the HCSO and County are successful in creating a validated, merit based career ladder within the various Detention ranks, it will go a long way toward reducing the excessive turnover rate that has plagued the Jail System.

- f. Develop and implement an objective and validated classification and housing assignment procedure that is based on risk assessment rather than solely on a prisoner's charge. Prisoners must be classified immediately after booking, and then housed based on the classification assessment. At minimum, a prisoner's bunk, cell, unit, and facility assignments must be based on his or her objective classification assessment, and staff members may not transfer or move prisoners into a housing area if doing so would violate classification principles (e.g., placing juveniles with adults, victims with former assailants, and minimum security prisoners in a maximum security unit). Additionally, the classification and housing assignment process must include the following elements:
 - i. The classification process must be handled by qualified staff who have additional training and experience on classification.
 - ii. The classification system must take into account objective risk factors including a prisoner's prior institutional history, history of violence, charges, special needs, physical size or vulnerabilities, gang affiliation, and reported enemies.
 - iii. Prisoner housing assignments must not be changed by unit staff without proper supervisor and classification staff approval.
 - iv. The classification system must track the location of all prisoners in the Jail, and help ensure that prisoners can be readily located by staff. The County may continue to use wrist bands to help identify prisoners, but personal identification on individual prisoners may not substitute for a staff-controlled and centralized prisoner tracking and housing assignment system.
 - v. The classification system must be integrated with the Jail prisoner record system, so that staff have appropriate access to information necessary to provide proper supervision, including the current housing assignment of every prisoner in the Jail.
 - vi. The designation and use of housing units as "gang pods" must be phased out under the terms of this Agreement. Placing prisoners together because of gang affiliation alone is prohibited. The County must replace current gang-based housing assignments with a more appropriate objective classification and housing process within one year after the Effective Date.

Partial Compliance

Improvement in the area of Classification continues to be noted with each site visit. As was reported previously, a Classification Officer is now on duty seven days per week on day shift which was made possible by the assignment of a Sergeant and six Detention Officers to the Section. They are responsible for the placement of all inmates during an extended day shift and follow up on all movements that occur during their absence on the evening and night shifts. This is accomplished by requiring the shift commanders to submit a written move report to Classification whenever a change of cell/location is made. An override by Classification can then be ordered if required. The need to have a single point of information for every inmate in the Jail System was highlighted in the Second Monitoring Report. The consolidation of Classification and Records into a single Unit/Section was recommended. To date no concrete action has been taken with regard to this matter other than to coordinate with NIC in order to obtain technical assistance. Follow up on that effort should be given priority. In addition, the Classification Sergeant should submit recommended policies regarding Classification for inclusion in the P&P Manual. There are currently no written directives or Post Orders in place governing Classification operations other than memoranda generated by the Sergeant. It appears that Classification procedures are adapting with the changing conditions within the Jail System. Both pre-trial and sentenced felons and misdemeanants are now held at the WC since it has evolved from a facility dedicated to sentenced low risk inmates into a full service, general population jail.

- g. Develop and implement positive approaches for promoting safety within the Jail including:
 - i. Providing all prisoners with at least 5 hours of outdoor recreation per week;
 - ii. Developing rewards and incentives for good behavior such as additional commissary, activities, or privileges;
 - iii. Creating work opportunities, including the possibility of paid employment;
 - iv. Providing individual or group treatment for prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions, who would benefit from therapeutic activities;
 - v. Providing education, including special education, for youth, as well as all programs, supports, and services required for youth by federal law;
 - vi. Screening prisoners for serious mental illness as part of the Jail's booking and health assessment process, and then providing such prisoners with appropriate treatment and therapeutic housing;
 - vii. Providing reasonable opportunities for visitation.
- h. Ensure that policies, procedures, and practices provide for higher levels of supervision for individual prisoners if necessary due to a prisoner's individual circumstances. Examples of such higher level supervision include (a) constant

observation (i.e., continuous, uninterrupted one-on-one monitoring) for actively suicidal prisoners (i.e., prisoners threatening or who recently engaged in suicidal behavior); (b) higher frequency security checks for prisoners locked down in maximum security units, medical observation units, and administrative segregation units; and (c) more frequent staff interaction with youth as part of their education, treatment and behavioral management programs.

- i. Continue to update, maintain, and expand use of video surveillance and recording cameras to improve coverage throughout the Jail, including the booking area, housing units, medical and mental health units, special management housing, facility perimeters, and in common areas.

Non-Compliant

There has been no change in conditions within the facilities regarding outside recreation. It is still not available at JDC or the RDC other than for juveniles being tried as adults. As was previously noted, this has been the case for at least five years at the RDC and apparently since the 1970's at the JDC since there is no outside recreation area at that facility. Only the WC meets the standard as outlined in the Settlement Agreement. Documentation of hourly, thirty minute and fifteen minute well-being checks has not improved since the last site visit, but an orientation and training session with all supervisory personnel (lieutenant and above) held during the October site visit should help to standardize the completion of these required documents. Video recording capabilities have not changed since the last site visit; however, hand held recording devices are reportedly on order.

With respect to the requirement to provide individual and group treatment, there is one-to-one counseling provided on Mondays and Fridays with a Ph.D. psychologist. He saw approximately 101 patients in August 2017. His hours are insufficient to cover the needs of all three jail facilities. There is no group therapy provided for either the youth or other inmates with behavioral health problems. Currently the only groups provided are those provided by a Chaplain to the youth housing unit. The groups consist of NA and AA, however the youth complained that there is too much of a religious overtone in the groups.

The treatment that is provided does not substantially comply with the requirement for individual therapy. Most medication renewals should take approximately 15 minutes. New intake evaluations should generally take 45 minutes or longer depending upon the inmate's past history and current problems. Care at RDC is very rushed allowing only 5 minutes per patient.

Psychiatric sick call and mental health charts were reviewed. Five charts were reviewed and eight interactions with the psychiatrist were observed. The psychiatrist spent about five minutes with each patient. The patients were scheduled for a re-ordering of medications and one was a new patient. A chart review indicated insufficient follow up on reported mental health symptoms.

and a lack of therapeutic intervention. The ongoing behavior issues of the patient in one of the isolation units and his isolation as a result of that behavior without any change in medication or other therapeutic interventions is a prime example of the lack of appropriate therapeutic services.

The facility is now tracking the number of inmates that are receiving Haldol Deaconate. As of 9/27/2017, there were 8 inmates at RDC receiving the medication and 1 inmate at Jackson. This number has decreased significantly from the first monitoring report. Unfortunately, none of the inmates had mental health consents on their chart other than the initial consent signed at intake.

Inmates are screened at booking by Detention Officers. The nurses hired to do intake screening resigned. Following this screening, an additional health assessment is conducted by RN nursing staff during the booking process. Due to a lack of space in the booking area for this medical assessment, inmates are now brought to the medical unit for their secondary assessment. The second assessment includes a suicide screen. Inmates with mental health problems are referred to the psychologist or social worker. If the inmate is on psychotropic medication, they are referred to the psychiatrist for an order to continue the medication. Medications are verified at booking by the nurses. Intake nurses are supposed to be provided 7-3 PM, 4-11PM Monday through Friday and 7 pm to 7 am three times per week. County staff stated that the booking area will be revamped and a secure space will exist for medical intake screenings and that the area will be staffed 24 hours per day.

Although inmates are screened for mental health issues, there is not appropriate therapeutic housing as required by paragraph 42(g)(vi). One unit is identified as the mental health unit but it is simply a segregation unit where they place individuals with mental health issues. It is not appropriately designed or staffed as a mental health unit and there is no therapeutic programming.

The physical portion of the health assessment form is inadequate. The only areas for inclusion are a checkmark for normal and abnormal findings without adequate space to identify what the findings are. Revision of the form is necessary in order to require and allow for the recording of more detail such as abnormal findings.

A review of five medical records was performed with the objective to see how soon a mental health professional saw an inmate after he was booked into the jail. The charts were randomly selected from inmates that had been booked into RDC in the last three weeks.

Date arrested	Date referred	Referral completed by mental health
7/15/17	7/26/17	8/21/17
7/14/17	7/15/17	7/26/17
5/22/17	5/23/17	6/7/17

5/27/17	Request of SGT	8/28/17
7/14/17	7/26/17	8/21/17

The mental health referral was identified as the first mental health evaluation. It could have been by a bachelor's level social worker, psychologist or psychiatrist. The sample size is too small to derive definite conclusions but it does appear that nursing referrals are not made in a timely manner to mental health staff and that it takes the inmates 2-3 weeks to enter the mental health caseload. This study will be repeated during the next audit with a larger sample size. Additional criteria will be added which looks at the time of the arrest and the time the inmate is seen by nursing staff.

As a result of the chart review, it appears that many inmates that need mental health treatment go untreated for weeks before they enter the system. Even when identified, mentally ill prisoners receive inadequate care. Individual sessions with the psychiatrist were cancelled on a weekly basis due to time constraints. Dr. Kumar generally provides psychiatric care on Wednesdays and starts at JDC and then provides care at the other facilities. The care is very rushed which cannot be considered as therapeutic care. Statistical reports show that Dr. Kumar sees a range of 100 to 150 inmates per month during his visits.

Suicide watch conditions are not adequate to deal with the inmates who require close supervision. The two cells located in the Medical Unit are unsuitable for such use. It is impossible to observe what is going on in them because the tiny windows are literally obscured with retrofitted metal and screening that makes them almost opaque. In addition, the assigned officer sits outside a second door leading to the general cell area, which makes direct supervision impractical. The Detention Services Division should consider utilizing a four cell isolation unit associated with one of the housing units at the RDC as an alternative area for supervising suicidal inmates. One cell could be left open so that inmates have access to toilet and water facilities. The other three cells should remain locked. Four or more inmates could be supervised in such a setting with an officer physically located inside the isolation unit, equipped with a work station/desk, phone, radio and emergency alarm. In this way the officer would serve as assigned officer in a "mini-direct supervision unit".

While there is a full time social worker who could evaluate whether an inmate needs to be on suicide watch, she does not perform this function and many suicide threats occur after she has left for the day. The result is that a large number of inmates have been assigned to suicide watch without being first screened by a mental health professional. In August and September there were 22 inmates each month placed on suicide precautions for verbalizing a suicide threat.

Inmates on suicide watch are placed in a suicide cell designed for two persons. There is limited visibility into the cell. On the days of the audit, one cell contained four adult inmates and the other cell five adult inmates. As a result, there were three altercations of inmates in these cells

due to overcrowding of the cells. An additional issue is that inmates placed in lockdown complain of suicidal ideation in order to be transferred to the suicide cells. The suicide cells have also been used by inmates to escape gang activities or to carry out gang-related activities. The last altercation in the suicide cell during the site visit was gang related. An inmate from lockdown unit entered the suicide unit and immediately started a fight with another inmate that was in the suicide cell. Suicide units are for inmates suffering from acute mental health problems such as acute psychosis or other conditions causing an acute risk of self-harm and who have not been stabilized through other interventions. Suicide units are intended to stabilize the patient as quickly as possible so that the patient can return to a less restricted housing unit. Unfortunately, inmates placed in the current suicide cells receive no additional mental health therapy. When they are released they are returned to general population or lockdown cells.

Contributing to the problem in responding to suicide comments is the lack of sufficient correctional staffing at RDC to provide one to one staffing. In the future, the facility should explore crisis intervention with Hinds County Behavioral Health and admit the patient to St. Luke's Hospital. Another recommendation is to add a part time social worker that would work 20 hours per week at RDC and/or mental health technicians that would be on-call for one to one suicide watches. This position could perform a suicide assessment and screenings on inmates that verbalize self-harm or on new intakes that are booked in the facility. The individual might also be responsible for group therapy which could include life skill groups such as anger management, domestic violence, parenting etc.

Based on a review of visitation records covering a two week period (October 2-16, 2017), it appears that only at the JDC are some of the inmates able to visit with family and friends. Of 82 scheduled video visitation connections, 50 were actually completed at that facility. This means that about 20% of the inmates were able to have a visit each week. At the RDC and WC, which share video visitation equipment, only 12 inmates were able to have a visit although 53 visits were scheduled. Thus only 1.2% of the inmates at those facilities were able to have a visit each week. While the Inmate Handbook requires inmates to schedule visitation seven days in advance between the hours of 8:00 AM and 5:00 PM, in reality visitation is apparently not a viable privilege for most of the inmates in the Jail System.

43. Include outcome measures as part of the Jail's internal data collection, management, and administrative reporting process. The occurrence of any of the following specific outcome measures creates a rebuttable presumption in this case that the Jail fails to provide reasonably safe conditions for prisoners:

- a. Staff vacancy rate of more than 10% of budgeted positions;
- b. A voluntary staff turnover rate that results in the failure to staff critical posts (such as the housing units, booking, and classification) or the failure to maintain experienced supervisors on all shifts;

- c. A major disturbance resulting in the takeover of any housing area by prisoners;
- d. Staffing where fewer than 90% of all detention officers have completed basic jailer training;
- e. Three or more use of force or prisoner-on-prisoner incidents in a fiscal year in which a prisoner suffers a serious injury, but for which staff members fail to complete all documentation required by this Agreement, including supervision recommendations and findings;
- f. One prisoner death within a fiscal year, where there is no documented administrative review by the Jail Administrator or no documented mortality review by a physician not directly involved in the clinical treatment of the deceased prisoner (e.g. corporate medical director or outside, contract physician, when facility medical director may have a personal conflict);
- g. One death within a fiscal year, where the death was a result of prisoner-on-prisoner violence and there was a violation of Jail supervision, housing assignment, or classification procedures.

Non-Compliant

The last reported turnover rate for Detention was 43% in 2016. Although recruiting efforts have paid off with 58 Detention Officers hired since January 2017, the number of vacancies still stands at 32, which equates to an 11.85 vacancy rate. Required posts at the WC and JDC appear to be more frequently filled than at the RDC. This is partly due to the fact that approximately 25% of rated capacity at those two facilities is either closed for renovation (HU-4 at the WC) or not occupied because of the low daily census (one wing at the JDC). Consequently, even though there are 10 vacancies at the WC and the number of authorized positions at the JDC is inadequate, both facilities are able to cope well with current conditions. The staffing situation at the RDC is better than was observed during previous site visits, but it is still inadequate to meet inmate supervision requirements. Based on inspection and a review of daily duty rosters, it appears that approximately half of the housing units are now being staffed with an officer. Unfortunately, he/she is placed in the safety vestibule leading to the housing unit instead of physically inside it. While it is not possible to supervise inmates from that position, until all staff have been trained on the principles and dynamics of direct supervision, the command decision that led to this situation is understandable. While training records are more comprehensive than any time to date, it is still not possible to determine exactly how many officers have not completed the basic 40 hour orientation class before being assigned to a post. It should be noted, however, that every new officer questioned during the most recent inspection of the facilities had completed the orientation class prior to assignment.

44. To complement, but not replace, “direct supervision,” develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate. To that end:

- a. Rounds must be conducted at least once every 30 minutes in general population housing units and at least once every 15 minutes for special management prisoners (including prisoners housed in booking cells).
- b. All security rounds must be conducted at irregular intervals to reduce their predictability, and must be documented on forms or logs.
- c. Officers must only be permitted to enter data on these forms or logs at the time a round is completed. Forms and logs must not include pre-printed dates or times. Officers must not be permitted to fill out forms and logs before they actually conduct their rounds.
- d. The parties anticipate that “rounds” will not necessarily be conducted as otherwise described in this provision when the Jail is operated as a “direct supervision” facility. This is because a detention officer will have constant, active supervision of all prisoners in the detention officer’s charge. As detailed immediately below, however, even under a “direct supervision” model, the Jail must have a system in place to document and ensure that staff are providing adequate supervision.
- e. Jail policies, procedures, and practices may utilize more than one means to document and ensure that staff are supervising prisoners as required by “direct supervision,” including the use and audit of supervisor inspection reports, visitation records, mealtime records, prisoner worker sheets, medical treatment files, sick call logs, canteen delivery records, and recreation logs. Any system adopted to ensure that detention officers are providing “direct supervision” must be sufficiently detailed and in writing to allow verification by outside reviewers, including the United States and Monitor.

Partial Compliance

There have been a few positive changes regarding the completion of rounds and documentation of well-being checks, but the system-wide response to this requirement is inconsistent at best. At the WC officers document hourly well-being checks in the unit logs for general population inmates; however, command staff and supervisors should set and enforce standard entries since it is not clear what some officers mean or what they did based on the jail slang and abbreviations that are used. This recommended action should be institutionalized throughout the entire Jail System. Thirty minute well-being checks were found to be properly documented on an inmate who was housed in a segregation cell. At the JDC hourly logs for general population and 30 minute logs for those in confinement/segregation were maintained as required. The previously reported recommendation, to place the segregation log adjacent to the inmates rather than in the control room, has been implemented. At the RDC there has been little change since the last site visit. One notable difference is that the unit logs are now frequently maintained at the entrance to the respective units rather than in the control room. While this is a step in the right direction, no amount of documentation can take the place of assigning an officer inside each unit so that

they can operate under the principles of direct supervision. In Booking a log calling for 30 minute well-being checks was located inside the staff office area, not by the individual cells as had previously been recommended. In addition, because of the nature of the inmates being temporarily held in this area, and the lack of knowledge about their backgrounds during the booking process, well-being checks need to be conducted every 15 minutes.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail. To that end, the County must ensure that the Jail employs Qualified Training Officers, who must help to develop and implement a formal, written training program. The program must include the following:

- a. Mandatory pre-service training. Detention officers must receive State jailer training and certification prior to start of work. Staff who have not received such training by the Effective Date of this Agreement must complete their State jailer training within twelve months after the Effective Date of this Agreement. During that twelve month period, the County must develop an in-house detention training academy.
- b. Post Order training. Detention officers must receive specific training on unit-specific post orders before starting work on a unit, and every year thereafter. To document such training, officers must be required to sign an acknowledgement that they have received such training, but only after an officer is first assigned to a unit, after a Post Order is updated, and after completion of annual retraining.
- c. "Direct supervision" training. Detention officers must receive specific pre- and post-service training on "direct supervision." Such training must include instruction on how to supervise prisoners in a "direct supervision" facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective "direct supervision."
- d. Jail administrator training. High-level Jail supervisors (*i.e.*, supervisors with facility-wide management responsibilities), including the Jail Administrator and his or her immediate deputies (wardens), must receive jail administrator training prior to the start of their employment. High-level supervisors already employed at the Jail when this Agreement is executed must complete such training within six months after the Effective Date of this Agreement. Training comparable to the Jail Administration curriculum offered by the National Institute of Corrections will meet the requirements of this provision.
- e. Post-service training. Detention officers must receive at least 120 hours per year of post-service training in their first year of employment and 40 hours per year after their first year. Such training must include refresher training on Jail policies. The training may be provided during roll call, staff meetings, and post-assignment

meetings. Post-service training should also include field and scenario-based training.

- f. Training for Critical Posts. Jail management must work with the training department to develop a training syllabus and minimum additional training requirements for any officer serving in a critical position. Such additional training must be provided for any officer working on a tactical team; in a special management, medical or mental health unit; in a maximum security unit; or in booking and release.
- g. Special management unit training. Officers assigned to special management units must receive at least eight hours of specialized training each year regarding supervision of such units and related prisoner safety, medical, mental health, and security policies.
- h. Training on all Jail policies and procedures including those regarding prisoner rights and the prevention of staff abuse and misconduct.

Partial Compliance

With the change of Training Directors previously noted, efforts to enhance training have escalated. A 40-hour orientation block of instruction is now provided to all new hires. While that insures that Detention Officers receive at least a modicum of training and relevant job information before being assigned to a post, it does not prepare them to work independently. A copy of the Settlement Agreement is now given to each employee for orientation and reference purposes. It has been reproduced in a compact booklet form similar in size to the Inmate Handbook. The 120-hour block of instruction (basic academy) that is required during the first year of employment is also now being provided; however, according to Training records there are more than 30 officers who have still not completed this training. Records are not available to determine whether or not officers receive 40 hours of in service training annually after their first year of employment. Information regarding Post Order training, Critical Post training, Special Management Unit training and Direct Supervision training has as yet not been provided.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail. To that end, the County must:

- a. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. Personal Identification Numbers (PINs) allocated for budget purposes represent a salaried slot and are not a restriction on personnel assignment authority. While the Sheriff may retain final authority for personnel decisions, the Jail's policies and procedures must document and clearly identify who is responsible for a personnel

decision, what administrative procedures apply, and the basis for personnel decisions.

- b. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail, including any who are not already reporting to the Jail Administrator and the Jail's chain of command. This provision covers road deputies assigned to supervise housing units and emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances.
- c. Ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- d. Ensure that staff conduct daily inspections of all housing and common areas to identify damage to the physical plant, safety violations, and sanitation issues. This maintenance program must include the following elements:
 - i. Facility safety inspections that include identification of damaged doors, locks, cameras, and safety equipment.
 - ii. An inspection process.
 - iii. A schedule for the routine inspection, repair, and replacement of the physical plant, including security and safety equipment.
 - iv. A requirement that any corrective action ordered be taken.
 - v. Identification of high priority repairs to assist Jail and County officials with allocating staff and resources.
 - vi. To ensure prompt corrective action, a mechanism for identifying and notifying responsible staff and supervisors when there are significant delays with repairs or a pattern of problems with equipment. Staff response to physical plant, safety, and sanitation problems must be reasonable and prompt.

Non-Compliant

Until the P&P Manual is revised and re-issued, compliance with this paragraph cannot be achieved. The revision work is underway in concert with Jackson State University, but as yet there is no estimated date of completion. As was previously reported, supervisors still do not document the results of their rounds. Maintenance issues are not resolved in a timely fashion, particularly at the RDC. Conditions at the JDC and WC are better, primarily because staffing levels are better at those facilities than at the RDC. Once the housing units there are properly staffed and function under the principles of direct supervision, it should be possible to achieve higher maintenance standards.

47. Ensure that staff members conduct random shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband. Such shakedowns must be

conducted in each housing unit at least once per month, on an irregular schedule to make them less predictable to prisoners and staff.

Non-Compliant

Random shakedowns are still not conducted by Detention Officers as they should be; however, in a significant policy change, law enforcement officers no longer go into the facilities to conduct shakedowns independently as last occurred on June 7, 2017. That practice was counter-productive in that it undercut the authority of the Detention Officers and, worse yet, was done outside the scope of the Detention chain of command. A recent shakedown of Pod C, Unit 3 at the RDC was conducted appropriately utilizing law enforcement officers in support of, not in place of, Detention staff. Further it was conducted under the command of the Detention Services Division Administrator. Unfortunately, the results of the shakedown revealed that the prevalence of contraband in the Jail System continues to be completely unacceptable. Items found included 12 cellphones, 15 phone chargers, one cellphone battery, five bags of marijuana, 33 bags of tobacco, one razor, two sets of ear buds, eight cigarette lighters, one knife, one Allen wrench, a flat piece of metal, four large screws, an unspecified number of containers filled with bleach and various prescription medications. All of this contraband was found in one general population unit that routinely houses fewer than 66 inmates.

48. Install cell phone jammers or other electronic equipment to detect, suppress, and deter unauthorized communications from prisoners in the Jail. Installation must be completed within two years after the Effective Date.

Non-Compliant

There has been no change in the status of this paragraph. Because of legal barriers, cell phone jammers cannot resolve the problem of unauthorized communications. Other alternatives have been suggested to the County by both the DOJ and Monitoring Team and the Correctional Expert has suggested potential vendors who can supply appropriate equipment. No action has been taken to address this issue to date.

49. Develop and implement a gang program in consultation with qualified experts in the field that addresses any link between gang activity in the community and the Jail through appropriate provisions for education, family or community involvement, and violence prevention.

Partial Compliance

There is no change in the status of this paragraph. Updated information was not provided on the actions of the law enforcement investigative officer who is now assigned to conduct investigations within the Jail System.

USE OF FORCE STANDARDS

Consistent with constitutional standards, the County must take reasonable measures to prevent excessive force by staff and ensure force is used safely and only in a manner commensurate with the behavior justifying it. To that end, the County must:

50. Develop and implement policies and procedures to regulate the use of force. The policies and procedures must:

- a. Prohibit the 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;
- b. Prohibit the 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, visitors, or property;
- c. Prohibit the use of force against a prisoner after the prisoner has ceased to resist and is under control;
- d. Prohibit the use of force as punishment or retaliation;
- e. Limit the level of force used so that it is commensurate with the justification for use of force; and
- f. Limit use of force in favor of less violent methods when such methods are more appropriate, effective, or less likely to result in the escalation of an incident.

Non-Compliant

Until the P&P Manual is revised, re-issued and approved, compliance with this paragraph cannot be achieved. While use of force documentation is improving, according to the monthly summary, there were still only eight such reports for the entire Jail System for the month of October. Of those, seven were described as "muscling", a term that needs to be clarified. In a separate report for the RDC, nine use of force cases were generated in October. The inconsistency in documentation brings into doubt the accuracy of reporting.

51. Develop and implement policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to use of force and after any use of force. These policies and procedures must specifically include the following requirements:

- a. Staff members must obtain prior supervisory approval before the use of weapons (e.g., electronic control devices or chemical sprays) and mechanical restraints unless responding to an immediate threat to a person's safety.
- b. If a prisoner has a serious medical condition or other circumstances exist that may increase the risk of death or serious injury from the use of force, the type of force that may be used on the prisoner must be restricted to comply with this provision. These restrictions include the following:

- i. The use of chemical sprays, physical restraints, and electronic control devices must not be used when a prisoner may be at risk of positional asphyxia.
 - ii. Electronic control devices must not be used on prisoners when they are in a location where they may suffer serious injury after losing voluntary muscle control (e.g., prisoner is standing atop a stairwell, wall, or other elevated location).
 - iii. Physical strikes, holds, or other uses of force or restraints may not be used if the technique is not approved for use in the Jail or the staff member has not been trained on the proper use of the technique.
- c. Staff members must conduct health and welfare checks every 15 minutes while a prisoner is in restraints. At minimum, these checks must include (i) logged first-person observations of a prisoner's status while in restraints (e.g. check for blood flow, respiration, heart beat), and (ii) documented breaks to meet the sanitary and health needs of prisoners placed in emergency restraints (e.g., restroom breaks and breaks to prevent cramping or circulation problems).
- d. The County must ensure that clinical staff conduct medical and mental health assessments immediately after a prisoner is subjected to any Level 1 use of force. Prisoners identified as requiring medical or mental health care during the assessment must receive such treatment.
- e. A first-line supervisor must personally supervise all planned uses of force, such as cell extractions.
- f. Security staff members must consult with medical and mental health staff before all planned uses of force on juveniles or prisoners with serious mental illness, so that medical and mental health staff may offer alternatives to or limitations on the use of force, such as assisting with de-escalation or obtaining the prisoner's voluntary cooperation.
- g. The Jail must have inventory and weapon controls to establish staff member responsibility for their use of weapons or other security devices in the facility. Such controls must include:
 - i. a sign-out process for staff members to carry any type of weapon inside the Jail,
 - ii. a prohibition on staff carrying any weapons except those in the Jail's tracked inventory, and
 - iii. random checks to determine if weapons have been discharged without report of discharge (e.g., by checking the internal memory of electronic control devices and weighing pepper spray canisters).
- h. A staff member must electronically record (both video and sound) all planned uses of force with equipment provided by the Jail.
- i. All staff members using force must immediately notify their supervisor.

- j. All staff members using a Level 1 use of force must also immediately notify the shift commander after such use of force, or becoming aware of an allegation of such use by another staff member.

Non-Compliant

There are no recorded instances of staff members obtaining supervisory approval prior to using weapons and mechanical restraints; nor is there any record of chemical sprays, physical restraints and electronic control devices being used when a prisoner may be at risk of positional asphyxia. At this point it is not possible to determine whether or not Detention staff are following prescribed procedure. There are no records noted to date that reflect whether or not an inmate was placed on a 15 minute watch while in restraints. Restraints are not utilized at any of the facilities except for transport.

The P&P Manual is still under review and will be re-issued once it has been revised. Until then, compliance with this paragraph is not possible. Currently, 15 minute well-being checks are maintained only for inmates under suicide watch although it is expected that detainees in Booking holding cells will be similarly monitored henceforth. To date no documentation has been submitted reflecting a planned use of force which would necessitate video recording, supervisory authorization or communication/coordination with medical staff. Inmates with serious or potentially serious medical problems are not identified prior to pepper spray use, nor do correctional staff contact medical staff before force is used on juveniles with serious mental health conditions. A recent innovation at the RDC allows OC spray canisters to be weighed so that it can be determined whether or not they have been used.

A review of the uses of force reports for September 2017 reported that there were 28 uses of force reports written. Four inmates were escorted to medical for evaluation. Tasers were used but pepper spray was not utilized. If the inmate required hospitalization, he was immediately sent to the ER. As previously stated, inmates sustaining serious injuries from the use of force are sent to the hospital. On the reports sent in the drop box there was no resolution written by medical staff. It could be in the chart; however, time did not permit a review of charts.

As previously recommended, a protocol should be developed and posted in the medical exam area for inmates that are tased or pepper sprayed and that it include the documentation of vital signs and the rinsing of eyes in the cases of pepper spray use. An eye wash station should be set up with disposable saline solution bottles or an attachment that fits on the sink. Training on the use of force on seriously mentally ill inmates and inmates that may adversely be affected by pepper spray should be added to the training curriculum and roll call.

QCHC has been tasked with the development of medical policies following the use of pepper spray or tasers. These policies have not yet been developed.

USE OF FORCE TRAINING

52. The County must develop and implement a use of force training program. Every staff member who supervises prisoners must receive at least 8 hours of pre-service use of force training and annual use of force refresher training.

Non-Compliant

The Training Director has accessed on line training modules offered by the Mississippi Department of Standards and Training which address at least some components of the Settlement Agreement. While it is not totally compliant, it represents a step in the right direction. The requirement for every member who supervises prisoners to receive at least eight hours of pre-service training and annual use of force refresher training has not been met.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Non-Compliant

These topics cannot be addressed until the P & P Manual is revised and published.

54. The County must randomly test at least 5 percent of Jail Staff members annually to determine whether they have a meaningful, working knowledge of all use of force policies and procedures. The County must also evaluate the results to determine if any changes to Jail policies and procedures may be necessary and take corrective action. The results and recommendations of such evaluations must be provided to the United States and Monitor.

Non-Compliant

This cannot be completed until the revised P&P Manual is issued, officers are trained and sufficient time has passed to conduct the random testing of at least five percent of Jail staff.

55. The County must update any use of force training within 30 days after any revision to a use of force policy or procedure.

Non-Compliant

This cannot be updated until the requisite training has been completed.

USE OF FORCE REPORTING

To prevent and remedy the unconstitutional use of force, the County must develop and implement a system for reporting use of force. To that end, the County must:

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Non-Compliant

There has been no change with regard to this paragraph. It cannot be addressed until the P&P Manual is revised and issued to all personnel. The inadequacy and inconsistency of the existing use of force forms is still an issue. While a standard, computer based form is being developed, supervisory review is still inadequate. It must include a recommendation for approval, disapproval and/or corrective action.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible, and no later than by the end of that staff member's shift. Staff members must accurately complete all fields on a Use of Force Report. The failure to report any use of force must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination. Similarly, supervisors must also comply with their documentation obligations and will be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change with regard to this paragraph. The requirement cannot be analyzed until the P&P Manual is revised and issued to all personnel. While report writing is improving throughout the Jail System, it is still not possible to determine whether incident reports are submitted in a timely fashion or whether supervisors follow up as required. Use of Force and Incident Report documentation, while better, is still inadequate. Some reports include no supervisory review. In those cases where supervisory review is documented it does not indicate approval, disapproval or recommended follow up action. While reports sometimes indicate that the involved inmate was referred to Medical for treatment/evaluation, the results of the treatment/evaluation are seldom included as a supplement to the original incident report. A training session with Detention, Operations and Information Technology personnel representing various supervisory ranks, that was held during the October site visit, should help to standardize and improve the quality of documentation.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events. At minimum, use of force reports must document the following information:

- a. A unique tracking number for each use of force;

- b. The names of all staff members, prisoner(s), and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. A description of the events leading to the use of force, including what precipitated or appeared to precipitate those events;
- f. A description of the level of resistance, staff response, and the type and level of force (including frequency and duration of use). For instance, use of force reports must describe the number of discharges from electronic control devices and chemical munitions canisters; the amount of discharge from chemical munitions canisters; whether the Staff Member threatened to use the device or actually discharged the device; the type of physical hold or strike used; and the length of time a prisoner was restrained, and whether the prisoner was released from restraints for any period during that time;
- g. A description of the staff member's attempts to de-escalate the situation without use of force;
- h. A description of whether the staff member notified supervisors or other personnel, including medical or mental health staff, before or after the use of force;
- i. A description of any observed injuries to staff or prisoners;
- j. Whether medical care was required or provided to staff or prisoners;
- k. Reference to any associated incident report or prisoner disciplinary report completed by the reporting officer, which pertains to the events or prisoner activity that prompted the use of force;
- l. A signature of the staff member completing the report attesting to the report's accuracy and completeness.

Non-Compliant

Although this paragraph must still be carried as "Non-Compliant", it is anticipated that it will move toward "Partial Compliance" by the time of the January 2018, site visit. The Use of Force report forms are now being generated through the Jail Management System (JMS). Although staff have not been adequately trained to date, once they are familiar with the computer created forms and how they link electronically with the original Incident Report associated with each event, there should be a major improvement in the quality of documentation. A training and orientation session was held during the October site visit involving Information Technology, Training, Operations, Detention, Justice Department and Monitoring Team staff. Many areas of inconsistency and concern were addressed.

USE OF FORCE SUPERVISOR REVIEWS

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force. At minimum:

- a. A supervisor must review all use of force reports submitted during the supervisor's watch by the end of the supervisor's watch.
- b. A supervisor must ensure that staff members complete their use of force reports by the end of their watch.
- c. Reviewing supervisors must document their findings as to the completeness of each staff member's use of force report, and must also document any procedural errors made by staff in completing their reports.
- d. If a Use of Force report is incomplete, reviewing supervisors must require Staff Members to provide any required information on a revised use of force report, and the Jail must maintain both the original and any revised report in its records.
- e. Any supervisor responsible for reviewing use of force reports must document their use of force review as described in Paragraph 62 sufficiently to allow auditing to determine whether an appropriate review was conducted.
- f. All Level 1 uses of force must be sent to the shift commander, warden, Jail Administrator, and IAD.
- g. A Level 2 use of force must be referred to the shift commander, warden, Jail Administrator, and IAD if a reviewing supervisor concludes that there may have been a violation of law or policy. Level 2 uses of force may also be referred to IAD if the County requires such reporting as a matter of Jail policy and procedure, or at the discretion of any reviewing supervisor.

Non-Compliant

The status of this paragraph is unchanged. Appropriate supervisory review cannot be determined until the P&P Manual is revised and issued. In addition, the standardized, computer generated incident and use of force forms must actually be used by all personnel. At present supervisors merely sign their names on forms or review them electronically. Their signature does not reflect agreement, disagreement or recommended action.

60. After any Level 1 use of force, responding supervisors will promptly go to the scene and take the following actions:

- a. Ensure the safety of everyone involved in or proximate to the incident. Determine if anyone is injured and ensure that necessary medical care is or has been provided.
- b. Ensure that photos are taken of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in a use of force incident. Photos must be taken no later than two hours after a use of force. Prisoners may refuse to consent to photos, in which case they should be asked to sign a waiver indicating that they have refused consent. If they refuse to sign a waiver, the shift commander must document that consent was requested and refused.

- c. Ensure that staff members and witnesses are identified, separated, and advised that communications with other staff members or witnesses regarding the incident are prohibited.
- d. Ensure that victim, staff, and witness statements are taken confidentially by reviewing supervisors or investigators, outside of the presence of other prisoners or involved staff.
- e. Document whether the use of force was recorded. If the use of force was not recorded, the responding supervisors must review and explain why the event was not recorded. If the use of force was recorded, the responding supervisors must ensure that any record is preserved for review.

Non-Compliant

There has been no change with regard to compliance with the requirements of this paragraph. Currently, supervisors do not routinely collect witness statements or take photographs. The revision of the P&P Manual and the standardized incident report and use of force report forms will move the County towards compliance, but it will be essential for supervisors to be trained to follow through and to provide complete and accurate information. Consistent review and follow up corrective action will be essential.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor of Captain rank or above who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Non-Compliant

Although the number of use of force reports continues to increase, it is not necessarily an indication of more violence, rather it may represent improved reporting on the part of staff. All three facilities had submissions. Supervisors still do not follow through with the requirements of this paragraph. Although medical care issues are documented, photographs are not taken, nor is reference to them made in the reports. Witnesses are seldom questioned and supervisors do not make comments about recording of the incidents. While using the paper report forms supervisors have historically not made any recommendations or indicated whether or not they concurred with the action taken. While using the new computer-generated forms supervisors seldom followed through with any recommendation or action because it was not automatically required of them.

62. Reviewing supervisors must document the following:

- a. Names of all staff members, prisoner(s), and other participants or witnesses interviewed by the supervisor;
- b. Witness statements;
- c. Review date and time;
- d. The findings, recommendations, and results of the supervisor's review;
- e. Corrective actions taken;
- f. The final disposition of the reviews (e.g., whether the Use of Force was found to comply with Jail policies and procedures, or whether disciplinary action was taken against a staff member);
- g. Supporting documents such as incident reports, logs, and classification records. Supervisors must also obtain and review summary medical and mental health records describing –
 - i. The nature and extent of injuries, or lack thereof;
 - ii. The date and time when medical care was requested and actually provided;
 - iii. The names of medical or mental health staff conducting any medical or mental health assessments or care.
- h. Photos, video/digital recordings, or other evidence collected to support findings and recommendations.

Non-Compliant

Supervisors do not follow through with the requirements of this paragraph. They simply sign the incident and use of force reports (without making a recommendation of any type) on the older paper forms; on the new computer-generated forms they often take no action because, to date, the system did not require them to do so.

INCIDENT REPORTING AND REVIEW

To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement a system for reporting and reviewing incidents in the Jail that may pose a threat to the life, health, and safety of prisoners. To that end, the County must:

- 63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information in order to respond appropriately to reportable incidents.

Non-Compliant

The P&P Manual must be revised and issued to all personnel before the level of compliance can be determined. Computer generated, standardized forms are being developed for use by all personnel.

64. Ensure that Incident Reports include an accurate and detailed account of the events. At minimum, Incident Reports must contain the following information:

- a. Tracking number for each incident;
- b. The names of all staff members, prisoner, and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. Type of incident;
- f. Injuries to staff or prisoner;
- g. Medical care;
- h. All staff involved or present during the incident and their respective roles;
- i. Reviewing supervisor and supervisor findings, recommendations, and case dispositions;
- j. External reviews and results;
- k. Corrective action taken; and
- l. Warden and Administrator review and final administrative actions.

Non-Compliant

The comments associated with the previous paragraph apply to this one as well. Hopefully, the computer-generated forms being developed for use by all personnel will address the previously noted deficiencies.

65. Require each staff member directly involved in a reportable incident to accurately and thoroughly complete incident reports as promptly as possible, by the end of the staff member's shift. At minimum:

- a. Staff members must complete all fields on an Incident Report for which they have responsibility for completion. Staff members must not omit entering a date, time, incident location, or signature when completing an Incident Report. If no injuries are present, staff members must write that; they may not leave that section blank.
- b. Failure to report any reportable incident must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination.
- c. Supervisors must also comply with their documentation obligations and will also be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change in the status of this paragraph. At present, it is not possible to determine whether or not incident reports are being routinely submitted on all reportable incidents. While the number of untoward events that are documented appears to be increasing over time, the fact that there are no reports on file regarding late releases or lost money and property is indicative of a failure to document significant incidents. Based on a review of

records and through conversation with staff, it is known that inmates have been held beyond their scheduled release dates, yet no incident reports are on file.

66. Ensure that Jail supervisors review and respond appropriately to incidents. At minimum:

- a. Shift commanders must document all reportable incidents by the end of their shift, but no later than 12 hours after a reportable incident.
- b. Shift commanders must report all suicides, suicide attempts, and deaths, no later than one hour after the incident, to a supervisor, IAD, and medical and mental health staff.
- c. Any supervisor responsible for reviewing Incident Reports must document their incident review within 24 hours of receipt of an Incident Report sufficiently to allow auditing to determine whether an appropriate review was conducted. Such documentation must include the same categories of information required for supervisor use of force reviews such as names of individuals interviewed by the supervisor, witness statements, associated records (e.g. medical records, photos, and digital recordings), review dates, findings, recommendations, and case dispositions.
- d. Reportable incidents must be reviewed by a supervisor not directly involved in the incident.

Partial Compliance

While a more definitive determination cannot be made until the P&P Manual is revised and issued, it does appear, from a review of paper generated reports, that supervisors are reviewing incident reports in a timely fashion. Most reflect same day review based on signature dates. That determination cannot be made at this time with regard to the new computer-generated forms.

SEXUAL MISCONDUCT

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero-tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;
- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;

- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Non-Compliant

There does not appear to be any change in the status of this paragraph. The P&P Manual, as originally submitted in April, does not meet the requirements of the Settlement Agreement. It should be noted that there are no notices regarding the PREA posted throughout the Jail System although the Inmate Handbook does contain a brief reference to it. At present, there is no record on file to reflect compliance. The health administrator reported that there were no cases of sexual misconduct this visit. If an inmate complains of a sexual assault, they are sent to the hospital and a rape kit is performed.

An in-service on PREA provisions for the health staff is essential.

INVESTIGATIONS

68. The County shall ensure that it has sufficient staff to identify, investigate, and correct misconduct that has or may lead to a violation of the Constitution. At a minimum, the County shall:

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely (within 60 days of referral) investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement, within 90 days of its Effective Date. At a minimum, an investigation will be conducted if:
 - i. Any prisoner exhibited a serious injury;
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or

- iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- b. Per policy, investigations shall:
 - i. Be conducted by qualified persons, who do not have conflicts of interest that bear on the partiality of the investigation;
 - ii. 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
 - iii. 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.
- c. Provide investigators with pre-service and annual in-service training so that investigators conduct quality investigations that meet the requirements of this Agreement;
- d. Ensure that any investigative report indicating possible criminal behavior will be referred to the appropriate criminal law enforcement agency;
- e. Within 90 days of the Effective Date of this Agreement, IAD must have written policies and procedures that include clear and specific criteria for determining when it will conduct an investigation. The criteria will require an investigation if:
 - i. Any prisoner exhibited serious, visible injuries (e.g., black eye, obvious bleeding, or lost tooth);
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
 - i. a brief summary of all completed investigations, by type and date;
 - ii. a listing of investigations referred for administrative investigation;
 - iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
 - iv. 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.

- v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.
- g. Jail management 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 and United States.

Partial Compliance

There has been no substantive change with regard to this paragraph since the Second Monitoring Report. Compliance with this paragraph cannot be achieved until the P&P Manual is revised and issued to all personnel and documentation is available to verify that actions taken are consistent with those policies and procedures. The number of IAD investigative reports submitted through Dropbox actually reflects a decrease during the current reporting period. In one case, a Detention Officer was found to be guilty of making a false statement, refusal or non-compliance with a direct lawful order and making improper use of his official position to include introduction of contraband to the facility. Although appropriate action may have been taken by the HCSO, there is no documentation of the disposition of the investigation that has been provided to the Monitor to date even though the IAD investigation is dated August 14, 2017.

GRIEVANCE AND PRISONER INFORMATION SYSTEMS

Because a reporting system provides early notice of potential constitutional violations and an opportunity to prevent more serious problems before they occur, the County must develop and implement a grievance system. To that end:

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

The use of the new kiosk system will eventually allow the prisoners to report grievances without the intervention of detention officers. However, the system is newly implemented and is not working as it should. A number of prisoners reported that when they try to submit a grievance the system will not accept their pin and they are kicked out of the system. Corrections officers confirmed that this is true. Staff have not identified an alternative method for submitting grievances for those prisoners. The system at the Work Center was completely non-functioning at the time of the site visit and the facility had reverted to paper grievances. Improvements to the system should be addressed promptly. In the interim, prisoners that cannot access the kiosk system should be able to submit paper grievances. The Inmate Handbook will need to be updated and will need to provide more detail to assist prisoners in using the system. The grievance

protocol in the current Handbook does not even reflect the process that was in place prior to the kiosks being implemented. Medical grievances are unusually low for the size of the population. This should be evaluated to ensure that prisoners understand that the grievance process can be used for medical grievances.

70. Grievance policies and procedures must be applicable and standardized across the entire Jail.

Non-Compliant

It was reported that there is now one Inmate Handbook that applies to all facilities. However, that Inmate Handbook, as noted above, describes a grievance procedure that has not existed in any of the facilities since the time monitoring began. Also, as noted above, because of problems with the kiosk system, the Work Center is not using the kiosk system. There should be training of staff on the kiosk system so that they can assist prisoners as needed.

71. All grievances must receive appropriate follow-up, including a timely written response by an impartial reviewer and staff tracking of whether resolutions have been implemented or still need implementation. Any response to a medical grievance or a grievance alleging threats or violence to the grievant or others that exceeds 24 hours shall be presumed untimely.

Partial Compliance

The new system creates a spreadsheet to track grievances and responses. The Grievance Officer can track who has been assigned to respond to a grievance on the spreadsheet. There are currently several problems with the process that prevent compliance. The person assigned to respond to a grievance is assigned based on housing and subject matter. However, this results in some situations in the responding individual not being impartial. The assignments need to be evaluated both generally and in the specific case to ensure that an impartial person is reviewing the grievance. At least one grievance was marked as resolved because it was referred to an individual to resolve. Referral alone does not constitute a resolution. At RDC, there is no one routinely checking to ensure that all grievances have been responded to and no one ensuring whether resolutions have been implemented. The new system has no means known to staff for marking a grievance as an emergency or otherwise identifying emergent grievances.

The number of grievances reported to medical for RDC seems very low. There was one grievance in June, 2 in July, 9 in August, and 15 grievances in September. The grievances were for a variety of issues with delayed care being the most frequent followed by missed medication. One inmate that was a diabetic requested his diabetic shoes from his property. The response was that it was not a medical issue. The need for diabetic shoes is a medical issue in that a diabetic inmate may develop ulcers due to poor fitting shoes. The physician should examine this patient. QCHC must coordinate with security when there are grievances that might involve security

rather than deny those grievances as non-medical. A similar impasse was reached with an inmate requesting a Kosher diet. QCHC would not order the diet because it was not a medical issue. The Jail would not allow the diet without an order from medical. The failure to provide the diet, however, resulted in the inmate refusing to eat and having increased mental health symptoms. All grievances were answered within 5 days. Medical grievances go directly to the medical department.

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

The staff is currently not well-trained on the capabilities of the system. They will need to be trained so that they can assist prisoners with accessing the system once it is functional. Staff did not know whether a different language could be selected and utilized with the system. Neither did staff know whether it had a voice recognition feature. These questions should be addressed to the vendor. Currently, the staff assumes that other prisoners will assist with prisoners who cannot access the current system. This does not meet the requirements of this paragraph.

73. The County must ensure that all current and newly admitted prisoners receive information about prison rules and procedures. The County must provide such information through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding the Jail's disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse, battery, and assault; accessing medical and mental health care; emergency procedures; visitation; accessing the grievance process; and prisoner rights. The County must provide such information in appropriate languages for prisoners with LEP.

Non-Compliant

As noted above, the grievance procedure described in the Inmate Handbook is not the one that is utilized and would not be consistent with paragraph 69 above. There is nothing in the Handbook describing how to report misconduct, sexual abuse, or battery and assault. The procedure for a medical or other inmate request is now outdated. The Handbook does not describe prisoner rights. Punishment is being assigned in excess of that listed for rules infractions. It was previously reported that a translation into Spanish was being worked on but that has not been provided.

RESTRICTIONS ON THE USE OF SEGREGATION

In order to ensure compliance with constitutional standards and to prevent unnecessary harm to prisoners, the County must develop and implement policies and procedures to limit the use of segregation. To that end, this Agreement imposes the following restrictions and requirements:

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Partial Compliance

During the October site visit, discussions with Classification staff set in place procedures which should make it possible for all detainees to be classified and assigned to appropriate housing within 24 hours of entry to the RDC. While this still does not comply with the requirement that classification take place within eight hours of intake, it represents another step toward compliance with that standard. Although it was previously reported that the single cells in Booking were no longer used for long term housing, during the October site visit it was discovered that an inmate with medical issues was, once again, housed there in a negative pressure cell. The situation was immediately rectified and the inmate was placed in a negative pressure cell in the Medical Unit.

At the RDC none of the housing units are properly designed to serve as a confinement/segregation unit. The recommendations that were made in the Second Monitoring Report need to be implemented. Confinement housing should be sub-divided into small components of from four to sixteen cells (modules) within a 48 to 64 cell unit. Without this design feature the job of keeping problem prisoners separate from each other is extremely difficult. Because the configuration at the RDC has 50 or more cells opening to a common day room, it is impossible to allow each inmate out of the cell individually in a 24 hour period. Segregation housing is very labor intensive to operate. Realistically, three officers are required to operate a 64 bed confinement unit. All of these issues are exacerbated at the RDC because the shortage of officers makes it impossible to assign one to many of the adult housing units.

The monitoring team as a group interviewed several patients that were in lockdown. The conditions in the segregation unit reflected significant problems. Inmates reported being in fear of their lives, unable to file grievances, denied a religious diet, and having insufficient light with the lights in the cells being non-functional. Time did not permit the monitoring team to verify all of the information provided by the inmates. It was verified that one inmate had been in altercations with other inmates and the lighting in the cells was poor with most of the cell ceiling lights being non-functional. It was also verified that a Kosher diet was not being provided. The inmates were shouting and throwing food and other items out of their cells.

75. The County must document the placement and removal of all prisoners to and from segregation.

Non-Compliant

There has been little change in the status of this paragraph. Documentation of inmates housed in the two, five bed confinement/segregation modules at the WC were found to be current although well-being checks were conducted at 30 minute, rather than 15 minute intervals. The same conditions were found at the JDC. During an inspection of HU B-3, which is currently designated as a segregation housing area, the well-being logs taped to the front of each cell were all signed by the officer at precisely the same time in exact 30 minute increments—a physical impossibility. On the following day, the well-being logs were no longer taped to the cell fronts; instead, they were located in the officer’s Unit Log.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner’s mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Non-Compliant

Segregation rounds are conducted by nursing staff on a daily basis at all three facilities. Nurses see each patient that is housed in segregation. Units that are utilized include B-3 and B-3 Isolation. The social worker conducts segregation rounds on all inmates placed in segregation twice a week. There is no notification by correctional staff prior to placement of an inmate on disciplinary sanctions or suicide precautions.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness. These safeguards must include the following:

- a. All decisions to place a prisoner with serious mental illness in segregation must include the input of a Qualified Mental Health Professional who has conducted a face-to-face evaluation of the prisoner in a confidential setting, is familiar with the details of the available clinical history, and has considered the prisoner’s mental health needs and history.
- b. Segregation must be presumed contraindicated for prisoners with serious mental illness.
- c. Within 24 hours of placement in segregation, all prisoners on the mental health caseload must be screened by a Qualified Mental Health Professional to

determine whether the prisoner has serious mental illness, and whether there are any acute mental health contraindications to segregation.

- d. If a Qualified Mental Health Professional finds that a prisoner has a serious mental illness or exhibits other acute mental health contraindications to segregation, that prisoner must not be placed or remain in segregation absent documented extraordinary and exceptional circumstances (i.e. for an immediate and serious danger which may arise during unusual emergency situations, such as a riot or during the booking of a severely psychotic, untreated, violent prisoner, and which should last only as long as the emergency conditions remain present).
- e. Documentation of such extraordinary and exceptional circumstances must be in writing. Such documentation must include the reasons for the decision, a comprehensive interdisciplinary team review, and the names and dated signatures of all staff members approving the decision.
- f. Prisoners with serious mental illness who are placed in segregation must be offered a heightened level of care that includes the following:
 - i. If on medication, the prisoner must receive at least one daily visit from a Qualified Medical Professional.
 - ii. The prisoner must be offered a face-to-face, therapeutic, out-of-cell session with a Qualified Mental Health Professional at least once per week.
 - iii. If the prisoner is placed in segregation for more than 24 hours, he or she must have his or her case reviewed by a Qualified Mental Health Professional, in conjunction with a Jail physician and psychiatrist, on a weekly basis.
- g. Within 30 days of the Effective Date of this Agreement, A Qualified Mental Health Professional will assess all prisoners with serious mental illness housed in long-term segregation. This assessment must include a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Prisoners requiring follow-up for additional clinical assessment or care must promptly receive such assessment and care.
- h. If a prisoner on segregation decompensates or otherwise develops signs or symptoms of serious mental illness, where such signs or symptoms had not previously been identified, the prisoner must immediately be referred for appropriate assessment and treatment by a Qualified Mental Health Professional. Any such referral must also result in a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Signs or symptoms requiring assessment or treatment under this clause include a deterioration in cognitive, physical, or

verbal function; delusions; self-harm; or behavior indicating a heightened risk of suicide (e.g., indications of depression after a sentencing hearing).

- i. The treatment and housing of prisoners with serious mental illness must be coordinated and overseen by the Interdisciplinary Team (or Teams), and guided by formal, written treatment plans. The Interdisciplinary Team must include both medical and security staff, but access to patient healthcare information must remain subject to legal restrictions based on patient privacy rights. The intent of this provision is to have an Interdisciplinary Team serve as a mechanism for balancing security and medical concerns, ensuring cooperation between security and medical staff, while also protecting the exercise of independent medical judgment and each prisoner's individual rights.
- j. Nothing in this Agreement should be interpreted to authorize security staff, including the Jail Administrator, to make medical or mental health treatment decisions, or to overrule physician medical orders.

Non-Compliant

Some RDC segregation practices can be thought to inflict further harm on inmates suffering from inadequate medical care. Inmates in these cells receive less contact with and less monitoring by providers than the acuity of their condition demands. When they are released to the general population inmates receive little follow-up care. Due to the effects of isolation, placement in segregation endangers mentally ill inmates and the risk of harm increases with the length of isolation and severity of their mental illness. Despite these dangers RDC does not have a meaningful mechanism that allows mental health staff to review an inmate's chart prior to placement. Moreover, many mental health patients end up in segregation as a result of symptoms of mental illness and as described under suicide prevention, many inmates try to commit suicide in segregation cells.

There are no interdisciplinary team meetings. Mental health staff should meet with the Major, Classification officer, Captain on a weekly basis to discuss housing, treatment goals and medications for seriously mental ill offenders. The meetings should last no longer than 30-45 minutes and two or three of the most mentally ill inmates should be discussed. When the unit designated as a mental health unit is actually operated as a therapeutic mental health unit as required by paragraph 42(g)(vi), the interdisciplinary team meeting should take place with the staff of that unit.

YOUTHFUL PRISONERS

As long as the County houses youthful prisoners, it must develop and implement policies and procedures for their supervision, management, education, and treatment consistent with federal

law, including the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. **Within six months of the Effective Date of this Agreement, the County will determine where it will house youthful prisoners. During those six months, the County will consult with the United States, the monitor of the Henley Young Juvenile Detention Center Settlement Agreement, and any other individuals or entities whose input is relevant.** The United States will support the County's efforts to secure appropriate housing for youthful prisoners, including supervised release. **Within 18 months** after the Effective Date of this Agreement, the County will have **completed** transitioning to any new or replacement youthful prisoner housing facility.

Partial Compliance

The County has taken a significant step toward compliance with this requirement. Specifically, beginning September 1, the transition of Youthful Prisoners (Juveniles Charged as Adults – JCAs) began by placing “new” JCAs at the Henley Young Juvenile Justice Center (hereinafter referred to as Henley Young). In this case, “new” refers to JCAs that had not already been in placement at the RDC other than for a short time, i.e. a few days following booking up to one youth indicating he had been at RDC about three weeks. As of this site visit, five JCAs were housed at Henley Young. Consequently, the number of JCAs remaining at the RDC is diminishing, with eleven JCAs in placement as of the start of the site visit. During the week of the site visit, two of those youth turned age 18 and were transferred to an adult unit at RDC, leaving nine JCAs at RDC at the end of the site visit. The current plan is to continue this transition. In order to meet the requirement of the Agreement, all JCAs would have to be transitioned out of RDC by January 19, 2018 (note previous report erroneously referenced this date as June 2018). None of the youth remaining at RDC will turn 18 prior to that date so absent changes in their court case that results in placement elsewhere these youths will need to be moved. These remaining JCAs present greater challenges in transitioning to Henley Young, at least in part resulting from their long-term confinement at the RDC and the resulting “adulthood” they have experienced by being housed in a setting that has offered little programming, minimal mental health services, often inadequate supervision, and generally poor living conditions. The concerns related to transitioning remaining JCAs is echoed in the September 25, 2017 Henley Young Monitoring report filed by Mr. Leonard Dixon, the court-appointed monitor for the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree related to the Henley Young facility.

Pertinent sections of that report include:

“During my visit to the County Jail, the young adult unit was in extreme poor condition, no programs were available, the young adults were constantly on lockdown and there were inadequate supervision for them. Transitioning from a jail environment which is run by sworn officers to Henley-Young which is staffed with unsworn staff may lead to an increase in violence toward both staff and residents. This will have to be addressed and managed properly.

If this transition is to occur I would recommend a slow transfer of these young adults into Henley-Young to mitigate the negative impacts from integrating these young adults into a relatively structured facility. An initial carefully planned selective transitional program should be developed to slowly move these young adults a few at a time into Henley-Young on a weekly or biweekly basis. This transition process is critical if the facility is to maintain its compliance with the consent decree. There also needs to be additional security for these adult inmates. The physical plant needs greater security hardware (i.e. fencing for outdoors, outdoors ground security, outdoor windows security etc.) and new stringent staffing security protocols in place before this transition takes place.... and

I am concerned that the integration of young adults into Henley-Young may possibly jeopardize and potentially undermine all the hard work and effort put in place by the County if the above- mentioned recommendations are not carefully considered or adhered to”.¹

The decision to utilize Henley Young for JCAs does create an immediate conflict with the Hinds County/SPLC Consent Decree related to the maximum length of stay (21 days) that will need to be resolved. It is our understanding that the parties for both cases are aware of this conflict, and some resolution of that conflict will need to occur. The court should be advised of any progress on this issue.

Finally, as noted in the initial Baseline Report and as referenced in other reports, making this transition successful (safe for all youth and staff as well as meeting both Agreement requirements), additional steps will need to be taken, including but not limited to:

1. Continue to house “new” JCAs (male and female) at Henley Young after booking at RDC;
2. Additional physical plant modifications related to perimeter and living unit security;
3. Constructing of additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley Young;
4. Reviewing staffing alignment and positions to ensure additional staffing and supports as additional JCAs are transferred from RDC. While the Henley Young agreement calls for a direct supervision staff/youth ratio of 1/8, a 1/6 ratio for the JCA youth that remain at RDC is recommended;
5. Addressing case processing concerns in the adult system that has resulted in very lengthy periods of confinement for JCAs at RDC and, absent changes will result in similar lengths of stay at Henley Young. This not only delays resolution of the youth’s case but also increases the likelihood that the population of JCAs at Henley Young will grow and create additional challenges for operation of the facility as a whole. Note that the Dixon Monitoring Report

¹ Dixon, Leonard. *Henley Young Compliance Monitoring Report*. J.H., ET AL, Vs. Hinds County Mississippi. Filed September 25, 2017. pp. 11-12.

provides some specific recommendations in this regard that would provide more timely and appropriate outcomes for JCAs;

6. Making structural improvements to the living units that will support more effective supervision and programming for youth including:
 - a. Installing soundproofing materials (e.g. acoustic ceiling tiles, acoustic wall panels, carpeting in portions of the floor) to reduce the noise level created by normal adolescent behavior(s); noise that makes it not only difficult to properly interact with/supervise youth but also adds to the overall noise level that unnecessarily elevates the emotional level of youth;
 - b. Removing the steel tables and replace them with movable, security grade tables and chairs that are more comfortable, flexible, and permit rearrangement for purposes of programming in small groups, separation of youth within a unit, and/or even individual program purposes; and
7. Continuing to implement practices and policies that limit the number of non-JCA youth confined at Henley Young. In recent months, the average daily population of non-JCA youth has declined considerably, making it possible to “free up” at least one, and possibly two, housing units for JCA youth. This has been accomplished in large part by implementing a detention screening tool that helps limit youth being admitted, authorizing the release of youth that can be supervised in the community, reducing the use of Henley Young for probation violations, and ensuring timely processing of cases in the youth court. Use of Henley Young for non-JCA youth should be limited to those youth that pose a danger to the community or circumstances in which it is necessary to secure a youth’s appearance in court; and for those youth only as long as those conditions remain a concern. Continued administrative and judicial leadership to support alternatives to confinement will be critical to making it possible to utilize Henley Young safely and effectively for all youth.

All of these steps will become increasingly important as the number of JCAs at Henley Young grows, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible.

REPORTING COMPLIANCE ON THE REMAINING CONDITIONS WILL REFERENCE ONE/BOTH LOCATIONS AS APPROPRIATE.

For any youthful prisoners in custody, the County must:

78. Develop and implement a screening, assessment and treatment program to ensure that youth with serious mental illness and disabilities, including developmental disabilities, receive appropriate programs, supports, education, and services.

Partial Compliance at Henley Young

Moving to Partial Compliance on this component is solely the result of transitioning some youth to the Henley Young facility. Any JCAs booked at RDC and then housed at Henley Young are screened for mental health concerns using the MAYSI-II, a common screening tool that is appropriate for use with adolescents. Additionally, the County has hired three additional case managers to help support individualized planning and services and has been in the process of hiring an on-site psychologist. However, the case manager positions are relatively new and the nature of their role and responsibilities is still being developed; and, the psychologist position remains unfilled, as a previous offer was made to a potential employee but that offer was ultimately rejected. Based on interviews with staff at Henley Young, comments included in Mr. Dixon's recent report are appropriate. Work on roles and policies are in the early stages but the progress is promising.

As noted in the prior Compliance Report, implementing a more comprehensive mental health program also means integrating what is known about the mental health needs of youthful prisoners with multiple requirements of the operation including reducing the use of seclusion/restraints, increased training for staff supervising youth, and development of a behavioral management program. Significant progress toward this goal has been made at Henley Young, including developing a contractual relationship for various services with the Hinds County Behavioral Health unit, and will be evaluated further in subsequent visits.

Finally, further information related to this requirement may be available upon receipt of a report by Dr. Boesky, the consultant hired to assess mental health services for the Henley Young Consent Decree.

Non-Compliant at RDC

There is no evidence of any change in how JCAs confined at RDC are screened and/or served in relation to the various components required in this provision. Mental health services remain limited to dealing with crisis situations (i.e. suicide concerns) and issues related to psychotropic medications (i.e. adjustments in medications). Thus, there is no evidence of any substantive programming/services to deal with issues related to developmental disabilities or integration of any such services into a behavioral health approach to addressing the needs of youth at RDC.

In the last Compliance Report, it was noted that there were increasing concerns about the number and nature of incidents for JCAs of suicide ideation/expression, but in reviewing the RDC youth's files and other information provided by the County, that concern has subsided in recent months; perhaps consistent with the reduction in the number of youth at RDC.

On a positive note, Deputy Newell has been given the task of developing some additional supportive life skill programming for adults, including young adults, at RDC. He has recruited fifteen volunteers to offer a variety of group programs that inmates can participate in, for example decision-making, AODA support, money management, anger management, parenthood, etc. Those programs are being planned to be implemented in later October/early November, and review of progress in this regard can be done during the next site visit.

Recommendations:

1. Assuming the transition of JCAs to Henley Young continues, the case manager recently employed to work with the JCA youth at Henley Young should begin outreach to the remaining JCAs at RDC to begin a more complete assessment process and assist in the transition of those youth to Henley Young; and
2. The County should continue efforts to secure a psychologist for Henley Young consistent with the terms of that Consent Decree or, at a minimum, on a contractual basis.

79. Ensure that youth receive adequate free appropriate education, including special education.

Partial Compliance at Henley Young

Education services at Henley Young are provided by the Jackson Public School (JPS) system. As youth transition to Henley Young they are assessed by JPS staff related to their education status including whether they have been receiving special education services. This is a first step in meeting the condition of this requirement, but at this point the determination has been made that only youth 15 and under will be integrated into the regular JPS program at Henley Young. The current plan calls for the 16 & 17 year old JCAs placed at Henley Young to be placed in a developing GED instruction/testing program. For some youth that will be an appropriate placement, while for others it will not likely be consistent with what is appropriate and/or legally required (particularly for youth that are eligible for special education services). Unfortunately, the majority of youth already at Henley Young as well as those remaining to be transferred from RDC fall in the 16-17 year old category.

Further concerns related to the education program at Henley Young include (1) whether or not the amount of instructional time provided for youth is consistent with state requirements, and (2) whether youth at Henley Young are provided services in a way that will permit them to keep up with where they were at academically prior to admission and/or whether they are able to receive credit (time and/or actual course credit) that will support successful reentry back into the community and a school program at the time of release.

These concerns are even more relevant for JCA youth for longer periods of time, periods that will likely span multiple academic semesters. In some ways, having youth for longer periods of

time should enable JPS to provide a more complete education program, e.g. assess needs and gather appropriate educational records, provide individualized programming, provide remedial support as needed to allow youth to “catch up”, and ultimately provide credits that can be applied to subsequent programming.

In addition to meeting the needs of youth while placed at Henley Young, it will be increasingly important that there is adequate programming at RDC for those youth who “age out” of Henley Young and return to RDC and/or that there is sufficient transition planning done to ensure that youth receive required/appropriate services no matter where they ultimately are released to/placed at.

Finally, the state of compliance with this requirement will be further informed by a pending report being submitted to Mr. Dixon by Carol Kramer-Brooks, a well-respected expert on educating youth in confinement. Conclusions and recommendations in that report will be reviewed and assist in planning the next site visit.

Non-Compliant at the Raymond Detention Center

The JCAs at RDC have continued to benefit, albeit on a very limited basis, from the continued support of a volunteer for Adult Basic Education (ABE) services. With a reduced number of youth to serve, the volunteer has been focusing more on providing individualized instruction, but that remains limited to two-three times/week for relatively brief periods of time (e.g. 1-2 hours). As noted in the prior report, the ABE program is dependent on the availability and interest of the volunteer, and that person is not certified to fully assess educational needs or administer GED testing (if appropriate). Leadership reported that they are in the process of recruiting a certified GED instructor that will enable increased services for young adults, but it is not clear to what extent that individual will serve JCAs if/when that position is secured.

There remains no routine screening process (other than assessment related to ABE skills) to determine whether and what educational services a juvenile or youthful offender was engaged in prior to admission that would help determine what the appropriate, and often legally required, services should be for the youth while confined. As well as providing some increased GED programming for adults, as JCAs are transitioned out of RDC there will still be a need to assess young adults placed at RDC that may be eligible for special education services.

80. Ensure that youth are properly separated by sight and sound from adult prisoners.

Substantial Compliance at Henley Young

Since there are no adult prisoners placed at Henley Young, this provision is met, and as JCA youth in placement turn 18, they will be transferred to RDC.

Partial Compliance at the Raymond Detention Center

Youth are housed in a separate unit so that the potential for contact with adults is minimized. The initial Policies and Procedures provided, however, fall short of emphasizing the need for this separation/proper supervision to be carried through all aspects of the operation, lacking reference to how youth might be moved throughout the facility, e.g. to medical, the classroom, or holding/transportation to court. Further revision of Policies/Procedures has apparently been contracted out to Jackson State University and the timeline for completion is uncertain but not imminent.. Any revision (as well as related training) should clearly include a requirement to document (via an Incident Report) any instance in which improper contact occurs.

As noted in prior reports, there is no evidence of signage or consistent policies that indicate appropriate attention to the requirements of the Prison Rape Elimination Act (PREA) related to youthful offenders, including separation and supervision.

81. Ensure that the Jail's classification and housing assignment system does not merely place all youth in the same housing unit, without adequate separation based on classification standards. Instead, the system must take into account classification factors that differ even within the youth sub-class of prisoners. These factors include differences in age, dangerousness, likelihood of victimization, and sex/gender.

Partial Compliance at the Raymond Detention Center and Henley Young

With only one unit in RDC, this provision cannot be fully met. Separation of some JCAs has been achieved simply through the process of placing new JCAs at Henley Young. The number of youth remaining at RDC has declined as noted, and the youth remaining tend to be older and have alleged to have committed very serious offenses.

At this point in time, the JCA youth at Henley Young are assigned to one housing unit. As the transition continues it may be possible to utilize two of the Henley Young housing units in a way that permits appropriate classification, but that will be dependent on a number of factors, including: (1) maintaining the number of non-JCA youth as low as possible; (2) reconciling any conflicts between this Settlement Agreement and the SPLC/Hinds County Consent Decree; and (3) the creation of additional program space(s).

The criteria and process for classification will need to be finalized and evaluated as additional youth are transferred from RDC.

82. Train staff members assigned to supervise youth on the Jail's youth-specific policies and procedures, as well as on age-appropriate supervision and treatment strategies. The County must ensure that such specialized training includes training on the supervision and treatment of youth, child and adolescent development, behavioral management, crisis intervention, conflict

management, child abuse, juvenile rights, the juvenile justice system, youth suicide prevention and mental health, behavioral observation and reporting, gang intervention, and de-escalation.

Partial Compliance at Henley Young

Supervising staff at Henley Young receive basic detention officer certification through the state. In reviewing that standard curriculum and notes from Mr. Dixon's most recent report, I agree that the focus of that training provides some baseline knowledge that is useful, but it lacks the kind of focus on working with youthful offenders that is needed be effective with juveniles and young adults. In addition to this state training and the facility orientation training, all staff apparently receives Non-Violent Crisis Intervention training (and refresher training) certified by the Crisis Prevention Institute. This is a curriculum that is commonly used in juvenile detention settings and places an emphasis on verbal de-escalation skills and, if necessary, restraint and protection skills that are safe and more appropriate when used with juveniles.

Time did not permit a full review of training records, but Mr. Dixon's report indicates that there is good documentation related to staff training. Henley Young is making notable progress toward substantial compliance, and continuing to develop specific training programs related to adolescent development, professional communications, mental health, gang recognition skills, behavior management, and dealing with suicide/self-harm behaviors will further advance the safety and effectiveness of the facility for all youth, not just the JCAs. Further review of all training records and curriculum at Henley Young should be a priority for the next site visit.

Non-Compliant at the Raymond Detention Center

The last specialized training for supervising youthful prisoners was held in June prior to the site visit. Ten staff participated in the training, although seven of the ten are staff currently assigned to the JDC, leaving only three RDC staff receiving the training. And, it appears that no effort has been made to then clearly assign those trained staff to the juvenile unit (A-1) with the exception of Sgt. Tower. While the general course of training for new detention officers does include some basic elements that are appropriate for juveniles, the lack of additional training and lack of focus on assigning specific staff to the juvenile unit is of significant concern. Overall this is a step backward from the prior plan to train more officers and assign them to the juvenile unit.

That concern was perhaps best illustrated by an incident on August 27 when a juvenile, D.C., ended up with a broken jaw resulting from a fight with another juvenile on the unit. In reviewing the Incident Report, speaking with Warden Rushing and Mr. Bennis (Internal Affairs), and viewing the video recording of the lead-up to the incident, it was clear that there were three to four points in the minutes before the fight occurred in which a more experienced and well-trained officer could have and likely would have intervened to prevent the fight from occurring. So, while there was an officer providing direct supervision on the unit (recall prior concerns that there were periods of time when a staff was not on the unit), the officer did not respond at all to

the precursors of the fight and in fact did not respond after either. It was not until some other youth helped D.C. down the stairs and brought him to attention of the next staff member on the unit that medical support was called. Per the report(s) D.C. had significant injuries that required the use of oxygen, transport to the hospital, and eventually having his jaw wired shut. D.C. was then placed in isolation in a medical monitoring unit and was still on that unit at the time of this site visit. Of additional concern is that the Internal Affairs follow up report of the incident had not been completed at the time of the site visit, and the conclusion that the officer essentially did nothing overtly wrong is confusing at best. Clearly, negligence on the part of the officer in failing to intervene was a contributing factor in the resulting incident.

Recommendations included in the prior report remain largely appropriate as long as juveniles remain at RDC, including: (1) training any/all staff working with youthful prisoners (keeping in mind that much of the training is appropriate for supervising young adult offenders as well as youth under age 18); (2) assigning only properly trained staff to the juvenile unit; (3) training key supervisory staff so they can properly reinforce the training that was received and properly evaluate officer performance; (4) and integrating knowledge gained in the training in development of a behavioral management program and related policies/procedures.

83. Specifically prohibit the use of segregation as a disciplinary sanction for youth. Segregation may be used on a youth only when the individual's behavior threatens imminent harm to the youth or others. This provision is in addition to, and not a substitute, for the provisions of this Agreement that apply to the use of segregation in general. In addition:

- a. Prior to using segregation, staff members must utilize less restrictive techniques such as verbal de-escalation and individual counseling, by qualified mental health or other staff trained on the management of youth.
- b. Prior to placing a youth in segregation, or immediately thereafter, a staff member must explain to the youth the reasons for the segregation, and the fact that the youth will be released upon regaining self-control.
- c. Youth may be placed in segregation only for the amount of time necessary for the individual to regain self-control and no longer pose an immediate threat. As soon as the youth's behavior no longer threatens imminent harm to the youth or others, the County must release the individual back to their regular detention location, school or other programming.
- d. If a youth is placed in segregation, the County must immediately provide one-on-one crisis intervention and observation.
- e. The County must specifically document and record the use of segregation on youth as part of its incident reporting and quality assurance systems.
- f. A Qualified Medical Professional, or staff member who has completed all training required for supervising youth, must directly monitor any youth in segregation at least

every fifteen (15) minutes. Such observation must be documented immediately after each check.

- g. Youth may not be held in segregation for a continuous period longer than one (1) hour during waking hours. If staff members conclude that a youth is not sufficiently calm to allow a break in segregation after one hour, they must contact a Qualified Mental Health Professional. The Qualified Mental Health Professional must assess the youth and determine whether the youth requires treatment or services not available in the Jail. If the youth requires mental health services that are not provided by the Jail, the Qualified Mental Health Provider must immediately notify the Jail Administrator and promptly arrange for hospitalization or other treatment services.
- h. If a youth is held in segregation for a continuous period longer than two (2) hours, Staff Members must notify the Jail Administrator.
- i. Any notifications or assessments required by this paragraph must be documented in the youth's individual record.

Partial Compliance at Henley Young

Based on conversations with staff and youth, segregation as defined in this agreement is uncommon in that there are short periods of time when youth may be confined to a cell for disciplinary reasons but not for a majority of waking hours. This is consistent with the general operation of a reasonable behavior management system in which most of the behavior is managed by adhering to a full daily routine of constructive pro-social activities, promoting sound direct supervision practices, and shaping behaviors through use of a well-designed incentive system.

However, it is apparent that policies do permit the use of cell confinement/segregation for up to three days for non-JCA youth and up to five days for JCA youth. Further review of the policies, practices, and documentation related to the use of cell confinement will need to be completed during the next site visit.

While there are some differences in the language of the Henley Young Consent Decree and this Agreement, Mr. Dixon's most recent report does reference those requirements and includes the following:

During this visit and my review of documentation, I found that the facility was not abusing isolation practices. However, I would recommend the administration closely review incidents reports to ensure that staff is accurate when placing residents in confinement (i.e. Resident M.C. on 2/9/2017 was escorted back to B Pod however there is no mention of the resident going to his room; Resident J.P. on 2/15/2017 was escorted back to his pod again there was no mention of the resident placed in his room after flooding his room; Resident J.P. on 2/9/2017 he was escorted to his room B101 but there is no indication that he was placed on BMI for 15 minutes to cool down and Resident L.M. on 6/13/2017 was escorted to his room for acting out however there is no indication that he was placed in his room even though the

incident report shows that he was placed in his room). These are areas that must be persistently monitored.²

Note that his specific concerns relate to documentation (rather than evidence of the overuse of cell confinement), which is critical for ensuring staff accountability and overall compliance with proper policies. Overall, implementing a comprehensive behavior management system that includes the strategic use of various forms of “time outs” or short term room confinement (e.g. up to one hour) for disciplinary purposes only when necessary is a fairly complex task. Mr. Dixon’s recommendations that this continue to be a focus of policy development and staff training is appropriate.

Non-Compliant at the Raymond Detention Center

There remains no evidence of sufficient policies/procedures or documentation related to the use of room confinement or other forms of isolation/segregation for youth, although youth report that use of extended room confinement is not occurring. In a discussion with Sgt. Tower she continues to report that there were occasional times when she addressed behavioral concerns by placing youth in their cell for short periods of time, e.g. 30 minutes, to calm a situation of concern that she was observing. However, as noted earlier, the youth that had his jaw broken in the incident of August 27 was placed in a medical isolation cell since the incident and complained of being able to be out of his cell on rare occasion and not having hot water for a shower. While concerns about his health and the potential of risk of further harm if returned to the juvenile unit were legitimate, something other than extended isolation in this manner should be developed for such cases. Per Warden Rushing, the plan was for the youth to return to the juvenile unit the week following the October site visit.

Recommendation: Steps toward compliance can be made by (1) developing clear policies/procedures, consistent with the Agreement requirements, related to the use of segregation or other forms of isolation/confinement for disciplinary purposes; and (2) keeping a room confinement log that documents any period of time in which a youth is placed in segregation/room confinement for disciplinary purposes that includes the name of the youth, the time confined, the officer implementing the confinement, brief reason for the confinement, and any involvement of medical/mental health staff to review confinement if it is extended; and (3) require the writing of an Incident Report for any such confinement that exceeds one hour.

84. Develop and implement a behavioral treatment program appropriate for youth. This program must be developed with the assistance of a qualified consultant who has at least five years of experience developing behavioral programs for institutionalized youth. The Jail’s behavioral program must include all of the following elements:

² Dixon, Leonard. *Henley Young Compliance Monitoring Report*. J.H., ET AL, Vs. Hinds County Mississippi. Filed September 25, 2017. p.14.

- a. The behavioral program must include positive incentives for changing youth behavior, outline prohibited behaviors, and describe the consequences for prohibited behaviors.
- b. An individualized program must be developed by a youth's interdisciplinary treatment team, and properly documented in each youth's personal file. Documentation requirements must include the collection of data required for proper assessment and treatment of youth with behavioral issues. For instance, the County must track the frequency and duration of positive incentives, segregation, and targeted behaviors.
- c. The program must include safeguards and prohibitions on the inappropriate use of restraints, segregation, and corporal punishment.

Partial Compliance at Henley Young

In moving toward compliance with the County/SPLC Consent Decree, many steps have been taken to develop staffing and programming to meet the requirements of this paragraph. For example:

1. Three case managers have been hired to work with youth in placement to provide some individualized counseling, provide some group programming, serve as a link to other needed resources to address behavioral and mental health needs, and keep youth informed of their court status. As this role is further developed, the case manager can be a facilitator for the kind of treatment team approach envisioned in this requirement;
2. The County continues searching for a psychologist on an employee or contractual basis to provide support for on-going treatment of all youth, including the JCA youth;
3. A rudimentary point/level system is in place that links expectations for youth to various privileges/rewards they can earn, and the JCAs interviewed all referenced some activities and privileges they had received. This system remains a work in progress, as there are a number of improvements that can be made as it is used for all youth; but, particularly it should be enhanced with additional requirements/incentives for JCA youth (e.g. provide for individualized goal-setting, compliance with additional programming expectations, use of peer support, etc.);
4. Based on brief conversations with staff and youth and consistent with the information included in Mr. Dixon's most recent report, there is a daily schedule of programming that keeps youth relatively active and engaged in a variety of constructive activities. Keeping youth active in "normalized" activities is an important component of managing the behavior of youth in the facility as well as promoting more effective reentry when they are released; and
5. Use of isolation, extensive cell confinement, use of restraints, and corporal punishment are not permitted according to facility policies/procedures. Disciplinary procedures do provide for periods of cell confinement for up to three days (non-JCA youth) or five days (JCAs), but actual use for any/all youth appears to be for short periods of time, e.g. hours to several

hours. However, further review of policies/procedures and the documentation of the use of cell confinement for disciplinary or safety purposes will need to be done on future visits.

While there remains room for improvement on these requirements, certainly Henley Young is much further along in meeting them than anything that has developed at RDC. Additional information related to this requirement is available in Mr. Dixon's most recent report, but further review of policies/procedures should take place on the next site visit.

Recommendation: While the fact that a point/level system exists is a big step toward compliance, the system should be improved in various ways, including: (1) further integration of that system along with increasing the variety of programming (e.g. cognitive-behavioral programs, life skills programming, etc.); (2) further refining the level system to better define expectations for youth for the "recreation" aspect of the system (recreation is a general term apparently used for all types of activities including school, physical recreation, various groups, etc.); (3) especially for JCA youth beginning to incorporate other longer-term requirements and incentives, focusing particularly on education and other pro-social skill development; and (4) increasing communication between staff and youth related to behavioral expectations and how youth are "scored" on the system. Further technical assistance would be helpful in making these and other improvements to the current system.

Non-Compliant at the Raymond Detention Center

There has been no substantive change related to these provisions. The County has not identified a consultant to help them take steps to develop even a rudimentary behavioral management program. A small step forward in a potential foundation for such a program is the development of a "daily schedule" for programming, but absent any other incentives (group or individual) there remains no behavioral program to speak of. Some "rewards" for group behavior(s) have been provided but those have been on an ad hoc, incidental basis rather than built into any kind of systemic approach. Finally, as previously noted, there is no real assessment (other than for the Adult Basic Education programming), no treatment team, no individualized goal setting, or other components of a complete behavioral management program.

LAWFUL BASIS FOR DETENTION

Consistent with constitutional standards, the County must develop and implement policies and procedures to ensure that prisoners are processed through the criminal justice system in a manner that respects their liberty interests. To that end:

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order. Examples of inadequate paperwork include, but are not limited to undated or

unsigned court orders, warrants, and affidavits; documents memorializing oral instructions from court officers that are undated, unsigned, or otherwise fail to identify responsible individuals and the legal basis for continued detention or release; incomplete arresting police officer documents; and any other paperwork that does not establish a lawful basis for detention.

Non-Compliant

Determining the lawful basis for detention including on-going detention after some court activity continues to be difficult. In addition to booking staff, there are three individuals-two in records and the court liaison-tracking the lawful basis of detention. They are all three using separate spreadsheets and lists. There continues to be a lack of business process to check all law enforcement and court documents. The Monitor did not conduct an extensive review of files during this site visit. There was at least one individual who continued in custody without valid paperwork from the court although paperwork was subsequently provided by the public defender. Another individual remained in custody as a result of an order that was confusing and efforts to clarify it had proved unsuccessful. The indicted and non-indicted lists were substantially improved but still included people on one list that should have been on the other and some individuals were charged with a felony but were not on either list. There is significant confusion regarding the status of individuals who are in the competency process. At least one individual appeared to have been found incompetent and non-restorable. The records did not reflect the legal basis for his continued detention in the detention facility.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in Bearden v. Georgia, 461 U.S. 660 (1983) and Cassibry v. State, 453 So.2d 1298 (Miss. 1984). The County must develop and implement policies consistent with the applicable federal law and the terms of this Agreement.

Non-Compliant

At the time of the site visit there was no one in the facility on an unlawful order for failure to pay fines and fees compared to a 100 inmates detained on unlawful fines and fees orders at the time of the February visit. With the municipal class action and the adoption of Supreme Court rules for criminal procedure, the jail has not been receiving unlawful orders. This requirement is listed as non-compliant because the jail has not developed or implemented policies as specified in paragraphs 87 through 89 below. As the Supreme Court rules are very new, it would be advisable to have policies to address orders that are not compliant with the new rules.

87. No person shall be incarcerated in the Jail for failure to pay fines or fees absent (a) documentation demonstrating that a meaningful analysis of that person's ability to pay was conducted by the sentencing court prior to the imposition of any sentence, and (b) written findings by the sentencing court setting forth the basis for a finding that the failure to pay the

subject fines or fees was willful. At a minimum, the County must confirm receipt from the sentencing court of a signed “Order” issued by the sentencing court setting forth in detail the basis for a finding that the failure to pay fines or fees was willful.

Partial Compliance

The County has been pro-active in ensuring that valid court orders are utilized. The County sponsored a training session on the new rules as related to orders on fines and fees. This is to be commended. This requirement is carried as partial compliance in that a process was not adopted to address non-compliant orders. If this becomes moot because of the rule change, the parties could explore dropping this requirement.

88. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a person for failure to pay fines or fees, Jail staff must promptly notify Jail administrators, Court officials, and any other appropriate individuals to ensure that adequate documentation exists and must obtain a copy to justify continued detention of the prisoner. After 48 hours, that prisoner must be released promptly if the Jail staff cannot obtain the necessary documentation to verify that the failure to pay fines or fees was willful, and that person is incarcerated only for the failure to pay fines or fees.

Partial Compliance

See response to number 87 above.

89. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a prisoner for failure to pay fines or fees, and if that person is incarcerated for other conviction(s) or charge(s), other than the failure to pay fines and/or fees, Jail staff must promptly notify Jail administrators, Court officials, and other appropriate individuals to ensure that adequate documentation exists and to ascertain the prisoner’s length of sentence. If Jail staff cannot obtain a copy of the necessary documentation within 48 hours of the prisoner’s incarceration, Jail staff must promptly arrange for the prisoner’s transport to the sentencing court so that the court may conduct a legally sufficient hearing and provide any required documentation, including the fines or fees owed by the prisoner, and an assessment of the prisoner’s ability to pay and willfulness (or lack thereof) in failing to pay fines or fees.

Partial Compliance

See response to number 87 above.

90. Jail staff must maintain the records necessary to determine the amount of time a person must serve to pay off any properly ordered fines or fees. To the extent that a sentencing court does not specifically calculate the term of imprisonment to be served, the Jail must obtain the necessary information within 24 hours of a prisoner’s incarceration. Within 48 hours of incarceration, each

prisoner shall be provided with documentation setting forth clearly the term of imprisonment and the calculation used to determine the term of imprisonment.

Partial Compliance

The WC continues to maintain a spreadsheet. There are some individuals who have a sentence of confinement. Some of these individuals show fines and fees but with the notation of a payment plan in effect. This signifies that they will be released after the sentence of confinement. The Monitor will continue to track these entries to ensure that individuals are released after the confinement period. There was no documentation that prisoners were provided with documentation of their release date although they do typically have the orders from the court.

91. No pre-trial detainee or sentenced prisoner incarcerated by the County solely for failure to pay fines or fees shall be required to perform physical labor. Nor shall any such detainee or prisoner receive any penalty or other adverse consequence for failing to perform such labor, including differential credit toward sentences. Any physical labor by pre-trial detainees or by prisoners incarcerated solely for failure to pay fines or fees shall be performed on a voluntary basis only, and the County shall not in any way coerce such pre-trial detainees or prisoners to perform physical labor.

Non-Compliant

This has become a limited issue now that virtually no individuals are working off fines and fees. The recent standard practice at the WC is to give half the amount of credit towards fines and fees for individuals who do not perform physical labor. This includes individuals who cannot perform physical labor because of a medical or mental health condition. Captain Chandler stated that individuals with medical conditions did get the full amount of credit without working. However, Deputy Neal stated that only in special situations would they get full credit. He would make the recommendation to the Captain based upon criteria such as how long the prisoner has been incarcerated, the nature of the charge and generally a subjective judgement. There needs to be a written policy requiring that individuals who cannot work because of a medical or mental health condition or other disability receive full credit towards fines and fees.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:

- i. Individuals who have completed their sentences;
- ii. Individuals who have been acquitted of all charges after trial;
- iii. Individuals whose charges have been dismissed;
- iv. Individuals who are ordered released by a court order; and
- v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Non-Compliant

The Monitor did not do a thorough review of files for release at this site visit. At last review RDC continued to rely on inmate requests to identify prisoners entitled to release. RDC did not track the sentences of individuals at RDC. During this site visit, by report and random check, it appeared that individuals who are entitled to release because they came in on a probation warrant and did not receive a hearing in 21 days was more routine and accurate. There was still not an accurate method for accessing court records to verify information regarding court events and, in some instances, there was a lack of understanding of court events. There were seven cases in which the current status of the defendant was incorrect or uncertain. At the time of the site visit, it could not be determined with certainty whether any of the seven were entitled to release.

93. The County must develop and implement a reliable, complete, and adequate prisoner records system to ensure that staff members can readily determine the basis for a prisoner's detention, when a prisoner may need to be released, and whether a prisoner should remain in detention. The records system must provide Jail staff with reasonable advance notice prior to an anticipated release date so that they can contact appropriate agencies to determine whether a prisoner should be released or remain in detention.

Non-Compliant

It continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals-two in records and another not in records-who are tracking individuals and maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between records and booking for overseeing the documentation. Several systemic problems were reported. Records does not routinely get the "no bill" list which identifies people who the grand jury did not indict. These individuals would be entitled to release if no other case is holding them. The three individuals do not have access to the new circuit court system providing court event information on cases after 2014. They were unaware that they could access the circuit court docket on earlier cases. Ongoing difficulties tracking cases initiated in Byram and Clinton were reported. It was said that these cases often get lost in the system. This was identified as arising from the lack of communication that resulted from that community

conducting its own preliminary hearings with its own public defender office. There also appears to be a lack of knowledge on the part of both detention and medical staff regarding competency proceedings and the status of defendants who are involved in those proceedings. One individual was believed to be waiting for a hospital bed when, in fact, he was waiting for a trial date. Another individual had been found incompetent and non-restorable. He appeared to be on the list waiting for a civil commitment bed but no one could explain the jail's continuing authority to detain the individual. The two individuals did not appear on the indicted or unindicted list. Another 5 individuals, as reported above, had case status that was unclear. In one instance, the lack of clarity resulted in efforts to get a hearing set in the wrong court which left the case stagnant.

Priority recommendations have been made in this area. Consultation with the National Institute of Corrections or an alternative should continue to be sought to provide the overhaul that this system needs. Staff should continue to audit the records and track individuals. A knowledgeable attorney should provide a training on the competency process and how the jail and the medical staff should be tracking these individuals.

94. Jail record systems must accurately identify and track all prisoners with serious mental illness, including their housing assignment and security incident histories. Jail staff must develop and use records about prisoners with serious mental illness to more accurately and efficiently process prisoners requiring forensic evaluations or transport to mental hospitals or other treatment facilities, and to improve individual treatment, supervision, and community transition planning for prisoners with serious mental illness. Records about prisoners with serious mental illness must be incorporated into the Jail's incident reporting, investigations, and medical quality assurance systems. The County must provide an accurate census of the Jail's mental health population as part of its compliance reporting obligations, and the County must address this data when assessing staffing, program, or resource needs.

Non-Compliant

The Jail record system does not identify persons with serious mental illness. While there are incident reports submitted, the forms do not have a place to indicate if the individual had a mental health illness. And there is no electronic method of identifying individuals with mental illness at the time an incident is occurring. Unless a computerized program is developed between the contractor and the medical vendor, officers will not know in advance of inmates with special mental health needs. Health staff can identify the information after the fact, which may be useful but does not allow security staff to adjust its response to a developing incident based on possible mental health issues.

The QCHC staff could not identify the number of individuals on the mental health caseload. They provided a list of 60 individuals all of whom were listed with an SMI diagnosis. The staff

could not say whether this list was what was understood to be the mental health case load. QCHC also provided the number of encounters with the psychiatrist and the psychologist. This was not broken down by how many individual patients were seen or whether they were assessments or for ongoing care. Based on this information, it would appear that the Jail is significantly under identifying persons with mental illness.

Although Jail and QCHC staff attempt to move individuals to the state hospital as needed, this continues to be a systemic problem. There are only 15 forensic beds at the State Hospital to serve the entire state for competency evaluations or restoration. There are an additional 20 beds that are for individuals for civil commitments. Of the 15 forensic beds, two are reserved for females.

The social worker at RDC maintains a list of all inmates who are waiting to go to the state hospital or require competency evaluations. This list is updated with their current status in the process. Court orders for competency are sent to Sgt. Lewis who is in charge of transportation. He provides a copy to the social worker. The list tracks when a competency hearing was held, if the patient was sent to Mississippi State Hospital and if they were returned to the Hinds County Jail System. At the time of the site visit there were 23 names on the list. However, the state hospital has only 8 people on their list for people waiting for a state hospital bed. A similar discrepancy was noted last time. As mentioned above, there appears to be a lack of knowledge on the part of both detention and medical staff as to competency proceedings and the status of individuals in those proceedings. QCHC and legal staff should review the list with the state hospital to ensure the correct status of those individuals.

The jail based restoration to competency program reported its progress since its inception in June, 2017. The program reports that three individuals were restored to competency in the program and are no longer waiting for a state hospital bed. It is understood that the services are minimal and are being provided in an extremely non-therapeutic environment. This program is a pilot program and should be evaluated. As a substitute for state hospital restoration, an appropriate therapeutic environment that does not currently exist in the jail will need to be created. However, the twice-weekly sessions with mental health workers does provide some therapeutic interaction that does not otherwise exist in the facility.

Medical Records are still in paper copy. The EMR was unsuccessful due to problems with connectivity. Until this issue is resolved, it is recommended that a four folder chart is utilized with tabs that describe the various services. Old records can be separated from new admissions by utilizing colored paper.

A medical quality assurance program is in its beginning stages. A case study was performed on an inmate that missed his 4 AM medications on 21 days between January 2017 and March 2017. The psychiatrist was contacted and medication times were adjusted. Nurses were required to

obtain refusals of medication and to bring inmates in for counseling after three refusals. The study was a good start at a CQI program but it did not list the participants or the date and time of the study.

The second study focused on daily booking statistics. Daily booking statistics were examined during the month of May 2017. Daily booking statistics were compared to the QCHC intake log. The study was a bit confusing but the result was that daily booking statistics were not being cross checked with the intake log. Policy changes were made to correct this problem. This study also lacked attendees present, date and time of study

As discussed below, transition planning has not been provided. A transition planner was hired by QCHC but then resigned.

95. All individuals who (i) were found not guilty, were acquitted, or had charges brought against them dismissed, and (ii) are not being held on any other matter, must be released directly from the court unless the court directs otherwise. Additionally:

- a. Such individuals must not be handcuffed, shackled, chained with other prisoners, transported back to the Jail, forced to submit to bodily strip searches, or returned to general population or any other secure Jail housing area containing prisoners.
- b. Notwithstanding (a), above, individuals may request to be transported back to the Jail solely for the purpose of routine processing for release. If the County decides to allow such transport, the County must ensure that Jail policies and procedures govern the process. At minimum, policies and procedures must prohibit staff from:
 - i. Requiring the individual to submit to bodily strip searches;
 - ii. Requiring the individual to change into Jail clothing if the individual is not already in such clothing; and
 - iii. Returning the individual to general population or any other secure Jail housing area containing prisoners.

Non-Compliant

Individuals are not being released from the Court at this time.

96. The County must develop, implement, and maintain policies and procedures to govern the release of prisoners. These policies and procedures must:

- a. Describe all documents and records that must be collected and maintained in Jail files for determining the basis of a prisoner's detention, the prisoner's anticipated release date, and their status in the criminal justice system.
- b. Specifically, detail procedures to ensure timely release of prisoners entitled to be released, and procedures to prevent accidental release.

- c. Be developed in consultation with court administrators, the District Attorney's Office, and representatives of the defense bar.
- d. Include mechanisms for notifying community mental health providers, including the County's Program of Assertive Community Treatment ("PACT") team, when releasing a prisoner with serious mental illness so that the prisoner can transition safely back to the community. These mechanisms must include providing such prisoners with appointment information and a supply of their prescribed medications to bridge the time period from release until their appointment with the County PACT team, or other community provider.

Non-Compliant

Policies and procedures have been adopted. There are two policies that may relate to this requirement-the policy on records and the policy on booking which includes some requirements related to release. These policies do not have the specificity or the breadth required by this paragraph. The Monitoring Team and DOJ provided comments on these policies and a second draft should be forthcoming. Neither the DA's office nor the defense bar has been involved in the drafting. The level of specificity required by this paragraph will require significant revision of the policy.

Neither the County nor QCHC have developed sufficient mechanisms for the transition of persons with mental illness into community based services. As stated earlier the discharge planner was an RN from another County who was unfamiliar with the resources at Hinds County. The discharge planner met with Hinds County Behavioral Health (HCBC) on three occasions. Each time they requested that she send them information which she never followed through on. One of the problems with referrals to HCBC was that the address of the inmate at booking was not updated by the officers. Thus, HCBC staff was unable to track the inmates for their upcoming appointments. Other items that were not provided to HCBC was a release of information and the current medicine that the inmate was taking. The mental health specialist from HCBC indicated that during the month of July there were only 7 referrals made. HCBC attempted to schedule a weekly time when they would regularly go to the jail and connect with clients. The discharge planner did not follow through with this plan. When this position is filled again, it is recommended that the health administrator and the Behavioral Specialist from HCBC are involved in the interview and orientation process.

Nursing states that inmates are provided with two weeks of discharge medications if they know that the patient is released from the jail. However, the nurses do not know when an inmate is released and ensuring that medications are provided has not been made part of the releasing process. This is an issue that should be addressed by both custody and medical.

Hinds County Behavioral Health received a grant from the GAINS Center to conduct a two day meeting on Sequential Intercept Mapping as an approach to decriminalize individuals with serious mental illness. A two day meeting was held on August 16-17, 2017. There were 45 participants involved. Participants were from all disciplines such as judges, warden, police chief, QCHC staff, crisis team members, day outreach center members, psychiatrist from the State Hospital, and staff from Merritt Hospital and St. Dominic's Hospital.

The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of inmates with mental health illness. Using the model, a community can develop targeted strategies that evolve over time to increase the diversion of individuals from entering the criminal justice system. The GAINS center will develop a report for Hinds County Behavioral Health.

97. The County must develop, implement, and maintain appropriate post orders relating to the timely release of individuals. Any post orders must:

- a. Contain up-to-date contact information for court liaisons, the District Attorney's Office, and the Public Defender's Office;
- b. Describe a process for obtaining higher level supervisor assistance in the event the officer responsible for processing releases encounters administrative difficulties in determining a prisoner's release eligibility or needs urgent assistance in reaching officials from other agencies who have information relevant to a prisoner's release status.

Non-Compliant

The County has not yet developed post orders in this area.

98. Nothing in this Agreement precludes appropriate verification of a prisoner's eligibility for release, including checks for detention holds by outside law enforcement agencies and procedures to confirm the authenticity of release orders. Before releasing a prisoner entitled to release, but no later than the day release is ordered, Jail staff should check the National Crime Information Center or other law enforcement databases to determine if there may be a basis for continued detention of the prisoner. The results of release verification checks must be fully documented in prisoner records.

Partial Compliance

The booking staff reportedly now runs an NCIC check at the time of booking and again at release. This will be verified at the next site visit. The business processes of booking and release need to be evaluated and revised in conjunction with the NIC consultation.

99. The County must ensure that the release process is adequately staffed by qualified detention officers and supervisors. To that end, the County must:

- a. Ensure that sufficient qualified staff members, with access to prisoner records and to the Jail's e-mail account for receiving court orders, are available to receive and effectuate court release orders twenty-four hours a day, seven days a week.
- b. Ensure that staff members responsible for the prisoner release process and related records have the knowledge, skills, training, experience, and abilities to implement the Jail's release policies and procedures. At minimum, the County must provide relevant staff members with specific pre-service and annual in-service training related to prisoner records, the criminal justice process, legal terms, and release procedures. The training must include instruction on:
 - i. How to process release orders for each court, and whom to contact if a question arises;
 - ii. What to do if the equipment for contacting other agencies, such as the Jail's fax machine or email service, malfunctions, or communication is otherwise disrupted;
 - iii. Various types of court dispositions, and the language typically used therein, to ensure staff members understand the meaning of court orders; and
 - iv. How and when to check for detainers to ensure that an individual may be released from court after she or he is found not guilty, is acquitted, or has the charges brought against her or him dismissed.
- c. Provide detention staff with sufficient clerical support to prevent backlogs in the filing of prisoner records.

Non-Compliant

Staffing levels in Booking are still inadequate. There is routinely only one officer and one booking clerk assigned (in addition to an ID officer, although sometimes even that post is not covered). They should routinely have at least two officers assigned in order to be able to receive arrestees and monitor those who are held in the cells, and there should be at least two booking clerks on duty.

100. The County must annually review its prisoner release and detention process to ensure that it complies with any changes in federal law, such as the constitutional standard for civil or pre-trial detention.

Non-Compliant

There has not been an initial review of this process to determine consistency with federal law.

101. The County must ensure that the Jail's record-keeping and quality assurance policies and procedures allow both internal and external audit of the Jail's release process, prisoner lengths of stay, and identification of prisoners who have been held for unreasonably long periods without charges or other legal process. The County must, at minimum, require:

- a. A Jail log that documents (i) the date each prisoner was entitled to release; (ii) the date, time, and manner by which the Jail received any relevant court order; (iii) the date and time that prisoner was in fact released; (iv) the time that elapsed between receipt of the court order and release; (v) the date and time when information was received requiring the detention or continued detention of a prisoner (e.g., immigration holds or other detainers), and (vi) the identity of the authority requesting the detention or continued detention of a prisoner.
- b. Completion of an incident report, and appropriate follow-up investigation and administrative review, if an individual is held in custody past 11:59 PM on the day that she or he is entitled to release. The incident report must document the reason(s) for the error. The incident report must be submitted to the Jail Administrator no later than one calendar day after the error was discovered.

Non-Compliant

The record keeping process does not at this time allow for an audit other than a review of individual files. Incident reports are not prepared for errors in releasing.

102. The County must appoint a staff member to serve as a Quality Control Officer with responsibility for internal auditing and monitoring of the release process. This Quality Control Officer will be responsible for helping prevent errors with the release process, and the individual's duties will include tracking releases to ensure that staff members are completing all required paper work and checks. If the Quality Control Officer determines that an error has been made, the individual must have the authority to take corrective action, including the authority to immediately contact the Jail Administrator or other County official with authority to order a prisoner's release. The Quality Control Officer's duties also include providing data and reports so that release errors are incorporated into the Jail's continuous improvement and quality assurance process.

Partial Compliance

The Jail has two individuals who are tracking inmates booked into the facility. One is tracking the circuit court cases and the other is tracking lower court cases. These individuals attempt to identify individuals entitled to release. These individuals operate independently of the booking and release process and maintain their own spreadsheets. This is a valuable task; however, this should eventually loop back to the booking and release process so that a systemic approach to ensuring proper detention and release is developed. The NIC consultation should address this issue.

103. The County must require investigation of all incidents relating to timely or erroneous prisoner release within seven calendar days by appropriate investigators, supervisors, and the Jail Administrator. The Jail Administrator must document any deficiencies found and any corrective action taken. The Jail Administrator must then make any necessary changes to Jail policies and procedures. Such changes should be made, if appropriate, in consultation with court personnel, the District Attorney's Office, members of the defense bar, and any other law enforcement agencies involved in untimely or erroneous prisoner releases.

Non-Compliant

No documentation was provided of incident reports being created for untimely or erroneous prisoner release or any investigations of such incidents.

104. The County must conduct bi-annual audits of release policies, procedures, and practices. As part of each audit, the County must make any necessary changes to ensure that individuals are being released in a timely manner. The audits must review all data collected regarding timely release, including any incident reports or Quality Control audits referenced in Paragraph 102 above. The County must document the audits and recommendations, and must submit all documentation to the Monitor and the United States for review.

Non-Compliant

Initial policies or procedures have been adopted but require significant revision. There has not been an initial audit of releasing practices.

105. The County must ensure that policies, procedures, and practices allow for reasonable attorney visitation, which should be treated as a safeguard to prevent the unlawful detention of citizens and for helping to ensure the efficient functioning of the County's criminal justice system. The Jail's attorney visitation process must provide sufficient space for attorneys to meet with their clients in a confidential setting, and must include scheduling procedures to ensure that defense attorneys can meet with their clients for reasonable lengths of time and without undue delay. An incident report must be completed if Jail staff are unable to transport a prisoner to meet with their attorney, or if there is a delay of more than 30 minutes for transporting a prisoner for a scheduled attorney visit.

Non-Compliant

The current attorney/client visitation spaces in the pods at the RDC do not allow officers to readily monitor them for safety and security. The situation is exacerbated by the shortage of staff; however, a reasonable solution to the problem is readily at hand as a result of the recent change of video visitation vendors. The new equipment is located inside each housing unit, which makes the old video visitation space, adjacent to the three pod control rooms, available for

repurposing. Once the old equipment and floor mounted stainless-steel stools are removed, the addition of typical office type tables and chairs will create three private, yet easily observed attorney/client visitation rooms.

CONTINUOUS IMPROVEMENT AND QUALITY ASSURANCE

The County must develop an effective system for identifying and self-correcting systemic violations of prisoner's constitutional rights. To that end, the County must:

106. Develop and maintain a database and computerized tracking system to monitor all reportable incidents, uses of force, and grievances. This tracking system will serve as the repository of information used for continuing improvement and quality assurance reports.

Non-Compliant

The data base is getting better, but is not yet a reliable source of information. They are transitioning over from paper incident and use of force forms to an automated system that ties all records on an incident to the original report number. This will hopefully address a current problem by requiring approval/disapproval/action required blocks for supervisors. There continues to be a concern that some incidents and grievances are underreported including late releases, lost money and property, medical grievances and some use of force incidents.

The new computerized grievance system should allow for the compilation of a summary grievance report. Currently, this is not possible for several reasons. As noted above, the system is not functioning properly at this time and many prisoners are unable to submit grievances. The reporting functions of the system are either problematic or not adequately conveyed to staff. Staff reported that they could not generate reports with identified parameters. Another problem is that the prisoner identifies the type of grievance. Most are clicking on "general" rather than the specific type. Staff are unable to correct this so a report by type of grievance would not prove useful. Similarly, there is a separate category for inmate request. This is seldom used and again results in an inability to accurately aggregate the data. If the prisoner replies via the kiosk in any fashion to the grievance response, that is then automatically converted to an appeal. The system needs to be able to generate accurate reports.

107. Compile an Incident Summary Report on at least a monthly basis. The Incident Summary Reports must compile and summarize incident report data in order to identify trends such as rates of incidents in general, by housing unit, by day of the week and date, by shift, and by individual prisoners or staff members. The Incident Summary reports must, at minimum, include the following information:

- a. Brief summary of all reportable incidents, by type, shift, housing unit, and date;

- b. Description of all suicides and deaths, including the date, name of prisoner, housing unit, and location where the prisoner died (including name of hospital if prisoner died off-site);
- c. The names and number of prisoners placed in emergency restraints, and segregation, and the frequency and duration of such placements;
- d. List and total number of incident reports received during the reporting period;
- e. List and Total number of incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of incidents in the three facilities. Although the information was helpful and appreciated, it did not meet the requirements of this paragraph. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. At the present time, the summary reports, particularly from RDC and the WC are difficult to follow and incomplete. Because they are manually compiled, it is difficult to identify trends over time. The computerized summary report should remedy this. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

108. Compile a Use of Force Summary Report on at least a monthly basis. The Use of Force Summary Reports must compile and summarize use of force report data in order to identify trends such as rates of use in general, by housing unit, by shift, by day of the week and date, by individual prisoners, and by staff members. The Use of Force Summary reports must, at minimum, include the following information:

- a. Summary of all uses of force, by type, shift, housing unit, and date;
- b. List and total number of use of force reports received during the reporting period;
- c. List and total number of uses of force reports/incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of use of force in the three facilities. Although the information was helpful and appreciated, it did not meet the requirements of this paragraph in that the reports are manually prepared each month and do not allow for identifying trends over time. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. In meeting with the IT department, it was learned that not all the requirements of this paragraph were addressed. That should be remedied. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

109. Compile a Grievance Summary Report on at least a monthly basis. The Grievance Summary Reports must compile and summarize grievance information in order to identify trends such as most frequently reported complaints, units generating the most grievances, and staff members receiving the most grievances about their conduct. To identify trends and potential concerns, at least quarterly, a member of the Jail's management staff must review the Grievance Summary Reports and a random sample of ten percent of all grievances filed during the review period. These grievance reviews, any recommendations, and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

See response to 106 above.

110. Compile a monthly summary report of IAD investigations conducted at the Facility. The IAD Summary Report must include:

- a. A brief summary of all completed investigations, by type, shift, housing unit, and date;
- b. A listing of investigations referred for disciplinary action or other final disposition by type and date;
- c. A listing of all investigations referred to a law enforcement agency and the name of the agency, by type and date; and
- d. 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.

Non-Compliant

There is currently no summary report of IAD investigations being compiled.

111. Conduct a review, at least annually, to determine whether the incident, use of force, grievance reporting, and IAD systems comply with the requirements of this Agreement and are effective at ensuring staff compliance with their constitutional obligations. The County must make any changes to the reporting systems that it determines are necessary as a result of the system reviews. These reviews and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

An annual review has not been conducted.

112. Ensure that the Jail's continuous improvement and quality assurance systems include an Early Intervention component to alert Administrators of potential problems with staff members. The purpose of the Early Intervention System is to identify and address patterns of behavior or

allegations which may indicate staff training deficiencies, persistent policy violations, misconduct, or criminal activity. As part of the Early Intervention process, incident reports, use of force reports, and prisoner grievances must be screened by designated staff members for such patterns. If misconduct, criminal activity, or behaviors indicate the need for corrective action, the screening staff must refer the incidents or allegations to Jail supervisors, administrators, IAD, or other law enforcement agencies for investigation. Additionally:

- a. The Early Intervention System may be integrated with other database and computerized tracking systems required by this Agreement, provided any unified system otherwise still meets the terms of this Agreement.
- b. The Early Intervention System must screen for staff members who may be using excessive force, regardless of whether use of force reviews concluded that the uses complied with Jail policies and this Agreement. This provision allows identification of staff members who may still benefit from additional training and serves as a check on any deficiencies with use of force by field supervisors.
- c. The Jail Administrator, or designee of at least Captain rank, must personally review Early Intervention System data and alerts at least quarterly. The Administrator, or designee, must document when reviews were conducted as well as any findings, recommendations, or corrective actions taken.
- d. The County must maintain a list of any staff members identified by the Early Intervention System as possibly needing additional training or discipline. A copy of this list must be provided to the United States and the Monitor.
- e. The County must take appropriate, documented, and corrective action when staff members have been identified as engaging in misconduct, criminal activity, or a pattern of violating Jail policies.
- f. The County must review the Early Intervention System, at least bi-annually, to ensure that it is effective and used to identify staff members who may need additional training or discipline. The County must document any findings, recommendations, or corrective actions taken as a result of these reviews. Copies of these reviews must be provided to the United States and the Monitor.

Non-Compliant

There is currently no Early Intervention program.

113. Develop and implement policies and procedures for Jail databases, tracking systems, and computerized records (including the Early Intervention System), that ensure both functionality and data security. The policies and procedures must address all of the following issues: data storage, data retrieval, data reporting, data analysis and pattern identification, supervisor responsibilities, standards used to determine possible violations and corrective action, documentation, legal issues, staff and prisoner privacy rights, system security, and audit mechanisms.

Non-Compliant

The initial P&P Manual that was issued in April, 2017 did not include policies and procedures covering this matter.

114. Ensure that the Jail's medical staff are included as part of the continuous improvement and quality assurance process. At minimum, medical and mental health staff must be included through all of the following mechanisms:

- a. Medical staff must have the independent authority to promptly refer cases of suspected assault or abuse to the Jail Administrator, IAD, or other law enforcement agencies;
- b. Medical staff representatives must be involved in mortality reviews and systemic reviews of serious incidents. At minimum, a physician must prepare a mortality review within 30 days of every prisoner death. An outside physician must review any mortalities associated with treatment by Jail physicians.

Non-Compliant

As reported above, a medical quality assurance program is in its beginning stages. A case study was performed on an inmate that missed his 4 AM medications on 21 days between January 2017 and March 2017. The psychiatrist was contacted and medication times were adjusted. Nurses were required to obtain refusals of medication and to bring inmates in for counseling after three refusals. The study was a good start at a CQI program but it did not list the participants or the date and time of the study.

The second study focused on daily booking statistics. Daily booking statistics were examined during the month of May 2017. Daily booking statistics were compared to the QCHC intake log. The study was a bit confusing but the result was that daily booking statistics were not being cross checked with the intake log. Policy changes were made to correct this problem. This study also lacked attendees present, date and time of study.

A mortality review was completed after the last monitoring report noted this deficiency. The mortality review was incomplete. It does not contain the time the inmate was booked, the time medical was called, and the time the ambulance arrived. Dr. Bates in his mortality review indicated that the patient died of positional asphyxia; however, an autopsy report to support this diagnosis was not attached to the mortality review.

CRIMINAL JUSTICE COORDINATING COMMITTEE

115. Hinds County will establish a Criminal Justice Coordinating Committee ("Coordinating Committee") with subject matter expertise and experience that will assist in streamlining

criminal justice processes, and identify and develop solutions and interventions designed to lead to diversion from arrest, detention, and incarceration. The Coordinating Committee will focus particularly on diversion of individuals with serious mental illness and juveniles. Using the Sequential Intercept Model, or an alternative acceptable to the Parties, the Coordinating Committee will identify strategies for diversion at each intercept point where individuals may encounter the criminal justice system, and will assess the County's current diversion efforts and unmet service needs in order to identify opportunities for successful diversion of such individuals. The Committee will recommend appropriate changes to policies and procedures and additional services necessary to increase diversion.

Non-Compliant

The County is laying the groundwork for a CJCC but has not yet established one.

116. The Coordinating Committee will include representation from the Hinds County Sheriff's Office and Hinds County Board of Supervisors. The County will also seek representation from Hinds County Behavioral Health Services; the Jackson Police Department; Mississippi Department of Mental Health; Mississippi Department of Human Services, Division of Youth Services; judges from the Hinds County Circuit, Chancery, and County (Youth and Justice) Courts; Hinds County District Attorney Office; Hinds County Public Defender Office; relevant Jackson city officials; and private advocates or other interested community members.

Non-Compliant

See 115 above.

117. The Coordinating Committee will prioritize enhancing coordination with local behavioral health systems, with the goal of connecting individuals experiencing mental health crisis, including juveniles, with available services to avoid unnecessary arrest, detention, and incarceration.

Non-Compliant

See 115 above.

118. Within 30 days of the Effective Date and in consultation with the United States, the County will select and engage an outside consultant to provide technical assistance to the County and Coordinating Committee regarding strategies for reducing the jail population and increasing diversion from criminal justice involvement, particularly for individuals with mental illness and juveniles. This technical assistance will include (a) a comprehensive review and evaluation of the effectiveness of the existing efforts to reduce recidivism and increase diversion; (b) identification of gaps in the current efforts, (c) recommendations of actions and strategies to

achieve diversion and reduce recidivism; and (d) estimates of costs and cost savings associated with those strategies. The review will include interviews with representatives from the agencies and entities referenced in Paragraph 116 and other relevant stakeholders as necessary for a thorough evaluation and recommendation. Within 120 days of the Effective Date of this Agreement, the outside consultant will finalize and make public a report regarding the results of their assessment and recommendations. The Coordinating Committee will implement the recommended strategies and will continue to use the outside consultant to assist with implementation of the strategies when appropriate.

Partial Compliance

At the time of the site visit, a consultant had been identified, a contract completed, and the initial visit was underway. The County now must use the technical assistance to develop the CJCC and identify the strategies in this paragraph.

IMPLEMENTATION, TIMING, AND GENERAL PROVISIONS

Paragraphs 119 and 120 regarding duty to implement and effective date omitted.

121. Within 30 days of the Effective Date of this Agreement, the County must distribute copies of the Agreement to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Agreement. At minimum:

- a. A copy of the Agreement must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Agreement must be provided to prisoners upon request.

Partial Compliance

Copies of the Settlement Agreement that were found riveted to the wall in common areas and housing units during the February site visit are no longer there. As expected they have all been pulled apart and destroyed. The Monitor's recommended solution, creation of an Inmate Handbook sized copy that could be given to each employee and inmate, has proven to be a successful solution. While they have not been distributed to the inmate population at this time, and not all staff have copies, it is expected that by the next site visit most staff and inmates should have copies readily available.

Paragraphs 122-129 regarding third party beneficiaries, costs, severability, etc. omitted.

POLICY AND PROCEDURE REVIEW

130. The County must review all existing policies and procedures to ensure their compliance with the substantive terms of this Agreement. Where the Jail does not have a policy or procedure

in place that complies with the terms of this Agreement, the County must draft such a policy or procedure, or revise its existing policy or procedure.

Partial Compliance

At the time of the site visit, the County/Sheriff had adopted an initial set of policies and procedures. These have been reviewed and been found to not be fully compliant with the terms of the agreement. The Monitoring Team and DOJ provided comments and a second round of drafting should be underway. As recommended, the County/Sheriff is identifying key policies to develop first and circulate for review. This will help guide the process in the remaining areas.

131. The County shall complete its policy and procedure review and revision within six months of the Effective Date of this Agreement.

Partial Compliance

Six months expired on January 19, 2017. The policy and procedure review and drafting was completed after that time. Those policies are not sufficiently in compliance so this requirement is listed as partially compliant.

132. Once the County reviews and revises its policies and procedures, the County must provide a copy of its policies and procedures to the United States and the Monitor for review and comment. The County must address all comments and make any changes requested by the United States or the Monitor within thirty (30) days after receiving the comments and resubmit the policies and procedures to the United States and Monitor for review.

Non-Compliant

The policies and procedures were completed and submitted to the United States and the Monitor in April for review and comment. The comments were provided on June 1, 2017. Changes have not been made in the 30-day time frame.

133. No later than three months after the United States' approval of each policy and procedure, the County must adopt and begin implementing the policy and procedure, while also modifying all post orders, job descriptions, training materials, and performance evaluation instruments in a manner consistent with the policies and procedures.

Non-Compliant

The policies and procedures are in need of revision. They should be revised before training and other ensuing operations.

134. Unless otherwise agreed to by the parties, all new or revised policies and procedures must be implemented within six months of the United States' approval of the policy or procedure.

Non-Compliant

There have not yet been policies and procedures approved by the United States.

135. The County must annually review its policies and procedures, revising them as necessary. Any revisions to the policies and procedures must be submitted to the United States and the Monitor for approval in accordance with paragraphs 129-131 above.

NA at this time

Paragraphs 136-158 regarding appointment and duties of the Monitor omitted.

COUNTY ASSESSMENT AND COMPLIANCE COORDINATOR

159. The County must file a self-assessment compliance report. The first compliance self-assessment report must be filed with the Court within four months of the Effective Date and at least one month before a Monitor site visit. Each self-assessment compliance report must describe in detail the actions the County has taken during the reporting period to implement this Agreement and must make specific reference to the Agreement provisions being implemented. The report must include information supporting the County's representations regarding its compliance with the Agreement such as quality assurance information, trends, statistical data, and remedial activities. Supporting information should be based on reports or data routinely collected as part of the audit and quality assurance activities required by this Agreement (e.g., incident, use of force, system, maintenance, and early intervention), rather than generated only to support representations made in the self-assessment.

Partial Compliance

At the time of the site visit, the County provided its first self-assessment. The assessment is a good first step towards compliance with this paragraph but needs to have the level of detail required by this paragraph.

160. The County must designate a full-time Compliance Coordinator to coordinate compliance activities required by this Agreement. This person will serve as a primary point of contact for the Monitor. Two years after the Effective Date of this Agreement, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliant

The County has designated a full-time Compliance Coordinator who is coordinating compliance activities. The Monitor will continue to track this assignment to ensure sustained compliance in this area.

EMERGENT CONDITIONS

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Partial Compliance

Immediate notifications have been provided. However, the County has not been providing notification of over-detention and, in fact, is not currently identifying prisoners who have been detained beyond their release date. The records office needs to be reorganized to implement business practices that accurately identify release dates and process releases. In the interim, the County needs to continue and improve its internal audit procedures to identify individuals entitled to release and prepare incident reports for persons who were detained beyond their legal release date.

Paragraphs 162-167 regarding jurisdiction, construction and the PLRA omitted.

Court-Appointed Monitor's Fourth Monitoring Report
United States v. Hinds County, et al. Civ. No. 3:16cv489 WHB-JCG

Elizabeth E. Simpson
Court-Appointed Monitor

David M. Parrish	Jacqueline M. Moore	Jim Moeser	Dr. Richard Dudley
Corrections Operations	Corrections Medicine	Juvenile Justice	Mental Health

EXECUTIVE SUMMARY

Corrections Operations

While the lack of staff continues to be the most significant problem facing the Detention Services Division (DSD), it is now possible to determine the number of positions that are actually assigned to, and work in, the Division. Currently, 271 positions are authorized and funded. Four additional positions need to be funded or moved from the Operations side of the Sheriff's Office in order to meet the goal of 275 Detention positions in the current fiscal year. Only 239 of the 271 positions are filled, which represents a decrease of 11 since the October site visit. Although the monitoring team set 275 positions as a goal for the current fiscal year, the result of the staffing analysis is that 433 positions are needed to adequately staff the detention facilities. The target of 275 positions is still significantly below the needed staffing level.

The creation of a Policies and Procedures Manual is still a work in progress. After attempting to handle the project in house, the Sheriff's Office and County have decided to contract with Dr. James Austin, an expert in the field of corrections and criminal justice systems, to move forward with the work as expeditiously as possible. The expected completion date is July 2018. Individual policies will be submitted to the Monitor and DOJ staff for review as they are completed. The policies were originally to be provided in January, 2017. A draft set was provided in April, 2017; comments by DOJ and the monitoring team were provided; and a final set of policies and procedures were to be provided 30 days thereafter. The project stalled at that point and now the policies and procedures are significantly overdue. This represents a major hurdle in coming into compliance as staff can not be properly trained until there are adequate policies and procedures to form the basis of the training.

Maintenance issues in the three jail facilities continue to be a problem but most significantly at the Raymond Detention Center (RDC). While both roll up sally port doors in Booking were finally found to be functional during the January/February site visit, major security issues need to be corrected as soon as possible. Two of the three doors that separate the main corridor (Great Hall) from the three pods do not function. This same problem was noted during the October site visit. Further, several of the doors that allow access to the pod control rooms are in such a state of disrepair that maintenance staff have been forced to develop a hand operated latching mechanism which requires an officer in the corridor to lift up a lever in the tracking system so that the door can be opened. The County's plan to replace all of these doors should be carried out as quickly as possible.

At the Work Center (WC) a wall has been built so that the facility now has four housing units. In addition, 36 beds have been removed from each unit so that they are all now rated at 64 inmates. However, Housing Unit 4 is still not on line because of HVAC problems that surfaced when the wall, separating HU3 from HU4 was added. A second chain link fence has been installed outside each recreation yard, but it does not provide the level of security that a solid wall would by limiting visual contact. County maintenance staff are currently working on a solution.

While extensive training is required by the terms of the Settlement Agreement, direct supervision training is critical for DSD staff so that the WC can function according to the principles and dynamics of direct supervision and so that the RDC can be returned to direct supervision operation once officers are permanently re-assigned to the housing units. To that end, the Sheriff's Office needs to obtain the services of the National Institute of Corrections (NIC) to provide "Train the Trainers" instruction. A cadre of qualified trainers can then provide instruction to all DSD staff.

On January 28th the DSD designated C4 Isolation at the RDC as the location for future suicide watches. This four-cell unit can hold four or more inmates in the dayroom space, properly supervised by an officer who is permanently assigned inside the same area. Three of the cells are locked shut (unoccupied) while the fourth is left open so that the inmates have access to water and toilet facilities. This mini-direct supervision unit allows for constant supervision (not just every 15 minutes) of inmates in a much more humane setting than the two cells in Medical that were previously used for suicide watches.

The County has retained the services of JBHM Architects to plan for renovations of Booking at the RDC in order to make it operate as an "open booking", i.e. direct supervision facility. In order to make the structural changes without negatively impacting booking activities, JBHM has created a plan to temporarily relocate Booking to the WC. That also provides the opportunity to create a secure drive through sally port at the WC so that inmates do not have to be processed through the public lobby as they are now.

Over the past year the DSD has undergone a change in reporting systems from paper to electronic. While it will ultimately prove to be an asset to both the staff and administration, the changeover has left the monitoring team without access to critical reporting information and documentation of supervisory review. A second planning and coordination meeting with all affected personnel was held during the January/February site visit in order to identify expectations and to determine how best to achieve the desired results. Hopefully, the gaps in the reporting process will be resolved shortly.

Fire safety is a critical matter in a jail. At the WC there is an alarm and sprinkler system with fire extinguishers readily available to each unit officer; but at the Jackson Detention Center (JDC) and RDC the lack of access to fire hoses and extinguishers as well as the lack of operable alarm and sprinkler systems creates an unsafe environment. Recognizing that, the Department of Justice sent a letter to the County and Sheriff's Office on February 8, 2018, that outlined the seriousness of the situation as well as expected actions. DOJ requested documentation of remedial actions within 30 days which was not provided. This area of concern will receive more detailed attention during the May site visit.

Medical and Mental Health

There continues to be a shortage of nurses and health care staff in the jail facilities. Since the last site visit, the health administrator and regional manager for QCHC have been replaced. The physician resigned two weeks prior to the visit and a new physician has not yet been hired. A new health administrator has been hired. A new corporate director of nursing has been hired for all of the QCHC facilities. The corporate director of nursing has had years of experience in the Florida juvenile and adult system and has made positive changes in the medical unit. A new discharge planner has been hired and she has developed policies and procedures related to releasing inmates. She is working with Hinds Behavioral Health to develop effective discharge planning and reentry practices. There are five nursing positions that are currently unfilled. Medical records are being maintained in paper files and while not completely organized, the organization is much better than previously. QCHC has developed an electronic medical records (EMR) system but it is still not operational due to issues with internet reception.

Chronic care services related to diabetes, hypertension, AIDS, and COPD are in place at all of the facilities. RDC has initiated a chronic care program within the last two months. The other two facilities have maintained chronic care quarterly visits conducted by the nurse practitioner.

The policy on alcohol withdrawal should be addressed and reviewed with the nursing staff. It was noted in the chart review that there were inmates who admitted during the intake process to drinking heavily and daily. However, there were no indications that these inmates were referred to a nursing staff member or placed on a withdrawal protocol. During interviews with nurses, the nurses were not familiar with the withdrawal policy. Similarly, observations of the medication administration indicate problems that should be addressed in both the QCHC policies and procedures and the Security policies and procedures. These include the responsibility of detention officers to assist in supervising inmates and checking for ingestion and signing for refusals.

Continuous Quality Improvement (CQI) studies indicate a high number of missed medications. A corrective action plan has not been initiated. A MAC meeting has not been held since the last monitoring report.

This was the first site visit for the mental health consultant to the monitoring team, and due to prior commitments, the consultant was only able to participate in the site visit for the first two days. Therefore, there was not enough time during this first visit to assess progress towards addressing all of the mental health provisions of the Settlement Agreement. However, during the visit, it became clear that there is inadequate documentation in multiple critical areas required for the facilities' own internal monitoring and review by the monitoring team. For example, due to the absence of full mental health evaluations, psychiatric evaluations (when indicated), and treatment plans it is impossible to assess the quality and effectiveness of mental health treatment. Even when there are mental health emergencies, such as a suicidal inmate, there is no documentation of an evaluation that confirms the emergency status and the precise interventions required; there is no documentation that indicates that the interventions have been followed as prescribed; and there is no documentation of an evaluation that indicates that the emergency has been resolved.

There are also mental health provisions that have not been addressed at all, such as mental health participation in the disciplinary process, mental health monitoring of inmates placed in segregation, mental health assessment in cases of use of force, mental health assessment in cases of sexual abuse and misconduct, and the development of mental health programs that would support inmates with special needs and facilitate the discharge planning for inmates with serious mental illness. It is clear that the current mental health staffing pattern is woefully inadequate to address all of the provisions of this agreement, in that there is simply not enough staff to do the work and in that the scheduling of the existing mental health staff is such that there is no opportunity for mental health staff to meet together and thereby function as a team.

Youthful Offenders

This visit afforded the opportunity to assess the progress made in transitioning Juveniles Charged as Adults (JCAs) to the Henley Young Juvenile facility following the decision to begin placing "new" JCA youth there in September 2017. In general, the transition has been successful and holds out promise that the Henley Young facility, with some substantive facility and programming improvements, can be a long-term solution to meet the requirements of this Agreement. This is in large part the result of the significant progress that the County has made in meeting the requirements of the Hinds County/Southern Poverty Law Center (SPLC) Consent Decree, many of which are essentially the same as this Agreement. It is the understanding of the monitoring team that both the Consent Decree and this Agreement will continue in effect simultaneously.

At the time of this visit there were eleven JCAs in placement at Henley Young and seven JCAs remaining at RDC. Whereas a number of the requirements of the Agreement can be considered

to be in substantial compliance at Henley Young, the status of the JCAs at RDC remains relatively unchanged, albeit benefiting somewhat from the reduced number of juveniles in placement. There is little evidence of further movement toward the compliance requirements for those youth. Concerns about the limited educational programming, mental health services, training of supervising staff, and case processing in adult court remain.

Improvements that need to be made at Henley Young are related to the differing needs and opportunities that result from youth being placed/confined for much longer periods of time. This is reflected in recommendations including enhancing the mental health services, expanding the educational program, modifying the behavioral management program, and developing additional cognitive-behavioral and positive youth development programs. Concerns about the limitations of the Henley Young facility have been referenced in prior reports and should be given heightened attention as the time to make decisions and facility improvements is before problems occur, not after. Therefore, the most important recommendation conveyed in this report is that a plan including action steps, timetables, and resources needed to complete the transition of youth out of RDC be developed as soon as possible.

Criminal Justice and System Issues

There were several areas of progress since the last site visit. The CJCC was convened and the first meeting was held. The Sequential Intercept Mapping, although anticipated under the Settlement Agreement to be facilitated by the CJCC, was actually completed by the Hinds County Behavioral Health agency with a grant from the GAINS Center. The final report was issued and provides a useful road map for developing diversion and re-entry strategies.

The County continues to have no one incarcerated on unlawful orders regarding fines and fees but has not yet adopted policies to ensure a process for addressing this should such orders be used in the future. A full time Quality Control Officer was designated to identify persons who can or should be released. However, this continues to be a reactive process responding to inmate grievances and requests. As previously reported it continues to be difficult to track individuals in the records system. As recommended after the last site visit, there needs to be a centralized, cohesive system for receiving, updating, and maintaining records related to detention and release. Currently, there are three individuals maintaining separate spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between Records and Booking for overseeing the documentation. Previously reported systemic challenges continue to exist. As a result, a number of people were identified who had been detained beyond their release date and there is inadequate documentation for the detention of others. Consultation with the records expert should be utilized to assist in this area.

The paper grievance system was replaced by a computerized system. Some of the initial problems have been remedied but new problems have been identified. Most troubling is that numerous grievances appear to get lost in the system and, as a result, many grievances never receive a response. The system is also either dysfunctional or not understood in its ability to generate reports. The staff does not know how to generate reports, if it is possible, to meet the requirements of the Settlement Agreement or be useful to them.

More focused attention was provided on PREA compliance and, although there is some new attention to this area, the jail is woefully out of compliance with PREA. This area will require some attention at the higher administrative levels to begin to move towards compliance.

Reporting including the summary reports on incidents, use of force, grievances, and IAD investigations as required by the Settlement Agreement continues to be a work in progress. It appears that progress is being made towards having adequate incident reports and summary reports. However, the reporting currently received by the monitoring team does not meet the requirements of the Settlement Agreement.

Monitoring Activities

The Monitoring Team conducted a Site Visit January 29th through February 2nd. The site visit schedule was as follows:

January 29-February 2, 2018 Site Visit Schedule

Date and Time	Lisa Simpson	Dave Parrish	Jim Moeser	Jackie Moore	Richard Dudley
Monday 9:00 A.M.	Meet with Major Rushing, Fielder, and Synarus				Meet with Major Rushing, Fielder, and Synarus
Monday 10:30	Tour Medical Unit, Meet Medical Staff				Tour Medical Unit, Meet Medical Staff
Monday P.M.	12:30 Meet with Dr. Kumar 2:00 Meet with Dr. Melvin Davis				12:30 Meet with Dr. Kumar 2:00 Meet with Dr. Melvin Davis

	4:00 Meet with Philip Gaines				4:00 Meet with Philip Gaines
Tuesday A.M.	Review records with Kanisha Jones 11:00 Meet with Ken Lewis	9:00 Meet with Major Rushing, Doris Coleman, Synarus and Fielder re staffing levels and position control Tour RDC	At Henley Young meet w. Johnnie McDaniels, Eddie Burnside, Eric Dorsey, Tom Devine, Tamika Barber, Mashara Cook, Brenda Froelich, Fernice Galloway	Meet with Richard Dudley and jointly tour, interview, or look at charts	Meet with Jackie Moore and jointly tour, interview, or look at charts
Tuesday P.M.	1:00 Meet with County Attorney Mumford 3:00 Meet with RDC grievance officer Observe grievance kiosks	Continue work at RDC 4:00 Meet with new FSSO, Rohlan Tucker	Tour at Henley Young; meet w. staff from SPLC	Observe competency session 4:00 Meet with social worker Brown Follow up as needed	Observe competency session 4:00 Meet with social worker Brown Follow up as needed
Wednesday A.M.	Meet with Policy and Procedure team 10:30 Meet on recruiting and training plan (Sheriff, Miller, Fielder) 11:00 Capt. Dalton & Lt. Petty about Chancery Court	Meet with Policy and Procedure team 10:30 Meet on recruiting and training plan 11:00 Capt. Dalton & Lt. Petty about Chancery Court	Tour at RDC; Interview youth; review JCA files; Sgt. Tower; Assistant Admin. Fielder; Lead QCHC Nurse; thru afternoon	Continue at RDC	

Wednesday P.M.	1:30 Meet with Chancery Court Captain Dalton, Major Rushing, Synarus, and Chancery Judge 3:00 Meet with architect	1:30 Meet with Chancery Court- Captain Dalton, Major Rushing, Synarus, and Chancery Judge 3:00 Meet with architect	Continue at RDC as needed Review training records Review programming documentation	Tour JDC	
Thursday A.M.	9:00 Meet with Sheriff, DOJ 10:30 Meeting on reports and summary reports 11:30 Meet with Medical	9:00 Meet with Sheriff, DOJ 10:30 Meeting on reports and summary reports- Supervisory staff and IT	Meeting on reports and summary reports	Follow up at RDC 11:30 Meet with medical	
Thursday P.M.	1:30 Meet with Dalton and JDC grievance staff 3:00 Meet on PREA requirements- PREA officers	Tour JDC with Capt. Dalton & Lt. Petty 2:45 Tour Work Center	Tour Henley Young; Meeting. W. Johnnie McDaniels; Malcolm Sanders Recreation Coord.), Nurse La Flore, Alan Hines (Trng. Officer)	Tour Work Center	
Friday A.M.	Exit Meeting	Exit Meeting	Exit Meeting	Exit Meeting	
		Complete tour of RDC with Captain Fielder			

COMPLIANCE OVERVIEW

The Monitoring Team will track progress towards compliance with the following chart. This chart will be added to with each Monitoring Report showing the date of the site visit and the number of Settlement Agreement requirements in full, partial or non-compliance. Requirements that have not yet been triggered such as an annual review are listed as NA (not applicable) at this time. Sustained compliance is achieved when compliance with a particular Settlement Agreement requirement has been sustained for 18 months or more. The count of 92 requirements is determined by the number of Settlement Agreement paragraphs which have substantive requirements. Introductory paragraphs and general provisions are not included. Some paragraphs may have multiple requirements which are evaluated independently in the text of the report but are included as one requirement for purposes of this chart. The provisions on Youthful Offenders were evaluated in the text below for compliance at Henley Young and Raymond Detention Center but only the results for Raymond Detention Center are included in the totals in this chart.

Site Visit Date	Sustained Compliance	Full Compliance	Partial Compliance	NA at this time	Non-compliant	Total
2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92
1/26-2/2/18	0	1	29	0	62	92

INTRODUCTORY PARAGRAPHS

Text of paragraphs 1-34 regarding “Parties,” “Introduction,” and “Definitions” omitted.

SUBSTANTIVE PROVISIONS

PROTECTION FROM HARM

Consistent with constitutional standards, the County must take reasonable measures to provide prisoners with safety, protect prisoners from violence committed by other prisoners, and ensure that prisoners are not subjected to abuse by Jail staff. To that end, the County must:

37. Develop and implement policies and procedures to provide a reasonably safe and secure environment for prisoners and staff. Such policies and procedures must include the following:

- a. Booking;
- b. Objective classification;
- c. Housing assignments;
- d. Prisoner supervision;
- e. Prisoner welfare and security checks (“rounds”);
- f. Posts and post orders;
- g. Searches;
- h. Use of force;
- i. Incident reporting;
- j. Internal investigations;
- k. Prisoner rights;
- l. Medical and mental health care;
- m. Exercise and treatment activities;
- n. Laundry;
- o. Food services;
- p. Hygiene;
- q. Emergency procedures;
- r. Grievance procedures; (Lisa) and
- s. Sexual abuse and misconduct.

Partial Compliance

Work on writing and issuing a Policies and Procedures Manual that complies with the conditions and standards of the Settlement Agreement has been ongoing for the best part of a year. The first effort, completed in house, resulted in an unsatisfactory compilation of Policies and Procedures and redundant, but somewhat different, Post Orders. They were adopted by the County but upon review by the Monitor and DOJ staff they were found to be inadequate. After some exploration of options, the County has contracted with Dr. Austin to complete the policies and procedures. He has retained the services of Mr. Emmett Sparkman to assist with policy development. Mr. Sparkman has over forty years of corrections experience including time as the Deputy Secretary of the Mississippi Department of Corrections. Individual policies will be submitted to the Monitor and DOJ as they are completed for review and approval. It is anticipated that the entire Manual will be drafted by July 2018.

The policy on alcohol withdrawal should be addressed and reviewed with the nursing staff. There was no indication that inmates who, at the time of intake, admitted to drinking heavily and daily were referred to a nursing staff member or placed on a withdrawal protocol. During interviews with nurses, the nurses were not familiar with the withdrawal policy. Medication administration should also be addressed in the policies and procedures. The officer making

rounds with the nurse did not attempt to control the inmates receiving medication nor did he check the inmate's mouth to ensure that the inmate was not hoarding the medication. Inmates that were no-shows to the medication line were not called to sign a refusal of medication. Refusals should be signed in real time and if the inmate refused to get up then signed by the officer and the nurse. There was an incident in which the door and cabinet in the dental suite was unlocked and dental instruments were stolen. Counts had not been maintained so it was not known how many sharps were missing. Adequate security and accounting of medical equipment should be addressed in the policies and procedures.

Needed policies and procedures related to mental health are addressed below if required by a specific Settlement Agreement provision. However, in order to develop and implement the necessary policies and procedures additional mental health staffing will be required. Based on a review of mental health related provisions of the Agreement, and even just a preliminary assessment of what it will take to address those provisions, it is quite clear that there are not enough mental health staff hours currently available to implement the policies and procedures that would be required to address the mental health related provisions of the Agreement. Furthermore, there is no time that all of the mental health staff are at the facility at the same time in order to discuss and coordinate in a way required to do such things as treatment planning and discharge planning. Therefore, a mental health staffing analysis, with a commitment to increasing the mental health staff is required.

During the next site visit, the consultant will arrange meetings with QCHC, County and Jail staff to clarify with staff the meaning and significance of a provision, to provide background with regard to why such a provision is important, and to describe best practices with regard to addressing a provision. It then offers an opportunity for health and mental health staff, and also often security staff, to discuss relevant issues, questions and concerns, as they jointly move towards the development and/or refinement of policies and an implementation plan. Addressing these provisions will require that other medical staff, security staff, and administrative staff also participate in this effort.

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail, including at least five years of related management experience for their positions, and a bachelor's degree. When the Jail Administrator is absent or if the position becomes vacant, a qualified deputy administrator with comparable education, training, and experience, must serve as acting Jail Administrator.

Partial Compliance

As was previously reported, the Jail Administrator, Major Rushing is well qualified for the job, but has only an AA degree, not the BA degree that the position requires. Captain Richard

Fielder, who previously was the Training Captain, has taken on the post of Assistant Jail Administrator. His education (BA) and experience meet the standard set forth in the Settlement Agreement. This section will continue to be carried as being in Partial Compliance because of the Jail Administrator's AA degree.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members. At minimum, Jail supervisors must have at least 3 years of field experience, including experience working in the Jail. They must also be familiar with Jail policies and procedures, the terms of this Agreement, and prisoner rights.

Partial Compliance

Other than the Assistant Jail Administrator's position, reported above, there have been no changes in supervisory positions. This section continues to be carried as being in Partial Compliance since the P&P Manual has not been issued and it has not been possible to determine whether or not all supervisors are familiar with it and the terms of the Settlement Agreement.

40. Ensure that no one works in the Jail unless they have passed a background check, including a criminal history check.

Non-Compliant

The Jail was requested to provide at the time of the site visit a listing of all current jail employees, the date of their employment and the date of their background check. This was not provided. Until the HCSO provides documentation reflecting that all employees have successfully passed a background check, including a criminal history check, this paragraph will continue to be carried as Non-Compliant.

41. Ensure that Jail policies and procedures provide for the "direct supervision" of all Jail housing units.

Non-Compliant

The Policies and Procedures Manual has yet to be published. Further, no staff members have received training with regard to the principles and dynamics of direct supervision. One of the Priority Recommendations made by the monitoring team subsequent to the January/February site visit was that the County coordinate with the National Institute of Corrections to obtain "Train the Trainers" support so that staff assigned to the WC can be properly trained. Once that is done, it will be possible to rotate officers through that facility to gain hands on experience in direct supervision before they are reassigned to the RDC as it slowly transitions back to being a direct supervision jail.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Jail. The parties recognize that the Board allocates to the Sheriff lump sum funding on a quarterly basis. The Sheriff recognizes that sufficient staffing of the Jail should be a priority for utilizing those funds. To that end, the County must at minimum:

- a. Hire and retain sufficient numbers of detention officers to ensure that:
 - i. There are at least two detention officers in each control room at all times;
 - ii. There are at least three detention officers at all times for each housing unit, booking area, and the medical unit;
 - iii. There are rovers to provide backup and assistance to other posts;
 - iv. Prisoners have access to exercise, medical treatment, mental health treatment, and attorney visitation as scheduled;
 - v. There are sufficient detention officers to implement this Agreement.
- b. Fund and obtain a formal staffing and needs assessment (“study”) that determines with particularity the minimum number of staff and facility improvements required to implement this Agreement. As an alternative to a new study, the September 2014 study by the National Institute of Corrections may be updated if the updated study includes current information for the elements listed below. The study or study update must be completed within six months of the Effective Date and must include the following elements:
 - i. The staffing element of the study must identify all required posts and positions, as well as the minimum number and qualifications of staff to cover each post and position.
 - ii. The study must ensure that the total number of recommended positions includes a “relief factor” so that necessary posts remain covered regardless of staff vacancies, turnover, vacations, illness, holidays, or other temporary factors impacting day-to-day staffing.
 - iii. As part of any needs assessment, the study’s authors must estimate the number of prisoners expected to be held in the Jail and identify whether additional facilities, including housing, may be required.
- c. Once completed, the County must provide the United States and the Monitor with a copy of the study and a plan for implementation of the study’s recommendations. Within one year after the Monitor’s and United States’ review of the study and plan, the County must fund and implement the staffing and facility improvements recommended by the study, as modified and approved by the United States.
- d. The staffing study shall be updated at least annually and staffing adjusted accordingly to ensure continued compliance with this Agreement. The parties recognize that salaries are an important factor to recruiting and retaining qualified personnel, so the County will also annually evaluate salaries.

- e. The County will also create, to the extent possible, a career ladder and system of retention bonuses for Jail staff.

Partial Compliance

As was previously reported, the total required staffing for the Jail System is 433 positions. The goal for the current year is 275 positions, of which 271 have been funded. Four still require funding or else reassignment of that number of positions from other areas of the Sheriff's Office. While 250 positions were reported as filled during the October site visit, that number has dropped to 239 in spite of the fact that the new salary schedule for entry-level officers represented a significant increase in compensation. It should be noted that the career ladder and bonus system outlined in the Settlement Agreement are still not in place. During the January/February site visit, the Sheriff agreed to make Investigator Marquette Funchess the full-time recruiter for the HCSO. Previously only 25% of his time was dedicated to this function. He has worked up a six-month plan of action for recruiting activities which will, hopefully, result in a larger pool of potential employees.

The number of officers assigned to each shift, particularly at the RDC, is insufficient to meet the criteria of the Settlement Agreement. Routinely, less than half the required number is available. Only the juvenile unit (HU A1) at the RDC has an officer assigned to a post inside the unit on each shift; however, the officers assigned have not been trained with regard to direct supervision operation. At best, half of the units have an officer who sits in the vestibule, not inside the unit. Even in the Confinement/Segregation unit, (HU B3), where the inmates are locked down in individual cells, the officer sits in the vestibule, from which position he is supposed to conduct thirty-minute well-being checks on each inmate—an impractical expectation. In Booking little has changed since the last Monitor Report. Routinely, only one Detention Officer is on duty instead of two (exclusive of the ID officer) while one, sometimes two Booking Clerks are on post. It should be noted that a female Booking Clerk is often called upon to handle intake duties when a female detainee is received. This is acceptable in that booking clerks are also detention officers, but the practice reflects the shortage of personnel. As was previously reported, the staffing situation at the JDC and WC is not as critical as at the RDC because portions of those two facilities are currently vacant and they are operating at well below rated capacity.

- f. Develop and implement an objective and validated classification and housing assignment procedure that is based on risk assessment rather than solely on a prisoner's charge. Prisoners must be classified immediately after booking, and then housed based on the classification assessment. At minimum, a prisoner's bunk, cell, unit, and facility assignments must be based on his or her objective classification assessment, and staff members may not transfer or move prisoners into a housing area if doing so would violate classification principles (e.g., placing juveniles with adults, victims with former assailants, and minimum

security prisoners in a maximum security unit). Additionally, the classification and housing assignment process must include the following elements:

- i. The classification process must be handled by qualified staff who have additional training and experience on classification.
- ii. The classification system must take into account objective risk factors including a prisoner's prior institutional history, history of violence, charges, special needs, physical size or vulnerabilities, gang affiliation, and reported enemies.
- iii. Prisoner housing assignments must not be changed by unit staff without proper supervisor and classification staff approval.
- iv. The classification system must track the location of all prisoners in the Jail, and help ensure that prisoners can be readily located by staff. The County may continue to use wrist bands to help identify prisoners, but personal identification on individual prisoners may not substitute for a staff-controlled and centralized prisoner tracking and housing assignment system.
- v. The classification system must be integrated with the Jail prisoner record system, so that staff have appropriate access to information necessary to provide proper supervision, including the current housing assignment of every prisoner in the Jail.
- vi. The designation and use of housing units as "gang pods" must be phased out under the terms of this Agreement. Placing prisoners together because of gang affiliation alone is prohibited. The County must replace current gang-based housing assignments with a more appropriate objective classification and housing process within one year after the Effective Date.

Partial Compliance

There has been no change with regard to compliance in this section since the last reporting period. The Classification Sergeant has prepared some preliminary draft proposals, but has not submitted any Policies and Procedures for inclusion in the P&P Manual as was suggested in the last report. Misdemeanant detainees continue to be assigned directly to the WC from Booking prior to being classified. Movement of inmates by supervisors when Classification officers are not on duty now must be documented by a report that goes to the Classification supervisor so that follow up can occur the following morning. The use of gang pods ended almost a year ago; however, many classification decisions still default to charges rather than behavior.

- g. Develop and implement positive approaches for promoting safety within the Jail including:
 - i. Providing all prisoners with at least 5 hours of outdoor recreation per week;

- ii. Developing rewards and incentives for good behavior such as additional commissary, activities, or privileges;
- iii. Creating work opportunities, including the possibility of paid employment;
- iv. Providing individual or group treatment for prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions, who would benefit from therapeutic activities; (Jackie)
- v. Providing education, including special education, for youth, as well as all programs, supports, and services required for youth by federal law; (Jim and Jackie)
- vi. Screening prisoners for serious mental illness as part of the Jail's booking and health assessment process, and then providing such prisoners with appropriate treatment and therapeutic housing;
- vii. Providing reasonable opportunities for visitation.
- h. Ensure that policies, procedures, and practices provide for higher levels of supervision for individual prisoners if necessary due to a prisoner's individual circumstances. Examples of such higher level supervision include (a) constant observation (i.e., continuous, uninterrupted one-on-one monitoring) for actively suicidal prisoners (i.e., prisoners threatening or who recently engaged in suicidal behavior); (b) higher frequency security checks for prisoners locked down in maximum security units, medical observation units, and administrative segregation units; and (c) more frequent staff interaction with youth as part of their education, treatment and behavioral management programs.
- i. Continue to update, maintain, and expand use of video surveillance and recording cameras to improve coverage throughout the Jail, including the booking area, housing units, medical and mental health units, special management housing, facility perimeters, and in common areas.

Non-Compliant

42 (g)(i) Outdoor recreation is still unavailable to almost all inmates in the Hinds County Jail System. It has never been available at the JDC because there is no outdoor recreation yard. At the RDC it has not been available for over five years. After the riot that caused major damage to Pod C all recreation ceased and most doors to the recreation yards were welded shut, as well as many other doors, including pipe chases, throughout the jail. Only at the WC is outdoor recreation feasible, but even there it is not documented in a format that allows for readily tracking when recreation was made available. Subsequent to the January/February site visit, the WC forwarded a copy of the log entries from HU3 covering 2-1-18 to 2-14-18. A review of those entries revealed that recreation was made available on seven of fourteen days, for a total of five hours and forty minutes. On three days there were log entries made when the recreation

yard was opened but none made to show when it closed. The total documented outdoor recreation was just over half of what is required by the Settlement Agreement.

42(g)(iv) Due to the fact that prisoners' medical records do not include adequate mental health evaluations or treatment plans, at present, it is extremely difficult, if not impossible to assess (internally and/or by the monitor) whether or not any given prisoner with a serious mental illness, developmental disability, or other behavioral or medical condition is receiving appropriate therapeutic interventions. At minimum, a mental health evaluation should include the prisoner's history, a description of the prisoner's signs and symptoms of mental illness and related distress and/or impairments in functioning, and a diagnostic opinion and/or psychodynamic formulation. For prisoners for whom medication might be indicated and/or prisoners who are experiencing some type of mental health emergency, a psychiatric evaluation should also be performed and documented in the medical record. In the absence of such evaluations that are documented in prisoners' medical records, there is no way to know why a prisoner is receiving mental health treatment or what the prisoner is being treated for.

At minimum, a treatment plan should include a list of problems to be addressed noting the therapeutic intervention(s) which will be employed to address each problem and the expected outcome or goal of such treatment within a designated timeframe. If an indicated treatment is simply not available within the facility and significant compromises must be made, this should also be noted in the treatment plan. There should also be evidence that treatment plans are reviewed on a regular basis (consistent with community standards of practice for the treatment of the particular psychiatric difficulty), and that any indicated adjustments in the treatment plan have been made. In addition, since both treatment planning and treatment plan review is a multi-disciplinary effort, mental health, nursing and security staffs must work together to discuss and ensure that everyone understands their role in the development and implementation of the treatment plans. As noted above, this multi-disciplinary treatment planning and review process is one of the efforts that is complicated by the fact that there is no time when all mental health staff are at the facility at the same time, and so options for addressing this complication will also have to be explored. In the absence of treatment plans, there is no way to know whether or not prescribed treatment is appropriate or effective.

Furthermore, the absence of a detailed log for the mental health caseload makes it extremely difficult, if not impossible, to assess (internally and by the monitor) whether or not the overall caseload of prisoners with serious mental illness, developmental disability, or other behavior or medical conditions is receiving appropriate therapeutic interventions. There is a list of prisoners seen by the psychiatrist or the psychologist each week, which also notes if and when another appointment should be scheduled. However, at minimum, a detailed log would list each prisoner on the mental health caseload, with their diagnosis, prescribed treatment, staff providing treatment, most recent and next scheduled visits, and any special circumstances, such as prisoner non-

compliance, suicide watch, segregation, etc. As noted, the lack of this documentation not only affects the monitoring team's ability to determine compliance with the mental health provisions of the Settlement Agreement, it also impacts the ability of the County and medical provider to ensure that appropriate treatment is being provided.

With respect to this provision, current recommended actions are:

1. Mental health evaluations must be performed on all prisoners on the mental health case load. For prisoners for whom medication might be indicated and/or prisoners who are experiencing some type of mental health emergency, a psychiatric evaluation should also be performed.
2. Treatment plans must be developed for each prisoner on the mental health caseload, and must then be periodically reviewed.
3. Documentation of a mental health evaluation and/or psychiatric evaluation, and documentation of a treatment plan and treatment plan review must be included in the prisoner's medical record.
4. A detailed log for the mental health caseload must be developed and maintained.

42(g)(v) An assessment of efforts to comply with this provision was initiated during the site visit, but was not completed. However as of this point, it at least appears that education and other programs, supports, and services for youth remain very limited. This will be explored further during the next site visit.

42(g)(vi) Although there is mental health screening at the time of booking and during the initial health assessment process, the adequacy of this screening is yet to be determined. One tool that would be helpful in this regard is the development and maintenance of a log for self-referral for mental health services and referrals for mental health services made by security staff or other medical staff, which indicates whether or not mental illness was identified during the initial screening processes. Such a log would also indicate how quickly the prisoner was seen, who saw the prisoner, and the outcome, and so it would also help with internal (and external) monitoring/assessment of the responsiveness of mental health to such referrals. In addition, the screening tools used will be further assessed by the monitor.

Recommended actions at this time are to develop the above described log that would track self-referrals for mental health services as well as referrals for mental health services made by security staff or health staff.

See paragraph 74 and paragraph 77 (i and j) regarding housing decisions and the availability of appropriate housing for prisoners with serious mental illness. See section 42 (g)(iv) with regard to the availability of appropriate treatment.

42(g)(vii) Visitation records are similarly problematic. A review of visitation records covering two weeks, from 12-31-17 to 1-13-18 revealed the following--

- (1) At the JDC, 68 inmates were scheduled to have a visit with family and friends; however, only 31 actually were able to complete a visit. The others were cancelled by administration, missed by the inmate or caller, or were interrupted.
- (2) At the RDC and WC visitation records are combined, so it is not possible to differentiate between facilities. A total of 82 inmates were scheduled to visit, but only 36 actually completed their visits. The others were cancelled by administration, missed by the inmate or caller, or listed as “unpaid refusal”. Staff described the “unpaid refusal” as a system problem in that the inmate’s family has money in the account but the recording says number restricted. The provider, Securus has said that the problem is on the jail end.

Based on the number of inmates held at the three facilities, on average only 48% of the inmates at the JDC actually have a visit during a month’s time, while at the RDC and WC that figure is only 14%. Since the majority of the population is held at these two jails, it is apparent that very few inmates in the custody of the Detention Services Division are able to visit with family and friends on a routine basis.

42(h) During a review of the medical records for a small number of prisoners who had been on suicide watch, there was no documentation of a mental health assessment that resulted in the placement of the prisoner on suicide watch or the continuation of an emergency suicide watch originally initiated by security staff who were concerned about a prisoner’s suicide potential. Without such an evaluation, compliance with this provision is not possible as it is the mental health assessment that would form the basis for an opinion on the level of supervision required. There was also no documentation of a mental health assessment that resulted in the termination of a period of suicide watch. In addition, it remains unclear which staff has the authority to terminate/responsibility for terminating a suicide watch. Furthermore, if this authority and responsibility is limited to the psychiatrist and/or the psychologist, there are at least 5 days each week when neither one of them are at the facility to assume this responsibility.

Logs that would document some higher level of supervision by security staff have been requested. Therefore, further assessment is required to determine whether or not there is documentation of security supervision and then whether or not any documented supervision is adequate. As noted above, this is somewhat complicated by the lack of clear mental health orders regarding the level of supervision required, based on mental health assessments.

This is an area where medical policies and security policies when they are completed must be consistent. Assuring a higher level of supervision by must be addressed at the level of policy and practice to clearly delineate the levels of supervision required and the respective roles of security

and mental health staff. This issue also intersects with issues of staffing levels to ensure that such higher levels of supervision can actually be provided.

42(i) Video surveillance capabilities vary greatly between facilities. While the JDC and WC have no such capability, the RDC has been upgraded significantly. Supervisory staff at that facility should take advantage of the ability to monitor and review incidents and daily activity.

43. Include outcome measures as part of the Jail's internal data collection, management, and administrative reporting process. The occurrence of any of the following specific outcome measures creates a rebuttable presumption in this case that the Jail fails to provide reasonably safe conditions for prisoners:

- a. Staff vacancy rate of more than 10% of budgeted positions;
- b. A voluntary staff turnover rate that results in the failure to staff critical posts (such as the housing units, booking, and classification) or the failure to maintain experienced supervisors on all shifts;
- c. A major disturbance resulting in the takeover of any housing area by prisoners;
- d. Staffing where fewer than 90% of all detention officers have completed basic jailer training;
- e. Three or more use of force or prisoner-on-prisoner incidents in a fiscal year in which a prisoner suffers a serious injury, but for which staff members fail to complete all documentation required by this Agreement, including supervision recommendations and findings;
- f. One prisoner death within a fiscal year, where there is no documented administrative review by the Jail Administrator or no documented mortality review by a physician not directly involved in the clinical treatment of the deceased prisoner (e.g. corporate medical director or outside, contract physician, when facility medical director may have a personal conflict);
- g. One death within a fiscal year, where the death was a result of prisoner-on-prisoner violence and there was a violation of Jail supervision, housing assignment, or classification procedures.

Non-Compliant

Currently, 11.8 % of the authorized positions are vacant (271 authorized, 32 vacant). Turnover statistics for 2017 reflect a continuing problem in the Detention Services Division. At the JDC it was 18.4%, at the WC it was 26.0% and at the RDC it was 48.9%. Ideally, a 10% turnover rate should be the goal, but the JDC and WC fall within a manageable range. The RDC's turnover rate, however, is not sustainable. When almost 50% of a facility's staff leave during a one-year period, maintaining continuity and consistency of daily activities is not possible.

44. To complement, but not replace, "direct supervision," develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate. To that end:

- a. Rounds must be conducted at least once every 30 minutes in general population housing units and at least once every 15 minutes for special management prisoners (including prisoners housed in booking cells).
- b. All security rounds must be conducted at irregular intervals to reduce their predictability, and must be documented on forms or logs.
- c. Officers must only be permitted to enter data on these forms or logs at the time a round is completed. Forms and logs must not include pre-printed dates or times. Officers must not be permitted to fill out forms and logs before they actually conduct their rounds.
- d. The parties anticipate that “rounds” will not necessarily be conducted as otherwise described in this provision when the Jail is operated as a “direct supervision” facility. This is because a detention officer will have constant, active supervision of all prisoners in the detention officer’s charge. As detailed immediately below, however, even under a “direct supervision” model, the Jail must have a system in place to document and ensure that staff are providing adequate supervision.
- e. Jail policies, procedures, and practices may utilize more than one means to document and ensure that staff are supervising prisoners as required by “direct supervision,” including the use and audit of supervisor inspection reports, visitation records, mealtime records, inmate worker sheets, medical treatment files, sick call logs, canteen delivery records, and recreation logs. Any system adopted to ensure that detention officers are providing “direct supervision” must be sufficiently detailed and in writing to allow verification by outside reviewers, including the United States and Monitor.

Partial Compliance

Well-being checks continue to be conducted more effectively than previously, although still not in compliance with the Settlement Agreement. In Booking they are conducted at 15-minute intervals. In general population areas of the RDC they are sometimes maintained at hourly intervals, although consistency of entries in the Unit logs is sporadic at best with gaps of four or more hours, and even whole shifts, noted. In Isolation Unit B4, the 15-minute well-being checks are routinely recorded on the individual inmate logs; however, the Unit Log, which was in place during the October site visit, was no longer in use during the January/February site visit. In Confinement/Segregation Unit B3, 30-minute well-being checks are maintained by the officer who sits in the vestibule (see paragraph 42 above). The Settlement Agreement calls for 15-minute well-being checks. At the JDC, general population 30-minute well-being checks were recorded appropriately on forms located at the end of each corridor. The 30-minute confinement/segregation logs for those inmates who were in a lock down status were not maintained on individual forms, as they should have been, (and as they were during the October site visit). Instead, 30-minute Activity Logs were kept on each inmate, which reflected feeding,

out of cell time and other evolutions rather than 30-minute well-being checks. At the WC, officers made inconsistent entries in the Unit Logs which were sometimes hourly and sometimes only sporadic, if at all, throughout the shift. While direct supervision housing does not require the maintenance of a routine well-being check notation when other activity entries reflect continuing supervision, standard procedures regarding log entries need to be developed, so that all officers follow the same practices.

See section 76 with regard to mental health rounds for prisoners in segregation. See section 42 (h) with regard to prisoners who require special management due to acute mental health difficulties.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail. To that end, the County must ensure that the Jail employs Qualified Training Officers, who must help to develop and implement a formal, written training program. The program must include the following:

- a. Mandatory pre-service training. Detention officers must receive State jailer training and certification prior to start of work. Staff who have not received such training by the Effective Date of this Agreement must complete their State jailer training within twelve months after the Effective Date of this Agreement. During that twelve month period, the County must develop an in-house detention training academy.
- b. Post Order training. Detention officers must receive specific training on unit-specific post orders before starting work on a unit, and every year thereafter. To document such training, officers must be required to sign an acknowledgement that they have received such training, but only after an officer is first assigned to a unit, after a Post Order is updated, and after completion of annual retraining.
- c. “Direct supervision” training. Detention officers must receive specific pre- and post service training on “direct supervision.” Such training must include instruction on how to supervise prisoners in a “direct supervision” facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective “direct supervision.”
- d. Jail administrator training. High-level Jail supervisors (*i.e.*, supervisors with facility-wide management responsibilities), including the Jail Administrator and his or her immediate deputies (wardens), must receive jail administrator training prior to the start of their employment. High-level supervisors already employed at the Jail when this Agreement is executed must complete such training within six months after the Effective Date of this Agreement. Training comparable to the Jail Administration curriculum offered by the National Institute of Corrections will meet the requirements of this provision.

- e. Post-service training. Detention officers must receive at least 120 hours per year of post-service training in their first year of employment and 40 hours per year after their first year. Such training must include refresher training on Jail policies. The training may be provided during roll call, staff meetings, and post-assignment meetings. Post-service training should also include field and scenario-based training.
- f. Training for Critical Posts. Jail management must work with the training department to develop a training syllabus and minimum additional training requirements for any officer serving in a critical position. Such additional training must be provided for any officer working on a tactical team; in a special management, medical or mental health unit; in a maximum security unit; or in booking and release.
- g. Special management unit training. Officers assigned to special management units must receive at least eight hours of specialized training each year regarding supervision of such units and related prisoner safety, medical, mental health, and security policies.
- h. Training on all Jail policies and procedures including those regarding prisoner rights and the prevention of staff abuse and misconduct.

Non-Compliant

As was previously noted, then Training Director, Captain Fielder, recently took on the position of Assistant Jail Administrator. In his place Captain Miller assumed responsibility for training. One of the first things that he put into place was elimination of the 40-hour orientation block of instruction for new Detention Officers. Now new employees are immediately assigned to the 120-hour basic recruit academy which they must complete before being assigned to a facility. Training records do not yet reflect how many officers still need to complete this training within the first year of employment or how many officers received 40 hours of in-service training during the past year. Post Order training, Critical Post training, Special Management Unit training and Direct Supervision training are as yet not identified. The HCSO attempted to hire a Director of Detention Training but was unable to attract candidates at the pay level that was offered. The HCSO needs to recruit and hire a Director of Detention Training, at the level of a lieutenant, as soon as possible. This position requires a candidate who has extensive detention experience to ensure that the training curriculum and schedule provides the needed training for detention officers.

During the past year the Division Major attended the Large Jail Network's training program put on by the National Institute of Corrections (NIC), and the Jail and Prisoner Legal Issues seminar hosted by the Americans for Effective Law Enforcement Legal Center. The newly appointed Assistant Jail Administrator is slated to attend New Warden's Training through NIC later this year.

Reportedly, there is a modest amount of mental health training that occurs when security staff persons are in training at the academy. This training curriculum will be reviewed. More recently, an in-service training program, entitled “Mental Health First Aid” has become available, and security staff persons are beginning to receive this training. This training curriculum will also be reviewed.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail. To that end, the County must:

- a. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. Personal Identification Numbers (PINs) allocated for budget purposes represent a salaried slot and are not a restriction on personnel assignment authority. While the Sheriff may retain final authority for personnel decisions, the Jail’s policies and procedures must document and clearly identify who is responsible for a personnel decision, what administrative procedures apply, and the basis for personnel decisions.
- b. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail, including any who are not already reporting to the Jail Administrator and the Jail’s chain of command. This provision covers road deputies assigned to supervise housing units and emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances.
- c. Ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- d. Ensure that staff conduct daily inspections of all housing and common areas to identify damage to the physical plant, safety violations, and sanitation issues. This maintenance program must include the following elements:
 - i. Facility safety inspections that include identification of damaged doors, locks, cameras, and safety equipment.
 - ii. An inspection process.
 - iii. A schedule for the routine inspection, repair, and replacement of the physical plant, including security and safety equipment.
 - iv. A requirement that any corrective action ordered be taken.
 - v. Identification of high priority repairs to assist Jail and County officials with allocating staff and resources.

- vi. To ensure prompt corrective action, a mechanism for identifying and notifying responsible staff and supervisors when there are significant delays with repairs or a pattern of problems with equipment. Staff response to physical plant, safety, and sanitation problems must be reasonable and prompt.

Non-Compliant

Until the P&P Manual is revised and re-issued, compliance with this paragraph cannot be achieved. The revision work was recently assigned to Dr. James Austin with an expected completion date of July 2018. Individual policies will be submitted to the Monitor and DOJ for review and approval as they are completed. No progress has been made with regard to the requirement for supervisors to document the results of their rounds. This long-standing problem needs to be addressed immediately. At a minimum, a supervisor should make an entry in the Unit Log or Control Room Log.

Maintenance issues are still not resolved in a timely fashion, particularly at the RDC. As was previously reported, two of the three primary corridor doors leading from the “Great Hall” to the three pods (A, B and C) still do not function. They are propped open because they cannot be properly secured/locked. In A and B Pods the control room doors also cannot be secured, so maintenance staff have jury rigged a manual locking system that depends upon an officer in the corridor to lift a mechanism located above the door before it can be opened. This totally unacceptable situation can be rectified when the County replaces the security doors into the pods. At that time, they should eliminate the two sets of security doors located in the corridors between the Great Hall and the control rooms since they serve no purpose other than to impede the ability of staff to move between the Great Hall and the housing units. When that work is done, the County should also create a safety vestibule, with two swinging security doors, as the single point of entry to each control room. The single sliding doors located on each side of the three control rooms should be removed and the walls secured. It was also observed that many cells lacked functioning lights causing inmates in segregation cells to lay on the floor and use light coming through from the hall when light was needed.

While the JDC and WC do not have the overall appearance of neglect that afflicts the RDC, they need more timely correction of maintenance problems regarding plumbing and electrical work. An example is the electrical cord that runs across the floor in the lobby of the WC. This obvious violation of fire and safety regulations has been noted during each of the past three site visits. There is still no standard format in place at each of the three facilities for the documentation and repair of maintenance issues.

47. Ensure that staff members conduct random shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband. Such shakedowns must be

conducted in each housing unit at least once per month, on an irregular schedule to make them less predictable to prisoners and staff.

Non-Compliant

Random shakedowns of cells and common areas are still not accomplished and documented as this paragraph requires although a review of incident reports reflects an increase in the number that are conducted. While the monitoring team was informed that shakedowns are now conducted solely by Detention Officers, not by law enforcement officers, at least one incident report, #171283, dated 12-14-17, indicated that such is not the case. On that date, HCSO patrol deputies, SRT Team members and a Mississippi Department of Corrections RRT team conducted a shakedown of RDC, Unit A2. If law enforcement officers are involved, they should provide back up and work under the direction of Detention Center staff. The practice of undercutting the authority and responsibility of Detention Officers by allowing law enforcement and outside agency officers to assume their duties is inappropriate and counterproductive. On January 31, 2018, Assistant Jail Administrator Fielder issued a memo to all personnel that calls for each facility to conduct two shakedowns per month.

48. Install cell phone jammers or other electronic equipment to detect, suppress, and deter unauthorized communications from prisoners in the Jail. Installation must be completed within two years after the Effective Date.

Non-Compliant

While no concrete action has been taken to date to deal with this issue, in December the Jail Administrator received a briefing from Securus Technologies on a Wireless Containment Services (WCS) system, which may be a viable option to control contraband cell phones in the jail facilities.

49. Develop and implement a gang program in consultation with qualified experts in the field that addresses any link between gang activity in the community and the Jail through appropriate provisions for education, family or community involvement, and violence prevention.

Partial Compliance

There has been no change in the status of this paragraph. No additional information was provided during the most recent site visit beyond the fact that a law enforcement officer is assigned to conduct investigations within the Jail System.

USE OF FORCE STANDARDS

Consistent with constitutional standards, the County must take reasonable measures to prevent excessive force by staff and ensure force is used safely and only in a manner commensurate with the behavior justifying it. To that end, the County must:

50. Develop and implement policies and procedures to regulate the use of force. The policies and procedures must:

- a. Prohibit the 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;
- b. Prohibit the 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, visitors, or property;
- c. Prohibit the use of force against a prisoner after the prisoner has ceased to resist and is under control;
- d. Prohibit the use of force as punishment or retaliation;
- e. Limit the level of force used so that it is commensurate with the justification for use of force; and
- f. Limit use of force in favor of less violent methods when such methods are more appropriate, effective, or less likely to result in the escalation of an incident.

Non-Compliant

Since the P&P Manual has still not been revised, reissued and approved, compliance with this paragraph cannot be achieved. The significance of non-compliance was reinforced by two use of force reports in early February that reflected a lack of understanding regarding some of the practices outlined in this paragraph by command level staff, the very people who are responsible for ensuring that subordinate staff follow proper procedures.

51. Develop and implement policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to use of force and after any use of force. These policies and procedures must specifically include the following requirements:

- a. Staff members must obtain prior supervisory approval before the use of weapons (*e.g.*, electronic control devices or chemical sprays) and mechanical restraints unless responding to an immediate threat to a person's safety.
- b. If a prisoner has a serious medical condition or other circumstances exist that may increase the risk of death or serious injury from the use of force, the type of force that may be used on the prisoner must be restricted to comply with this provision. These restrictions include the following:

- i. The use of chemical sprays, physical restraints, and electronic control devices must not be used when a prisoner may be at risk of positional asphyxia.
- ii. Electronic control devices must not be used on prisoners when they are in a location where they may suffer serious injury after losing voluntary muscle control (e.g., prisoner is standing atop a stairwell, wall, or other elevated location).
- iii. Physical strikes, holds, or other uses of force or restraints may not be used if the technique is not approved for use in the Jail or the staff member has not been trained on the proper use of the technique.

Non-Compliant

To date there are no recorded instances of staff members obtaining supervisory approval prior to using weapons and mechanical restraints. The same can be said for the use of chemical sprays, physical restraints and electronic control devices being used when a prisoner may be at risk of positional asphyxia. The fact that a non-approved use of force technique was used during a recent incident by a member of the Detention Services Division command staff (Incident Report #1800268) is reflective of the need for intensive and extensive training for all Detention personnel.

- c. Staff members must conduct health and welfare checks every 15 minutes while a prisoner is in restraints. At minimum, these checks must include (i) logged first-person observations of a prisoner's status while in restraints (e.g. check for blood flow, respiration, heart beat), and (ii) documented breaks to meet the sanitary and health needs of prisoners placed in emergency restraints (e.g., restroom breaks and breaks to prevent cramping or circulation problems).
- d. The County must ensure that clinical staff conduct medical and mental health assessments immediately after a prisoner is subjected to any Level 1 use of force. Prisoners identified as requiring medical or mental health care during the assessment must receive such treatment.

Non-Compliant

The P&P Manual is still under review. Revised policies and post orders should be submitted for review by the Monitor and DOJ staff by July. Fifteen-minute well-being checks are now maintained both in Booking and in the RDC, B4 Isolation Unit. Suicide watch procedures changed on January 28, 2018, with the closure of the two cells in Medical that were previously used for that purpose. Suicide watches are now maintained in C4 Isolation and the assigned officer stays inside the unit making it possible to achieve constant supervision instead of only a 15-minute well-being check. Four or more inmates can be supervised by one officer in this configuration. There is no evidence that mental health staff assess prisoners who have been subjected to Level 1 use of force.

- e. A first-line supervisor must personally supervise all planned uses of force, such as cell extractions.
- f. Security staff members must consult with medical and mental health staff before all planned uses of force on juveniles or prisoners with serious mental illness, so that medical and mental health staff may offer alternatives to or limitations on the use of force, such as assisting with de-escalation or obtaining the prisoner's voluntary cooperation.
- g. The Jail must have inventory and weapon controls to establish staff member responsibility for their use of weapons or other security devices in the facility. Such controls must include:
 - i. a sign-out process for staff members to carry any type of weapon inside the Jail,
 - ii. a prohibition on staff carrying any weapons except those in the Jail's tracked inventory, and
 - iii. random checks to determine if weapons have been discharged without report of discharge (e.g., by checking the internal memory of electronic control devices and weighing pepper spray canisters).
- h. A staff member must electronically record (both video and sound) all planned uses of force with equipment provided by the Jail.
- i. All staff members using force must immediately notify their supervisor.
- j. All staff members using a Level 1 use of force must also immediately notify the shift commander after such use of force, or becoming aware of an allegation of such use by another staff member.

Non-Compliant

To date there has not been a recorded incident of a planned use of force, which would have, in turn, necessitated notification of supervisory staff and video recording of the event. A review of use of force reports for December indicated that there were three such reports written at the RDC, none at the JDC and no monthly report submitted for the WC. In January there were three reports submitted at the JDC and none at the WC, but no monthly report submitted by the RDC. The monthly reports by the three facilities need to be done uniformly utilizing the same format. The only report of a taser being used was at the RDC in November. That report reflected the proper use of the taser in defense of the officer, but also that he threatened to use it on the inmate if he did not comply with an order to submit to a strip search. This coercive use of the taser is in violation of the standards set forth in the Settlement Agreement. Inmates were routinely sent to medical for a follow up review and, when necessary, they were transported to a local hospital for treatment.

There is no evidence that mental health staff is being consulted prior to a planned use of force on juveniles or prisoners with serious mental illness.

USE OF FORCE TRAINING

52. The County must develop and implement a use of force training program. Every staff member who supervises prisoners must receive at least 8 hours of pre-service use of force training and annual use of force refresher training.

Non-Compliant

With the change in Training Directors since the October site visit, there has been a reset in the area of staff training. Use of force is covered during the basic 120-hour academy, but there is no record of comprehensive use of force training for all personnel, either in the academy or through annual in-service training.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Non-Compliant

As was previously reported, these topics cannot be addressed until the P&P Manual is revised and published.

54. The County must randomly test at least 5 percent of Jail Staff members annually to determine whether they have a meaningful, working knowledge of all use of force policies and procedures. The County must also evaluate the results to determine if any changes to Jail policies and procedures may be necessary and take corrective action. The results and recommendations of such evaluations must be provided to the United States and Monitor.

Non-Compliant

This action cannot be undertaken until the revised P&P Manual is issued, officers are trained and sufficient time has passed to conduct the random testing of at least five percent of Jail staff.

55. The County must update any use of force training within 30 days after any revision to a use of force policy or procedure.

Non-Compliant

This cannot be updated until the policies and procedures on use of force have been completed.

USE OF FORCE REPORTING

To prevent and remedy the unconstitutional use of force, the County must develop and implement a system for reporting use of force. To that end, the County must:

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Non-Compliant

There has been no change with regard to this paragraph. It cannot be addressed until the P&P Manual is revised and issued to all personnel. According to Information Technology and Jail staff, the new computerized incident report and use of force report forms contain information that has not been made available to the monitoring team. In addition, it is reported that a separate investigation report that is not linked to the incident and use of force report forms contains additional information. Also, it is reported that on the computer-based forms there is a space for supervisory approval, disapproval and recommended action. Unfortunately, that documentation has not been made available to the monitoring team for review. At present, it is still not possible for a determination to be made as to the adequacy and accuracy of supervisory review. The team has requested that jail and IT staff be able to generate and provide reports to the monitoring team that provide the information needed to determine compliance.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible, and no later than by the end of that staff member's shift. Staff members must accurately complete all fields on a Use of Force Report. The failure to report any use of force must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination. Similarly, supervisors must also comply with their documentation obligations and will be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change with regard to this paragraph. The requirement cannot be analyzed until the P&P Manual is revised and issued to all personnel. While report writing is improving throughout the Jail System, because the incident reports provided to the monitoring team lack information, it is still not possible to determine whether all incident reports are submitted in a timely fashion or whether supervisors follow up as required.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events. At minimum, use of force reports must document the following information:

- a. A unique tracking number for each use of force;
- b. The names of all staff members, prisoner(s), and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. A description of the events leading to the use of force, including what precipitated or appeared to precipitate those events.
- f. A description of the level of resistance, staff response, and the type and level of force (including frequency and duration of use). For instance, use of force reports must describe the number of discharges from electronic control devices and chemical munitions canisters; the amount of discharge from chemical munitions canisters; whether the Staff Member threatened to use the device or actually discharged the device; the type of physical hold or strike used; and the length of time a prisoner was restrained, and whether the prisoner was released from restraints for any period during that time;
- g. A description of the staff member's attempts to de-escalate the situation without use of force;
- h. A description of whether the staff member notified supervisors or other personnel, including medical or mental health staff, before or after the use of force;
- i. A description of any observed injuries to staff or prisoners;
- j. Whether medical care was required or provided to staff or prisoners;
- k. Reference to any associated incident report or prisoner disciplinary report completed by the reporting officer, which pertains to the events or prisoner activity that prompted the use of force;
- l. A signature of the staff member completing the report attesting to the report's accuracy and completeness.

Partial Compliance

During the January/February site visit another training session was held with IT, Investigations, Operations and Detention staff to facilitate compliance with the reporting requirements of the Settlement Agreement. Special emphasis was placed on the need for all incidents to be given a specific number with any supplemental reports and investigation reports tied back to that original number no matter whether that report was a use of force, rule violation, mechanical problem or any other matter worthy of being recorded. While the monitoring team is still unable to see everything that appears in the Jail Management System (JMS), hopefully, the critical measurable details will soon be available through Drop Box.

USE OF FORCE SUPERVISOR REVIEWS

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force. At minimum:

- a. A supervisor must review all use of force reports submitted during the supervisor's watch by the end of the supervisor's watch.
- b. A supervisor must ensure that staff members complete their use of force reports by the end of their watch.
- c. Reviewing supervisors must document their findings as to the completeness of each staff member's use of force report, and must also document any procedural errors made by staff in completing their reports.
- d. If a Use of Force report is incomplete, reviewing supervisors must require Staff Members to provide any required information on a revised use of force report, and the Jail must maintain both the original and any revised report in its records.
- e. Any supervisor responsible for reviewing use of force reports must document their use of force review as described in Paragraph 62 sufficiently to allow auditing to determine whether an appropriate review was conducted.
- f. All Level 1 uses of force must be sent to the shift commander, warden, Jail Administrator, and IAD.
- g. A Level 2 use of force must be referred to the shift commander, warden, Jail Administrator, and IAD if a reviewing supervisor concludes that there may have been a violation of law or policy. Level 2 uses of force may also be referred to IAD if the County requires such reporting as a matter of Jail policy and procedure, or at the discretion of any reviewing supervisor.

Non-Compliant

No final determination can be made until the P&P Manual is revised and re-issued. It was reported that formatting changes have been made in the electronic reporting system that allow the supervisory review required by this paragraph. However, because of the limitation on what the system can provide in paper form, the monitoring staff cannot, as yet, see whether or not supervisors are taking appropriate follow up action on each report.

60. After any Level 1 use of force, responding supervisors will promptly go to the scene and take the following actions:

- a. Ensure the safety of everyone involved in or proximate to the incident. Determine if anyone is injured and ensure that necessary medical care is or has been provided.
- b. Ensure that photos are taken of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in a use of force incident. Photos must be taken no later than two hours after a use of force. Prisoners may

refuse to consent to photos, in which case they should be asked to sign a waiver indicating that they have refused consent. If they refuse to sign a waiver, the shift commander must document that consent was requested and refused.

- c. Ensure that staff members and witnesses are identified, separated, and advised that communications with other staff members or witnesses regarding the incident are prohibited.
- d. Ensure that victim, staff, and witness statements are taken confidentially by reviewing supervisors or investigators, outside of the presence of other prisoners or involved staff.
- e. Document whether the use of force was recorded. If the use of force was not recorded, the responding supervisors must review and explain why the event was not recorded. If the use of force was recorded, the responding supervisors must ensure that any record is preserved for review.

Non-Compliant

The specified actions of this paragraph are not routinely followed by supervisors. A review of recent use of force reports revealed that photographs are seldom taken and waivers related to the refusal to be photographed are not included. Witness statements are virtually non-existent and use of force incidents are not recorded. It would seem that supervisors at the RDC should be able to review video of incidents by examining recordings in Master Control.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor of Captain rank or above who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Non-Compliant

At this point it is still not possible to determine whether or not supervisors are performing their required duties because the monitoring team does not have access to the supplemental information that may be included in the JMS reports. The limited documentation available through Drop Box does not reflect supervisory action regarding approval, disapproval and recommended action on individual reports.

62. Reviewing supervisors must document the following:

- a. Names of all staff members, prisoner(s), and other participants or witnesses interviewed by the supervisor;
- b. Witness statements;
- c. Review date and time;

- d. The findings, recommendations, and results of the supervisor's review;
- e. Corrective actions taken;
- f. The final disposition of the reviews (e.g., whether the Use of Force was found to comply with Jail policies and procedures, or whether disciplinary action was taken against a staff member);
- g. Supporting documents such as incident reports, logs, and classification records. Supervisors must also obtain and review summary medical and mental health records describing –
 - i. The nature and extent of injuries, or lack thereof;
 - ii. The date and time when medical care was requested and actually provided;
 - iii. The names of medical or mental health staff conducting any medical or mental health assessments or care.
- h. Photos, video/digital recordings, or other evidence collected to support findings and recommendations.

Non-Compliant

Until it is possible to review the supervisory review portion of use of force reports it is not possible to determine whether or not supervisors are taking the required actions and appropriately documenting them.

INCIDENT REPORTING AND REVIEW

To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement a system for reporting and reviewing incidents in the Jail that may pose a threat to the life, health, and safety of prisoners. To that end, the County must:

- 63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information in order to respond appropriately to reportable incidents.

Non-Compliant

The P&P Manual must be revised and issued to all personnel before the level of compliance can be determined.

- 64. Ensure that Incident Reports include an accurate and detailed account of the events. At minimum, Incident Reports must contain the following information:
 - a. Tracking number for each incident;
 - b. The names of all staff members, prisoner, and other participants or witnesses;
 - c. Housing classification and location;
 - d. Date and time;

- e. Type of incident;
- f. Injuries to staff or prisoner;
- g. Medical care;
- h. All staff involved or present during the incident and their respective roles;
- i. Reviewing supervisor and supervisor findings, recommendations, and case dispositions;
- j. External reviews and results;
- k. Corrective action taken; and
- l. Warden and Administrator review and final administrative actions.

Partial Compliance

While compliance is dependent upon the publication and issuance of the P&P Manual, Incident Report documentation currently provides for some of the information specified in this paragraph. Reports routinely have a tracking number, list all persons involved, including staff and inmates, although inmate witnesses are infrequently noted. Many reports still do not specify in which facility the incident occurred. Supervisory review information cannot be reviewed and validated until the monitoring team is able to access more sections of the automated report writing system. The same applies to external reviews and results, corrective action taken, Warden/Administrator review and final administrative actions.

65. Require each staff member directly involved in a reportable incident to accurately and thoroughly complete incident reports as promptly as possible, by the end of the staff member's shift. At minimum:

- a. Staff members must complete all fields on an Incident Report for which they have responsibility for completion. Staff members must not omit entering a date, time, incident location, or signature when completing an Incident Report. If no injuries are present, staff members must write that; they may not leave that section blank.
- b. Failure to report any reportable incident must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination.
- c. Supervisors must also comply with their documentation obligations and will also be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change in the status of this paragraph. While documentation of incidents is certainly more routine than was the case just a year ago, the fact that there have still been no reports of lost money and property or late releases and overstay is indicative of a failure to document. During each site visit, a review of inmate records has revealed multiple cases where inmates have been held beyond their scheduled or ordered release, yet no incident reports documenting these situations have been written. Consequently, there has been no follow up and

corrective action taken to include disciplinary action and re-training. Based on the expected experience with money and property at even the best run jails, there will typically be some incidents of lost money or property. For there to be no incident reports in this area suggests that officers have not been trained to provide incident reports on these incidents.

66. Ensure that Jail supervisors review and respond appropriately to incidents. At minimum:

- a. Shift commanders must document all reportable incidents by the end of their shift, but no later than 12 hours after a reportable incident.
- b. Shift commanders must report all suicides, suicide attempts, and deaths, no later than one hour after the incident, to a supervisor, IAD, and medical and mental health staff.
- c. Any supervisor responsible for reviewing Incident Reports must document their incident review within 24 hours of receipt of an Incident Report sufficiently to allow auditing to determine whether an appropriate review was conducted. Such documentation must include the same categories of information required for supervisor use of force reviews such as names of individuals interviewed by the supervisor, witness statements, associated records (e.g. medical records, photos, and digital recordings), review dates, findings, recommendations, and case dispositions.
- d. Reportable incidents must be reviewed by a supervisor not directly involved in the incident.

Partial Compliance

There has been no change in the status of this paragraph; however, validation of supervisory actions has actually been hampered by the transition to an electronic report writing system in that the monitoring team cannot track the actions of supervisors after the initial report has been submitted. Hopefully, the previously mentioned coordination meeting that took place during the January/February site visit will help to rectify this problem.

SEXUAL MISCONDUCT

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;

- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;
- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Non-Compliant

Until the P&P Manual is published and issued, even partial compliance is not possible. Separate from the issuance of adequate policies and procedures, the practices at the jail are woefully inadequate under PREA. There is a PREA Coordinator who is newly focused on achieving compliance and is informed regarding PREA requirements. However, there is a long way to go. Areas of concern include lack of training on PREA, lack of notice to inmates at booking or comprehensive education following, lack of required information in the Inmate Handbook, no postings on how to report, insufficient options for reporting, no volunteer or contractor training, reporting and investigations are inadequate, and the evaluation of remedial measures is non-existent. There needs to be involvement at the highest administrative level to begin to implement measures that would bring the Jail into compliance with PREA. A first step would be to ensure that incident reports are prepared following incidents of sexual assault, that those incidents are adequately investigated, and remedial measures adopted.

INVESTIGATIONS

68. The County shall ensure that it has sufficient staff to identify, investigate, and correct misconduct that has or may lead to a violation of the Constitution. At a minimum, the County shall:

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely (within 60 days of referral) investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious

injury, in accordance with this Agreement, within 90 days of its Effective Date.

At a minimum, an investigation will be conducted if:

- i. Any prisoner exhibited a serious injury;
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- b. Per policy, investigations shall:
- i. Be conducted by qualified persons, who do not have conflicts of interest that bear on the partiality of the investigation;
 - ii. 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
 - iii. 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.
- c. Provide investigators with pre-service and annual in-service training so that investigators conduct quality investigations that meet the requirements of this Agreement;
- d. Ensure that any investigative report indicating possible criminal behavior will be referred to the appropriate criminal law enforcement agency;
- e. Within 90 days of the Effective Date of this Agreement, IAD must have written policies and procedures that include clear and specific criteria for determining when it will conduct an investigation. The criteria will require an investigation if:
- i. Any prisoner exhibited serious, visible injuries (e.g., black eye, obvious bleeding, or lost tooth);
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
- i. a brief summary of all completed investigations, by type and date;

- ii. a listing of investigations referred for administrative investigation;
- iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
- iv. 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.
- v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.
- g. Jail management 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 and United States.

Partial Compliance

There has been no improvement noted with regard to Investigations since the Second Monitoring Report was submitted. Although there is a designated investigator, the monitoring team has not received notification of investigative dispositions on individual cases. While this may be due to technical problems associated with the electronic reporting system, the lack of information is so significant that it is not possible to provide an update on the problems that were noted in the last Monitoring Report. As an example, it is still not known what happened to the officer who was found guilty of making a false statement, refusal or non-compliance with a direct lawful order and making improper use of his official position to include introduction of contraband to the facility. The IAD investigation into this case was dated August 14, 2017.

GRIEVANCE AND PRISONER INFORMATION SYSTEMS

Because a reporting system provides early notice of potential constitutional violations and an opportunity to prevent more serious problems before they occur, the County must develop and implement a grievance system. To that end:

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

The use of the new kiosk system will eventually allow the prisoners to report grievances without the intervention of detention officers. However, the system is still not working as it should. Several problems reported at the time of the last site visit appear to have been remedied. There were no reports at the time of this site visit of inmates not being able to submit grievances because of their pin number being rejected. The system at the WC which was completely non-

functioning at the time of the last site visit appears to be working now. However, it appears that grievances “get lost” in the system. The grievance officer at RDC showed the page in the program which lists all pending grievances and a second page showing pending grievances assigned to her. There were none on either page pending more than 7 days. However, when a report was run looking for all grievances in the category of waiting assignment, 21% of the grievances showed as waiting assignment over 21 days. These were unknown to the grievance officer because they did not appear on the working pages. One inmate was asked to put in his pin so the monitor could view the system as the inmates operate it. He had 14 unanswered grievances going back to November. One that was answered could not be opened to see the response. A similar situation was observed at JDC. The grievance officer’s page and the general page showed nothing over 7 days. However, when a report was run for grievances in the working category, 67% were “working” over 21 days. A report of grievances assigned but not completed showed 87% pending over 21 days. Some of these grievances were assigned to the grievance officer but did not appear on her “pending” page. An inmate who opened his grievance list could not actually open any of the grievances; a report run on his grievances showed 3 grievances dating back to November and December that had not been responded to. Improvements to the system should be addressed promptly. In the interim, the grievance officers will need to run the reports and not rely on the page that supposedly lists all open grievances. There is some confusion with medical grievances. Inmates are using the grievance system to request sick call. Sick call will soon be available through the kiosk system but at this time, they are coming through as grievances.

Although the kiosk system does not require the intervention of a detention officer, the physical set up does not allow for privacy. This could potentially result in an officer observing the grievance being filed. It was reported that inmates can observe another’s PIN number and then used it to purchase commissary on the other inmate’s account. There has also been a problem with inmates communicating with each other through the kiosk system. These issues will need to be addressed.

70. Grievance policies and procedures must be applicable and standardized across the entire Jail.

Non-Compliant

The policy on grievances does not describe the current process of using the kiosk. The practice that is described in the current policy does not comply with the requirements of the consent decree.

71. All grievances must receive appropriate follow-up, including a timely written response by an impartial reviewer and staff tracking of whether resolutions have been implemented or still

need implementation. Any response to a medical grievance or a grievance alleging threats or violence to the grievant or others that exceeds 24 hours shall be presumed untimely.

Partial Compliance

The new system creates a spreadsheet to track grievances and responses. The Grievance Officer can track who has been assigned to respond to a grievance on the spreadsheet. There are currently several problems with the process that prevent compliance. As described above, unbeknownst to anyone many grievances were not showing up on the pending pages and as a result, many grievances are not being responded to. A review of the paper grievances used at the WC until recently also showed many grievances with no response reflected on the grievance. The person assigned to respond to a grievance is assigned based on housing and subject matter. However, this can result in some situations where the responding individual is not impartial. This would be the case where the grievance is about an issue that is the responsibility of the responding individual. The assignments need to be evaluated both generally and in the specific case to ensure that an impartial person is reviewing the grievance. At the RDC, there is no one routinely checking to ensure that all grievances have been responded to and no one ensuring whether resolutions have been implemented. No one is tracking whether medical grievances are being responded to in a timely manner. The new system has no means known to staff for marking a grievance as an emergency or otherwise identifying emergent grievances.

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

The staff is currently not well-trained on the capabilities of the system. They will need to be trained so that they can assist prisoners with accessing the system once it is functional. Prisoners are assisting one another but that carries the risk of them accessing and using another prisoner's PIN number. Staff did not know whether a different language could be selected and utilized with the system. The screen allows one to select Spanish. However, the monitor could not get it to pull up the handbook in Spanish (which had outdated instructions on grievances anyway). Neither did staff know whether it had a voice recognition feature. These questions should be addressed to the vendor. Currently, the staff assumes that other prisoners will assist with prisoners who cannot access the current system. This does not meet the requirements of this paragraph.

73. The County must ensure that all current and newly admitted prisoners receive information about prison rules and procedures. The County must provide such information through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding the Jail's disciplinary process and rules and regulations;

reporting misconduct; reporting sexual abuse, battery, and assault; accessing medical and mental health care; emergency procedures; visitation; accessing the grievance process; and prisoner rights. The County must provide such information in appropriate languages for prisoners with LEP.

Non-Compliant

The Inmate Handbook has outdated information about most of these issues and will need to be updated and will need to provide more detail to assist prisoners in using the system. It is not available in Spanish or any other language.

RESTRICTIONS ON THE USE OF SEGREGATION

In order to ensure compliance with constitutional standards and to prevent unnecessary harm to prisoners, the County must develop and implement policies and procedures to limit the use of segregation. To that end, this Agreement imposes the following restrictions and requirements:

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Partial Compliance

There has been no significant change in compliance with the terms of this paragraph since the October site visit. Classification now takes place within 24 hours of entry to the RDC, but not within eight hours of intake as this paragraph requires. Single cells in the Booking area are being used only for the processing of new detainees. Fifteen-minute well-being checks appear to be current.

75. The County must document the placement and removal of all prisoners to and from segregation.

Partial Compliance

The monthly summary reports submitted by each facility now include a listing of inmates who have been placed on or removed from confinement/segregation. The format for each report is inconsistent, but the basic data is available.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner's mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Non-Compliant

Although the social worker does see at least some of the prisoners being held in segregation, these visits are not the type of mental health rounds described in this provision. A nurse conducts daily rounds of segregation.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness. These safeguards must include the following:

- a. All decisions to place a prisoner with serious mental illness in segregation must include the input of a Qualified Mental Health Professional who has conducted a face-to-face evaluation of the prisoner in a confidential setting, is familiar with the details of the available clinical history, and has considered the prisoner's mental health needs and history.
- b. Segregation must be presumed contraindicated for prisoners with serious mental illness.
- c. Within 24 hours of placement in segregation, all prisoners on the mental health caseload must be screened by a Qualified Mental Health Professional to determine whether the prisoner has serious mental illness, and whether there are any acute mental health contraindications to segregation.
- d. If a Qualified Mental Health Professional finds that a prisoner has a serious mental illness or exhibits other acute mental health contraindications to segregation, that prisoner must not be placed or remain in segregation absent documented extraordinary and exceptional circumstances (i.e. for an immediate and serious danger which may arise during unusual emergency situations, such as a riot or during the booking of a severely psychotic, untreated, violent prisoner, and which should last only as long as the emergency conditions remain present).
- e. Documentation of such extraordinary and exceptional circumstances must be in writing. Such documentation must include the reasons for the decision, a comprehensive interdisciplinary team review, and the names and dated signatures of all staff members approving the decision.
- f. Prisoners with serious mental illness who are placed in segregation must be offered a heightened level of care that includes the following:
 - i. If on medication, the prisoner must receive at least one daily visit from a Qualified Medical Professional.
 - ii. The prisoner must be offered a face-to-face, therapeutic, out-of-cell session with a Qualified Mental Health Professional at least once per week.
 - iii. If the prisoner is placed in segregation for more than 24 hours, he or she must have his or her case reviewed by a Qualified Mental Health

Professional, in conjunction with a Jail physician and psychiatrist, on a weekly basis.

- g. Within 30 days of the Effective Date of this Agreement, A Qualified Mental Health Professional will assess all prisoners with serious mental illness housed in long-term segregation. This assessment must include a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Prisoners requiring follow-up for additional clinical assessment or care must promptly receive such assessment and care.
- h. If a prisoner on segregation decompensates or otherwise develops signs or symptoms of serious mental illness, where such signs or symptoms had not previously been identified, the prisoner must immediately be referred for appropriate assessment and treatment by a Qualified Mental Health Professional. Any such referral must also result in a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Signs or symptoms requiring assessment or treatment under this clause include a deterioration in cognitive, physical, or verbal function; delusions; self-harm; or behavior indicating a heightened risk of suicide (e.g., indications of depression after a sentencing hearing).
- i. The treatment and housing of prisoners with serious mental illness must be coordinated and overseen by the Interdisciplinary Team (or Teams), and guided by formal, written treatment plans. The Interdisciplinary Team must include both medical and security staff, but access to patient healthcare information must remain subject to legal restrictions based on patient privacy rights. The intent of this provision is to have an Interdisciplinary Team serve as a mechanism for balancing security and medical concerns, ensuring cooperation between security and medical staff, while also protecting the exercise of independent medical judgment and each prisoner's individual rights.
- j. Nothing in this Agreement should be interpreted to authorize security staff, including the Jail Administrator, to make medical or mental health treatment decisions, or to overrule physician medical orders.

Non-Compliant

There is no evidence that the required activities under this paragraph are being done. There is no evidence that segregation is presumed contraindicated for prisoners with serious mental illness (SMI). Prisoners with serious mental illness who are on medication and in segregation do have a daily visit from a nurse during medication pass. However, during the limited amount of time that was available during this site visit, it was not possible to assess the extent to which the nurse performing medication pass assessed the prisoner's status. There is no evidence that signs of

decompensation are being observed or addressed. Given the absence of mental health monitoring of prisoners in segregation, it is also quite possible that mental health staff don't know if prisoners are decompensating or developing new signs or symptoms of mental illness.

Although there appears to be a unit where many of the prisoners who suffer from serious mental illness are housed, there is no evidence of an Interdisciplinary Team as described in this provision, and there is no evidence of treatment plans, even treatment plans that only involve mental health staff.

Addressing the requirements of this paragraph will first require addressing some of the larger issues noted under earlier provisions, regarding the performance of mental health evaluations, the development of treatment plans, and the documentation of such evaluations and treatment plans. Once those issue are addressed, there should be a meeting of health and mental health staff, security staff, and the monitors to discuss this provision and plans to move towards compliance with this provision. Such a discussion would have to include what role(s) security staff might play; the identification and selection of security staff who might assume such a role(s); and the training that selected security staff require in order to assume such a role(s).

YOUTHFUL PRISONERS

As long as the County houses youthful prisoners, it must develop and implement policies and procedures for their supervision, management, education, and treatment consistent with federal law, including the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. **Within six months of the Effective Date of this Agreement, the County will determine where it will house youthful prisoners. During those six months, the County will consult with the United States, the monitor of the Henley Young Juvenile Detention Center Settlement Agreement, and any other individuals or entities whose input is relevant.** The United States will support the County's efforts to secure appropriate housing for youthful prisoners, including supervised release. **Within 18 months** after the Effective Date of this Agreement, the County will have **completed** transitioning to any new or replacement youthful prisoner housing facility.

Partial Compliance

Although some Juveniles Charged as Adults (JCAs) had been at Henley Young prior to the last visit, this visit was a better opportunity to evaluate the progress made in transitioning "new" JCAs to the Henley Young Juvenile Detention facility that began with admitting those youth in September 2017 as well as evaluate any substantive changes for JCAs at the Raymond Detention Center (RDC). As of this visit:

- There were eleven JCAs at Henley Young and seven JCAs remaining at the Raymond facility;

- All youth at Raymond, except one, are age 17 and will “age” into adulthood during this calendar year (March, June, July, August, October, and November);
- The remaining JCA will turn 16 in March;
- Of the eleven JCAs at Henley Young, the ages are 17 (5), 16 (4), and 14 (2); as with RDC, some of these youth will “age out” and be transferred to an adult unit at RDC during the calendar year unless otherwise released;
- Charges for the JCAs at Henley Young include Armed Robbery (7 youth), Armed Auto Theft (2), Capital Murder, and Murder;
- Five of the JCAs at Henley Young have been in placement for five months, three more youth for 2-3 months, and 3 youth two weeks or less;
- Only two of the youth in confinement have been indicted in Hinds County. Two additional youth had been indicted in another county prior to their arrest and confinement in Hinds County;
- There were eleven non-JCA youth (all males) being held at Henley Young.

As noted in the previous report and in Mr. Dixon’s Henley Young Monitoring Report, the remaining JCAs at RDC present greater challenges in transitioning to Henley Young as a result of their long-term confinement at the RDC and the resulting “adultification” they have experienced by being housed in a setting that has offered little programming, minimal mental health services, often inadequate supervision, and generally poor living conditions. However, as the number of JCAs at RDC continues to decline, options other than Henley Young may become more practical (e.g. another unit within RDC, housing in a neighboring/other county) pending achieving full compliance with this requirement. It will become increasingly inefficient to utilize a full housing unit for the dwindling number of JCAs held at RDC and getting those youth out of RDC may allow the county to get into an “empty” unit to complete repairs/needed maintenance or even utilize the space for other purposes.

In general, the transition of new JCAs to Henley Young has been successful, albeit not without concerns. The process for booking youth at RDC prior to bringing them to Henley Young has worked well, although ironically the youth admitted to Henley Young during the term of this visit did not come with accompanying documentation (a youth should not be admitted to the facility without required documentation). Both staff and youth express general satisfaction with the transition of JCA youth to Henley Young, and as one might expect most of the youth admitted had been at Henley Young as juveniles.

In sum, the first steps toward transition have been made, but it is not clear that firm decisions have been made to complete the transition, particularly changes needed to address previous recommendations, including:

1. Making additional physical plant modifications at HY related to perimeter and living unit security. There are legitimate concerns that as more serious offenders are held for longer

periods of time, additional security for the perimeter (to prevent escape, incursion from the outside, tossing contraband into the “yard”, etc.) is increasingly critical.

2. Constructing additional classroom, multi-purpose, and recreational programming space(s) that will permit proper programming, classification, and supervision for all youth at Henley Young;
3. Reviewing staffing alignment and positions to ensure additional staffing and supports as additional JCAs are transferred from RDC. This may include adding security staff to ensure perimeter and access safety;
4. Addressing case processing concerns in the adult system that has resulted in lengthy periods of confinement for JCAs at RDC and, absent changes, will result in similar lengths of stay at Henley Young. This not only delays resolution of the youth’s case but also increases the likelihood that the population of JCAs at Henley Young will grow and create additional challenges for operation of the facility as a whole;
5. Making structural improvements to the living units that will support more effective supervision and programming for youth including:
 - a. Installing soundproofing materials (e.g. acoustic ceiling tiles, acoustic wall panels, carpeting in portions of the floor) to reduce the noise level created by normal adolescent behavior(s); noise that makes it not only difficult to properly interact with/supervise youth but also adds to the overall noise level that unnecessarily elevates the emotional level of youth. This is consistent with recommendations included in the report by Dr. Boesky as it relates to creating a trauma-reducing environment;
 - b. Removing the steel tables and replace them with movable, security grade tables and chairs that are more comfortable, flexible, and permit rearrangement for purposes of programming in small groups, separation of youth within a unit, and/or even individual program purposes; and
6. Continuing to implement practices and policies that limit the number of non-JCA youth confined at Henley Young. At the time of this visit there were eleven non-JCA youth in the facility, all male, making the total for the facility 22, within the 32 limit of the Henley Young agreement. If/as girls are added and/or as the number of both JCA and non-JCA youth held grows the flexibility to manage youth will diminish. It seems inevitable that the need for secure placement of a small number of non-JCA girls and/or JCA girls will occur, so planning needs to consider how that need will be accommodated, whether that be at Henley Young or through some alternate arrangements. In any case, use of Henley Young for non-JCA youth should be limited to those youth that pose a danger to the community or circumstances in which it is necessary to secure a youth’s appearance in court; and for those youth only as long as those conditions remain a concern.

All of these steps will become increasingly important as the number of JCAs at Henley Young grows and/or their length of stay increases, so proper planning (including needed funding)

for/implementation of these changes should be done as soon as possible. County staff indicate that some bonding authority has been approved in the budget and that some portion of those funds can be directed to make these changes. A concern is that given the relative success of the transition to date, the sense of urgency needed to commit the necessary funding in a timely manner is diminished. The County needs to establish, articulate, and implement a plan (including action steps, fiscal resources, and timelines) to complete the transition of Juveniles Charged as Adults (JCAs) to the Henley Young facility.

Reporting compliance on the remaining conditions will reference one or both locations as appropriate.

For any youthful prisoners in custody, the County must:

78. Develop and implement a screening, assessment and treatment program to ensure that youth with serious mental illness and disabilities, including developmental disabilities, receive appropriate programs, supports, education, and services.

Partial Compliance at Henley Young

Continuing Partial Compliance on this component is solely the result of transitioning some youth to the Henley Young facility. Any JCAs booked at RDC and then housed at Henley Young are screened for mental health concerns using the MAYSI-II, a common screening tool that is appropriate for use with adolescents. The Case Managers, now about one year into that role, seem to be adapting well to providing an appropriate and very helpful support role to youth and other staff. The Case Managers are in daily contact with their assigned youth, provide information and support to maintain appropriate family contact(s), interact with court staff, help link youth with external resources, and can intervene to prevent behavioral problems. The counseling staff provide more on-going therapy and support and can help coordinate services with Hinds County Behavioral Health or other resources. These staff provide a good foundation for the day-to-day behavioral health services needed for youth.

However, there are three remaining concerns:

1. As of the site visit the County had not yet been able to secure the services of a qualified psychologist. As noted in prior reports by Dr. Boesky and Leonard Dixon, adding a psychologist will fill in a needed gap in the ability of the program to provide more comprehensive psychological assessments, treatment and other programming for all youth. This is particularly important for JCA youth who will be held for long periods of time. Mr. McDaniels at Henley Young indicated that they were in negotiations with a psychologist at the time of the site visit, however, at last communication, that agreement has not been reached;

2. The only psychiatric time provided to Henley Young is apparently a once-a-week short visit by Dr. Kumar. As noted for the agreement as a whole the amount of psychiatric support allotted is insufficient, let alone for the JCA youth. It seems likely that at most some sort of cursory psychiatric review of records is possible in the limited time available; and
3. The introduction of other coordinated programming (e.g. cognitive-behavioral programs, life skills, AODA, etc.) that could be led by Case Managers and Counselors has been slowed by waiting for the direction/leadership from the psychologist. If there are further delays in filling that role, existing staff should be charged with developing additional programming utilizing any number of well-researched, evidence-supported curriculums.

A more comprehensive assessment of mental health services at Henley Young is available in the December 2017 report from Dr. Lisa Boesky. In that report she highlights both the progress made over the past two years and includes a number of additional recommendations for on-going quality improvement of services. Those recommendations include suggesting improvements in the intake/screening process, strengthening the assessment process (e.g. AODA assessments, trauma assessment), and making physical plant/environmental changes that will support behavior management and educational programming.

Non-Compliant at RDC

There is no substantive change in how JCAs confined at RDC are screened and/or served in relation to the various components required in this provision. Mental health services remain limited to dealing with crisis situations (i.e. suicide concerns) and issues related to psychotropic medications (i.e. adjustments in medications). There has been some increase in the “life skill” programming that youth can participate in, but it is not focusing specifically on mental health or substance abuse issues.

Special Note re: Youthful Prisoner D.C. (DOB: 3/21/2000): A particular concern was raised with RDC staff related to a diagnosed, yet untreated medical condition for this juvenile. Specifically, there was an indication that the youth complained of an abdominal problem that was subsequently diagnosed as a lingual hernia. As of that date the plan was to follow up within 4 weeks for laparoscopic surgery, but as of the time of this site visit there had been no further action taken, apparently because a determination had been made that the surgery was not urgent. Although perhaps not urgent, the youth continued to complain of discomfort, and Hinds County should take the necessary steps to resolve the problem. The Compliance Coordinator conveyed via e-mail (2/13/18) that as of February 5 the plan is to schedule a follow-up evaluation with the surgeon.

Recommendations (continued from prior report):

1. Assuming the transition of JCAs to Henley Young continues, the case manager recently employed to work with the JCA youth at Henley Young should begin outreach to the remaining JCAs at RDC to begin a more complete assessment process and assist in the transition of those youth to Henley Young; and
2. The County should secure a psychologist for Henley Young consistent with the terms of that Consent Decree and should increase psychiatry consultation time.

79. Ensure that youth receive adequate free appropriate education, including special education.

Partial Compliance at Henley Young

Education services at Henley Young are provided by the Jackson Public School (JPS) system. A more detailed review of educational programming is available in the November 2017 report submitted by Carol Cramer-Brooks. As with the report filed by Dr. Boesky, the report recognizes the significant progress (leadership, assessment, instruction, etc.) that has been made in the past two years in meeting the educational needs of youth confined as well as noting some areas for continued improvement. At the time of her review, serving JCA youth was still in its early stages, but key elements of her recommendations remain relevant for all youth, including:

1. More fully integrating education staff as an important part of the overall behavior management system;
2. Improving teachers' ability to provide differentiated instruction (based on the diverse needs of confined youth);
3. Increasing time and resources allotted to providing specialized educational services;
4. Improve classroom and other support spaces;
5. In particular developing a different educational program for JCA, long-term youth who due to their age and length of stay require a different approach than has been developed for the short-term non-JCA youth.

At the time of the last site visit, the plan for JCA youth included integrating younger offenders into the regular school program and developing an appropriate GED program for those youth who may be appropriately assessed to be on that track. However, due to concerns that arose in "mixing" some youth, it is understood that all JCA youth now receive educational instruction on their living unit on a limited basis, i.e. 2-3 hours/day. That is not a sufficient substitute for a full educational assessment and programming consistent with the requirements of this Agreement, particularly for youth who may be eligible for special educational services. Further work needs to be done to implement a more complete educational program for JCA youth, although significant progress will be hampered by the physical plant limitations.

All youth interviewed indicated that there was too much "down time" when there was not structured programming for them to be involved in. The daily schedule for JCA youth does

include “recreation time”, but that term is used generically for any number of unstructured activities other than specific education time. As noted earlier, Henley Young will benefit by the development of additional cognitive behavioral programming, AODA groups and individual work, decision-making skill classes, tutoring, and engaging outside community groups and resources to provide pro-social learning opportunities for youth.

Non-Compliant at the Raymond Detention Center

The program at RDC remains essentially the same as prior reports, with youth benefiting, albeit on a very limited basis, from the continued support of a volunteer for Adult Basic Education (ABE) services. Youth have daily access to individualized instruction for relatively brief periods of time (e.g. 1-2 hours).

There remains no routine screening process (other than assessment related to ABE skills) to determine whether and what educational services a juvenile or youthful offender was engaged in prior to admission that would help determine what the appropriate, and often legally required, services should be for the youth while confined. However, per County staff steps are being taken to have the educational staff at Henley Young that do those assessments begin to do that with the remaining JCA youth at RDC, starting perhaps with the youngest remaining JCA.

Recommendation: Continue development of a more complete educational program, including GED support, at both Henley Young and at the Raymond facility. Using the Jackson Public School staff at Henley Young to assess the needs of the remaining JCAs at Raymond would be a positive step to at least understanding what is needed for those youth and taking additional steps forward.

80. Ensure that youth are properly separated by sight and sound from adult prisoners.

Full Compliance at Henley Young

Since there are no adult prisoners placed at Henley Young, this provision is met, and as JCA youth in placement turn 18, they will be transferred to RDC.

Partial Compliance at the Raymond Detention Center

Youth are housed in a separate unit so that the potential for contact with adults is minimized. As noted in prior reports, the lack of Policies and Procedures make it difficult to determine if the facility has all procedures in place to fully assess compliance, but in talking with youth and staff there is at least an indication that youth are kept on the youthful offender unit and there are not problems with adult contact. As noted in prior reports, there is no evidence of signage or consistent policies that indicate appropriate attention to the requirements of the Prison Rape Elimination Act (PREA) related to youthful offenders, including separation and supervision.

81. Ensure that the Jail’s classification and housing assignment system does not merely place all youth in the same housing unit, without adequate separation based on classification standards. Instead, the system must take into account classification factors that differ even within the youth sub-class of prisoners. These factors include differences in age, dangerousness, likelihood of victimization, and sex/gender.

Partial Compliance at the Raymond Detention Center and Henley Young

With only one unit in RDC, this provision cannot be fully met, but as the number of youth declines and given that all but one youth is 17 years old, this is less of a concern.

The limited number of non-JCA youth at Henley Young has allowed them wisely to utilize two units for housing JCA youth and even some placement of non-JCA youth (on a limited basis) in one of those units. The use of two units allows for lower youth to staff ratios and allows youth to be separated if there is conflict, so to date the staff has made reasonable placement decisions. As with other aspects of this transition, as more youth are housed, this will become an increasingly important decision and will require managing the number of non-JCA youth housed at Henley Young.

82. Train staff members assigned to supervise youth on the Jail’s youth-specific policies and procedures, as well as on age-appropriate supervision and treatment strategies. The County must ensure that such specialized training includes training on the supervision and treatment of youth, child and adolescent development, behavioral management, crisis intervention, conflict management, child abuse, juvenile rights, the juvenile justice system, youth suicide prevention and mental health, behavioral observation and reporting, gang intervention, and de-escalation.

Partial Compliance at Henley Young

In discussion with Alan Hines, Training Coordinator for Henley Young and reviewing the 2017 Training Report, substantial progress has been made in developing a training program, and staff are afforded significant training opportunities. Highlights of the training plan include:

1. Five New Employee Orientation Classes (40 hours total/36 staff) that includes training in Suicide Prevention/Mental Health, Behavioral Management, PREA, Policies and Procedures, and Crisis Intervention. Each certified detention officer must complete 40 hours of on-going training annually in these areas as “refresher” training;
2. New employees and veteran staff are trained and certified in [Crisis Prevention Intervention](#) (CPI), a well-respected curriculum that is appropriate for dealing with crisis situations with youth and focuses on the use of verbal de-escalation as well as providing basic control/restraint techniques that can safely be used with youth. In 2017, 40 staff received CPI certification (a two-year certification), but some of those staff have since left Henley Young;

3. Twenty-nine detention officers completed a state-required 120-hour Basic Adult and Juvenile Detention certification program; and
4. Over 30 staff completed a required CPR certification (two-year certification).

As changes have been made at Henley Young there has been a significant number of new staff hired. In 2017 a total of 31 officers were hired, but given a variety of reasons by year's end only 16 of them remained on staff as certified officers. This was in part due to appropriate termination decisions made by administration, challenges in hiring related to the low salary paid to staff, and some others simply choosing to take a different path. The County has approved a pay raise for detention officers (reallocating funds from several vacant positions) that hopefully will help with recruitment and retention, but the progress made in developing a professional training program is a significant step forward. A more detailed examination of all training records can be completed during the next site visit, but Henley Young is well on its way to Full Compliance in this area.

Non-Compliant at the Raymond Detention Center

The last specialized training for supervising youthful prisoners was held in June 2017 prior to the site visit. Ten staff participated in the training, although seven of the ten are staff currently assigned to the JDC, leaving only three RDC staff receiving the training. And, it appears that no effort has been made to then clearly assign those trained staff to the juvenile unit (A-1) with the exception of Sgt. Tower. While the general course of training for new detention officers does include some basic elements that are appropriate for juveniles, the lack of additional training and lack of focus on assigning specific staff to the juvenile unit is of significant concern. Overall this remains a concern.

While the number of JCAs at RDC has dwindled and the number and severity of problems with youth has also declined, the unit has not been without incidents of concern. There continue to be security problems with the operation of the room doors, youth access to recreation has been more limited, and incidents that should not be occurring with proper supervision and training. For example:

1. On November 9 in the evening there was a physical confrontation/assault of an officer on the unit; this incident occurred after Major Rushing had noted (via camera) that there was no officer on the juvenile unit (at approximately 4:30 p.m.), in violation of policy that requires an officer to be on the unit at all times;
2. On November 28 there was a physical altercation between a staff member and a juvenile following a disruption that included several other youths. What is disconcerting about this incident, based on reports, is that it occurred at **11:10 p.m.**, long after youth should have been securely confined in their cells. Additionally, the reporting officer indicated he was confronted by youth as he entered the unit despite the fact that current policy requires a staff member to be in the unit at all times;

3. On December 11 at **2:00 a.m.** there was an altercation between several youth who had gotten out of their cells, and upon entering the facility staff noted one youth up on the second tier of cells holding a metal bar that could be used as a weapon.

The lack of consistent, trained staff assigned to this unit contributes to an environment in which youth can “run the unit”, taking advantage of new, inexperienced staff as well as continuing to damage the facility. In addition to constant tampering with the security of cell doors, damages occurred to the steel tabletops in the juvenile unit so that **all** tabletops have been removed (either through damage or simply to prevent further damage). The result is the complete absence of anything resembling a table that can be used for dining, writing, playing cards, etc.. A good security step has been taken to reduce the number of cells that can be used for juveniles, but apparently even those cells cannot be properly monitored to ensure they are secure. One can only assume that absent a change in staff assignments, training, and improved supervision these problems will continue.

Recommendations:

1. Related to Henley Young, the recommendation is to sustain the positive progress made in developing core and introductory training programs and then to (a) augment that training through strategic use of “refresher” trainings that can be included as part of staff meetings or other brief training opportunities; and (b) identify additional competencies for which training can be developed (internally or outreach to other community resources), e.g. training in understanding trauma, gang awareness/intervention, family engagement, professional communications, etc.. Increasing the “professionalism” of staff will prove beneficial for management of the facility and help with staff retention;
2. Related to RDC, the recommendation is for leadership to identify, select, train, and schedule a core group of staff to supervise the juvenile unit. In order to cover the unit on a 24/7 basis and provide some flexibility in scheduling, this may require identifying 8-10 staff that can ultimately work as a “team” to ensure greater consistency, safety, and security.

83. Specifically prohibit the use of segregation as a disciplinary sanction for youth.

Segregation may be used on a youth only when the individual’s behavior threatens imminent harm to the youth or others. This provision is in addition to, and not a substitute, for the provisions of this Agreement that apply to the use of segregation in general. In addition:

- a. Prior to using segregation, staff members must utilize less restrictive techniques such as verbal de-escalation and individual counseling, by qualified mental health or other staff trained on the management of youth.
- b. Prior to placing a youth in segregation, or immediately thereafter, a staff member must explain to the youth the reasons for the segregation, and the fact that the youth will be released upon regaining self-control.

- c. Youth may be placed in segregation only for the amount of time necessary for the individual to regain self-control and no longer pose an immediate threat. As soon as the youth's behavior no longer threatens imminent harm to the youth or others, the County must release the individual back to their regular detention location, school or other programming.
- d. If a youth is placed in segregation, the County must immediately provide one-on-one crisis intervention and observation.
- e. The County must specifically document and record the use of segregation on youth as part of its incident reporting and quality assurance systems.
- f. A Qualified Medical Professional, or staff member who has completed all training required for supervising youth, must directly monitor any youth in segregation at least every fifteen (15) minutes. Such observation must be documented immediately after each check.
- g. Youth may not be held in segregation for a continuous period longer than one (1) hour during waking hours. If staff members conclude that a youth is not sufficiently calm to allow a break in segregation after one hour, they must contact a Qualified Mental Health Professional. The Qualified Mental Health Professional must assess the youth and determine whether the youth requires treatment or services not available in the Jail. If the youth requires mental health services that are not provided by the Jail, the Qualified Mental Health Provider must immediately notify the Jail Administrator and promptly arrange for hospitalization or other treatment services.
- h. If a youth is held in segregation for a continuous period longer than two (2) hours, Staff Members must notify the Jail Administrator.
- i. Any notifications or assessments required by this paragraph must be documented in the youth's individual record.

Partial Compliance at Henley Young

Based on conversations with staff and youth and in reviewing incident reports and other records, segregation as defined in this agreement is uncommon in that there are short periods of time when youth may be confined to a cell for disciplinary reasons but not for a majority of waking hours. A number of instances of cell confinement were noted for less than two hours, and appropriate well-being check documentation was provided. Youth did not report being confined to their cells for disciplinary purposes, other than one youth that is referenced in the incident below.

The HY Policy and Procedure Manual (Chapters 3.C.7 and 3.C.8,) articulate policies and expectations for how discipline and rules are to be enforced in a manner that is consistent with the expectations of the Agreement. These procedures cover "Behavior Management Isolation" that may be used for short periods of time only as needed (and only for as long as needed) in

instances where a youth needs to be separated to ensure safety as well as “Due Process Isolation” for up to a limit of 72 hours.

There were two incidents that required longer periods of cell confinement (Due Process Isolation), one an assault on another juvenile and one involving an assault on staff. In both cases, discipline involved a period of cell confinement of approximately 48 hours and in the case of the fight involving youth their separation into different living units. There was documentation of the incident, well-being checks, appropriate referral for involvement of mental health staff, notification of leadership, and a prompt determination of how to successfully get the youth back into the population. However, time did not permit complete review of all details of all aspects required, but again Henley Young is well on its way to Full Compliance. Given the limited number of incidents and relatively short tenure of JCA youth this will remain a focus of review for future site visits.

Non-Compliant at the Raymond Detention Center

There remains no evidence of sufficient policies/procedures or documentation related to the use of room confinement or other forms of isolation/segregation for youth. One source of documentation that may help track this is that staff on the juvenile unit are required to document at least every 30 minutes what each juvenile is doing on the unit. Wading through that documentation is at best a challenge but does reveal a wide range of “activities” that youth are engaged in, with notes that include everything from “on the unit” to “sleeping in room” to “out for program” and various other descriptors. It is not uncommon for a youth to be listed as “sleeping in room” or “in room” for substantial periods of time during what would be considered “waking hours”, and the staff explanation is that the youth is voluntarily in their room. That is consistent with youth continuing to report that room confinement for disciplinary reasons is not occurring. Youth did complain less about not being “let out of their room” at required times, but also indicated they are not getting as much outdoor recreation time as they had been previously. This is apparently the result of a policy change related to how Sgt. Tower supervises the youth weekdays.

Recommendations: Related to Henley Young, the recommendation is to continue to ensure that all staff are consistently documenting any period of cell confinement/isolation, whether part of the behavior management system or for safety reasons; for RDC compliance can be improved by (1) developing clear policies/procedures, consistent with the Agreement requirements, related to the use of segregation or other forms of isolation/confinement for disciplinary purposes; and (2) keeping a room confinement log that documents any period of time in which a youth is placed in segregation/room confinement for disciplinary purposes that includes the name of the youth, the time confined, the officer implementing the confinement, brief reason for the confinement, and any involvement of medical/mental health staff to review confinement if it is extended; and (3) require the writing of an Incident Report for any such confinement that exceeds one hour.

84. Develop and implement a behavioral treatment program appropriate for youth. This program must be developed with the assistance of a qualified consultant who has at least five years of experience developing behavioral programs for institutionalized youth. The Jail's behavioral program must include all of the following elements:

- a. The behavioral program must include positive incentives for changing youth behavior, outline prohibited behaviors, and describe the consequences for prohibited behaviors.
- b. An individualized program must be developed by a youth's interdisciplinary treatment team, and properly documented in each youth's personal file. Documentation requirements must include the collection of data required for proper assessment and treatment of youth with behavioral issues. For instance, the County must track the frequency and duration of positive incentives, segregation, and targeted behaviors.
- c. The program must include safeguards and prohibitions on the inappropriate use of restraints, segregation, and corporal punishment.

Partial Compliance at Henley Young

This site visit afforded the opportunity to review in more detail the behavior management (point/level) system in place at Henley Young. As described in the prior report, the facility has developed a reasonable system that is particularly suitable for short-term residents and to date has been applying that same program for the longer-term JCA youth, with reasonable success. The system identifies basic daily expectations and incentives that contribute to the safe operation of the facility and makes clear what additional privileges youth can earn the next day by meeting those expectations as well as an additional incentive for a good "week". Given the longer time that some JCA youth had been in placement, it was not surprising to hear them be able to reasonably articulate both the expectations and the incentives included in the system. This is in contrast often to short-term youth who do not always grasp the details of such a system. Therefore, the fact that youth seem to understand the system and take some pride in doing well on the system is a definite positive. Additionally, the Policy and Procedure Manual (3.C.5.) for Henley Young clearly articulates the purposes and details that are incorporated into the point system.

That said, the program does not fully meet the requirements of the Agreement as it relates to incorporating individualized, longer-term case planning for JCA youth. The program will benefit by the addition of a psychologist to the staff and the development of a team case planning approach that can identify goals for individual youth to learn and exhibit new and improved pro-social behaviors, sound decision-making skills, and completing other skill and treatment programs. Also, the Agreement requires substantial documentation of how the program is

implemented for individual youth, which will require additional planning to enable staff to do so in a relatively efficient manner.

Non-Compliant at the Raymond Detention Center

There has been no movement toward the development of a behavior management program at RDC. As noted in the prior report, there has been a small step forward in developing a daily schedule, but that schedule remains relatively limited despite some improvements in offering some structured groups led by volunteers. There is no evidence of a consistent set of expectations, incentives to meet those expectations, and/or consistency in how staff view expected behaviors. This is one of the areas in which identifying a core group of staff that can work as a team in providing more defined expectations and incentives could be at least a small step toward meeting this requirement for youth remaining at RDC.

Recommendation: As the transition of youth to Henley Young continues, a cross-disciplinary team of staff should look at the current behavior point system and develop strategies to enhance it for working with JCA youth, including how to identify targeted behaviors (remedial or new), additional individualized incentives that may be useful in shaping behavior(s), and how these changes can be integrated within an overall behavioral health and youth development perspective. Related to RDC, it may be too much to expect the development of a behavior management program that meets the conditions of the Agreement, but at least if a core group of staff are identified it may be possible to implement some basic behavior incentives and rewards that help with both the daily structure of the program and prevent some of the more troublesome behaviors that continue to occur.

LAWFUL BASIS FOR DETENTION

Consistent with constitutional standards, the County must develop and implement policies and procedures to ensure that prisoners are processed through the criminal justice system in a manner that respects their liberty interests. To that end:

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order. Examples of inadequate paperwork include, but are not limited to undated or unsigned court orders, warrants, and affidavits; documents memorializing oral instructions from court officers that are undated, unsigned, or otherwise fail to identify responsible individuals and the legal basis for continued detention or release; incomplete arresting police officer documents; and any other paperwork that does not establish a lawful basis for detention.

Non-Compliant

There continue to be problems with lack of paperwork and timely release. There were significant problems with paperwork not supporting continued detention when release was warranted by existing paperwork. This is described under paragraph 92 below. In addition, there were files missing copies of the warrant or capias supporting initial detention. One individual booked in August was described as “just being lost in the system.” There was no assigned attorney so no preliminary hearing had been set. There was an instruction to “put a hold” on the release but this was a verbal order, not a written order.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in Bearden v. Georgia, 461 U.S. 660 (1983) and Cassibry v. State, 453 So.2d 1298 (Miss. 1984). The County must develop and implement policies consistent with the applicable federal law and the terms of this Agreement.

Partial Compliance

At the time of the site visit there was no one in the facility on an unlawful order for failure to pay fines and fees compared to 100 inmates detained on unlawful fines and fees orders at the time of the February 2017 visit. As a result of separate litigation and the adoption of Mississippi Supreme Court rules for criminal procedure, the jail has not been receiving unlawful orders. This requirement is listed as non-compliant because the jail has not developed or implemented policies as specified in paragraphs 87 through 89 below. As the Supreme Court rules are very new, it would be advisable to have policies to address orders that are not compliant with the new rules.

87. No person shall be incarcerated in the Jail for failure to pay fines or fees absent (a) documentation demonstrating that a meaningful analysis of that person’s ability to pay was conducted by the sentencing court prior to the imposition of any sentence, and (b) written findings by the sentencing court setting forth the basis for a finding that the failure to pay the subject fines or fees was willful. At a minimum, the County must confirm receipt from the sentencing court of a signed “Order” issued by the sentencing court setting forth in detail the basis for a finding that the failure to pay fines or fees was willful.

Partial Compliance

The County has been pro-active in ensuring that valid court orders are utilized. The County sponsored a training session on the new rules as related to orders on fines and fees. This is to be commended. This requirement is carried as partial compliance in that a process was not adopted to address non-compliant orders. If this becomes moot because of the rule change, the parties could explore dropping this requirement.

88. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a person for failure to pay fines or fees, Jail staff must promptly notify Jail administrators, Court officials, and any other appropriate individuals to ensure that adequate documentation exists and must obtain a copy to justify continued detention of the prisoner. After 48 hours, that prisoner must be released promptly if the Jail staff cannot obtain the necessary documentation to verify that the failure to pay fines or fees was willful, and that person is incarcerated only for the failure to pay fines or fees.

Partial Compliance

See response to number 87 above.

89. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a prisoner for failure to pay fines or fees, and if that person is incarcerated for other conviction(s) or charge(s), other than the failure to pay fines and/or fees, Jail staff must promptly notify Jail administrators, Court officials, and other appropriate individuals to ensure that adequate documentation exists and to ascertain the prisoner's length of sentence. If Jail staff cannot obtain a copy of the necessary documentation within 48 hours of the prisoner's incarceration, Jail staff must promptly arrange for the prisoner's transport to the sentencing court so that the court may conduct a legally sufficient hearing and provide any required documentation, including the fines or fees owed by the prisoner, and an assessment of the prisoner's ability to pay and willfulness (or lack thereof) in failing to pay fines or fees.

Partial Compliance

See response to number 87 above.

90. Jail staff must maintain the records necessary to determine the amount of time a person must serve to pay off any properly ordered fines or fees. To the extent that a sentencing court does not specifically calculate the term of imprisonment to be served, the Jail must obtain the necessary information within 24 hours of a prisoner's incarceration. Within 48 hours of incarceration, each prisoner shall be provided with documentation setting forth clearly the term of imprisonment and the calculation used to determine the term of imprisonment.

Partial Compliance

The WC continues to maintain a spreadsheet. There are some individuals who have a sentence of confinement. Some of these individuals show fines and fees but with the notation of a payment plan in effect. This signifies that they will be released after the sentence of confinement. The Monitor will continue to track these entries to ensure that individuals are released after the confinement period. There was no documentation that prisoners were provided with documentation of their release date although they do typically have the orders from the court.

91. No pre-trial detainee or sentenced prisoner incarcerated by the County solely for failure to pay fines or fees shall be required to perform physical labor. Nor shall any such detainee or prisoner receive any penalty or other adverse consequence for failing to perform such labor, including differential credit toward sentences. Any physical labor by pre-trial detainees or by prisoners incarcerated solely for failure to pay fines or fees shall be performed on a voluntary basis only, and the County shall not in any way coerce such pre-trial detainees or prisoners to perform physical labor.

Non-Compliant

This has become a limited issue now that virtually no individuals are working off fines and fees. As reported recently, the recent standard practice at the WC is to give half the amount of credit towards fines and fees for individuals who do not perform physical labor. This includes individuals who cannot perform physical labor because of a medical or mental health condition. In the October site visit, Captain Chandler stated that individuals with medical conditions did get the full amount of credit without working. However, Deputy Neal stated that only in special situations would they get full credit. He would make the recommendation to the Captain based upon criteria such as how long the prisoner has been incarcerated, the nature of the charge and generally a subjective judgement. The monitor did not revisit this information during the current site visit. There needs to be a written policy requiring that individuals who cannot work because of a medical or mental health condition or other disability receive full credit towards fines and fees.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:
 - i. Individuals who have completed their sentences;
 - ii. Individuals who have been acquitted of all charges after trial;
 - iii. Individuals whose charges have been dismissed;
 - iv. Individuals who are ordered released by a court order; and
 - v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Non-Compliant

A new scenario was observed during this site visit. A number of prisoners had orders from the preliminary hearing stating that they should be released if not indicted within 90 days. This is consistent with the recent Fifth Circuit case Jauch v. Choctaw County, No. 16-60690 (5th Cir. 2017). Some of these prisoners had reached the 90 days but had not been released. It was explained that the judge had issued a verbal order that all of the prior orders should require a release order from the Circuit Court. This has resulted in a number of prisoners having a written order in their case mandating release but not being released. More recent orders on the preliminary hearings specify that the prisoner should be released after 90 days with an order from Circuit Court. However, there is no process to effectuate this. The Jauch case found that the Choctaw County Sheriff violated the Constitution when it held the plaintiff 96 days after arrest without an indictment. The County should seek guidance from the courts on how it should implement this case law. In addition, there were several other instances of persons being held beyond when they should have been released. One individual had been ordered to be released on an unsecured bond. This has not typically been used in the past and releasing staff did not know what to do with it so the individual was not released timely. Another individual had a court order for release if not indicted but was held 6 ½ months beyond the court ordered release date. Several individuals were held beyond the 21 days for Probation Violations without a hearing. One individual was released after 97 days; one after 53 days.

93. The County must develop and implement a reliable, complete, and adequate prisoner records system to ensure that staff members can readily determine the basis for a prisoner's detention, when a prisoner may need to be released, and whether a prisoner should remain in detention. The records system must provide Jail staff with reasonable advance notice prior to an anticipated release date so that they can contact appropriate agencies to determine whether a prisoner should be released or remain in detention.

Non-Compliant

There is still no known process to methodically check for adequate documentation for detention and identify those that should be released. The Jail still relies on inmate requests and grievances to identify people who are being over detained. The booking, release, and records process continues to suffer from a lack of coordination. In addition to Booking staff, there are three individuals tracking the lawful basis of detention. They are all three using separate spreadsheets and lists. There continues to be a lack of business process to check all law enforcement and court documents. The records consultant for the monitoring team has completed an initial site visit and is planning on working with the jail to develop policies and procedures that will address these issues.

94. Jail record systems must accurately identify and track all prisoners with serious mental illness, including their housing assignment and security incident histories. Jail staff must

develop and use records about prisoners with serious mental illness to more accurately and efficiently process prisoners requiring forensic evaluations or transport to mental hospitals or other treatment facilities, and to improve individual treatment, supervision, and community transition planning for prisoners with serious mental illness. Records about prisoners with serious mental illness must be incorporated into the Jail's incident reporting, investigations, and medical quality assurance systems. The County must provide an accurate census of the Jail's mental health population as part of its compliance reporting obligations, and the County must address this data when assessing staffing, program, or resource needs.

Non-Compliant

The Jail record system does not identify persons with serious mental illness. While there are incident reports submitted, the forms do not have a place to indicate if the individual had a mental health illness. And, there is no electronic method of identifying individuals with mental illness at the time an incident is occurring. Unless a computerized program is developed between the contractor and the medical vendor, officers will not know in advance of inmates with special mental health needs. Health staff can identify the information after the fact, which may be useful but does not allow security staff to adjust its response to a developing incident based on possible mental health issues.

The QCHC staff continue to keep records as described before with a list of individuals on psychiatric medications and a tally of encounters with the psychiatrist or the psychologist. As described in response to paragraph 42 above there is no systematic process or log that would allow for the identification of the mental health case load. The tally of encounters is not broken down by how many individual patients were seen or whether they were assessments or for ongoing care. Based on this information, it would appear that the Jail is significantly under identifying persons with mental illness.

Although Jail and QCHC staff attempt to move individuals to the state hospital as needed, this continues to be a systemic problem. There are only 15 forensic beds at the State Hospital to serve the entire state for competency evaluations or restoration. There are an additional 20 beds that are for individuals for civil commitments. Of the 15 forensic beds, two are reserved for females.

At the time of the last site visit there was significant discrepancy between the number of individuals QCHC thought were waiting for a hospital bed and the number the state hospital had on the list. Updated lists were not provided at this site visit. As mentioned above, there appears to be a lack of knowledge on the part of both detention and medical staff as to competency proceedings and the status of individuals in those proceedings. QCHC and legal staff should review the list with the state hospital to ensure the correct status of those individuals.

The jail-based restoration to competency program reported its progress since its inception in June, 2017. The program reports that nine individuals have been participating in the program and that three individuals were re-evaluated and found to be restored to competency in the program and are no longer waiting for a state hospital bed. It is understood that the services are minimal and are being provided in an extremely non-therapeutic environment. This program is a pilot program and should be evaluated. As a substitute for state hospital restoration, an appropriate therapeutic environment that does not currently exist in the Jail will need to be created. However, the twice-weekly sessions with mental health workers does provide some therapeutic interaction that does not otherwise exist in the facility. There does not appear to be coordination between the Jail's contracted psychiatrist and the on-site state hospital staff or state hospital psychiatrist. Although such coordination would not occur if the competency restoration were taking place in the hospital, given that the jail psychiatrist and state hospital staff are simultaneously addressing the individual's mental health needs, it would be advisable to consider whether and what kind of communication would be appropriate.

95. All individuals who (i) were found not guilty, were acquitted, or had charges brought against them dismissed, and (ii) are not being held on any other matter, must be released directly from the court unless the court directs otherwise. Additionally:

- a. Such individuals must not be handcuffed, shackled, chained with other prisoners, transported back to the Jail, forced to submit to bodily strip searches, or returned to general population or any other secure Jail housing area containing prisoners.
- b. Notwithstanding (a), above, individuals may request to be transported back to the Jail solely for the purpose of routine processing for release. If the County decides to allow such transport, the County must ensure that Jail policies and procedures govern the process. At minimum, policies and procedures must prohibit staff from:
 - i. Requiring the individual to submit to bodily strip searches;
 - ii. Requiring the individual to change into Jail clothing if the individual is not already in such clothing; and
 - iii. Returning the individual to general population or any other secure Jail housing area containing prisoners.

Non-Compliant

Individuals are not being released from the Court at this time.

96. The County must develop, implement, and maintain policies and procedures to govern the release of prisoners. These policies and procedures must:

- a. Describe all documents and records that must be collected and maintained in Jail files for determining the basis of a prisoner's detention, the prisoner's anticipated release date, and their status in the criminal justice system.

- b. Specifically detail procedures to ensure timely release of prisoners entitled to be released, and procedures to prevent accidental release.
- c. Be developed in consultation with court administrators, the District Attorney's Office, and representatives of the defense bar.
- d. Include mechanisms for notifying community mental health providers, including the County's Program of Assertive Community Treatment ("PACT") team, when releasing a prisoner with serious mental illness so that the prisoner can transition safely back to the community. These mechanisms must include providing such prisoners with appointment information and a supply of their prescribed medications to bridge the time period from release until their appointment with the County PACT team, or other community provider.

Non-Compliant

In the initial Policies and Procedures that were adopted there are two policies that may relate to this requirement-the policy on records and the policy on booking which includes some requirements related to release. These policies do not have the specificity or the breadth required by this paragraph. The monitoring team and DOJ provided comments on these policies and a second draft should be forthcoming. Neither the DA's office nor the defense bar has been involved in the drafting. The level of specificity required by this paragraph will require significant revision of the policy.

Neither the County nor QCHC have developed sufficient mechanisms for the transition of persons with mental illness into community-based services. At the time of the last site visit, the recently hired discharge planner had resigned. A meeting with Hinds County Behavioral Health indicated that effective coordination had not been accomplished. At the time of this site visit, a new discharge planner had recently started and there was a renewed focus on discharge planning for prisoners who were identified as needing behavioral health services. Therefore, there was some preliminary discussion of issues, with a promise to follow up and explore these issues in more detail during the next site visit. Of particular concern is the identification of steps that could be taken that might increase the possibility that a prisoner will comply with a discharge plan and related referrals. One approach that has proved successful is inviting community providers into the facility to connect with prisoners who will eventually be referred to them upon discharge; with such an effort, the prisoner has actually met and begun to develop a relationship with the provider long before discharge, which significantly increases the compliance rate; and the facility is currently in discussion with community providers about starting such an effort. Another approach that has proved successful is the provision of psychoeducation groups for mentally ill prisoners; such groups help prisoners to learn about their illness and their need for treatment, and also help them identify and address barriers to continued treatment; but providing this type of therapeutic intervention will require additional mental health staff hours.

It was reported that clearance by Medical has been made part of the releasing process so that the discharge medications are being provided. It was unclear whether a 14-day supply or just whatever was left in the blister pack was being provided. Providing a 14-day supply is difficult when QCHC does not receive advance notice of a release. This will be addressed at the next site visit.

Recommendations:

1. Continue working on improvements in the discharge planning process.
2. Continue to explore enhanced working relationships with community providers, including a mechanism whereby such providers might meet and connect with prisoners prior to discharge.
3. Explore the feasibility of adding psychoeducation to the therapeutic interventions provided within the facility.

97. The County must develop, implement, and maintain appropriate post orders relating to the timely release of individuals. Any post orders must:

- a. Contain up-to-date contact information for court liaisons, the District Attorney's Office, and the Public Defender's Office;
- b. Describe a process for obtaining higher level supervisor assistance in the event the officer responsible for processing releases encounters administrative difficulties in determining a prisoner's release eligibility or needs urgent assistance in reaching officials from other agencies who have information relevant to a prisoner's release status.

Non-Compliant

The County has not yet developed post orders in this area.

98. Nothing in this Agreement precludes appropriate verification of a prisoner's eligibility for release, including checks for detention holds by outside law enforcement agencies and procedures to confirm the authenticity of release orders. Before releasing a prisoner entitled to release, but no later than the day release is ordered, Jail staff should check the National Crime Information Center or other law enforcement databases to determine if there may be a basis for continued detention of the prisoner. The results of release verification checks must be fully documented in prisoner records.

Partial Compliance

The Booking staff reportedly now runs an NCIC check at the time of booking and again at release. This will be verified at the next site visit. The business processes of booking and release need to be evaluated and revised in conjunction with the records consultation.

99. The County must ensure that the release process is adequately staffed by qualified detention officers and supervisors. To that end, the County must:

- a. Ensure that sufficient qualified staff members, with access to prisoner records and to the Jail's e-mail account for receiving court orders, are available to receive and effectuate court release orders twenty-four hours a day, seven days a week.
- b. Ensure that staff members responsible for the prisoner release process and related records have the knowledge, skills, training, experience, and abilities to implement the Jail's release policies and procedures. At minimum, the County must provide relevant staff members with specific pre-service and annual in-service training related to prisoner records, the criminal justice process, legal terms, and release procedures. The training must include instruction on:
 - i. How to process release orders for each court, and whom to contact if a question arises;
 - ii. What to do if the equipment for contacting other agencies, such as the Jail's fax machine or email service, malfunctions, or communication is otherwise disrupted;
 - iii. Various types of court dispositions, and the language typically used therein, to ensure staff members understand the meaning of court orders; and
 - iv. How and when to check for detainers to ensure that an individual may be released from court after she or he is found not guilty, is acquitted, or has the charges brought against her or him dismissed.
- c. Provide detention staff with sufficient clerical support to prevent backlogs in the filing of prisoner records.

Non-Compliant

Staffing levels in Booking are still inadequate. They should routinely have at least two officers assigned in order to be able to receive arrestees and monitor those who are held in the cells, and there should be at least two booking clerks on duty. Consistent with the last report, at one time when booking was visited during the site visit there was only one officer on duty (plus the ID officer). Similarly, during one visit to booking there was only one booking clerk posted while on another visit to booking there were two. It should be noted that the booking clerks are actually detention officers, so when they have a female detainee delivered to Booking they pull the female booking clerk out to handle the pat down procedure. While this is not an ideal situation, it allows them to get by without having to pull an officer from some other part of the jail.

100. The County must annually review its prisoner release and detention process to ensure that it complies with any changes in federal law, such as the constitutional standard for civil or pre-trial detention.

Non-Compliant

There has not been an initial review of this process to determine consistency with federal law.

101. The County must ensure that the Jail's record-keeping and quality assurance policies and procedures allow both internal and external audit of the Jail's release process, prisoner lengths of stay, and identification of prisoners who have been held for unreasonably long periods without charges or other legal process. The County must, at minimum, require:

- a. A Jail log that documents (i) the date each prisoner was entitled to release; (ii) the date, time, and manner by which the Jail received any relevant court order; (iii) the date and time that prisoner was in fact released; (iv) the time that elapsed between receipt of the court order and release; (v) the date and time when information was received requiring the detention or continued detention of a prisoner (e.g., immigration holds or other detainers), and (vi) the identity of the authority requesting the detention or continued detention of a prisoner.
- b. Completion of an incident report, and appropriate follow-up investigation and administrative review, if an individual is held in custody past 11:59 PM on the day that she or he is entitled to release. The incident report must document the reason(s) for the error. The incident report must be submitted to the Jail Administrator no later than one calendar day after the error was discovered.

Non-Compliant

The record keeping process does not at this time allow for an audit other than a review of individual files. The County has provided their list of releases but the list does not include the information required by subparagraph a. Incident reports are not prepared for errors in releasing.

102. The County must appoint a staff member to serve as a Quality Control Officer with responsibility for internal auditing and monitoring of the release process. This Quality Control Officer will be responsible for helping prevent errors with the release process, and the individual's duties will include tracking releases to ensure that staff members are completing all required paper work and checks. If the Quality Control Officer determines that an error has been made, the individual must have the authority to take corrective action, including the authority to immediately contact the Jail Administrator or other County official with authority to order a prisoner's release. The Quality Control Officer's duties also include providing data and reports so that release errors are incorporated into the Jail's continuous improvement and quality assurance process.

Partial Compliance

The Jail now has an individual whose title is Qualify Control Officer. This individual has only recently been hired and is developing his work process. At the present time, his work is primarily reactive. When an individual is brought to his attention, he researches the situation and takes

corrective action. He does not track releases or prevent errors in the releasing process. He maintains a spreadsheet that includes release errors that he has addressed, but he does not at the present time collect and report on releasing errors. His work is not incorporated into a continuous improvement and quality assurance process. Another individual serves as a court liaison with the lower courts. She also attempts to identify individuals entitled to release. Like the Quality Control Officer she operates independently of the booking and release process and maintains her own spreadsheets. There still is no systemic approach to ensuring proper detention and release processes are being developed. The records consultant will address this in the development of policies and procedures.

103. The County must require investigation of all incidents relating to timely or erroneous prisoner release within seven calendar days by appropriate investigators, supervisors, and the Jail Administrator. The Jail Administrator must document any deficiencies found and any corrective action taken. The Jail Administrator must then make any necessary changes to Jail policies and procedures. Such changes should be made, if appropriate, in consultation with court personnel, the District Attorney's Office, members of the defense bar, and any other law enforcement agencies involved in untimely or erroneous prisoner releases.

Non-Compliant

No documentation was provided of incident reports being created for untimely or erroneous prisoner release or any investigations of such incidents.

104. The County must conduct bi-annual audits of release policies, procedures, and practices. As part of each audit, the County must make any necessary changes to ensure that individuals are being released in a timely manner. The audits must review all data collected regarding timely release, including any incident reports or Quality Control audits referenced in Paragraph 102 above. The County must document the audits and recommendations, and must submit all documentation to the Monitor and the United States for review.

Non-Compliant

Initial policies or procedures have been adopted but require significant revision. There has not been an initial audit of releasing practices. There are no incident reports regarding untimely releases.

105. The County must ensure that policies, procedures, and practices allow for reasonable attorney visitation, which should be treated as a safeguard to prevent the unlawful detention of citizens and for helping to ensure the efficient functioning of the County's criminal justice system. The Jail's attorney visitation process must provide sufficient space for attorneys to meet with their clients in a confidential setting, and must include scheduling procedures to ensure that defense attorneys can meet with their clients for reasonable lengths of time and without undue

delay. An incident report must be completed if Jail staff are unable to transport a prisoner to meet with their attorney, or if there is a delay of more than 30 minutes for transporting a prisoner for a scheduled attorney visit.

Non-Compliant

There has been no change in the status of this paragraph since the last report. The current attorney/client visitation spaces in the pods at the RDC do not allow officers to monitor them for safety and security. The situation is exacerbated by the shortage of staff, however, a reasonable solution to the problem is readily at hand as a result of the recent change of video visitation vendors. The new equipment is located inside each housing unit, which makes the old video visitation space, adjacent to the three pod control rooms, available for repurposing. Once the old equipment and floor mounted stainless-steel stools are removed, the addition of typical office type tables and chairs will create three private, yet easily observed attorney/client visitation rooms. Although this recommendation was included in the last report, no action to implement it has been taken to date. At the JDC and WC, adequate space and facilities are available to allow attorney client visitation.

CONTINUOUS IMPROVEMENT AND QUALITY ASSURANCE

The County must develop an effective system for identifying and self-correcting systemic violations of prisoner's constitutional rights. To that end, the County must:

106. Develop and maintain a database and computerized tracking system to monitor all reportable incidents, uses of force, and grievances. This tracking system will serve as the repository of information used for continuing improvement and quality assurance reports.

Non-Compliant

The County is making progress towards computerized incident and other reports as well as the development of summary reports that would allow the aggregation and sorting of reports. It was learned in this site visit that the reports provided to the monitor do not incorporate all the information that is accessible in the system. The monitoring team cannot routinely access the data base system to evaluate the information that is in the system and, at this time, there is not an ability to provide that information in an electronic or paper report form (other than the time-consuming process of creating screen shots). The request was made to provide a report form that provides the monitoring team and internal staff with a report containing the most important information for review. There is better capacity to tie all records on an incident to the original report number. However, it was discovered that the information that was being requested by the monitoring team but not provided was actually included in an investigation report that was not being provided and is not linked by a uniform number. There continues to be a problem with providing a process in the reporting for approval/disapproval/action required blocks for

supervisors. There continues to be a concern because of the lack of reports or the small number of reports that some incidents and grievances are underreported including late releases, lost money and property, medical grievances and some use of force incidents. The ability to aggregate the reports into a summary report is being developed.

The new computerized grievance system should allow for the compilation of a summary grievance report. Currently, this is not possible for several reasons. As noted above, the system is not functioning properly at this time and grievances seem to be lost in the system. The reporting functions of the system are either problematic or not adequately conveyed to staff. Staff reported that they could not generate reports with identified parameters. If the prisoner replies via the kiosk in any fashion to the grievance response, that is then automatically converted to an appeal which inaccurately reflects the number of appeals. The system needs to be able to generate accurate reports.

107. Compile an Incident Summary Report on at least a monthly basis. The Incident Summary Reports must compile and summarize incident report data in order to identify trends such as rates of incidents in general, by housing unit, by day of the week and date, by shift, and by individual prisoners or staff members. The Incident Summary reports must, at minimum, include the following information:

- a. Brief summary of all reportable incidents, by type, shift, housing unit, and date;
- b. Description of all suicides and deaths, including the date, name of prisoner, housing unit, and location where the prisoner died (including name of hospital if prisoner died off-site);
- c. The names and number of prisoners placed in emergency restraints, and segregation, and the frequency and duration of such placements;
- d. List and total number of incident reports received during the reporting period;
- e. List and Total number of incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of incidents in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. The summary reports are manually created and vary by facility. Because they are manually compiled, it is difficult to identify trends over time. The computerized summary report should remedy this. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

108. Compile a Use of Force Summary Report on at least a monthly basis. The Use of Force Summary Reports must compile and summarize use of force report data in order to identify

trends such as rates of use in general, by housing unit, by shift, by day of the week and date, by individual prisoners, and by staff members. The Use of Force Summary reports must, at minimum, include the following information:

- a. Summary of all uses of force, by type, shift, housing unit, and date;
- b. List and total number of use of force reports received during the reporting period;
- c. List and total number of uses of force reports/incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of use of force in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph in that the reports are manually prepared each month and do not allow for identifying trends over time. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. In meeting with the IT department, it was learned that not all the requirements of this paragraph were addressed. That should be remedied. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

109. Compile a Grievance Summary Report on at least a monthly basis. The Grievance Summary Reports must compile and summarize grievance information in order to identify trends such as most frequently reported complaints, units generating the most grievances, and staff members receiving the most grievances about their conduct. To identify trends and potential concerns, at least quarterly, a member of the Jail's management staff must review the Grievance Summary Reports and a random sample of ten percent of all grievances filed during the review period. These grievance reviews, any recommendations, and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

See response to 106 above.

110. Compile a monthly summary report of IAD investigations conducted at the Facility. The IAD Summary Report must include:

- a. A brief summary of all completed investigations, by type, shift, housing unit, and date;
- b. A listing of investigations referred for disciplinary action or other final disposition by type and date;
- c. A listing of all investigations referred to a law enforcement agency and the name of the agency, by type and date; and

- d. 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.

Non-Compliant

There is currently no summary report of IAD investigations being provided to the monitors.

111. Conduct a review, at least annually, to determine whether the incident, use of force, grievance reporting, and IAD systems comply with the requirements of this Agreement and are effective at ensuring staff compliance with their constitutional obligations. The County must make any changes to the reporting systems that it determines are necessary as a result of the system reviews. These reviews and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

There has been no annual review pursuant to this paragraph.

112. Ensure that the Jail's continuous improvement and quality assurance systems include an Early Intervention component to alert Administrators of potential problems with staff members. The purpose of the Early Intervention System is to identify and address patterns of behavior or allegations which may indicate staff training deficiencies, persistent policy violations, misconduct, or criminal activity. As part of the Early Intervention process, incident reports, use of force reports, and prisoner grievances must be screened by designated staff members for such patterns. If misconduct, criminal activity, or behaviors indicate the need for corrective action, the screening staff must refer the incidents or allegations to Jail supervisors, administrators, IAD, or other law enforcement agencies for investigation. Additionally:

- a. The Early Intervention System may be integrated with other database and computerized tracking systems required by this Agreement, provided any unified system otherwise still meets the terms of this Agreement.
- b. The Early Intervention System must screen for staff members who may be using excessive force, regardless of whether use of force reviews concluded that the uses complied with Jail policies and this Agreement. This provision allows identification of staff members who may still benefit from additional training and serves as a check on any deficiencies with use of force by field supervisors.
- c. The Jail Administrator, or designee of at least Captain rank, must personally review Early Intervention System data and alerts at least quarterly. The Administrator, or designee, must document when reviews were conducted as well as any findings, recommendations, or corrective actions taken.

- d. The County must maintain a list of any staff members identified by the Early Intervention System as possibly needing additional training or discipline. A copy of this list must be provided to the United States and the Monitor.
- e. The County must take appropriate, documented, and corrective action when staff members have been identified as engaging in misconduct, criminal activity, or a pattern of violating Jail policies.
- f. The County must review the Early Intervention System, at least bi-annually, to ensure that it is effective and used to identify staff members who may need additional training or discipline. The County must document any findings, recommendations, or corrective actions taken as a result of these reviews. Copies of these reviews must be provided to the United States and the Monitor.

Non-Compliant

There is currently no Early Intervention program.

113. Develop and implement policies and procedures for Jail databases, tracking systems, and computerized records (including the Early Intervention System), that ensure both functionality and data security. The policies and procedures must address all of the following issues: data storage, data retrieval, data reporting, data analysis and pattern identification, supervisor responsibilities, standards used to determine possible violations and corrective action, documentation, legal issues, staff and prisoner privacy rights, system security, and audit mechanisms.

Non-Compliant

The initial P&P Manual that was issued in April, 2017 did not include policies and procedures covering this matter.

114. Ensure that the Jail's medical staff are included as part of the continuous improvement and quality assurance process. At minimum, medical and mental health staff must be included through all of the following mechanisms:

- a. Medical staff must have the independent authority to promptly refer cases of suspected assault or abuse to the Jail Administrator, IAD, or other law enforcement agencies;
- b. Medical staff representatives must be involved in mortality reviews and systemic reviews of serious incidents. At minimum, a physician must prepare a mortality review within 30 days of every prisoner death. An outside physician must review any mortalities associated with treatment by Jail physicians.

Non-Compliant

Medical Administrative meetings are supposed to be held quarterly. There has not been a MAC meeting since the last audit. CQI meetings have addressed one issue, missed medications. In January 2018 there were 78 % of inmates with missed medications. However, evidence of corrective actions on this issue have not been provided.

CRIMINAL JUSTICE COORDINATING COMMITTEE

115. Hinds County will establish a Criminal Justice Coordinating Committee (“Coordinating Committee”) with subject matter expertise and experience that will assist in streamlining criminal justice processes, and identify and develop solutions and interventions designed to lead to diversion from arrest, detention, and incarceration. The Coordinating Committee will focus particularly on diversion of individuals with serious mental illness and juveniles. Using the Sequential Intercept Model, or an alternative acceptable to the Parties, the Coordinating Committee will identify strategies for diversion at each intercept point where individuals may encounter the criminal justice system, and will assess the County’s current diversion efforts and unmet service needs in order to identify opportunities for successful diversion of such individuals. The Committee will recommend appropriate changes to policies and procedures and additional services necessary to increase diversion.

Partial Compliance

Hinds County has contracted with Justice Management Institute (JMI) to provide consulting and assist in implementing a CJCC. The first two meetings of the CJCC have taken place. In order to have a CJCC with sufficient expertise and experience to carry out the mandate of this paragraph, the County will need to provide staff support. The recently hired Quality Control Officer may have been designated to provide some staff support but as yet is not familiar with the CJCC. It is unlikely that he will be able to do his job as Quality Control Officer and provide the needed CJCC staff support. At this time, the CJCC is not yet at a place to identify and develop solutions for diversion.

The Sequential Intercept Mapping required by this paragraph has already taken place under a grant to the Hinds County Behavioral Health from the GAINS Center. A two-day meeting was held on August 16-17, 2017 with broad participation including the County and Jail. The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of inmates with mental health illness. The GAINS center completed the report for Hinds County Behavioral Health. It includes recommendations for creating or improving intercepts in the jail and at release. This provides a useful road map for compliance with the diversion and discharge planning requirements of the consent decree.

116. The Coordinating Committee will include representation from the Hinds County Sheriff's Office and Hinds County Board of Supervisors. The County will also seek representation from Hinds County Behavioral Health Services; the Jackson Police Department; Mississippi Department of Mental Health; Mississippi Department of Human Services, Division of Youth Services; judges from the Hinds County Circuit, Chancery, and County (Youth and Justice) Courts; Hinds County District Attorney Office; Hinds County Public Defender Office; relevant Jackson city officials; and private advocates or other interested community members.

Partial Compliance

As noted above the CJCC had its first two meetings. Not all of the identified agencies were represented at the meeting. The reported intention is to expand representation after further development.

117. The Coordinating Committee will prioritize enhancing coordination with local behavioral health systems, with the goal of connecting individuals experiencing mental health crisis, including juveniles, with available services to avoid unnecessary arrest, detention, and incarceration.

Non-Compliant

The CJCC has met only twice and has not yet formally adopted priorities.

118. Within 30 days of the Effective Date and in consultation with the United States, the County will select and engage an outside consultant to provide technical assistance to the County and Coordinating Committee regarding strategies for reducing the jail population and increasing diversion from criminal justice involvement, particularly for individuals with mental illness and juveniles. This technical assistance will include (a) a comprehensive review and evaluation of the effectiveness of the existing efforts to reduce recidivism and increase diversion; (b) identification of gaps in the current efforts, (c) recommendations of actions and strategies to achieve diversion and reduce recidivism; and (d) estimates of costs and cost savings associated with those strategies. The review will include interviews with representatives from the agencies and entities referenced in Paragraph 116 and other relevant stakeholders as necessary for a thorough evaluation and recommendation. Within 120 days of the Effective Date of this Agreement, the outside consultant will finalize and make public a report regarding the results of their assessment and recommendations. The Coordinating Committee will implement the recommended strategies and will continue to use the outside consultant to assist with implementation of the strategies when appropriate.

Non-Compliant

The County did contract with an outside consultant to provide technical assistance in developing the CJCC. However, that contract does not encompass the requirements listed above regarding

an assessment of and recommendations for strategies to reduce recidivism and increase diversion.

IMPLEMENTATION, TIMING, AND GENERAL PROVISIONS

Paragraphs 119 and 120 regarding duty to implement and effective date omitted.

121. Within 30 days of the Effective Date of this Agreement, the County must distribute copies of the Agreement to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Agreement. At minimum:

- a. A copy of the Agreement must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Agreement must be provided to prisoners upon request.

Partial Compliance

The creation of an Inmate Handbook sized copy of the Settlement Agreement for distribution to staff has proven to be a viable means of making it available; however, it was not possible to conduct a significant survey during the January/February site visit to determine whether or not most employees had a copy. Based on a random sampling of inmates at each facility, when questioned, they were not familiar with the Settlement Agreement and did not know how or where to obtain a copy of the document.

POLICY AND PROCEDURE REVIEW

130. The County must review all existing policies and procedures to ensure their compliance with the substantive terms of this Agreement. Where the Jail does not have a policy or procedure in place that complies with the terms of this Agreement, the County must draft such a policy or procedure, or revise its existing policy or procedure.

Partial Compliance

At the time of the site visit, the County/Sheriff had adopted an initial set of policies and procedures. These have been reviewed and been found to not be fully compliant with the terms of the agreement. The Monitoring Team and DOJ provided comments and a second round of drafting should be underway. As recommended, the County/Sheriff is identifying key policies to develop first and circulate for review. This will help guide the process in the remaining areas.

131. The County shall complete its policy and procedure review and revision within six months of the Effective Date of this Agreement.

Partial Compliance

Six months expired on January 19, 2017. The policy and procedure review and drafting was completed after that time. Those policies are not sufficiently in compliance so this requirement is listed as partially compliant.

132. Once the County reviews and revises its policies and procedures, the County must provide a copy of its policies and procedures to the United States and the Monitor for review and comment. The County must address all comments and make any changes requested by the United States or the Monitor within thirty (30) days after receiving the comments and resubmit the policies and procedures to the United States and Monitor for review.

Non-Compliant

The policies and procedures were completed and submitted to the United States and the Monitor in April for review and comment. The comments were provided on June 1, 2017. Changes have not been made in the 30-day time frame.

133. No later than three months after the United States' approval of each policy and procedure, the County must adopt and begin implementing the policy and procedure, while also modifying all post orders, job descriptions, training materials, and performance evaluation instruments in a manner consistent with the policies and procedures.

Non-Compliant

The policies and procedures are in need of revision. They should be revised before training and other ensuing operations.

134. Unless otherwise agreed to by the parties, all new or revised policies and procedures must be implemented within six months of the United States' approval of the policy or procedure.

Non-Compliant

There have not yet been policies and procedures approved by the United States.

135. The County must annually review its policies and procedures, revising them as necessary. Any revisions to the policies and procedures must be submitted to the United States and the Monitor for approval in accordance with paragraphs 129-131 above.

Non-Compliant

This paragraph is now carried as non-compliant instead of not applicable because under the timeline established by the consent decree an annual review would now be due.

COUNTY ASSESSMENT AND COMPLIANCE COORDINATOR

Paragraphs 136 through 158 on Monitor duties omitted.

159. The County must file a self-assessment compliance report. The first compliance self-assessment report must be filed with the Court within four months of the Effective Date and at least one month before a Monitor site visit. Each self-assessment compliance report must describe in detail the actions the County has taken during the reporting period to implement this Agreement and must make specific reference to the Agreement provisions being implemented. The report must include information supporting the County's representations regarding its compliance with the Agreement such as quality assurance information, trends, statistical data, and remedial activities. Supporting information should be based on reports or data routinely collected as part of the audit and quality assurance activities required by this Agreement (e.g., incident, use of force, system, maintenance, and early intervention), rather than generated only to support representations made in the self-assessment.

Non-Compliant

At the time of the October site visit, the County provided its first self-assessment. The assessment was a good first step towards compliance with this paragraph but needed to have the level of detail required by this paragraph. This paragraph was listed as Partial Compliant in the last monitoring report. It is now listed as non-compliant because it requires that the self-assessment be updated one month before each site visit, and that was not completed.

160. The County must designate a full-time Compliance Coordinator to coordinate compliance activities required by this Agreement. This person will serve as a primary point of contact for the Monitor. Two years after the Effective Date of this Agreement, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliant

The County has designated a full-time Compliance Coordinator who is coordinating compliance activities. The Monitor will continue to track this assignment to ensure sustained compliance in this area.

EMERGENT CONDITIONS

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Partial Compliance

Immediate notifications have been provided. However, the County has not been providing notification of over-detention and, in fact, is not currently identifying prisoners who have been detained beyond their release date. The records office needs to be reorganized to implement business practices that accurately identify release dates and process releases. In the interim, the County needs to continue and improve its internal audit procedures to identify individuals entitled to release and prepare incident reports for persons who were detained beyond their legal release date.

Paragraphs 162-167 regarding jurisdiction, construction and the PLRA omitted.

CERTIFICATE OF SERVICE

I hereby certify that on April 18, 2018, I electronically filed the Court-Appointed Monitor's Fourth Monitoring Report with the Clerk of the Court using the ECF system which sent notification of such filing to the following:

COUNSEL FOR PLAINTIFF, UNITED STATES OF AMERICA:

JOHN M. GORE
Acting Assistant Attorney General
U.S. Department of Justice
Civil Rights Division

D. MICHAEL HURST, JR..
U.S. Attorney
Southern District of Mississippi

STEVEN H. ROSENBAUM
Chief
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
steven.rosenbaum@usdoj.gov

LAURA COWALL
Special Counsel
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
laura.coon@usdoj.gov

CHRISTOPHER N. CHENG
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 514-8892
(202) 514-6273 (fax)
christopher.cheng@usdoj.gov

COUNSEL FOR DEFENDANTS – HINDS COUNTY; MEMBERS OF THE HINDS COUNTY BOARD OF SUPERVISORS IN THEIR OFFICIAL CAPACITIES; THE SHERIFF OF HINDS COUNTY IN HIS OFFICIAL CAPACITY:

PIETER TEEUWISSEN
Board Attorney
P.O. Box 686
Jackson, MS 39205-0686
(601) 968-6797
(601) 968-6794 (fax)
pteeuwissen@co.hinds.ms.us

CLAIRE BARKER
Counsel to the Sheriff
407 East Pascagoula Street
Jackson, MS 39205
(601) 974-2967
(Fax)
cbarker@co.hinds.ms.us

COUNSEL FOR INTERESTED PARTY, DISABILITY RIGHTS MISSISSIPPI:

ELISSA JOHNSON
JODY E. OWENS
PALOMA WU
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(601) 948-8882
(601) 948-8885 (Fax)
elissa.johnson@splcenter.org

/s/ Christopher N. Cheng
CHRISTOPHER N. CHENG
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 514-8892
(202) 514-4883 (fax)
christopher.cheng@usdoj.gov

Court-Appointed Monitor's Fifth Monitoring Report
United States v. Hinds County, et al. Civ. No. 3:16cv489 WHB-JCG

Elizabeth E. Simpson
Court-Appointed Monitor

David M. Parrish	Jacqueline M. Moore	Jim Moeser	Dr. Richard Dudley
Corrections Operations	Corrections Medicine	Juvenile Justice	Mental Health

EXECUTIVE SUMMARY

Corrections Operations

As has been reported previously, the critical lack of staff makes compliance with the provisions of the Settlement Agreement problematic. Since the last site visit, the Detention Services Division (DSD) has lost a net of ten positions. Of the targeted 275 positions for the current fiscal year, only 231 are filled. This represents a decrease in filled positions of 20 since October 2017. Further, there has been no apparent action taken to reallocate financial resources to reach the goal of 275 funded positions during the current fiscal year.

The DSD continues to operate without an acceptable Policies and Procedures Manual, nor does it have relevant Post Orders located at each designated post throughout the three facilities. The contractual arrangement with Dr. James Austin to prepare the Manual was never finalized, leaving the HCSO, once again, without a plan in place to complete this basic component of compliance with the Settlement Agreement. At this point, it appears that Karen Albert, who has been providing technical assistance as part of the monitoring team, will assist with the development of policies dealing with Classification, Records and Booking. The Sheriff's Legal Counsel and the Compliance Coordinator will address other critical policies.

Major maintenance issues in all three jails continue to remain uncorrected. At the Raymond Detention Center (RDC), two main corridor doors (Pods B and C), internal corridor doors in the pods and the control room doors in Pods A and B have been non-functional for many months (see the Third and Fourth Monitoring Reports). Now a primary entrance door to Booking as well as the Master Control Center entry door must be added to that list. At the Work Center (WC) the door to HU 4 does not lock, either with a key or electronic control, and the door to H U 1 can only be operated with a key since the electronic control does not function. The HVAC issues associated with the opening of HU 3 have still not been corrected, so that 64 bed unit remains vacant. At the Jackson Detention Center (JDC) a corridor door on the third floor cannot be locked. As is the case with staffing, maintenance issues appear to be regressing instead of improving.

Paragraph 46 of the Settlement Agreement includes several sub-paragraphs that address the need for the Jail Administrator to have control over the operations of the Jail. Concerns have been raised about the authority of the Jail Administrator to control operations both in terms of making decisions that require approval of others and others making decisions that undermine her control of operations. Two events after the site visit highlight this problem and are in non-compliance with the requirements of the Settlement Agreement. The recent removal of the Deputy Jail Administrator and replacement by a new individual is contrary to subparagraph (a). That

provision states that policies, procedures, and practices must ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. The Deputy Jail Administrator's removal and replacement appears to have been done without the knowledge of the Jail Administrator who was on medical leave and certainly without the knowledge and approval of the Acting Jail Administrator who was the one removed. There was no documentation of the reason for removal. On a substantive level, there was no adequate process for transition in this key position. The resume of the new Deputy Jail Administrator has been requested but not yet received. At a minimum, it appears he has not had Jail Administrator training prior to placement as required by the Agreement. This is not to weigh in at this time on his suitability for the position, but the process was in non-compliance with the Agreement and is destabilizing for the staff. In addition, the process surrounding this event also highlights communication issues with the monitoring team. The Monitor attempted to speak with the Sheriff about this action twice by leaving voice mail messages, once by emailing a request for a telephone conference, and in a series of communications with the Sheriff's attorney. No response by the Sheriff was provided.

Also relating to the authority of Jail Administrator over the operations of the jail, the recent shakedown on 6-7-18 was contrary to the requirements of 46 (b) which provides that the Jail Administrator must have the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail and explicitly includes emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances. The shakedown was conducted by road deputies and Mississippi Dept. of Corrections officers without the approval or oversight by the Acting Jail Administrator. The need for jail staff oversight is apparent in the fact that the shakedown officers shot off a 12-gauge shot gun (blanks) to create a "noise diversion." Firearms should not be present in the jail except in extremely limited circumstances not present here.

A plan to implement Direct Supervision training was set forth in the Fourth Monitoring Report; however, because of fiscal issues at the federal level, technical assistance from the National Institute of Corrections (NIC), is not currently available. An alternative option is available by having the Sheriff submit a letter to NIC requesting that a Cooperative Agreement be put in place to provide on-site training for command and line staff.

The County previously retained the services of JBHM Architects to plan for renovations of Booking at the RDC in order to make it operate as an "open booking", i.e. direct supervision facility. In order to make the structural changes without negatively impacting booking activities, JBHM created a plan to temporarily relocate Booking to the WC. That also provided the opportunity to create a secure drive through the sally port at the WC so that inmates do not have to be processed through the public lobby as they are currently. It now appears that the County's

plans have run into a financial roadblock. Recognizing that there are insufficient funds available to implement major facility renovations, and that there are not enough officers to fill existing positions, it is incumbent upon the County to re-examine the option of closing the JDC as a jail and repurposing it as a court transfer facility. This would have the added benefit of freeing up to 30 officers to staff the vacancies at the RDC and WC.

The automated report writing system that was developed for the Detention Services Division (DSD) is not consistent with the system used by the law enforcement side of the HCSO. Two previous meetings with operational and IT staff attempted to address the discrepancies and to make it useful to the reader and compliant with the Settlement Agreement. To date, those efforts have failed, but a third such meeting during the May site visit may prove to have positive results. If IT is able to make a number of practical changes, the DSD should be able to gather data and incident report information in a form that makes it possible to comply with the provisions of the Settlement Agreement.

Fire safety is a critical area of concern in the operation of any jail. In Hinds County the physical plant changes that resulted from the removal of the unit officers from the inmate housing areas, and a subsequent major riot, have never been corrected. Fire extinguishers and fire hoses are no longer available in the housing units at the RDC. Staff do not have keys readily available to those fire extinguishers and fire hose boxes that are located in the common areas. A concerted effort to re-establish fire safety as a priority needs to be implemented.

Medical and Mental Health

Since the January/February 2018 site visit, there have been significant and quite meaningful advances made with regard to the provision of core mental health services. More specifically, the mental health evaluation process, the psychiatric evaluation process, and the treatment plan development process have all been better defined; there are new forms for documenting these processes as well as new forms for recording follow-up mental health and psychiatric sessions; and while the evaluations and treatment that is now being done is being done consistent with these better defined and implemented processes, there is also an effort underway to evaluate, plan for, and treat prisoners who were already on the mental health caseload in a manner that is consistent with these revised policies and procedures.

At the May 2018 site visit, there was a joint meeting of mental health and security staff focused on areas of overlapping concern and responsibility, such as the review of prisoners in segregation, disciplinary review, and security use of force, especially with prisoners who are suffering from mental illness and/or intellectual disabilities. Another major area of focus during the May site visit was discharge planning, and what is required to refer prisoners for community-based mental health services in a way that is most likely to be successful.

There continues to be concern about the adequacy of mental health staffing levels, and so a mental health staffing analysis is recommended. This analysis must be performed with full awareness of the already expanded responsibilities of mental health staff that have resulted from the above noted revisions of mental health policies and procedures; a full awareness of expansions in the mental health program that will be required to meet the provisions of this agreement; and an awareness of other mental health responsibilities that have only begun to be considered such as mental health's responsibilities with regard to PREA, quality assurance review, and the data collection and organization of data required for the various levels of quality assurance review.

Youthful Offenders

This visit provided the opportunity for the expert on juvenile justice to spend the majority of his time at the Henley Young facility and dig deeper into the successes and challenges of the transition of Juveniles Charged as Adults (JCAs) to that facility. At the time of the visit, there were fourteen JCA youth at Henley Young and only five JCA youth remaining at the Raymond Detention Center (RDC). As youth continue to "age out" of the youth unit at RDC, it appears that no later than November of this year there will be no JCA youth at RDC.

While placement at Henley Young remains a vast improvement over RDC, there has been a notable increase in the frequency and nature of behavioral issues among JCA youth. This has been most evidenced by a growing use of segregation/isolation as a disciplinary response to youth misbehavior and noncompliance. Many of the recommendations contained in prior reports and/or requirements of the Settlement Agreement have not been implemented, so it is not surprising that the hopes of a successful transition are running into the reality of dealing with older, long-term youth. The core elements of the facility, staff, and program remain a reasonable foundation to build on, but language contained in the previous report perhaps foretells the state of the situation as observed in May.

Concerns about the limitations of the Henley Young facility have been referenced in prior reports and should be given heightened attention as the time to make decisions and facility improvements is before problems occur, not after. Therefore, the most important recommendation conveyed in this report is that a plan be developed as soon as possible including action steps, timetables, and resources needed to address the concerns at Henley Young so that youth from RDC can be successfully housed there.

The current situation is complicated further by the temporary absence of Mr. McDaniels, Executive Director of Henley Young, which places an added burden on the key leaders remaining at Henley Young who are doing their best to keep up with the changes and challenges faced by holding JCA youth. Nonetheless, while meeting the requirements related

to youthful offenders, let alone the Settlement Agreement as a whole, seems overwhelming the importance of fully committing to this type of planning and step-by-step implementation of changes remains the most important blueprint to moving forward.

Criminal Justice and System Issues

Little has changed since the last site visit. The Criminal Justice Coordinating Committee (CJCC) has continued to meet. Some agencies are still not participating but will hopefully engage as it becomes clear that the collaborative effort can address issues of interest to all the stakeholders.

The County continues to have no one incarcerated on unlawful orders regarding fines and fees but has not yet adopted policies to ensure a process for addressing this should such orders be used in the future. These policies have been initiated and are undergoing review by the policy and procedure team and then the administration for final approval. The full time Quality Control Officer who was newly hired at the last visit has gained experience and is identifying people who should be or can be released. However, this continues to be a reactive process responding to inmate grievances and requests. As previously reported it continues to be difficult to track individuals in the records system. There continue to be three individuals maintaining separate manual spreadsheets outside the case management system. In addition, there continues to be an unclear line of authority between Records and Booking for overseeing the documentation. Previously reported systemic challenges continue to exist. As a result, a number of people were identified who had been detained beyond their release date and there is inadequate documentation for the detention of others. Consultation with the monitoring team's expert, Karen Albert, took place after the site visit and following that visit, policies and procedures have been drafted and are being vetted.

The paper grievance system was replaced by a computerized system. Some of the initial problems have been remedied but the system still does not function well. The staff has learned to run reports to find grievances that drop off the current listing without a response. However, at the time of the site visit, the Work Center grievance officer could not run such a report and Medical had not been trained on running the report. There is no procedure to oversee the actual implementation of grievance responses. The system is also either dysfunctional or not understood in its ability to generate reports. The staff does not know how to generate reports, if it is possible, to meet the requirements of the Settlement Agreement or be useful to them.

Compliance with PREA continues to improve. Some orientation of inmates and training of staff has occurred. Some posters are now up identifying reporting mechanisms. The reporting mechanisms were not fully in place at the time of the site visit. At that time, most inmates and staff have not received orientation or training. There is also concern that some of the PREA policies said to be in place were not actually functioning as they should. In particular, potential

victims although identified did not appear to be classified to the most appropriate housing. This area will require some attention at the higher administrative levels to begin to move towards compliance.

Monitoring Activities

The Monitoring Team conducted a Site Visit May 22nd through May 25th. The site visit schedule was as follows:

May 22nd through May 25th Site Visit Schedule

Date	Lisa	Dave	Jim	Jackie	Dudley
Tuesday a.m.	Meeting with Fielder Tour Booking and meet with Booking staff	Meeting with Fielder Tour RDC	Meet with Burnside, Dorsey, principal, case managers, Dr. Payne Review files	Meet briefly with HSA and DON Tour RDC	Meet briefly with HSA and DON Tour RDC
Tuesday p.m.	Observe RDC booking Meet with Jones on grievances and review grievances	Meet with Fire Safety officer Meet with property officer Continue tour of RDC	Tour HY Review education file/records	Observe competency restoration Review records	Tour RDC Tour WC
Wednesday a.m.	Meet with Ken Lewis Meet with Sgt. Tillman Review records	Meet with Training captain Meet with Recruitment Officer	Continue at HY, review medical records and video	Tour JDC Review Records	Tour JDC Meet with Hinds County Behavioral Health
Wednesday p.m.	Meet with Moore re PREA Meet with IT re update on reports-review what can be seen in JMS	Continue at RDC Meet with IT re update on reports-review what can be seen in JMS	Review files, incident reports, observation logs Meet with staff; program presentation Meet with SPLC	Tour WC Review Records Meet with Discharge Planner	Meet with Mental Health team Meet with Discharge Planner

Thursday a.m.	Meet with Deputy County Manager: Convey PTS info, discuss repairs JDC-grievances	Tour JDC Meet with Deputy County Manager re repairs Tour WC	RDC-Review individual files, interview youth	RDC-booking	Review Records
Thursday p.m.	WC grievances, fines and fees, daily credit	Tour RDC	Henley Young Review records, interview youth, observe disciplinary hearing	Records	Meet with Interdisciplinary team; review policies and procedures
Friday a.m.	8:30 to 10:00 Exit meeting 10:00 to 12:00 Meeting with counsel and command staff re priority items	Exit meeting Meeting with counsel and command staff re priority items	Exit meeting	Exit meeting	Exit meeting

COMPLIANCE OVERVIEW

The Monitoring Team will track progress towards compliance with the following chart. This chart will be added to with each Monitoring Report showing the date of the site visit and the number of Settlement Agreement requirements in full, partial or non-compliance. Requirements that have not yet been triggered such as an annual review are listed as NA (not applicable) at this time. Sustained compliance is achieved when compliance with a particular Settlement Agreement requirement has been sustained for 18 months or more. The count of 92 requirements is determined by the number of Settlement Agreement paragraphs which have substantive requirements. Introductory paragraphs and general provisions are not included. Some paragraphs may have multiple requirements which are evaluated independently in the text of the report but are included as one requirement for purposes of this chart. The provisions on Youthful Offenders were evaluated in the text below for compliance at Henley Young and Raymond Detention Center but only the results for Raymond Detention Center are included in the totals in this chart.

Site Visit Date	Sustained Compliance	Substantial Compliance	Partial Compliance	NA at this time	Non-Compliant	Total
2/7-10/17	0	1	4	2	85	92
6/13-16/17	0	1	18	2	71	92
10/16-20/17	0	1	26	1	64	92
1/26-2/2/18	0	1	29	0	62	92
5/22-25/18	0	1	30	0	61	92

INTRODUCTORY PARAGRAPHS

Text of paragraphs 1-34 regarding “Parties,” “Introduction,” and “Definitions” omitted.

SUBSTANTIVE PROVISIONS

PROTECTION FROM HARM

Consistent with constitutional standards, the County must take reasonable measures to provide prisoners with safety, protect prisoners from violence committed by other prisoners, and ensure that prisoners are not subjected to abuse by Jail staff. To that end, the County must:

37. Develop and implement policies and procedures to provide a reasonably safe and secure environment for prisoners and staff. Such policies and procedures must include the following:

- a. Booking;
- b. Objective classification;
- c. Housing assignments;
- d. Prisoner supervision;
- e. Prisoner welfare and security checks (“rounds”);
- f. Posts and post orders;
- g. Searches;
- h. Use of force;
- i. Incident reporting;
- j. Internal investigations;
- k. Prisoner rights;
- l. Medical and mental health care;
- m. Exercise and treatment activities;
- n. Laundry;
- o. Food services;

- p. Hygiene;
- q. Emergency procedures;
- r. Grievance procedures; and
- s. Sexual abuse and misconduct.

Non-Compliant

This provision has been changed from partial compliance to non-compliant. An initial attempt was made to draft policies and procedures in early 2017. The Monitoring Team and DOJ provided comments but the policies essentially needed to be rewritten. The County identified a consulting team to assist with the policies but that has apparently fallen through. The County informed the monitoring team that the plan is back to preparing the policies and procedures in-house. Because there has been no apparent forward progress, this provision has been changed to non-compliant. At present, the Monitor's expert dealing with Classification and Records consolidation is expected to work on policies associated with Classification, Records and Booking. The County's Compliance Coordinator and the Sheriff's in house legal counsel will address other priority areas of concern unless a satisfactory alternative can be found.

Since the January/February 2018 site visit, there has been a considerable effort by Quality Correctional Health Care (QCHC) to update or create new QCHC mental health policies and procedures. There has also been considerable effort to update or create forms for recording mental health activities such as an initial mental health assessment, an initial psychiatric examination, a psychiatric progress note, a follow-up mental health treatment session/progress note, and a mental health treatment plan. These policies and procedures were carefully reviewed and discussed with staff during the site visit, and by and large, they were quite good. The forms were also reviewed, and for the most part, they were found to include the important clinical information that should be assessed and recorded.

Further improvement of the various mental health policies and procedures should include: (1) Where appropriate, a clear distinction should be made between 'emergency', 'urgent' and 'routine' responses, with specific time periods given for each type of response; (2) The frequency of visits for various different types of visits should also be established in accordance with recognized standards of practice. For example, it should be clear how soon an individual newly placed on medication should be seen again for psychiatric follow-up with regard to an assessment of efficacy, adverse effects and the individual's compliance with treatment, and then how frequently the individual should be seen once stabilized on medication. Similarly, it should be clear how frequently an individual on the mental health case load should be seen for a mental health follow-up appointment; (3) Where appropriate, it should be clear what level of training and expertise is required to perform certain tasks, such as to order or discontinue suicide watch.

As was requested by the mental health expert, there was also a joint meeting of all mental health staff during the May 2018 site visit, which was apparently a fairly unusual event that should be

happening on a regular basis. This provided an opportunity to review policies, procedures, and the above noted forms with the entire staff, and also provided an opportunity to discuss other steps that must be taken to address the provisions of the Settlement Agreement.

There continue to be concerns about the medication administration that needs to be addressed by adoption and implementation of policies and procedures. Two nurses have been permanently assigned to perform pill pass at the Raymond Facility. Observation made during pill pass indicated that neither nurses nor officers routinely checked the inmate's mouth for hoarding their medication. Charting is not performed in real time but done after the medication pass is finished using the pill envelopes as a guide as to whether the inmate took his medicines. After the nurses come back to the clinic they then go back to the housing units to obtain refusals from inmates. Medication Administration was also observed at the work center. The nurse also pre-poured her medication but did chart it in actual time. Again, officers and the nurse were not diligent in checking to see that the inmate actually swallowed his medication. Medication administration should be charted in actual time.

38. Ensure that the Jail is overseen by a qualified Jail Administrator and a leadership team with substantial education, training and experience in the management of a large jail, including at least five years of related management experience for their positions, and a bachelor's degree. When the Jail Administrator is absent or if the position becomes vacant, a qualified deputy administrator with comparable education, training, and experience, must serve as acting Jail Administrator.

Partial Compliance

As was previously reported, this paragraph is carried as being in Partial Compliance because of the Jail Administrator's lack of a BA degree. Since the last site inspection, Captain Chandler resigned from his position in charge of the WC and was replaced by Lt. Anthony Simon who was promoted to Captain. Although he has no college education, he has extensive experience with the HCSO, from 2000 to 2006 (left at the rank of Sergeant) and from 2015 to the present. He was promoted to Sergeant in 2015 and Lieutenant in 2017. Shortly after the site visit, the Deputy Jail Administrator was replaced by a new individual. The monitoring team has not received a copy of his resume to determine his qualifications for the position consistent with this requirement.

39. Ensure that all Jail supervisors have the education, experience, training, credentialing, and licensing needed to effectively supervise both prisoners and other staff members. At minimum, Jail supervisors must have at least 3 years of field experience, including experience working in the Jail. They must also be familiar with Jail policies and procedures, the terms of this Agreement, and prisoner rights.

Partial Compliance

Until there are policies and procedures, the supervisors will not be able to be familiar with them. Since the last site visit a number of individuals have been promoted. They include the following:

B. W.—was previously employed by the HCSO from 1997 to 2012. He was re-employed in August 2017 and was promoted to Sergeant in February 2018. He has a high school diploma and is qualified as an EMT and Nursing Assistant.

K. C.—was previously employed by the HCSO from 2008 to 2010, when he was terminated for excessive use of force. He was rehired in January 2011 but was then suspended for five days in 2013. Promoted to Sergeant in May 2018, he has a two-year college degree.

G. N.—was employed in 2008 and was promoted to Sergeant in March 2018. Although he has a high school diploma and ten years as a Sheriff's Office employee, his personnel file does not account for 18 years of his life between 1981 and 1999.

K. J.—was employed in 2013 and was promoted directly to Lieutenant in 2018. Prior to being employed by the HCSO she served for a year with the Mississippi Department of Corrections. She has a high school education.

K. M.—was employed by the HCSO from 2001 to 2013 and held the rank of Sergeant when he resigned. From 2013 to 2017 he worked for the Oakley Youth Development Facility. He has a high school education. He was re-employed by the HCSO in December 2017 and was promoted to the rank of Sergeant in January 2018.

40. Ensure that no one works in the Jail unless they have passed a background check, including a criminal history check.

Non-Compliant

The Jail has still not complied with previous requests to provide a listing of all current employees, their date of employment and the date of their background check. Until the HCSO provides documentation reflecting that all employees have successfully passed a background check, including a criminal history check, this paragraph will continue to be carried as Non-Compliant.

41. Ensure that Jail policies and procedures provide for the “direct supervision” of all Jail housing units.

Non-Compliant

There has been no change in the status of this paragraph. The Policies and Procedures Manual has yet to be published. Further, no staff members have received training with regard to the principles and dynamics of direct supervision. One of the Priority Recommendations made by the monitoring team has been for the County to coordinate with the National Institute of Corrections (NIC) to provide “Train the Trainers” support. To date that has not been

accomplished. Since NIC's budget was cut by approximately 50% this year, there is no funding available for a Technical Assistance grant; however, money is available, through a Cooperative Agreement arrangement, to provide the specified direct supervision training. The Sheriff's Office has submitted the request to the NIC with a copy provided to the monitoring team.

42. Ensure that the Jail has sufficient staffing to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Jail. The parties recognize that the Board allocates to the Sheriff lump sum funding on a quarterly basis. The Sheriff recognizes that sufficient staffing of the Jail should be a priority for utilizing those funds. To that end, the County must at minimum:

- a. Hire and retain sufficient numbers of detention officers to ensure that:
 - i. There are at least two detention officers in each control room at all times;
 - ii. There are at least three detention officers at all times for each housing unit, booking area, and the medical unit;
 - iii. There are rovers to provide backup and assistance to other posts;
 - iv. Prisoners have access to exercise, medical treatment, mental health treatment, and attorney visitation as scheduled;
 - v. There are sufficient detention officers to implement this Agreement.
- b. Fund and obtain a formal staffing and needs assessment ("study") that determines with particularity the minimum number of staff and facility improvements required to implement this Agreement. As an alternative to a new study, the September 2014 study by the National Institute of Corrections may be updated if the updated study includes current information for the elements listed below. The study or study update must be completed within six months of the Effective Date and must include the following elements:
 - i. The staffing element of the study must identify all required posts and positions, as well as the minimum number and qualifications of staff to cover each post and position.
 - ii. The study must ensure that the total number of recommended positions includes a "relief factor" so that necessary posts remain covered regardless of staff vacancies, turnover, vacations, illness, holidays, or other temporary factors impacting day-to-day staffing.
 - iii. As part of any needs assessment, the study's authors must estimate the number of prisoners expected to be held in the Jail and identify whether additional facilities, including housing, may be required.
- c. Once completed, the County must provide the United States and the Monitor with a copy of the study and a plan for implementation of the study's recommendations. Within one year after the Monitor's and United States' review of the study and plan, the County must fund and implement the staffing and

facility improvements recommended by the study, as modified and approved by the United States.

- d. The staffing study shall be updated at least annually and staffing adjusted accordingly to ensure continued compliance with this Agreement. The parties recognize that salaries are an important factor to recruiting and retaining qualified personnel, so the County will also annually evaluate salaries.
- e. The County will also create, to the extent possible, a career ladder and system of retention bonuses for Jail staff.

Non-Compliant

While this paragraph was previously carried as being in Partial Compliance, the lack of progress, as exemplified by a net loss of 20 personnel during the past eight months, warrants a change to Non-Compliant. At the JDC and the WC, required posts are generally filled, but at the RDC, the largest facility in the Jail System, there has been no progress toward filling essential posts. The only housing unit that has an assigned officer (inside the unit) is A-1 which houses only five juveniles. All of the adult male housing units are still left unattended. In Booking, only one officer is assigned to the processing area to conduct well-being checks on those detainees who are housed in holding cells for up to eight hours.

The current staffing is inadequate to safely operate the jail. Serious inmate assaults included inmates with the following injuries:

1. 4/18/18 A scalp laceration and contusion of his head.
2. 4/19/18 A head injury and laceration of his face with sutures above his left eyebrow.
3. 4/19/18 A concussion and facial contusion.
4. 4/22/18 An assault by seven inmates with some kind of weapon. The inmate has two broken hands and facial lacerations and almost lost his right eye. He had a subconjunctival hemorrhage. Both of his hands are in casts and he is being seen by an ophthalmologist on a regular basis.
5. 4/16/18 A sexual assault.

A review of the incident reports indicates that most of the inmate on inmate assaults occur when there are no officers present on the unit. Officers are alerted by the noise, by the video stream, and sometimes only when they discover the injured inmate.

- f. Develop and implement an objective and validated classification and housing assignment procedure that is based on risk assessment rather than solely on a prisoner's charge. Prisoners must be classified immediately after booking, and then housed based on the classification assessment. At minimum, a prisoner's bunk, cell, unit, and facility assignments must be based on his or her objective classification assessment, and staff members may not transfer or move prisoners into a housing area if doing so would violate classification principles (e.g.,

placing juveniles with adults, victims with former assailants, and minimum security prisoners in a maximum security unit). Additionally, the classification and housing assignment process must include the following elements:

- i. The classification process must be handled by qualified staff who have additional training and experience on classification.
- ii. The classification system must take into account objective risk factors including a prisoner's prior institutional history, history of violence, charges, special needs, physical size or vulnerabilities, gang affiliation, and reported enemies.
- iii. Prisoner housing assignments must not be changed by unit staff without proper supervisor and classification staff approval.
- iv. The classification system must track the location of all prisoners in the Jail and help ensure that prisoners can be readily located by staff. The County may continue to use wrist bands to help identify prisoners, but personal identification on individual prisoners may not substitute for a staff-controlled and centralized prisoner tracking and housing assignment system.
- v. The classification system must be integrated with the Jail prisoner record system, so that staff have appropriate access to information necessary to provide proper supervision, including the current housing assignment of every prisoner in the Jail.
- vi. The designation and use of housing units as "gang pods" must be phased out under the terms of this Agreement. Placing prisoners together because of gang affiliation alone is prohibited. The County must replace current gang-based housing assignments with a more appropriate objective classification and housing process within one year after the Effective Date.

Partial Compliance

There has been no significant change in the status of this paragraph since the last reporting period; however, the Monitor's expert in this area is in the process of working with Classification, Records and Booking staff to consolidate their activities into a cohesive unit. Once this is accomplished, it should be possible to expand the hours of coverage by Classification and Records personnel so that initial classification of arrestees can be accomplished as part of the booking process. Further, communication with the courts will be funneled through only one point in the Jail, thus improving the accuracy and completeness of inmate records.

- g. Develop and implement positive approaches for promoting safety within the Jail including:

- i. Providing all prisoners with at least 5 hours of outdoor recreation per week;
- ii. Developing rewards and incentives for good behavior such as additional commissary, activities, or privileges;
- iii. Creating work opportunities, including the possibility of paid employment;
- iv. Providing individual or group treatment for prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions, who would benefit from therapeutic activities;
- v. Providing education, including special education, for youth, as well as all programs, supports, and services required for youth by federal law;
- vi. Screening prisoners for serious mental illness as part of the Jail's booking and health assessment process, and then providing such prisoners with appropriate treatment and therapeutic housing;
- vii. Providing reasonable opportunities for visitation.
- h. Ensure that policies, procedures, and practices provide for higher levels of supervision for individual prisoners if necessary due to a prisoner's individual circumstances. Examples of such higher level supervision include (a) constant observation (i.e., continuous, uninterrupted one-on-one monitoring) for actively suicidal prisoners (i.e., prisoners threatening or who recently engaged in suicidal behavior); (b) higher frequency security checks for prisoners locked down in maximum security units, medical observation units, and administrative segregation units; and (c) more frequent staff interaction with youth as part of their education, treatment and behavioral management programs.
- i. Continue to update, maintain, and expand use of video surveillance and recording cameras to improve coverage throughout the Jail, including the booking area, housing units, medical and mental health units, special management housing, facility perimeters, and in common areas.

Non-Compliant

Regarding 42 (g)(i) Outdoor recreation is still unavailable to almost all inmates in the Hinds County Jail System. Although there has never been an outdoor recreation yard at the JDC, recently inmates have been permitted to play basketball in the indoor car wash bay. At the RDC the outdoor recreation yards have been closed for over five years, subsequent to a major riot. In the past year, outdoor recreation has been available only to juveniles housed in A-1. During the most recent site visit, it was reported that outdoor recreation was available to adult prisoners periodically, but not routinely; however, a review of pod logs did not reveal documented verification. As was reported previously, the WC unit logs confirmed that outdoor recreation was available approximately half of the time that the Settlement Agreement calls for. Since that time, no updated records have been made available to verify the amount of recreation provided.

Regarding 42 (g)(iv) There is not an adequate level of mental health services being provided. The first issue is the issue of mental health staffing levels. Since the January/February 2018 site visit, a mental health coordinator has been added to the roster of mental health staff (the prior social worker has left, but at the time of the May site visit, a new social worker was about to come on board). While this is a very positive development, the mental health expert continues to believe that there is clearly inadequate psychiatric time to meet the provisions of the agreement and continues to believe that there needs to be a mental health staffing analysis to determine whether or not there is an adequate number of other mental health staff to meet the provisions of the agreement.

As it now stands, the psychiatrist may see as many as 10 individuals during the several hours each week that he is at the facility, which leaves him a very limited amount a time to complete the above noted new forms. This also leaves him virtually no time to perform a more in-depth examination of more complicated individuals, perform face-to-face evaluations of individuals on suicide watch or other more intense mental health monitoring, actively participate in the treatment planning process, provide consultative help to other members of the mental health treatment team, and actively participate in any regular meetings of the mental health treatment team. In addition, adequate mental health programming at the facility should eventually include a psychoeducational group therapy program, focused on helping individuals understand their illnesses, the importance of treatment, and how best to participate in their own treatment; such a group therapy program would also include a focus on medication, benefits and risks of adverse effects, and the importance of compliance; and so eventually, the psychiatrist would either participate in or at least help to develop and supervise such an effort.

The second issue, previously noted in the report of the January/February 2018 site visit, is that there are multiple mental health related provisions that cannot be addressed by mental health staff alone. During the May 2018 site visit, there was a joint meeting of mental health staff and security staff to discuss these provisions. More specifically, there was a discussion of the roles and responsibilities of mental health staff with regard to disciplinary review, segregation review, and security use of force; the roles and responsibilities of mental health staff with regard to PREA; the roles and responsibilities of security staff with regard to suicide watch or individuals who are on other forms of mental health observations; and the roles and responsibilities of security staff with regard to accompanying nursing staff while they pass/administer medication. The progress made during this joint meeting of mental health staff and security staff and the yet unresolved issues will be noted in applicable sections of this report.

The third issue, also previously noted in the report of the January/February 2018 site visit, is the matter of how to define/describe individuals who should be on the mental health case load. Although there is general agreement that those with 'serious mental illness' (SMI) should be on

the mental health case load, SMI is not clearly defined. Then in addition, most definitions of SMI do not include individuals with serious trauma histories and resultant trauma-related psychiatric difficulties; therefore, their psychiatric difficulties are rarely identified and addressed; and this is despite the fact that these individuals tend to function quite poorly while incarcerated and they make up a significant percentage of individuals placed in segregation. Therefore, the mental health team should explore this issue of who should be on the mental health caseload. In so doing, when evaluating prisoners with disciplinary charges, prisoners being held in disciplinary segregation, and prisoners against which there was a use of force, staff should explore for a history of trauma and assess the mental health impact of any trauma that is identified. Then, if it becomes clear that a history of trauma with associated trauma-related psychiatric difficulties makes adjustment to incarceration difficult for a significant number of prisoners (as is the case in most jails and prisons), staff can explore how they might best design and implement mental health interventions focused on meeting the needs of such prisoners, thereby improving their capacity to function while incarcerated and upon their release. At the time of the January/February 2018 site visit, the absence of mental health evaluations and treatment plans made it impossible to assess whether or not prisoners with serious mental illness, developmental disabilities, or other behavioral or medical conditions were receiving and benefiting from appropriate therapeutic interventions. By the time of the May 2018 site visit, for newly admitted prisoners, mental health evaluations were being performed and recorded on the new form for such evaluations; where indicated, psychiatric evaluations were being performed and recorded on the new form for such evaluations; and treatment plans were being developed and recorded on the new treatment plan form. In addition, there was a plan to perform and record mental health evaluations, perform and record psychiatric evaluations, and develop treatment plans for prisoners who were already on the mental health case load. These efforts, coupled with the better recording of information obtained during psychiatric and mental health follow-up visits, will now provide an extremely important part of the base of information required to assess whether or not prisoners on the mental health case load are receiving appropriate therapeutic interventions.

The internal assessment of whether or not prisoners with serious mental illness, developmental disabilities, or other behavior or medical conditions are receiving and benefiting from appropriate therapeutic interventions should be done in several ways. More specifically, a regularly scheduled, treatment plan review process should be developed where the mental health team reviews the progress towards treatment goals and thereby determines whether or not modifications of the treatment plan are required. A ‘mental health chronic care log’, should be developed that would include such information as diagnosis or problem to be addressed, related therapeutic intervention(s), last and next visit, and instances when a prisoner was seen on an emergency or urgent basis prior to the next scheduled visit. Such a log would make it easy to assess whether or not prisoners were being seen with appropriate frequency and in a timely manner, consistent with mental health policies and procedures, and such a log would also

indicate whether or not prisoners are being seen frequently enough (i.e., whether or not prisoners end up needing emergency or urgent visits prior to the time of their next scheduled visit). In addition, when the most appropriate/indicated treatment for a prisoner's mental health problem is not available at the facility and an alternative, less appropriate therapeutic intervention is employed, this should be noted on the treatment plan, because this will support the need to develop additional, needed therapeutic interventions. Furthermore, efforts should be made to identify important gaps in the range of mental health services available to prisoners; for example, it is already clear that there are no services designed to prepare prisoners to continue with treatment once released and there are no trauma-informed therapeutic interventions for prisoners with significant trauma histories. Plans should then be developed to provide such important mental health services/interventions.

With respect to medical interventions, lack of staffing continues to be a concern. There are four LPN nursing vacancies at all of the facilities. There are no relief factors in the current staffing plan, thus the health administrator must utilize agency, PRN and overtime to fill vacancies caused by vacation, holidays or sick time of the regular staff. Staffing at the work release does not permit night time coverage. A new nurse practitioner was hired shortly before the site visit. While she is a FT employee, not all of her hours are at the Hinds County Detention Center. She also provides care at the Madison County Jail.

There are no hours recorded for the physician Dr. Martin. The timesheet indicated that he is paid a contract rate and his hours are not logged. This is not a good accounting practice nor does it show if the County is receiving adequate services for physician services. The Monitoring team will request at the next site visit a copy of the contract for Dr. Martin and his schedule at the various jail facilities.

Chronic care is still in the beginning stage of development. A new nurse practitioner has recently started at the Hinds County Detention Center; thus, the care and scheduling are not timely. A delay of 90 days to obtain Hemoglobin test on diabetics is not acceptable. Most facilities perform laboratory testing within a month or sooner of the inmate's incarceration.

Sick call is written by the inmates on a kiosk system. The nurses print off the sick call requests daily. The nurses date-stamp the request when they receive it. The sick call policy at QCHC is that if the nurse sees the inmate three times for the same request, it is then referred to a provider. Depending on the severity of the request, this can be a dangerous situation. A protocol needs to be created providing nurses guidance on when to refer to a provider based on the severity of the complaint and the results of initial treatment attempts.

One of the inmates submitted a sick call request for a rash due to the harshness of the soap. He was placed on hydrocortisone cream by way of a nursing protocol. After three unsuccessful nursing visits, he filed a grievance. Three visits to confirm that the initial intervention was not

working was not a useful approach. The reply that he received on the grievance was that the medical department did not provide soap. There was no attempt to solve the complaint by either having the family bring in a special soap or by arranging to sell the soap in the commissary.

Another inmate indicated that she put in several requests for sick call and requested to see the doctor. She indicated that she was severely depressed. Chart review indicated that her comments were true and that she had only been referred to a social worker. She was not referred to the psychiatrist or psychologist.

Another inmate complained of left lower leg pain. The request was placed on 5/6/18; however, the inmate was not seen until 5/15/18. A nurse practitioner saw him and ordered an x-ray. The NP did not perform a physical exam nor order a blood test on the inmate, nor did she order an ultrasound which is the preferred method of diagnosis. She diagnosed the inmate with a musculoskeletal disease. This case did not result in a serious complication but could have led to further complications such as a pulmonary embolism.

The sick call procedure is unnecessarily cumbersome by the kiosk system. The complaints listed by the kiosk are vague and provide no space for the inmate to elaborate on their problem. The categories are asthma, general pain, sprain, constipation, sore throat, dental tooth pain, mental health. The mental health does not indicate if the inmate is depressed, suicidal or can't sleep. Thus, when the inmates see the nurses, the nurses are unaware of what the complaint is truly about. There is no free text available so that the inmate can elaborate on their complaint.

The dental assistant has resigned, thus inmates that have dental problems must wait for over a month to be seen. Dental care is not timely. Treatment consists of verbal orders for Naproxen and Augmentin. Telephone order sheets were not consistently found on the charts on any of the five records reviewed. A new dental assistant has been hired and she will begin her employment on June 4, 2018. When the health administrator was questioned regarding the dental care, she indicated that there were only nine inmates on the dental list. This number appears to be underreported in light of the many complaints made by inmates regarding the lack of this service.

Regarding 42(g)(vi) Although there is mental health screening at the time of booking and during the initial health assessment process, the adequacy of this screening has yet to be fully evaluated. Based on the observation of one such screening, it appeared that questions were asked in such a way as to overly determine the response (for example, 'you haven't had XYZ, have you?'; and the structure of the questions appeared to be based on the nurse's premature perception of the incoming prisoner instead of being structured to fully explore the prisoner's history. Of course, this one screening may have been atypical, but whether it was or not, the adequacy of these screenings needs to be assessed.

As a step towards assessing the intake screening process, a ‘mental health sick call log’ should be developed. Such a log would record all prisoners who, post intake, were self-referred to mental health, or referred to mental health by medical or security staff or identified as in need of mental health services via some other mechanism (for example, a suicide attempt, evidencing unusual behavior that resulted in disciplinary charges, decompensation while placed in segregation, etc.). Then in each case, the question of why the prisoner wasn’t identified as in need of a mental health assessment at the time of intake can be explored, followed by an exploration of the question of whether or not the intake mental health screening process needs to be revised and/or whether or not those performing such intake screens require further mental health training.

See paragraphs 74 and 77 (i and j) regarding housing decisions and the availability of appropriate housing for prisoners with serious mental illness.

Regarding 42 (g)(vii) Visitation records reflect that there has been an improvement in access to visitation at the JDC but a decrease at the RDC and WC. A review of visitation records at the JDC and RDC/WC covering three and three quarter months, revealed that inmates at the JDC are able to complete an average of one visit per month, while at the RDC and WC, whose records are combined, only one inmate in ten is able to complete a visit monthly. Since the majority of the inmates are housed in these two jails, it is apparent that very few inmates in the DSD are able to visit with family and friends on a routine basis. It should be noted that only about half of the inmates who initiate a video visitation communication actually are able to complete it. The most common reason for non-completion is listed as “cancelled by admin” while the next two frequent reasons are “missed by inmate” and “missed by caller”.

Regarding 42 (h) The revised ‘suicide prevention’ QCHC policy is quite good with a few recommendations for improvement. The policy should provide that when medical or security staff suspect that a prisoner is potentially suicidal, the prisoner should be placed under *constant observation* (versus close observation), pending a mental health assessment, and that the need for such a mental health assessment should be considered to be an *emergency* (see paragraph 42, with regard to the need to delineate emergency, urgent and routine responses). The policies should also provide that in the event of an actual suicide attempt, successful or unsuccessful, a rigorous, multi-disciplinary ‘morbidity or mortality review’ and report is indicated, whereby every aspect of the prisoner’s stay at the facility is reviewed, with an eye towards identifying and correcting any avoidable missteps in how the prisoner (or other prisoners) was assessed and managed by each discipline within the facility. This review process and report would include recommendations to address any identified missteps, such as changes in policies and/or procedures, clarifications or directives that might lead to better adherence to existing policies and/or procedures, or staff training focused on helping staff obtain the knowledge and skills required to better adhere to existing or revised policies and/or procedures.

Although the ‘suicide prevention’ policy is in place, there remain questions about the implementation of the policy. More specifically, there is no structured tool or form used for the evaluation of potentially suicidal prisoners to determine the need for placement on suicide watch, adjustments of the suicide watch level, or removal from suicide watch. It is unclear to what extent the psychiatrist must be involved in the assessment process and whether an actual face-to-face assessment by the psychiatrist is required (all complicated by the availability of the psychiatrist). Although it is noted that a ‘clinical assessment’ will be performed at least every 4 hours, it is unclear what type of staff must perform that clinical assessment, and if it is to be performed by mental health staff (a QMHP), it does not appear that there are an adequate number of mental health staff to implement that policy. Although the policy also describes the level of monitoring by security staff and nursing staff for each level of suicide watch, a mechanism for the documentation of adherence to this part of the policy in a form that can be readily reviewed by mental health staff needs to be developed.

Special mental health observation, for acutely mentally ill prisoners, is also described in the ‘suicide prevention’ policy, with a level of monitoring that is to be prescribed by mental health. With regard to implementation, it is important to make it clear to all staff that a prisoner might be on special observation either because they are suicidal and/or because they are acutely ill while efforts are being made to stabilize them. If an inmate is on special mental health observation for both reasons, it should be clear that each type of watch has to be terminated individually. In other words, although suicide watch might be then terminated, that does not mean that the inmate is sufficiently stabilized to end the watch required while still trying to stabilize the inmate.

Regarding 42 (i) Video surveillance capabilities at the various facilities have not changed since the last site visit. Supervisory staff at the RDC have been able to utilize that facility’s video records to review escapes and other significant incidents, in order to determine what actually occurred. Video related to those events is reviewed on occasion but not routinely.

43. Include outcome measures as part of the Jail’s internal data collection, management, and administrative reporting process. The occurrence of any of the following specific outcome measures creates a rebuttable presumption in this case that the Jail fails to provide reasonably safe conditions for prisoners:

- a. Staff vacancy rate of more than 10% of budgeted positions;
- b. A voluntary staff turnover rate that results in the failure to staff critical posts (such as the housing units, booking, and classification) or the failure to maintain experienced supervisors on all shifts;
- c. A major disturbance resulting in the takeover of any housing area by prisoners;
- d. Staffing where fewer than 90% of all detention officers have completed basic jailer training;

- e. Three or more use of force or prisoner-on-prisoner incidents in a fiscal year in which a prisoner suffers a serious injury, but for which staff members fail to complete all documentation required by this Agreement, including supervision recommendations and findings;
- f. One prisoner death within a fiscal year, where there is no documented administrative review by the Jail Administrator or no documented mortality review by a physician not directly involved in the clinical treatment of the deceased prisoner (e.g. corporate medical director or outside, contract physician, when facility medical director may have a personal conflict);
- g. One death within a fiscal year, where the death was a result of prisoner-on-prisoner violence and there was a violation of Jail supervision, housing assignment, or classification procedures.

Non-Compliant

Jail administration does not currently create a report covering each of these areas although they respond when asked for this information. At the time of the site visit, 14.8% of the authorized/funded positions are vacant (271 authorized, 40 vacant). And the 271 funded positions are far less than the 433 positions needed to adequately staff the facilities. That would be a 47% vacancy rate. For the past two site visits the number of vacancies has increased. There were 32 in February 2018 and 21 in October 2017. Previously, the turnover rate was reported as excessive and not in compliance with this paragraph's standard. The same holds true at this time. There have been multiple incidents of prisoner on prisoner violence resulting in serious injury without adequate documentation. As noted elsewhere, the incident reports do not provide for documentation of supervisory review and recommendations. Injuries are typically not photographed or documented. Witness statements are seldom taken and video is seldom reviewed. These findings trigger the rebuttable presumption that the Jail fails to provide reasonably safe conditions for the prisoners.

44. To complement, but not replace, "direct supervision," develop and implement policies and procedures to ensure that detention officers are conducting rounds as appropriate. To that end:
- a. Rounds must be conducted at least once every 30 minutes in general population housing units and at least once every 15 minutes for special management prisoners (including prisoners housed in booking cells).
 - b. All security rounds must be conducted at irregular intervals to reduce their predictability and must be documented on forms or logs.
 - c. Officers must only be permitted to enter data on these forms or logs at the time a round is completed. Forms and logs must not include pre-printed dates or times. Officers must not be permitted to fill out forms and logs before they actually conduct their rounds.

- d. The parties anticipate that “rounds” will not necessarily be conducted as otherwise described in this provision when the Jail is operated as a “direct supervision” facility. This is because a detention officer will have constant, active supervision of all prisoners in the detention officer’s charge. As detailed immediately below, however, even under a “direct supervision” model, the Jail must have a system in place to document and ensure that staff are providing adequate supervision.
- e. Jail policies, procedures, and practices may utilize more than one means to document and ensure that staff are supervising prisoners as required by “direct supervision,” including the use and audit of supervisor inspection reports, visitation records, mealtime records, inmate worker sheets, medical treatment files, sick call logs, canteen delivery records, and recreation logs. Any system adopted to ensure that detention officers are providing “direct supervision” must be sufficiently detailed and in writing to allow verification by outside reviewers, including the United States and Monitor.

Partial Compliance

There has been no progress made with regard to the provisions of this paragraph since the last Monitoring Report. None of the facilities are meeting the requirement to do well-being checks every 30 minutes in general population and every 15 minutes in segregation. While well-being checks at JDC were found to be routinely recorded properly, on the appropriate forms, for inmates in general population (hourly) and in segregation/confinement (30 minutes), even this less frequent timetable was not met at the WC and the RDC. At those facilities, unit log records reflected that hourly inspections were conducted approximately 50% of the time for general population inmates. At the WC, 30-minute checks for inmates in segregation/confinement were documented on individual forms posted next to each cell. At the RDC there was no standard system in place. The inmates in B-4 and B-4 ISO were both supervised by the same officer. When B-4 ISO was created, it was staffed by one officer continuously. Apparently, that is no longer the case. In Booking, the 15-minute observation forms were maintained in the office area, not posted by each holding cell. Although the proper procedure has been explained in detail during previous site visits, communication through the chain of command and between shifts has been less than effective.

See paragraph 76 with regard to mental health rounds for prisoners in segregation. See paragraph 42 (h) with regard to prisoners who require special management due to acute mental health difficulties.

45. Ensure that all correctional officers receive adequate pre- and post-service training to provide for reasonably safe conditions in the Jail. To that end, the County must ensure that the Jail

employs Qualified Training Officers, who must help to develop and implement a formal, written training program. The program must include the following:

- a. Mandatory pre-service training. Detention officers must receive State jailer training and certification prior to start of work. Staff who have not received such training by the Effective Date of this Agreement must complete their State jailer training within twelve months after the Effective Date of this Agreement. During that twelve month period, the County must develop an in-house detention training academy.
- b. Post Order training. Detention officers must receive specific training on unit-specific post orders before starting work on a unit, and every year thereafter. To document such training, officers must be required to sign an acknowledgement that they have received such training, but only after an officer is first assigned to a unit, after a Post Order is updated, and after completion of annual retraining.
- c. “Direct supervision” training. Detention officers must receive specific pre- and post service training on “direct supervision.” Such training must include instruction on how to supervise prisoners in a “direct supervision” facility, including instruction in effective communication skills and verbal de-escalation. Supervisors must receive training on how to monitor and ensure that staff are providing effective “direct supervision.”
- d. Jail administrator training. High-level Jail supervisors (*i.e.*, supervisors with facility-wide management responsibilities), including the Jail Administrator and his or her immediate deputies (wardens), must receive jail administrator training prior to the start of their employment. High-level supervisors already employed at the Jail when this Agreement is executed must complete such training within six months after the Effective Date of this Agreement. Training comparable to the Jail Administration curriculum offered by the National Institute of Corrections will meet the requirements of this provision.
- e. Post-service training. Detention officers must receive at least 120 hours per year of post-service training in their first year of employment and 40 hours per year after their first year. Such training must include refresher training on Jail policies. The training may be provided during roll call, staff meetings, and post-assignment meetings. Post-service training should also include field and scenario-based training.
- f. Training for Critical Posts. Jail management must work with the training department to develop a training syllabus and minimum additional training requirements for any officer serving in a critical position. Such additional training must be provided for any officer working on a tactical team; in a special management, medical or mental health unit; in a maximum security unit; or in booking and release.

- g. Special management unit training. Officers assigned to special management units must receive at least eight hours of specialized training each year regarding supervision of such units and related prisoner safety, medical, mental health, and security policies.
- h. Training on all Jail policies and procedures including those regarding prisoner rights and the prevention of staff abuse and misconduct.

Non-Compliant

During the January/February site visit it appeared that the HCSO had committed to hiring a qualified individual, with extensive detention experience, at the rank of lieutenant. Unfortunately, that did not occur. The Training Director still does not have anyone on staff with the requisite credentials to head training for the Detention Services Division, which comprises approximately 60% of the authorized positions in the HCSO.

In spite of numerous requests for information regarding the status of training for all DSD personnel, it is still not possible for the Monitor to determine how many officers have not completed basic academy training, which officers have received in service training during the past year and what topics that training covered or the status of specialized training required for critical posts and special management units. Finally, all important training on policies and procedures has not occurred because the Policies and Procedures Manual has still not been submitted, approved and issued.

As was noted in the report of the January/February 2018 site visit, security staff persons receive at least some training at the academy with regard to ‘special needs’ prisoners, which includes prisoners who suffer from mental illness. There is also a recently developed, in-service training program, entitled ‘Mental Health First Aid’, and security staff persons are beginning to receive this training. The curriculum for these trainings had been reviewed, both of which include some very important information but issues with the adequacy of the training include whether the curriculum covers the full range of mental health difficulties that might impact on a prisoner’s capacity to function in the correctional setting; whether the curriculum adequately describes for security staff what they should look for to indicate that a prisoner is suffering from mental illness; and whether the curriculum offers security staff enough tools to manage prisoners with various types of mental health difficulties. Therefore, existing training programs should be reviewed by appropriate persons within and/or outside of the facility, with these questions in mind.

There does not appear to be any extra or special training offered to security staff who may be posted on units where there is an increased likelihood of having to work with mentally ill prisoners.

Subsequent to the site visit, the prior Deputy Jail Administrator was removed and a new Deputy Jail Administrator was appointed who because of the Jail Administrator's medical absence is Acting Jail Administrator. The monitoring team has requested but has not received his resume. It does not appear that he has received jail administration training as required by subsection (d).

There are various ways to assess the adequacy of the mental health training that is currently being provided. QCHC staff should develop a form that security staff can easily use to refer prisoners to mental health; the form would allow staff to check mark symptoms observed and otherwise note the reason for such a referral; and ideally, after a mental health assessment has been performed, the mental health staff person performing the assessment could offer feedback to the security staff person who made the referral. This same form could be used by security staff when a disciplinary charge is filed against a prisoner and security staff suspects that the prisoner might be suffering from a mental illness that might have contributed to the problematic behavior; by submitting the form under this circumstance, security staff are also requesting a mental health assessment in connection with the prisoner's disciplinary proceeding; and this type of involvement by mental health in disciplinary proceedings is not only an important requirement of this agreement (see paragraph 37 – over riding issues), but it also provides mental health staff with another opportunity to communicate with security staff about mental health issues. Then in addition, discussion between security staff and mental health staff in areas of overlapping responsibility (such as the segregation review process, etc.) provides other opportunities to assess the impact of the mental health training for security staff.

46. Develop and implement policies and procedures for adequate supervisory oversight for the Jail. To that end, the County must:

- a. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the authority to make personnel decisions necessary to ensure adequate staffing, staff discipline, and staff oversight. This personnel authority must include the power to hire, transfer, and discipline staff. Personal Identification Numbers (PINs) allocated for budget purposes represent a salaried slot and are not a restriction on personnel assignment authority. While the Sheriff may retain final authority for personnel decisions, the Jail's policies and procedures must document and clearly identify who is responsible for a personnel decision, what administrative procedures apply, and the basis for personnel decisions.
- b. Review and modify policies, procedures, and practices to ensure that the Jail Administrator has the ability to monitor, ensure compliance with Jail policies, and take corrective action, for any staff members operating in the Jail, including any who are not already reporting to the Jail Administrator and the Jail's chain of command. This provision covers road deputies assigned to supervise housing units and emergency response/tactical teams entering the Jail to conduct random shakedowns or to suppress prisoner disturbances.

- c. Ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.
- d. Ensure that staff conduct daily inspections of all housing and common areas to identify damage to the physical plant, safety violations, and sanitation issues.

This maintenance program must include the following elements:

- i. Facility safety inspections that include identification of damaged doors, locks, cameras, and safety equipment.
- ii. An inspection process.
- iii. A schedule for the routine inspection, repair, and replacement of the physical plant, including security and safety equipment.
- iv. A requirement that any corrective action ordered be taken.
- v. Identification of high priority repairs to assist Jail and County officials with allocating staff and resources.
- vi. To ensure prompt corrective action, a mechanism for identifying and notifying responsible staff and supervisors when there are significant delays with repairs or a pattern of problems with equipment. Staff response to physical plant, safety, and sanitation problems must be reasonable and prompt.

Non-Compliant

Until the Policies and Procedures Manual is revised and re-issued, compliance with this paragraph cannot be achieved. Because of undetermined issues, the work of writing the P&P Manual was not awarded to Dr. James Austin. Consequently, valuable time has lapsed with no progress made toward meeting this critical requirement of the Settlement Agreement. At this point it is imperative that the HCSO take whatever action is necessary to hire a qualified consultant or individual(s) to expedite the process.

The recent removal of the Deputy Jail Administrator and replacement by a new individual appears to be contrary to subparagraph (a). The Deputy Jail Administrator's removal and replacement appears to have been done without the knowledge of the Jail Administrator who was on medical leave and certainly without the knowledge and approval of the Deputy Jail Administrator who was the one removed. There was no documentation of the reason for removal. On a substantive level, there was no adequate process for transition in this key position. The Monitor attempted to speak with the Sheriff twice by leaving voice mail messages, once by emailing a request for a telephone conference, and in a series of communications with the Sheriff's attorney. No response by the Sheriff was provided.

The recent shakedown described in Incident Report #181015, dated 6-7-18 was contrary to the requirements of subsection (b) of this paragraph. The shakedown was conducted by road deputies and Mississippi Dept. of Corrections officers without the apparent approval or oversight

by the Acting Jail Administrator. The monitoring team had been told that this practice was stopped some time ago, but it appears that is not the case. The need for jail staff oversight is apparent in the fact that the shakedown officers shot off a 12-gauge shot gun (blanks) to create a “noise diversion.” Firearms should not be present in the jail except in circumstances not present here.

Supervisors still do not follow a systemic procedure to document their inspection rounds. The failure to develop a simplistic solution is tied directly to the inability of the HCSO to issue a Policies and Procedures Manual.

Maintenance issues, always problematic, have gotten worse since the January/February site visit. All of the detailed security problems associated with electronically controlled doors that do not open or close, and with key operated doors that cannot be locked, are still in need of repair. However, additional security doors in the main corridor at the RDC, the main corridor at the WC and the third-floor corridor at the JDC now need to be added to the list of major security breaches in need of immediate repair. An electrical cord that ran across the floor in the lobby of the WC, noted during the last four site visits, was found to still be in place. This obvious violation of fire and safety regulations remained uncorrected even though it did not require action on the part of the County’s maintenance personnel. This relatively minor discrepancy is mentioned because it is indicative of the mentality that has set in over the years throughout the DSD. Personnel are so used to having problems go uncorrected, that they just accept unsafe and unsanitary conditions as the norm throughout the Jail System, even when they can correct them themselves.

47. Ensure that staff members conduct random shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband. Such shakedowns must be conducted in each housing unit at least once per month, on an irregular schedule to make them less predictable to prisoners and staff.

Non-Compliant

In spite of assurances that shakedowns of cells and common areas are now conducted only by DSD personnel, Incident Report 181015, dated June 7, 2018, details how a law enforcement sergeant (not assigned to the DSD), along with members of the Mississippi Department of Corrections, and other HCSO law enforcement personnel, conducted a shakedown of all housing units in B Pod at the RDC. Although they did not report any use of force, they did fire 12-gauge shotguns (utilizing blank rounds) in B-1, B-2 and B-3 in order to get the attention of “...inmates who refused to comply with orders to lay on the floor with their hands on their heads.” Firearms should never be taken inside a jail unless there has been a major riot or hostage situation and there is a need to regain control of the facility. The practice of bringing in law enforcement or outside agency officers to conduct shakedowns is counterproductive. Once the outside officers

leave, the DSD officers, whose authority has been undercut, are tasked with trying to regain control of their facility. The Sheriff needs to issue an order permanently curtailing the use of law enforcement and outside agency officers to conduct such shakedowns.

Inmates still have ready access to contraband items, particularly at the RDC. The problem is so pervasive that breaches of security (escapes from the facility) are routinely accomplished so that inmates can retrieve drugs and cell phones provided to them by friends on the outside. They then return to their housing units through holes in the roof instead of leaving the grounds. Examples of this are reflected in Incident Reports 1800654, 1800659 and 1800900.

48. Install cell phone jammers or other electronic equipment to detect, suppress, and deter unauthorized communications from prisoners in the Jail. Installation must be completed within two years after the Effective Date.

Non-Compliant

There has been no action to deal with this issue since the last site visit.

49. Develop and implement a gang program in consultation with qualified experts in the field that addresses any link between gang activity in the community and the Jail through appropriate provisions for education, family or community involvement, and violence prevention.

Partial Compliance

There has been no change in the status of this paragraph since the last site visit. An officer was assigned to work on this issue approximately a year ago. Inmates are no longer assigned to specific units based on their gang affiliation.

USE OF FORCE STANDARDS

Consistent with constitutional standards, the County must take reasonable measures to prevent excessive force by staff and ensure force is used safely and only in a manner commensurate with the behavior justifying it. To that end, the County must:

50. Develop and implement policies and procedures to regulate the use of force. The policies and procedures must:

- a. Prohibit the 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;
- b. Prohibit the 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, visitors, or property;

- c. Prohibit the use of force against a prisoner after the prisoner has ceased to resist and is under control;
- d. Prohibit the use of force as punishment or retaliation;
- e. Limit the level of force used so that it is commensurate with the justification for use of force; and
- f. Limit use of force in favor of less violent methods when such methods are more appropriate, effective, or less likely to result in the escalation of an incident.

Non-Compliant

Since the Policies and Procedures Manual has not been revised, reissued and approved, compliance with this paragraph cannot be achieved. There continue to be examples of excessive use of force that appear in the incident reports. One, was the shakedown of the RDC, B Pod, on June 7, 2018. The involved officers from Law Enforcement and the Mississippi Department of Corrections fired a shotgun in Units 1, 2 and 3 (blank shells) in order to coerce the inmates to lie on the floor with their hands on their heads. Another occurred at the RDC, C Pod, Unit 1 on May 22, 2018. Officers used chemical spray to subdue an inmate who refused to surrender his contraband cell phone. As a result, all of the inmates in the unit were moved to the recreation yard. When the sergeant arrived on the scene, he observed an officer walk up to the previously mentioned inmate and strike him in the face several times. The sergeant had to physically restrain the officer. To the sergeant's credit, his supplemental report included a recommendation that the officer should be suspended for several days without pay. It should be noted that the officer who initiated the incident report made no mention of the excessive use of force in his report.

51. Develop and implement policies and procedures to ensure timely notification, documentation, and communication with supervisors and medical staff (including mental health staff) prior to use of force and after any use of force. These policies and procedures must specifically include the following requirements:

- a. Staff members must obtain prior supervisory approval before the use of weapons (*e.g.*, electronic control devices or chemical sprays) and mechanical restraints unless responding to an immediate threat to a person's safety.
- b. If a prisoner has a serious medical condition or other circumstances exist that may increase the risk of death or serious injury from the use of force, the type of force that may be used on the prisoner must be restricted to comply with this provision. These restrictions include the following:
 - i. The use of chemical sprays, physical restraints, and electronic control devices must not be used when a prisoner may be at risk of positional asphyxia.
 - ii. Electronic control devices must not be used on prisoners when they are in a location where they may suffer serious injury after losing voluntary

muscle control (e.g., prisoner is standing atop a stairwell, wall, or other elevated location).

- iii. Physical strikes, holds, or other uses of force or restraints may not be used if the technique is not approved for use in the Jail or the staff member has not been trained on the proper use of the technique.

Non-Compliant

To date there are no recorded instances of staff members obtaining supervisory approval prior to using weapons and mechanical restraints. The same can be said for the use of chemical sprays, physical restraints and electronic control devices being used when a prisoner may be at risk of appositional asphyxia.

- c. Staff members must conduct health and welfare checks every 15 minutes while a prisoner is in restraints. At minimum, these checks must include (i) logged first-person observations of a prisoner's status while in restraints (e.g. check for blood flow, respiration, heart beat), and (ii) documented breaks to meet the sanitary and health needs of prisoners placed in emergency restraints (e.g., restroom breaks and breaks to prevent cramping or circulation problems).
- d. The County must ensure that clinical staff conduct medical and mental health assessments immediately after a prisoner is subjected to any Level 1 use of force. Prisoners identified as requiring medical or mental health care during the assessment must receive such treatment.

Non-Compliant

The Policies and Procedures Manual is still a work in progress. Nothing has been submitted to the Monitor and the DOJ for review for the past year. Fifteen-minute well-being checks are maintained in Booking and in the RDC, B-4 ISO Unit. Since the last monitoring report, the process of recording those well-being checks has actually regressed in that an officer is no longer assigned exclusively to B-4 ISO and observation forms are no longer posted next to each cell. Now one officer is responsible for both B-4 and B4 ISO and the records for well-being checks are incorporated into the B-4 Unit Log.

There is no evidence that mental health staff assess prisoners who have been subjected to level 1 use of force. Although this issue was raised at the joint mental health staff and security staff meeting that occurred during the May 2018 site visit, it remains unclear to what extent efforts will be made to address this provision.

There is no evidence that mental health staff is being consulted prior to a planned use of force on prisoners with serious mental health issues. This issue was also raised at the joint mental health

staff and security staff meeting that occurred during the May 2018 site visit, it remains unclear to what extent efforts will be made to address this provision.

- e. A first-line supervisor must personally supervise all planned uses of force, such as cell extractions.
- f. Security staff members must consult with medical and mental health staff before all planned uses of force on juveniles or prisoners with serious mental illness, so that medical and mental health staff may offer alternatives to or limitations on the use of force, such as assisting with de-escalation or obtaining the prisoner's voluntary cooperation.
- g. The Jail must have inventory and weapon controls to establish staff member responsibility for their use of weapons or other security devices in the facility. Such controls must include:
 - i. a sign-out process for staff members to carry any type of weapon inside the Jail,
 - ii. a prohibition on staff carrying any weapons except those in the Jail's tracked inventory, and
 - iii. random checks to determine if weapons have been discharged without report of discharge (e.g., by checking the internal memory of electronic control devices and weighing pepper spray canisters).
- h. A staff member must electronically record (both video and sound) all planned uses of force with equipment provided by the Jail.
- i. All staff members using force must immediately notify their supervisor.
- j. All staff members using a Level 1 use of force must also immediately notify the shift commander after such use of force, or becoming aware of an allegation of such use by another staff member.

Non-Compliant

A planned use of force requires that the use of force be videotaped. This is not done. As an example, Incident Report 1800801, dated May 2, 2018, documents a case where planned use of force procedures should have been followed. When an inmate refused multiple orders to exit his cell for a scheduled medical appointment, the two officers on scene did not attempt to physically move him; instead, they left the unit and reported the situation to their sergeant. At this point they should have obtained video equipment before they returned to the unit to again attempt to move the inmate. The officers followed correct procedure in reporting the situation to their sergeant but video equipment should have been obtained at that point. In this incident, the inmate was noted to be mentally impaired. This paragraph also requires that if an inmate has serious mental illness, mental health staff should be consulted. That was not done. A review of incident reports involving the use of force revealed that involved inmates are routinely sent to medical for examination subsequent to such incidents.

USE OF FORCE TRAINING

52. The County must develop and implement a use of force training program. Every staff member who supervises prisoners must receive at least 8 hours of pre-service use of force training and annual use of force refresher training.

Non-Compliant

As was previously noted, Training records do not reflect use of force training for all personnel, either in the academy or through annual in-service training. The inability to determine whether or not the HCSO is providing such training results in the finding of Non-Compliant.

53. Topics covered by use of force training must include:

- a. Instruction on what constitutes excessive force;
- b. De-escalation tactics;
- c. Methods of managing prisoners with mental illness to avoid the use of force;
- d. Defensive tactics;
- e. All Jail use of force policies and procedures, including those related to documentation and review of use of force.

Non-Compliant

As was previously reported, these topics cannot be addressed until the P&P Manual is revised and published.

54. The County must randomly test at least 5 percent of Jail Staff members annually to determine whether they have a meaningful, working knowledge of all use of force policies and procedures. The County must also evaluate the results to determine if any changes to Jail policies and procedures may be necessary and take corrective action. The results and recommendations of such evaluations must be provided to the United States and Monitor.

Non-Compliant

This action cannot be undertaken until the revised P&P Manual is issued, officers are trained and sufficient time has passed to conduct the random testing of at least five percent of Jail staff.

55. The County must update any use of force training within 30 days after any revision to a use of force policy or procedure.

Non-Compliant

This cannot be updated until the policies and procedures on the use of force have been completed.

USE OF FORCE REPORTING

To prevent and remedy the unconstitutional use of force, the County must develop and implement a system for reporting use of force. To that end, the County must:

56. Develop and implement use of force reporting policies and procedures that ensure that Jail supervisors have sufficient information to analyze and respond appropriately to use of force.

Non-Compliant

There has been no change with regard to this paragraph. It cannot be addressed until the P&P Manual is revised and issued to all personnel. During a third meeting with IT and Operations personnel, the shortcomings of the Detention Jail Management System (JMS) and the incident reports were outlined by the monitoring team. The ability of the monitoring team has been severely hampered with regard to determining compliance because adequate incident reports are not provided to the team. It is impossible to determine who wrote a report (unless that information is contained in the body of the report), when or if a supervisor reviewed it and whether or not he/she made a recommendation about its acceptability. The reports themselves are often very cryptic such as IR # 1800889 where the officer's explanation was that he used "...the necessary force to secure the situation." In a few incidents a supplemental report is made by the supervisor but this is rare. Even in those cases, conclusions or recommendations are not included. There is seldom any information or charts on the nature of any injuries. There are typically supplemental reports by witnessing officers but not other witnesses. There is typically no indication that video tapes are reviewed. During the past two site visits, joint meetings addressed these shortcomings, but the issues still remain unresolved. If the HCSO cannot correct the shortcomings of the JMS it should be replaced by a jail version of what is provided to the law enforcement side of the Sheriff's Office.

57. Require each staff member who used or observed a use of force to complete a Use of Force Report as promptly as possible, and no later than by the end of that staff member's shift. Staff members must accurately complete all fields on a Use of Force Report. The failure to report any use of force must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination. Similarly, supervisors must also comply with their documentation obligations and will be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change with regard to this paragraph. The quality of incident reports in the DSD is generally poor. Officers and supervisors tend to repeat unnecessary information multiple times throughout their reports, such as "I, Officer XXX, did something". There should be no

need for an officer or supervisor to state, “I, Officer XXX” in the body of the report because it should be reflected by who wrote the report. Similarly, the foundation of the report should indicate where the incident occurred. It is not possible to tell from the incident report form when it was prepared. There is only one date field which appears to be for the date of the incident. There is no place to indicate supervisory review and recommendations. Sometimes a supervisor does a supplemental report but this appears rarely. Unfortunately, because the reports generated out of the JMS system do not capture some of those fields, that basic information is not readily available to the reader of the incident reports.

58. Ensure that Jail use of force reports include an accurate and detailed account of the events. At minimum, use of force reports must document the following information:

- a. A unique tracking number for each use of force;
- b. The names of all staff members, prisoner(s), and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. A description of the events leading to the use of force, including what precipitated or appeared to precipitate those events.
- f. A description of the level of resistance, staff response, and the type and level of force (including frequency and duration of use). For instance, use of force reports must describe the number of discharges from electronic control devices and chemical munitions canisters; the amount of discharge from chemical munitions canisters; whether the Staff Member threatened to use the device or actually discharged the device; the type of physical hold or strike used; and the length of time a prisoner was restrained, and whether the prisoner was released from restraints for any period during that time;
- g. A description of the staff member’s attempts to de-escalate the situation without use of force;
- h. A description of whether the staff member notified supervisors or other personnel, including medical or mental health staff, before or after the use of force;
- i. A description of any observed injuries to staff or prisoners;
- j. Whether medical care was required or provided to staff or prisoners;
- k. Reference to any associated incident report or prisoner disciplinary report completed by the reporting officer, which pertains to the events or prisoner activity that prompted the use of force;
- l. A signature of the staff member completing the report attesting to the report’s accuracy and completeness.

Partial Compliance

The third session with IT, Investigations, Operations and Detention staff, held during the May site visit, addressed the same issues that had been previously reviewed. If the DSD is to be able

to comply with the conditions of the Settlement Agreement, it is essential that the JMS be given the same level of detail and compatibility as the law enforcement system. Until that occurs, the monitoring team cannot access critical information and the DSD cannot submit what the Settlement Agreement calls for in an intelligible format.

USE OF FORCE SUPERVISOR REVIEWS

59. The County must ensure that Jail supervisors review, analyze, and respond appropriately to use of force. At minimum:

- a. A supervisor must review all use of force reports submitted during the supervisor's watch by the end of the supervisor's watch.
- b. A supervisor must ensure that staff members complete their use of force reports by the end of their watch.
- c. Reviewing supervisors must document their findings as to the completeness of each staff member's use of force report, and must also document any procedural errors made by staff in completing their reports.
- d. If a Use of Force report is incomplete, reviewing supervisors must require Staff Members to provide any required information on a revised use of force report, and the Jail must maintain both the original and any revised report in its records.
- e. Any supervisor responsible for reviewing use of force reports must document their use of force review as described in Paragraph 62 sufficiently to allow auditing to determine whether an appropriate review was conducted.
- f. All Level 1 uses of force must be sent to the shift commander, warden, Jail Administrator, and IAD.
- g. A Level 2 use of force must be referred to the shift commander, warden, Jail Administrator, and IAD if a reviewing supervisor concludes that there may have been a violation of law or policy. Level 2 uses of force may also be referred to IAD if the County requires such reporting as a matter of Jail policy and procedure, or at the discretion of any reviewing supervisor.

Non-Compliant

No final determination can be made until the P&P Manual is revised and re-issued. The monitoring team is still not able to view the entries of supervisors on incident reports. Consequently, it is not possible to see whether or not they are approving/disapproving and/or making recommendations rather than simply signing and sending reports up through the chain of command.

60. After any Level 1 use of force, responding supervisors will promptly go to the scene and take the following actions:

- a. Ensure the safety of everyone involved in or proximate to the incident. Determine if anyone is injured and ensure that necessary medical care is or has been provided.
- b. Ensure that photos are taken of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in a use of force incident. Photos must be taken no later than two hours after a use of force. Prisoners may refuse to consent to photos, in which case they should be asked to sign a waiver indicating that they have refused consent. If they refuse to sign a waiver, the shift commander must document that consent was requested and refused.
- c. Ensure that staff members and witnesses are identified, separated, and advised that communications with other staff members or witnesses regarding the incident are prohibited.
- d. Ensure that victim, staff, and witness statements are taken confidentially by reviewing supervisors or investigators, outside of the presence of other prisoners or involved staff.
- e. Document whether the use of force was recorded. If the use of force was not recorded, the responding supervisors must review and explain why the event was not recorded. If the use of force was recorded, the responding supervisors must ensure that any record is preserved for review.

Non-Compliant

There has been no change in the status of this paragraph since the last site visit. The specified actions are not routinely followed by supervisors. A review of use of force reports revealed that photographs are seldom taken and that waivers related to the refusal to be photographed are never included. Witness statements are virtually non-existent and use of force incidents are not recorded. On some occasions a supplemental report indicates a review of video recordings but this is rare.

61. All uses of force must be reviewed by supervisors who were neither involved in nor approved the use of force by the end of the supervisor's shift. All level 1 uses of force must also be reviewed by a supervisor of Captain rank or above who was neither involved in nor approved the use of force. The purposes of supervisor review are to determine whether the use of force violated Jail policies and procedures, whether the prisoner's rights may have been violated, and whether further investigation or disciplinary action is required.

Non-Compliant

At this point it is still not possible to determine whether or not supervisors are performing their required duties because the monitoring team does not have access to the supplemental information that may be included in the JMS reports. The limited documentation available

through Drop Box does not reflect supervisory action regarding approval, disapproval and recommended action on individual reports.

62. Reviewing supervisors must document the following:

- a. Names of all staff members, prisoner(s), and other participants or witnesses interviewed by the supervisor;
- b. Witness statements;
- c. Review date and time;
- d. The findings, recommendations, and results of the supervisor's review;
- e. Corrective actions taken;
- f. The final disposition of the reviews (e.g., whether the Use of Force was found to comply with Jail policies and procedures, or whether disciplinary action was taken against a staff member);
- g. Supporting documents such as incident reports, logs, and classification records. Supervisors must also obtain and review summary medical and mental health records describing –
 - i. The nature and extent of injuries, or lack thereof;
 - ii. The date and time when medical care was requested and actually provided;
 - iii. The names of medical or mental health staff conducting any medical or mental health assessments or care.
- h. Photos, video/digital recordings, or other evidence collected to support findings and recommendations.

Non-Compliant

Until it is possible to access the supervisory review portion of use of force reports, it is not possible to determine whether or not supervisors are taking required actions and appropriately documenting them.

INCIDENT REPORTING AND REVIEW

To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement a system for reporting and reviewing incidents in the Jail that may pose a threat to the life, health, and safety of prisoners. To that end, the County must:

63. Develop and implement incident reporting policies and procedures that ensure that Jail supervisors have sufficient information in order to respond appropriately to reportable incidents.

Non-Compliant

The P&P Manual must be revised and issued to all personnel before the level of compliance can be determined. As described above, see, e.g. paragraphs 56-62. The current incident reports do not have sufficient information to allow for an appropriate review by supervisors.

64. Ensure that Incident Reports include an accurate and detailed account of the events. At minimum, Incident Reports must contain the following information:

- a. Tracking number for each incident;
- b. The names of all staff members, prisoner, and other participants or witnesses;
- c. Housing classification and location;
- d. Date and time;
- e. Type of incident;
- f. Injuries to staff or prisoner;
- g. Medical care;
- h. All staff involved or present during the incident and their respective roles;
- i. Reviewing supervisor and supervisor findings, recommendations, and case dispositions;
- j. External reviews and results;
- k. Corrective action taken; and
- l. Warden and Administrator review and final administrative actions.

Partial Compliance

There has been no change with regard to the status of this paragraph since the last site visit. Compliance is dependent upon the publication and issuance of the P&P Manual. Incident report documentation currently provides for some of the information specified in this paragraph. Reports routinely have a tracking number, and list all persons involved, including staff and inmates, although inmate witness statements are infrequently noted. Many reports still do not specify in which facility the incident occurred. Supervisory review information cannot be reviewed and validated until the monitoring team is able to access more sections of the automated report writing system. The same applies to external reviews and results, corrective action taken, Warden/Administrator review and final administrative actions.

65. Require each staff member directly involved in a reportable incident to accurately and thoroughly complete incident reports as promptly as possible, by the end of the staff member's shift. At minimum:

- a. Staff members must complete all fields on an Incident Report for which they have responsibility for completion. Staff members must not omit entering a date, time, incident location, or signature when completing an Incident Report. If no injuries are present, staff members must write that; they may not leave that section blank.
- b. Failure to report any reportable incident must be treated as a disciplinary infraction, subject to re-training and staff discipline, including termination.

- c. Supervisors must also comply with their documentation obligations and will also be subject to re-training and discipline for failing to comply with those obligations.

Non-Compliant

There has been no change in the status of this paragraph since the last site visit. While documentation of incidents is more routine than was the case a year ago, the fact that there still have been no reports of lost money and property, or late releases and overstay, is indicative of a failure to document. During each site visit, a review of inmate records has revealed multiple cases where inmates have been held beyond their scheduled or ordered release, yet no incident reports documenting these situations have been written. Consequently, there has been no follow up and corrective action taken, to include disciplinary action and re-training. Based on the expected experience regarding money and property at even the best run jails, there will typically be some incidents of lost money or property. For there to be no incident reports in this area suggests that officers have not been trained to document such occurrences with incident reports.

- 66. Ensure that Jail supervisors review and respond appropriately to incidents. At minimum:
 - a. Shift commanders must document all reportable incidents by the end of their shift, but no later than 12 hours after a reportable incident.
 - b. Shift commanders must report all suicides, suicide attempts, and deaths, no later than one hour after the incident, to a supervisor, IAD, and medical and mental health staff.
 - c. Any supervisor responsible for reviewing Incident Reports must document their incident review within 24 hours of receipt of an Incident Report sufficiently to allow auditing to determine whether an appropriate review was conducted. Such documentation must include the same categories of information required for supervisor use of force reviews such as names of individuals interviewed by the supervisor, witness statements, associated records (e.g. medical records, photos, and digital recordings), review dates, findings, recommendations, and case dispositions.
 - d. Reportable incidents must be reviewed by a supervisor not directly involved in the incident.

Partial Compliance

There has been no change in the status of this paragraph. It should be noted that compliance has actually been hampered by the transition to an electronic report writing system in that the monitoring team cannot track the actions of supervisors after the initial report has been submitted.

SEXUAL MISCONDUCT

67. To prevent and remedy violations of prisoners' constitutional rights, the County must develop and implement policies and procedures to address sexual abuse and misconduct. Such policies and procedures must include all of the following:

- a. Zero tolerance policy towards any sexual abuse and sexual harassment as defined by the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementing regulations;
- b. Staff training on the zero tolerance policy, including how to fulfill their duties and responsibilities to prevent, detect, report and respond to sexual abuse and sexual harassment under the policy;
- c. Screening prisoners to identify those who may be sexually abusive or at risk of sexual victimization;
- d. Multiple internal ways to allow both confidential and anonymous reporting of sexual abuse and sexual harassment and any related retaliation, including a mechanism for prisoners to directly report allegations to an outside entity;
- e. Both emergency and ongoing medical and mental health care for victims of sexual assault and sexual harassment, including rape kits as appropriate and counseling;
- f. A complete ban on cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical examiner;
- g. A complete ban on cross-gender pat searches of women prisoners, absent exigent circumstances;
- h. Regular supervisory review to ensure compliance with the sexual abuse and sexual harassment policies; and
- i. Specialized investigative procedures and training for investigators handling sexual abuse and sexual harassment allegations.

Partial Compliance

The PREA officer and jail staff are working on policies and procedures which have not yet been adopted. There has been progress in the implementation of PREA requirements. There are now posters in some of the units with a plan to put them in all of the units. The posters have reporting instructions, however, the PREA officer did not have a cell phone to forward the calls to and there was some debate about having the calls go through dispatch so the reporting mechanisms had not been fully worked out. The PREA officer had completed some orientation to inmates at JDC with Lt. Petty following up with more detailed information. The PREA officer has also completed a training class of about 3-4 hours at the training academy. There are discussions underway with Catholic Charities to determine whether that agency can provide counseling to any victims of sexual assault or harassment. Although this is very good progress in this area, there are still a number of areas of non-compliance and some of the stated practices do not

appear to be fully operationalized. Areas of concern include lack of training for all officers on PREA, lack of ongoing notice to inmates at booking or comprehensive education following, lack of required information in the Inmate Handbook, postings on how to report in all the units, unresolved mechanisms for reporting, no volunteer or contractor training, reporting is not being completed in the JMS system, and investigation officers do not have PREA training. It was reported that supervisory staff do not get the investigation reports once completed. This prevents any opportunity to use that information to determine whether discipline is appropriate or remedial measures should be implemented. Although the classification process includes a screening for PREA issues, the housing decisions do not appear to reflect attention to those issues. One individual at risk for sexual victimization was being housed in the segregation unit of the WC. At least one staff member indicated that he/she was at the Work Center because no one else wanted him/her. Less restrictive housing for this individual should be evaluated.

The mental health expert reviewed PREA issues from a mental health perspective. He identified two prisoners at risk of sexual victimization, one of which is quite clearly at high risk of such victimization; neither one of these two prisoners have been interviewed/assessed by mental health in connection with PREA-related issues; although one of them was receiving mental health services, none of those mental health services were focused on PREA-related issues; and neither one of these two prisoners appeared to have a real understanding of PREA and its significance to their experience at the facility. The interview of both of these men revealed the need for mental health services focused on PREA-related issues; it was also clear that each of them could benefit from other PREA-related interventions (such as changes in housing assignment); and so a mental health evaluation would not only result in the provision of appropriate mental health treatment, but the mental health evaluator could also consult with appropriate staff and advocate for other, PREA-related interventions.

INVESTIGATIONS

68. The County shall ensure that it has sufficient staff to identify, investigate, and correct misconduct that has or may lead to a violation of the Constitution. At a minimum, the County shall:

- a. Develop and implement comprehensive policies, procedures, and practices for the thorough and timely (within 60 days of referral) investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in serious injury, in accordance with this Agreement, within 90 days of its Effective Date. At a minimum, an investigation will be conducted if:
 - i. Any prisoner exhibited a serious injury;
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or

- iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- b. Per policy, investigations shall:
 - i. Be conducted by qualified persons, who do not have conflicts of interest that bear on the partiality of the investigation;
 - ii. 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
 - iii. 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.
- c. Provide investigators with pre-service and annual in-service training so that investigators conduct quality investigations that meet the requirements of this Agreement;
- d. Ensure that any investigative report indicating possible criminal behavior will be referred to the appropriate criminal law enforcement agency;
- e. Within 90 days of the Effective Date of this Agreement, IAD must have written policies and procedures that include clear and specific criteria for determining when it will conduct an investigation. The criteria will require an investigation if:
 - i. Any prisoner exhibited serious, visible injuries (e.g., black eye, obvious bleeding, or lost tooth);
 - ii. Any staff member requested transport of the prisoner to the hospital;
 - iii. Staff member reports indicate inconsistent, conflicting, or suspicious accounts of the incident; or
 - iv. Alleged staff misconduct would constitute a violation of law or Jail policy, or otherwise endangers facility or prisoner safety (including inappropriate personal relationships between a staff member and prisoner, or the smuggling of contraband by a staff member).
- f. Provide the Monitor and United States a periodic report of investigations conducted at the Jail every four months. The report will include the following information:
 - i. a brief summary of all completed investigations, by type and date;
 - ii. a listing of investigations referred for administrative investigation;
 - iii. a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and
 - iv. 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.

- v. a description of any corrective actions or changes in policies, procedures, or practices made as a result of investigations over the reporting period.
- g. Jail management 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 and United States.

Partial Compliance

Subsequent to the last site visit, the IAD investigator provided a status report regarding the number of cases under review and resolved. That report indicates that a total of 48 cases have been referred to IAD between May 2017 and January 2018. Of those, five resulted in termination, five in suspension, two in transfer, one in a written reprimand and one in reassignment. The quality of the investigations and reports are inconsistent.

GRIEVANCE AND PRISONER INFORMATION SYSTEMS

Because a reporting system provides early notice of potential constitutional violations and an opportunity to prevent more serious problems before they occur, the County must develop and implement a grievance system. To that end:

69. The grievance system must permit prisoners to confidentially report grievances without requiring the intervention of a detention officer.

Partial Compliance

The use of the new kiosk system will eventually allow the prisoners to report grievances without the intervention of detention officers. However, the system is still not working as it should. Several problems reported at the time of the last site visit appear to have been remedied. At the time of the last site visit, grievances not answered within a certain time period appeared to be dropped from the system. In order to find those grievances, a report had to be run setting the necessary fields to locate them. At the time of the January/February visit, staff did not know to do that. It appears that the staff overseeing grievances now know to do that. However, at the time of the site visit the grievance officer at the WC was not able to run such a report so she still had no way of determining if there were outstanding grievances. And the medical staff had not been trained to run the reports to locate the grievances that appeared to drop off.

Although the kiosk system does not require the intervention of a detention officer, the physical set up does not allow for privacy. This could potentially result in an officer observing the grievance being filed. It was reported that inmates can observe another's PIN number and then use it to purchase commissary on the other inmate's account. There has also been a problem

with inmates communicating with each other through the kiosk system. These issues will need to be addressed.

As noted in the introduction to this section, one function of a grievance system is to identify potential constitutional problems and to prevent more serious problems from developing. The defects in the system prevent its use for meaningful tracking of potential problems. Probably the most problematic is that of the grievances reviewed, most were actually inmate requests, not grievances. Staff cannot recategorize these as inmate requests so any compilation will not accurately identify actual grievances. Within inmate requests, there is no way to identify subject matter so as to compile a report by the area of inmate requests. Even if there were, however, most notably, the system cannot generate a report by subject. Any inmate response is treated by the system as an appeal when often the inmate has just responded by saying thank you. Again, this makes tracking what is actually happening difficult unless it is done manually.

70. Grievance policies and procedures must be applicable and standardized across the entire Jail.

Non-Compliant

Policies and procedures have yet to be finalized. A draft policy on grievances does not describe the current process of using the kiosk.

71. All grievances must receive appropriate follow-up, including a timely written response by an impartial reviewer and staff tracking of whether resolutions have been implemented or still need implementation. Any response to a medical grievance or a grievance alleging threats or violence to the grievant or others that exceeds 24 hours shall be presumed untimely.

Partial Compliance

With the knowledge to run reports to find grievances that appear to have dropped out of the system, it was possible to see that most grievances were responded to. However, there continued to be some that showed up as not answered in some cases for over several months. In addition, as mentioned above, the Work Center Grievance Officer was not able to run a report to see if there were unanswered grievances. The new system creates a spreadsheet to track grievances and responses. The Grievance Officer can track who has been assigned to respond to a grievance on the spreadsheet. It appears that there is not one person who oversees the grievance process for all three facilities. Lieutenant Jones appears to be the grievance officer for only RDC. She does not assign the grievances at the other facilities and cannot determine whether grievances at the other facilities have been answered. There is no one who is overseeing whether a promised action in response to a grievance is actually implemented. It appears that medical has not been trained on how to locate grievances that appear to have dropped out of the system. The person assigned to respond to a grievance is assigned based on housing and subject matter. However, this can result in some situations where the responding individual is not impartial. This would be the case

where the grievance is about an issue that is the responsibility of the responding individual. The assignments need to be evaluated both generally and in the specific case to ensure that an impartial person is reviewing the grievance. No one is tracking whether medical grievances are being responded to in a timely manner. No one is overseeing whether medical responses are adequate. One example, is given in response to paragraph 42(g)(iv). The new system has no means known to staff for marking a grievance as an emergency or otherwise identifying emergent grievances.

The system is also being used for sick call requests. A serious deficiency is that there is no text box for sick call requests. There is a drop-down field that has limited choices and even within those choices there could be some much more serious than others with no way for the inmate to communicate that. See, response to 42(g)(4).

72. The grievance system must accommodate prisoners who have physical or cognitive disabilities, are illiterate, or have LEP, so that these prisoners have meaningful access to the grievance system.

Non-Compliant

Prisoners are assisting one another but that carries the risk of them accessing and using another prisoner's PIN number. This may inhibit the use of the grievance system and also allows access to the prisoner's funds. There does not appear to be any language choices in the system or voice recognition features. There does not appear to be any policy for providing access for individuals with cognitive disabilities. Currently, the staff assumes that other prisoners will assist with prisoners who cannot access the current system. This does not meet the requirements of this paragraph.

73. The County must ensure that all current and newly admitted prisoners receive information about prison rules and procedures. The County must provide such information through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding the Jail's disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse, battery, and assault; accessing medical and mental health care; emergency procedures; visitation; accessing the grievance process; and prisoner rights. The County must provide such information in appropriate languages for prisoners with LEP.

Non-Compliant

The Inmate Handbook has outdated information about most of these issues and will need to be updated. It is not available in Spanish or any other language.

RESTRICTIONS ON THE USE OF SEGREGATION

In order to ensure compliance with constitutional standards and to prevent unnecessary harm to prisoners, the County must develop and implement policies and procedures to limit the use of segregation. To that end, this Agreement imposes the following restrictions and requirements:

74. Within 8 hours of intake, prisoners in the booking cells must be classified and housed in more appropriate long-term housing where staff will provide access to exercise, meals, and other services.

Partial Compliance

There has been no significant change in compliance with the terms of this paragraph since the January/February site visit. Classification takes place within 24 hours of entry to the RDC, but not within eight hours of intake as this paragraph requires. Detainees are processed through the Booking area within eight hours.

However, after classification, there are limited options to appropriately house individuals based on their risks and needs. There is a concern about the limited availability of housing options (other than segregation) for prisoners who need to be protected from themselves or others as a result of a mental illness, intellectual disability or other special needs or who need a therapeutic setting.

75. The County must document the placement and removal of all prisoners to and from segregation.

Partial Compliance

The monthly summary reports submitted by each facility now include a listing of inmates who have been placed on, or removed from, confinement segregation. The format for each report is inconsistent. The monthly segregation log provided by JDC includes information useful to both the monitors and the command staff such as the reasons for placement and the expected length of segregation. This would be a good model for all the facilities.

76. Qualified Mental Health Professionals must conduct mental health rounds at least once a week (in a private setting if necessary to elicit accurate information), to assess the mental health status of all prisoners in segregation and the effect of segregation on each prisoner's mental health, in order to determine whether continued placement in segregation is appropriate. These mental health rounds must not be a substitute for treatment.

Partial Compliance

Weekly mental health rounds on prisoners in segregation are now being conducted by the new mental health coordinator, and a record of those rounds is being maintained. Further assessment

is needed to determine the quality of the rounds and the impact of the findings obtained during such segregation rounds on decisions to continue or discontinue placement in segregation.

77. The County must develop and implement restrictions on the segregation of prisoners with serious mental illness. These safeguards must include the following:

- a. All decisions to place a prisoner with serious mental illness in segregation must include the input of a Qualified Mental Health Professional who has conducted a face-to-face evaluation of the prisoner in a confidential setting, is familiar with the details of the available clinical history, and has considered the prisoner's mental health needs and history.
- b. Segregation must be presumed contraindicated for prisoners with serious mental illness.
- c. Within 24 hours of placement in segregation, all prisoners on the mental health caseload must be screened by a Qualified Mental Health Professional to determine whether the prisoner has serious mental illness, and whether there are any acute mental health contraindications to segregation.
- d. If a Qualified Mental Health Professional finds that a prisoner has a serious mental illness or exhibits other acute mental health contraindications to segregation, that prisoner must not be placed or remain in segregation absent documented extraordinary and exceptional circumstances (i.e. for an immediate and serious danger which may arise during unusual emergency situations, such as a riot or during the booking of a severely psychotic, untreated, violent prisoner, and which should last only as long as the emergency conditions remain present).
- e. Documentation of such extraordinary and exceptional circumstances must be in writing. Such documentation must include the reasons for the decision, a comprehensive interdisciplinary team review, and the names and dated signatures of all staff members approving the decision.
- f. Prisoners with serious mental illness who are placed in segregation must be offered a heightened level of care that includes the following:
 - i. If on medication, the prisoner must receive at least one daily visit from a Qualified Medical Professional.
 - ii. The prisoner must be offered a face-to-face, therapeutic, out-of-cell session with a Qualified Mental Health Professional at least once per week.
 - iii. If the prisoner is placed in segregation for more than 24 hours, he or she must have his or her case reviewed by a Qualified Mental Health Professional, in conjunction with a Jail physician and psychiatrist, on a weekly basis.

- g. Within 30 days of the Effective Date of this Agreement, A Qualified Mental Health Professional will assess all prisoners with serious mental illness housed in long-term segregation. This assessment must include a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Prisoners requiring follow-up for additional clinical assessment or care must promptly receive such assessment and care.
- h. If a prisoner on segregation decompensates or otherwise develops signs or symptoms of serious mental illness, where such signs or symptoms had not previously been identified, the prisoner must immediately be referred for appropriate assessment and treatment by a Qualified Mental Health Professional. Any such referral must also result in a documented evaluation and recommendation regarding appropriate (more integrated and therapeutic) housing for the prisoner. Signs or symptoms requiring assessment or treatment under this clause include a deterioration in cognitive, physical, or verbal function; delusions; self-harm; or behavior indicating a heightened risk of suicide (e.g., indications of depression after a sentencing hearing).
- i. The treatment and housing of prisoners with serious mental illness must be coordinated and overseen by the Interdisciplinary Team (or Teams), and guided by formal, written treatment plans. The Interdisciplinary Team must include both medical and security staff, but access to patient healthcare information must remain subject to legal restrictions based on patient privacy rights. The intent of this provision is to have an Interdisciplinary Team serve as a mechanism for balancing security and medical concerns, ensuring cooperation between security and medical staff, while also protecting the exercise of independent medical judgment and each prisoner's individual rights.
- j. Nothing in this Agreement should be interpreted to authorize security staff, including the Jail Administrator, to make medical or mental health treatment decisions, or to overrule physician medical orders.

Non-Compliant

There is no evidence that a mental health professional is being consulted prior to placing an individual in segregation. The need to address this provision of the Settlement Agreement was raised during the joint meeting of mental health staff and security staff held during the May site visit.

It does not appear that segregation is presumed to be contraindicated for prisoners with serious mental illness. This provision of the Settlement Agreement was also raised during the joint meeting of mental health staff and security staff held during the May site visit.

There is no evidence that prisoners on the mental health caseload and placed in segregation are being screened by a QMHP. It is unclear if security staff even knows which prisoners are on the mental health caseload. It also appears that mental health discovers that a prisoner on the mental health caseload has been placed in segregation at the time of his/her next visit or during the weekly, mental health segregation rounds.

There is no evidence that a mental health screen is being conducted prior to use of segregation or that mental health considerations resulted in someone not being placed in segregation. This is in part due to the fact that the mental health evaluations described in paragraph 76 and 77 (a, b and c) were not being performed (as noted above, the evaluations described in paragraph 76/the weekly mental health rounds on prisoners in segregation have just recently begun to occur); in part due to the prior absence of the presumption that segregation is contraindicated for prisoners with serious mental illness as noted in paragraph 77 (b); and in part due to the absence of a policy that addresses this provision of the agreement, including a clear description of ‘extraordinary and exceptional circumstances’.

There is no evidence that the review of mental health inmates in segregation is happening so there is no documentation of the circumstances. See paragraph 77 (d).

Prisoners with serious mental illness who are on medication and in segregation do have at least one daily visit with a nurse during medication pass. However, it is unclear whether or not there is or should be any difference in the level of care given during the medication pass for prisoners with serious mental illness who are in segregation, compared to those in the general population. It should be noted that since such prisoners in segregation do not see a Qualified Mental Health Professional on a daily basis, it should be made clear (in policy and procedure) to what extent the level of care provided by the nurses during medication pass includes some type of assessment of the prisoner’s mental status.

It does not appear that prisoners with mental illness in segregation are provided a weekly therapeutic session. This was in part due to the shortage of Qualified Mental Health Professionals; but as noted in paragraph 37, an additional QMHP is about to be added to the mental health team; and so therefore, this staffing issue is about to be addressed. Now, when developing and implementing a plan to address this provision, it will be important to remember, as noted in paragraph 76, that the weekly mental health rounds for prisoners in segregation must not be a substitute for this therapeutic session(s).

It does not appear that prisoners with mental illness in segregation more than 24 hours are being reviewed by a QMHP. However, as noted in paragraph 76, the new mental health coordinator is now performing weekly rounds for all prisoners in segregation. Therefore, the next step towards

addressing this provision of the agreement will be the development of a plan whereby the mental health coordinator, in conjunction with a jail physician and psychiatrist, can perform a weekly review of the status of the prisoners in segregation who are also on, or should be added to the mental health caseload.

Since the mental health expert's first involvement in this matter was the January/February 2018 site visit, he could not at the time determine whether or not prisoners in segregation were assessed within 30 days of the settlement agreement. However, based on a review of the medical records of a small sample of prisoners with serious mental illness currently housed in segregation, it does not appear that such prisoners (regardless of how long they have been held in segregation) have received a mental health assessment by a QMHP that includes a documented evaluation, a determination of whether or not there is a need for additional clinical assessment or care, and recommendations regarding more appropriate housing.

At the May 18 site visit, there was a joint meeting of the mental health team and security staff. Among the issues discussed at that meeting was the need for a monthly review of all prisoners who have been held in segregation for more than 30 days. It was noted that the review team should be interdisciplinary and include a representative from mental health; the representative from mental health should report on each prisoner's mental status; and when the prisoner is experiencing clinically significant mental health difficulties (that existed prior to the prisoner's placement in segregation or that have developed since the prisoner was placed in segregation), the representative from mental health should offer recommendations for an alternative placement (other than segregation) and any follow-up mental health evaluations or treatment that might be indicated. The information gathered on each prisoner during each monthly segregation review meeting should be documented; the decisions made about placement and the prisoner's need for further evaluation and treatment should also be documented; and each member of the review team should sign each prisoner's monthly segregation review form (a form that will have to be developed). It was also noted that at any time that the mental health team finds that a prisoner being held in segregation is suffering as a result of mental illness, the team should immediately discuss the findings with security staff (without waiting for the monthly segregation review team meeting); the mental health team and security staff should jointly develop an appropriate intervention; and this discussion, along with the agreed upon intervention, should be documented.

The additional questions raised in paragraph 77(h) are (1) the extent to which non-mental health staff persons (i.e., security staff and medical staff) are assessing whether or not prisoners held in segregation are decompensating or otherwise developing signs or symptoms of serious mental illness, where such signs and symptoms had not previously been identified, and (2) if non-mental health staff are identifying such prisoners, are they immediately referring them to mental health. This will be evaluated at the time of the next site visit.

There is no interdisciplinary team that attempts to balance security concerns and medical/mental health concerns when decisions are being made about the housing of prisoners with serious mental illness. As noted in paragraph 42, a mental health treatment planning process and a form for documenting treatment plans has been developed; but at present, the treatment plans do not include recommendations regarding housing; and it is yet to be determined the extent to which available housing options meet the housing needs of prisoners with serious mental illness. Therefore, such an interdisciplinary team needs to be established; there needs to be a fuller assessment of the extent to which available housing options meet the housing needs of prisoners with serious mental illness; and then, mental health should include recommendations for housing in the treatment plans being developed for each prisoner with serious mental illness.

YOUTHFUL PRISONERS

As long as the County houses youthful prisoners, it must develop and implement policies and procedures for their supervision, management, education, and treatment consistent with federal law, including the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. **Within six months of the Effective Date of this Agreement, the County will determine where it will house youthful prisoners. During those six months, the County will consult with the United States, the monitor of the Henley Young Juvenile Detention Center Settlement Agreement, and any other individuals or entities whose input is relevant.** The United States will support the County's efforts to secure appropriate housing for youthful prisoners, including supervised release. **Within 18 months** after the Effective Date of this Agreement, the County will have **completed** transitioning to any new or replacement youthful prisoner housing facility.

Partial Compliance

Since more Juveniles Charged as Adults (JCAs) are now placed at Henley Young, a greater focus of this site visit was on assessing the status of the agreement requirements at Henley Young. Other than a gradually reducing number of JCA youth at the Raymond Detention Center (RDC) there has been no notable change in practice or the conditions for the youth at RDC. As of this visit:

- There were fourteen JCAs at Henley Young (includes two admitted during the site visit – one male and one female) and five JCAs remaining at the Raymond facility;
- Three of the five JCA youth at RDC will turn 18 by August 1 (one in June, one in July, one on August 1) and the two remaining youth have birthdays in the fall (October and November). This means that by no later than November of this year, the transition of youth out of RDC will be complete;

- One JCA youth at RDC who was 15 at the time of the January/February visit was subsequently transferred to Henley Young and turned 16 in March (unless transferred, this youth would not have “aged out” of RDC until March 2020);
- The length of JCA youth’s placement at Henley Young as of May 22 ranged from a high of 259 days to a low of 26 days (not including the new admissions);
- Four of the JCA youth at Henley Young have birthdays in 2000 and will turn 18 yet this year, albeit several of them late in the year;
- Only **three** of the JCA youth at Henley Young have been indicted, leaving four youth that have been in placement 90 days or more without being indicted;
- As of May 22, there were only four non-JCA youth held at Henley Young (all boys);

As noted in the previous report, it had become increasingly inefficient to take up a whole unit at RDC for the declining number of JCA youth held. The draft report included a recommendation to move the JCA’s to a smaller unit. Between the time of the draft report and the final report, the remaining JCA’s were moved to an ISO unit to allow the larger unit to be used for adults.

In the last Monitoring Report, a number of recommendations were made related to changes at Henley Young that would support a successful transition (i.e. physical plant changes, security improvements, increased programming, speeding up case processing, improving the overall behavior management system, etc.). The report indicated that as the length of time JCA youth are in placement increases, the more important these changes would become. Specifically, the previous report included this language:

All of these steps will become increasingly important as the number of JCAs at Henley Young grows and/or their length of stay increases, so proper planning (including needed funding) for/implementation of these changes should be done as soon as possible. County staff indicates that some bonding authority has been approved in the budget and that some portion of those funds can be directed to make these changes. A concern is that given the relative success of the transition to date, the sense of urgency needed to commit the necessary funding in a timely manner is diminished. The County needs to establish, articulate, and implement a plan (including action steps, fiscal resources, and timelines) to complete the transition of Juveniles Charged as Adults (JCAs) to the Henley Young facility.

Unfortunately, most of those recommendations were not implemented, and some projected problems that have arisen since the last visit will be referenced later in this section. The one item that seems to be “holding” is the reduced number of non-JCA youth being placed at Henley Young, reducing the pressure on overall space and staffing needs. If the current pattern holds true, Henley Young will essentially be transitioning from a short-term detention facility that holds some long-term youthful offenders to a long-term facility that holds some short-term

youth. Overall, this represents a significant shift in organizational culture that can build on the previous progress at Henley Young but significantly “raises the bar” to become an effective long-term solution to housing youthful offenders/JCAs.

Reporting compliance on the remaining conditions will reference one or both locations (Henley Young and RDC) as appropriate.

For any youthful prisoners in custody, the County must:

78. Develop and implement a screening, assessment and treatment program to ensure that youth with serious mental illness and disabilities, including developmental disabilities, receive appropriate programs, supports, education, and services.

Partial Compliance at Henley Young

Any JCAs booked at RDC and then housed at Henley Young are screened for mental health concerns using the MAYSI-II, an appropriate screening for use with adolescents. The Case Managers continue to play a helpful support role to youth and other staff. The Case Managers are in daily contact with their assigned youth, provide information and support to maintain appropriate family contact(s), interact with court staff, help link youth with external resources, and can intervene to prevent behavioral problems. The counseling staff provides more on-going therapy and support and can help coordinate services with Hinds County Behavioral Health or other resources.

A significant, albeit limited, step forward occurred as Henley Young was successful in developing a contractual relationship with Dr. Payne, a licensed psychologist, to help provide overall direction and support for the mental health program as well as direct services to youth as needed. Dr. Payne was just beginning her work at Henley Young at the time of this visit and is focusing initial efforts on developing and improving some of the basic procedures and policies related to the mental health program, including how to best implement a successful team approach in partnership with the Case Managers and Therapists. Dr. Payne appears to be very committed to working with youth and a positive addition to the program, although her time is limited to essentially a .5 FTE. That limitation will make it difficult to meet the full demands for comprehensive assessment and treatment of JCA youth and assessing progress in this area will be an important component of the next site visit.

Concerns remaining include: (1) the only psychiatric time provided to Henley Young is apparently a once-a-week short visit by Dr. Kumar. As noted for the Settlement Agreement as a whole the amount of psychiatric support allotted is insufficient, let alone for the JCA youth; and (2) the introduction of other coordinated programming (e.g. cognitive-behavioral programs, life skills, AODA, etc.) that could be led by Case Managers and Counselors has been delayed

pending direction/leadership from the psychologist. Additional psychoeducational, skill development, and other programming remains limited, and again this will be a focus of the next site visit.

Addressing these issues as well as recommendations submitted in the Henley Young litigation included in Dr. Lisa Boesky's December 2017 report (improvements in the intake/screening process, strengthening the assessment process related to substance abuse and trauma, and making physical plant/environmental changes that will support behavior management and educational programming) should be part of the agenda for improvements led by Dr. Payne.

Non-Compliant at RDC

There is no substantive change in how JCAs confined at RDC are screened and/or served in relation to the various components required in this provision. Mental health services remain limited to dealing with crisis situations (i.e. suicide concerns) and issues related to psychotropic medications (i.e. adjustments in medications).

79. Ensure that youth receive adequate free appropriate education, including special education.

Partial Compliance at Henley Young

Education services at Henley Young are provided by the Jackson Public School (JPS) system. A more detailed review of educational programming is available in the November 2017 report submitted by Carol Cramer-Brooks in the Henley Young litigation. That report noted progress made in 2016-17 but there has been no substantive change since the January/February site visit. JCA youth are provided some education, scheduled currently in essentially a morning group for some youth and an afternoon group for others. This does not meet the expected standard for time in class, and in looking at educational records for JCA youth there was no indication that youth who may be eligible for special education services or an Individualized Educational Plan (IEP) were receiving those services. There is an assessment of basic skills for youth and some identification of individual goals, but the plan falls short of what should be done.

At the time of the May visit, staff indicated that they were on the verge of implementing a GED program for those youth for whom that would be the appropriate and best choice. That is a step forward in some ways, but that education time will then be limited to a two-hour block during the late afternoon. Given the lack of other structured programming, for youth involved in the GED program this will likely be a step backward in terms of overall program opportunities and will lead to even more "down time" which has been a problem in the past and will likely contribute to behavioral issues.

It does appear that the County has concluded, probably appropriately, that the services and resources provided by Jackson Public Schools (JPS) will not be sufficient to meet the needs of youth or the requirements of the Settlement Agreement. This may first become evident if, as has been stated, JPS does not provide summer school programming. If JPS does not provide that programming that further reduces the amount of programmed time for youth unless Hinds County/Henley Young invest in additional services. That said, outreach efforts have been undertaken to work with the [Center for Educational Excellence in Alternative Settings](#) (CEEAS) by inviting David Dominici who has been successful in implementing model alternative programs in a number of juvenile facilities. This hopefully will lead to the development of an independent/charter school program on-site at Henley Young that will both meet the educational needs of youth as well as be a positive contribution to the overall behavior management program. At best, it appears that this program could not be in place before January, 2019.

As noted in prior reports and referenced earlier, Henley Young will benefit by the development of additional cognitive behavioral programming, AODA groups and individual work, decision-making skill classes, tutoring, and engaging outside community groups and resources to provide pro-social learning opportunities for youth. Hopefully with the leadership of Dr. Payne now on board, more of those programs can be developed and implemented.

Non-Compliant at the Raymond Detention Center

The program at RDC remains essentially the same as prior reports, with youth benefiting, albeit on a very limited basis, from the continued and generous support of a volunteer for Adult Basic Education (ABE) services. Youth have daily access to individualized instruction for relatively brief periods of time (e.g. 1-2 hours), but there remains no routine screening process (other than assessment related to ABE skills) to determine whether and what educational services a juvenile or youthful offender was engaged in prior to admission that would help determine what the appropriate, and often legally required, services should be for the youth while confined. While this is less of an issue given that “new” youth are not placed at RDC, there undoubtedly remain young adults (age 18-21) who need similar assessment and are perhaps legally eligible for specialized educational services.

80. Ensure that youth are properly separated by sight and sound from adult prisoners.

Full Compliance at Henley Young

Since there are no adult prisoners placed at Henley Young, this provision is met. As JCA youth in placement at Henley Young turn 18, they will be transferred to RDC (although more recent interpretations of the Juvenile Justice and Delinquency Prevention Act may permit those youth to remain at a juvenile facility pending conviction/sentencing).

Partial Compliance at the Raymond Detention Center

Youth are housed in a separate unit so that the potential for contact with adults is minimized. As noted in other sections of this report, the lack of complete Policies and Procedures makes it difficult to determine if the facility has all procedures in place to fully assess compliance. But, in talking briefly with youth at RDC, they indicate there have been no instances of adults' incursion onto the juvenile living unit (something that some youth indicated was occurring when interviewed during the baseline visit).

81. Ensure that the Jail's classification and housing assignment system does not merely place all youth in the same housing unit, without adequate separation based on classification standards. Instead, the system must take into account classification factors that differ even within the youth sub-class of prisoners. These factors include differences in age, dangerousness, likelihood of victimization, and sex/gender.

Partial Compliance at the Raymond Detention Center and Henley Young

Although given the small number of youth remaining at RDC who will soon become adults this requirement is will soon be at least temporarily moot. However, in the development of policies and procedures, classification and housing of JCA's should be addressed so that when JCA's are booked into RDC it is clear how their classification and housing is addressed. The continued small number of non-JCA youth at Henley Young has allowed them to utilize two units for housing JCA youth and make case-by-case decisions as to which housing unit is most appropriate. The use of two units also allows for lower youth to staff ratios and allows youth to be separated if there is conflict. While staff leadership does seem to take the required criteria into account, actual documentation of classification decisions and use of a consistent classification tool will require further review. On a positive note, that decision is informed by prior experience with most of the youth placed, so they are able to consider actual prior behavior rather than rely on simply the most recent "charge".

82. Train staff members assigned to supervise youth on the Jail's youth-specific policies and procedures, as well as on age-appropriate supervision and treatment strategies. The County must ensure that such specialized training includes training on the supervision and treatment of youth, child and adolescent development, behavioral management, crisis intervention, conflict management, child abuse, juvenile rights, the juvenile justice system, youth suicide prevention and mental health, behavioral observation and reporting, gang intervention, and de-escalation.

Partial Compliance at Henley Young

As noted in the previous (February) report, training for staff at Henley Young has included training beyond new employee orientation such as Suicide Prevention/Mental Health, Behavioral Management, PREA, Policies and Procedures review, and Crisis Intervention. In reviewing the training records for individual staff to date in 2018, however, training appears to have been

limited to three content areas: policy/procedure review, fire safety, and effective communications. Given the changing nature of the facility (i.e. dealing with JCA youth over longer periods of time) it becomes increasingly important for additional training related to adolescent development, behavior management, trauma, and mental health. A more complete review of training, with hopefully more diverse components, can be completed as part of the next site visit.

Non-Compliant at the Raymond Detention Center

There has been no change at RDC related to staff training, again likely the result of viewing this as unnecessary as the number of JCA youth held declines. As noted in the prior report, the last specialized training for supervising youthful prisoners was held in June 2017 prior to the site visit. It appears that no discernible effort has been made to then clearly assign those trained staff, with the exception of Officer Tower, to the juvenile unit (A-1). While the general course of training for new detention officers does include some basic elements that are appropriate for youthful offenders (e.g. special populations), the lack of additional training and lack of focus on assigning specific staff to the juvenile unit remains a concern. Even if the remaining JCA youth are moved to a smaller unit, it still makes sense to identify a core of officers that would be best suited to monitor that unit.

83. Specifically prohibit the use of segregation as a disciplinary sanction for youth. Segregation may be used on a youth only when the individual's behavior threatens imminent harm to the youth or others. This provision is in addition to, and not a substitute, for the provisions of this Agreement that apply to the use of segregation in general. In addition:

- a. Prior to using segregation, staff members must utilize less restrictive techniques such as verbal de-escalation and individual counseling, by qualified mental health or other staff trained on the management of youth.
- b. Prior to placing a youth in segregation, or immediately thereafter, a staff member must explain to the youth the reasons for the segregation, and the fact that the youth will be released upon regaining self-control.
- c. Youth may be placed in segregation only for the amount of time necessary for the individual to regain self-control and no longer pose an immediate threat. As soon as the youth's behavior no longer threatens imminent harm to the youth or others, the County must release the individual back to their regular detention location, school or other programming.
- d. If a youth is placed in segregation, the County must immediately provide one-on-one crisis intervention and observation.
- e. The County must specifically document and record the use of segregation on youth as part of its incident reporting and quality assurance systems.
- f. A Qualified Medical Professional, or staff member who has completed all training required for supervising youth, must directly monitor any youth in segregation at least

every fifteen (15) minutes. Such observation must be documented immediately after each check.

- g. Youth may not be held in segregation for a continuous period longer than one (1) hour during waking hours. If staff members conclude that a youth is not sufficiently calm to allow a break in segregation after one hour, they must contact a Qualified Mental Health Professional. The Qualified Mental Health Professional must assess the youth and determine whether the youth requires treatment or services not available in the Jail. If the youth requires mental health services that are not provided by the Jail, the Qualified Mental Health Provider must immediately notify the Jail Administrator and promptly arrange for hospitalization or other treatment services.
- h. If a youth is held in segregation for a continuous period longer than two (2) hours, Staff Members must notify the Jail Administrator.
- i. Any notifications or assessments required by this paragraph must be documented in the youth's individual record.

Non-Compliance at Henley Young

This site visit provided the opportunity to spend more time assessing compliance with the expectations related to the use of segregation as a disciplinary measure, and it became clear that this proved to be the most disconcerting change in monitoring since the last site visit. This was because the leadership at HY did not seem to know what the terms of the agreement are related to the use of segregation and because the increased use of segregation reflects a deteriorating relationship between staff and youth in large part because of the lack of programming, limited to no incentives/system to help shape positive behaviors (individually and/or as a group), limited options to respond to minor non-compliance, and limitations created by the physical plant/environment. In part this change is the result of spending significantly more time at Henley Young reviewing individual youth files, Incident Reports, and requesting additional documents in contrast to the prior visit in which both staff and youth represented that use of segregation was pretty limited. In larger part, however, it seems to be the result of an actual change in youth behaviors and how the staff is responding to those behaviors.

Specifically, based on a more detailed review of youth files and the Due Process Isolation Log, there has been an increase in the use of segregation for disciplinary purposes in recent months. For example, in April there were 12 instances in which youth were confined for disciplinary reasons for 24 hours or more (four in March, eight in February, and eight in January). There were additional Due Process Isolations in May, including multiple youth isolated following a significant incident on May 12 in which an altercation occurred between staff and youth and assistance was required from the Hinds County Sheriff's office. The incident stemmed from a youth refusing to comply with staff directive to go to his room and a struggle ensuing between a staff member who attempted to then restrain the youth and place them in his room. The youth resisted, and other youth came to his aid as the staff member. As additional staff came to assist, more youth also got involved in physically preventing the youth's removal from the day area. There were other concerns noted from that incident, including whether the staff-written Incident Reports completely and accurately described the incident as it related to one of the staff members needing to be removed from the unit (written reports indicate that concern that a staff

member may be subject to further assault by youth, whereas viewing the video suggests that the staff member was not in danger and was in fact further aggravating the situation). In any case, it resulted in four youth placed in Due Process Isolation status for more than 24 hours with no evidence that they continued to pose a danger to others. While the subsequent segregation of the identified youth is the most direct violation of the agreement, the incident also reflects a concern about the ability of the staff member in question to deescalate the situation (reflecting a need for additional training and supervision) and the lack of an overall behavior management system that could provide alternative response when staff are faced with some form of non-compliance.

Policy and practice at Henley Young provide for three different types of isolation: (1) Behavior Management Isolation (BMI) for short periods of time as a “cooling off” or short-term consequence¹; (2) Administrative Isolation in which there is a supervisory decision to keep a youth in their cell pending a due process hearing; and (3) Due Process Isolation² that permits the use of segregation as discipline for up to 72 hours following a Disciplinary/Due Process hearing³. The use of Due Process or Administrative Isolation for an extended period of time is in contradiction to the DOJ Settlement Agreement that defines segregation as: “24.*involuntary confinement in a locked room or cell with two or fewer prisoners, for at least the majority of waking hours per day* ”⁴ and are not consistent with the Henley Young/Southern Poverty Law Center Settlement Agreement (note that Provision 6.2 limits the use of isolation for discipline to not more than 24 hours).

It should be noted that in discussing the contradiction between the policy/practice and the requirements of the two agreements, Mr. Burnside, Operational Manager and Mr. Dorsey, Quality Assurance Manager, surprisingly indicated that they were not aware of the specifics of the DOJ Settlement Agreement related to segregation, that they did not have a copy of that agreement. Regardless of how that happened (e.g. somehow the result of the temporary absence of Mr. McDaniels), it is clear that key staff leaders are now aware of these requirements and that immediate attention needs to be given to changing policies and practice accordingly.

Related to documentation for youth placed in segregation, there are logs submitted by staff that allegedly document the required observations. It was in reviewing these logs that the extensive use of segregation became evident and further information was requested. The use of the term “allegedly” in the preceding sentence reflects that far too many of the observation logs include documentation of “15 minute” wellness checks that are exactly 15 minutes apart. While this is more common on the overnight shift, it is not limited to that shift. Although signed off on by a shift supervisor, it is simply not believable that those checks are being made at exactly 15 minute intervals and therefore it raises the question of whether they are being made at all. Although a

¹ Henley Young Policies and Procedures, 3.C.8.

² Henley Young Policies and Procedures, 3.C.7.

³ Henley Young Policies and Procedures, 3.C.2.

⁴ Settlement Agreement, Page 8.

challenge given current leadership resources, a more proactive quality assurance process should be implemented.

It also remains difficult to link Incident Reports to the resulting room confinement. On a positive note, the format of the Incident Report works pretty well and there is a Supervisor Report/cover sheet that helps ensure some consistency and review of incidents, more work remains in training staff to completely cover the needed information in their reports, and supervisors need to take a more proactive role in ensuring all information is completed correctly (too frequent errors on the IR forms submitted and few, if any, supervisor comments as to follow up action/steps. The only cumulative log related to isolation/segregation tracks Due Process Isolations, so there is no readily available way to determine the extent of the use of BMIs or other administrative isolation. Similarly, some of the individual observation logs do include indications that the youth was seen by a supervisor, case manager, or one of the qualified mental health staff, but again this is inconsistent and difficult to monitor.

Alternative forms of discipline and/or incentives need to be implemented in lieu of the use of Due Process Isolation that exceeds the requirements of the agreement. Related to documentation and quality assurance: (a) Supervisory staff and key facility leaders need to take a more proactive role in ensuring that these checks are being made as required; (b) Additional information should be clear in the comments section of the Incident Report cover page related to the subsequent actions taken, particularly if any form of isolation is utilized; and (c) Confirming the recommendation made in the last report, all use of isolation that exceeds one hour (the last report recommended one hour) should be documented on a centralized isolation log that includes the type of isolation, the duration, the staff member(s) directing the segregation, and provides information to link it to a related incident report. Keeping a more extensive record of segregation will permit key facility staff as well as the monitors to evaluate progress in reducing the use of segregation overall. This would be one relatively easy benchmark to track as part of a performance-based standards effort.

Non-Compliant at the Raymond Detention Center

There has been no change at RDC related to this requirement. As noted in the prior report: *“...There remains no evidence of sufficient policies/procedures or documentation related to the use of room confinement or other forms of isolation/segregation for youth. One source of documentation that may help track this is that staff on the juvenile unit are required to document at least every 30 minutes what each juvenile is doing on the unit. Wading through that documentation is at best a challenge but does reveal a wide range of “activities” that youth are engaged in, with notes that include everything to “on the unit” to “sleeping in room” to “out for program” and various other descriptors. It is not uncommon for a youth to be listed as “sleeping in room” or “in room” for substantial periods of time during what would be*

considered “waking hours”, and the staff explanation is that the youth is voluntarily in their room...”

Unfortunately, as a result of a change in how grievances are reported/documented (transitioned to electronic form) staff were unable to provide a list or copies of youth grievances which may have revealed concerns related to cell confinement, although the few youths interviewed did not provide any sense that cell confinement was being used to deal with behavior issues. That said, there is no way to realistically confirm compliance with the segregation requirements at RDC.

84. Develop and implement a behavioral treatment program appropriate for youth. This program must be developed with the assistance of a qualified consultant who has at least five years of experience developing behavioral programs for institutionalized youth. The Jail’s behavioral program must include all of the following elements:

- a. The behavioral program must include positive incentives for changing youth behavior, outline prohibited behaviors, and describe the consequences for prohibited behaviors.
- b. An individualized program must be developed by a youth’s interdisciplinary treatment team, and properly documented in each youth’s personal file. Documentation requirements must include the collection of data required for proper assessment and treatment of youth with behavioral issues. For instance, the County must track the frequency and duration of positive incentives, segregation, and targeted behaviors.
- c. The program must include safeguards and prohibitions on the inappropriate use of restraints, segregation, and corporal punishment.

Partial Compliance at Henley Young

Despite the positives noted during the last site visit, it has become apparent that continued delays in developing programs (educational, skill development, psychoeducation, Alcohol and Other Drug Abuse (AODA) programming, etc.), the lack of adequate programming space, the lack of modifications to the living units, continued delays in youth’s cases moving through the court system, and the delays in getting a psychologist on board have contributed to a deteriorating situation in terms of youth’s behavior and staff response. Along with that, the relatively rudimentary point/level system that works reasonably well for short term youth has not been augmented or modified to either incentivize improved behavior(s) or provide individual goals for youth to work on while in confinement.

Successful behavior management, in the end, comes from a combination of good staff training and supervision, keeping youth actively engaged throughout most of the waking hours in constructive and pro-social activities, utilizing the expertise of mental health staff to address youth’s mental health needs and develop preventive and proactive responses to youth’s

misbehavior, implementing well-researched cognitive behavioral programs that help teach and allow youth to practice new and improved behaviors, establishing and incentivizing clear behavior expectations, and consistent implementation of discipline to redirect misbehavior. It is common for juvenile facilities to use some form of a point/level system as part of the overall behavior management system, but overreliance on that system (particularly when not well suited for youth in long term placement) as the sole means to deal with behavior is increasingly recognized as poor practice.

There are a number of steps that should be taken that can help in developing a more comprehensive and effective behavior management system, including: Given the apparent decision not to make substantive facility changes to provide well-integrated additional programming space (there is an apparent plan to in the near future to add some temporary classroom space – a short-term solution at best if it comes to pass), the county can and should invest in improving the living unit environment (e.g. installing acoustical panels to reduce noise, removing the steel tables/benches and replace with other durable furniture to create flexible areas for youth within the unit and create a more normative environment).

As required in the DOJ Settlement Agreement, the County should obtain the services of a qualified consultant to help them to develop a more effective and comprehensive behavior management system. Even prior to that current staff could take steps to augment the existing point/level system by developing additional incentives that can be applied on an individual basis to encourage new and improved behaviors. Additional programming needs to be developed to more actively engage youth during waking hours in constructive and organized activities. Support for this may be done by creating an additional staff position (or repurposing an existing position) with responsibility for overall program development, including potential outreach to the community for volunteers or other organizations that can provide support;

Leadership should review staffing assignments to ensure that those staff best trained and suited to working with JCA youth are assigned to those units. If need be, some form of differential pay on an hourly basis may be helpful in supporting staff that take on this more complex responsibility.

Based on discussion with key leadership at Henley Young, Mr. Burnside and Mr. Dorsey, it is clear that they had made significant progress in changing the culture and operations of Henley Young to meet many of the requirements of the SPLC agreement but are now struggling to “push the envelope” much further as it relates to serving long-term youth. To their credit, Mr. Dorsey and Mr. Burnside recognize the challenges they are facing and seem committed to making continued progress but given the temporary absence of Mr. McDaniels in the Executive Director role, they find themselves again juggling additional duties with limited time to deal with some of these issues. Providing added support through a consultant and exposing them to programs that

have been successful in developing successful behavior management programs will be beneficial.

Non-Compliant at the Raymond Detention Center

As with other components of the agreement, there has been no movement toward the development of a behavior management program at RDC. It was noted in the prior report that a daily schedule had been developed/posted, but that posting was destroyed by youth – evidence of the continued lack of supervision and inability of RDC to develop substantive programming for JCA youth. There remains no evidence of a consistent set of expectations, incentives to meet those expectations, and/or consistency in how staff view expected behaviors. As the number of youth declines at RDC, it actually could become easier to implement a rudimentary behavior/incentive system, but there is no indication leadership is considering doing so.

LAWFUL BASIS FOR DETENTION

Consistent with constitutional standards, the County must develop and implement policies and procedures to ensure that prisoners are processed through the criminal justice system in a manner that respects their liberty interests. To that end:

85. The County will not accept or continue to house prisoners in the Jail without appropriate, completed paperwork such as an affidavit, arrest warrant, detention hold, or judge's written detention order. Examples of inadequate paperwork include but are not limited to undated or unsigned court orders, warrants, and affidavits; documents memorializing oral instructions from court officers that are undated, unsigned, or otherwise fail to identify responsible individuals and the legal basis for continued detention or release; incomplete arresting police officer documents; and any other paperwork that does not establish a lawful basis for detention.

Non-Compliant

There continue to be problems with lack of paperwork and timely release. Jail staff recently worked with Karen Albert, a consultant with the monitoring team, to standardize and improve practices in this area and develop policies and procedures reflecting the new practices. The site visit predated this session and so any improvement resulting from this consultation will be measured at the next site visit. At the time of the site visit some of the problems noticed previously continued to exist. There are several individuals who are assigned the task of identifying prisoners who do not have appropriate paperwork to be detained or for continued detention. They are identifying those individuals but the current procedures do not adequately prevent these situations from occurring. There are several situations that occur fairly commonly. One seen repeatedly on this site visit involved holds in the system. Individuals whose local case was resolved continued to remain in custody because the system reflected a hold from another jurisdiction. In a number of instances, the other jurisdiction was not contacted in a timely

fashion. In several of those situations, the other jurisdiction did not have paperwork warranting the hold or no longer wanted the individual. A number of individuals remained in custody beyond what should have been their release date as a result. Another recurring situation is that there is not a way to identify people in the jail who are waiting for a preliminary hearing. Individuals who do not have an attorney have no one to request a preliminary hearing. These individuals currently get lost in the system and some stay long periods of time in the jail. There continued to be some individuals who stayed beyond the 21 days for those waiting for a probation violation hearing. A number of individuals were listed in the JMS system as in custody on charges that didn't match the court records. The court liaison was investigating these individuals. The staff working on records and releasing continue to keep manual records. Because of the lack of standardized entry of data, the JMS system cannot run accurate reports. The manual records of unindicted individuals does not match the system generated list. Similarly, the manual records of people waiting for probation violation hearings does not match the system generated list.

86. No person shall be incarcerated in the Jail for failure to pay fines or fees in contravention of the protections of the United States Constitution as set forth and discussed in Bearden v. Georgia, 461 U.S. 660 (1983) and Cassibry v. State, 453 So.2d 1298 (Miss. 1984). The County must develop and implement policies consistent with the applicable federal law and the terms of this Agreement.

Partial Compliance

At the time of the site visit there was no one in the facility on an unlawful order for failure to pay fines and fees compared to 100 inmates detained on unlawful fines and fees orders at the time of the January 2017 visit. As a result of separate litigation and the adoption of Mississippi Supreme Court rules for criminal procedure, the Jail has not been receiving unlawful orders. This requirement is listed as partial compliance because the Jail has not developed or implemented policies as specified in paragraphs 87 through 89 below. As the Supreme Court rules are very new, it would be advisable to have policies to address orders that are not compliant with the new rules.

87. No person shall be incarcerated in the Jail for failure to pay fines or fees absent (a) documentation demonstrating that a meaningful analysis of that person's ability to pay was conducted by the sentencing court prior to the imposition of any sentence, and (b) written findings by the sentencing court setting forth the basis for a finding that the failure to pay the subject fines or fees was willful. At a minimum, the County must confirm receipt from the sentencing court of a signed "Order" issued by the sentencing court setting forth in detail the basis for a finding that the failure to pay fines or fees was willful.

Partial Compliance

The County has been pro-active in ensuring that valid court orders are utilized. The County sponsored a training session on the new rules as related to orders on fines and fees. This is to be commended. This requirement is carried as partial compliance in that a process was not adopted to address non-compliant orders.

88. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a person for failure to pay fines or fees, Jail staff must promptly notify Jail administrators, Court officials, and any other appropriate individuals to ensure that adequate documentation exists and must obtain a copy to justify continued detention of the prisoner. After 48 hours, that prisoner must be released promptly if the Jail staff cannot obtain the necessary documentation to verify that the failure to pay fines or fees was willful, and that person is incarcerated only for the failure to pay fines or fees.

Partial Compliance

See response to number 87 above.

89. If the documentation described in paragraph 87 is not provided within 24 hours of incarceration of a prisoner for failure to pay fines or fees, and if that person is incarcerated for other conviction(s) or charge(s), other than the failure to pay fines and/or fees, Jail staff must promptly notify Jail administrators, Court officials, and other appropriate individuals to ensure that adequate documentation exists and to ascertain the prisoner's length of sentence. If Jail staff cannot obtain a copy of the necessary documentation within 48 hours of the prisoner's incarceration, Jail staff must promptly arrange for the prisoner's transport to the sentencing court so that the court may conduct a legally sufficient hearing and provide any required documentation, including the fines or fees owed by the prisoner, and an assessment of the prisoner's ability to pay and willfulness (or lack thereof) in failing to pay fines or fees.

Partial Compliance

See response to number 87 above.

90. Jail staff must maintain the records necessary to determine the amount of time a person must serve to pay off any properly ordered fines or fees. To the extent that a sentencing court does not specifically calculate the term of imprisonment to be served, the Jail must obtain the necessary information within 24 hours of a prisoner's incarceration. Within 48 hours of incarceration, each prisoner shall be provided with documentation setting forth clearly the term of imprisonment and the calculation used to determine the term of imprisonment.

Partial Compliance

The WC continues to maintain a spreadsheet. There are some individuals who have a sentence of confinement. Some of these individuals show fines and fees but with the notation of a payment

plan in effect. This signifies that they will be released after the sentence of confinement. The Monitor will continue to track these entries to ensure that individuals are released after the confinement period. There was no documentation that prisoners were provided with documentation of their release date although they do typically have the orders from the court.

91. No pre-trial detainee or sentenced prisoner incarcerated by the County solely for failure to pay fines or fees shall be required to perform physical labor. Nor shall any such detainee or prisoner receive any penalty or other adverse consequence for failing to perform such labor, including differential credit toward sentences. Any physical labor by pre-trial detainees or by prisoners incarcerated solely for failure to pay fines or fees shall be performed on a voluntary basis only, and the County shall not in any way coerce such pre-trial detainees or prisoners to perform physical labor.

Non-Compliant

This has become a limited issue now that virtually no individuals are working off fines and fees. As reported recently, the recent standard practice at the WC is to give half the amount of credit towards fines and fees for individuals who do not perform physical labor. This includes individuals who cannot perform physical labor because of a medical or mental health condition. The most recent stated practice was to determine the amount of credit on a case by case basis. There needs to be a written policy requiring that individuals who cannot work because of a medical or mental health condition or other disability receive full credit towards fines and fees.

92. The County must ensure that the Jail timely releases from custody all individuals entitled to release. At minimum:

- a. Prisoners are entitled to release if there is no legal basis for their continued detention. Such release must occur no later than 11:59 PM on the day that a prisoner is entitled to be released.
- b. Prisoners must be presumed entitled to release from detention if there is a court order that specifies an applicable release date, or Jail records document no reasonable legal basis for the continued detention of a prisoner.
- c. Examples of prisoners presumptively entitled to release include:
 - i. Individuals who have completed their sentences;
 - ii. Individuals who have been acquitted of all charges after trial;
 - iii. Individuals whose charges have been dismissed;
 - iv. Individuals who are ordered released by a court order; and
 - v. Individuals detained by a law enforcement agency that then fails to promptly provide constitutionally adequate, documented justification for an individual's continued detention.

Non-Compliant

See response to number 85.

There continue to be many individuals being held past 90 days without indictment. The new court orders from the preliminary hearings state they should go before a judge for a release decision. The jail is providing the lists of unindicted individuals to the judge, but perhaps due to the volume many of the individuals do not get before the judge in a timely fashion. This is, of course, a system issue which hopefully the CJCC will address. The Jail could consider making the list of unindicted individuals more useful to the judge by identifying those individuals who are lawfully in custody in another matter so that the judge can prioritize those individuals who are only in custody on the unindicted case. The Jail should also ensure that youth being charged as adults and being held at Henley Young are being identified on the unindicted list that is provided to the judge.

93. The County must develop and implement a reliable, complete, and adequate prisoner records system to ensure that staff members can readily determine the basis for a prisoner's detention, when a prisoner may need to be released, and whether a prisoner should remain in detention. The records system must provide Jail staff with reasonable advance notice prior to an anticipated release date so that they can contact appropriate agencies to determine whether a prisoner should be released or remain in detention.

Non-Compliant

There is still no known process to methodically check for adequate documentation for detention and identify those that should be released. The Jail still relies on inmate requests and grievances to identify people who are being over detained. The booking, release, and records process continues to suffer from a lack of coordination. In addition to Booking staff, there are three individuals tracking the lawful basis of detention. They are all three using separate spreadsheets and lists which as noted above do not match reports run from the JMS system. There continues to be a lack of business process to check all law enforcement and court documents. Jail staff do not have access to the county court data base or the updated circuit court data base which would allow them to improve the accuracy of their records.

94. Jail record systems must accurately identify and track all prisoners with serious mental illness, including their housing assignment and security incident histories. Jail staff must develop and use records about prisoners with serious mental illness to more accurately and efficiently process prisoners requiring forensic evaluations or transport to mental hospitals or other treatment facilities, and to improve individual treatment, supervision, and community transition planning for prisoners with serious mental illness. Records about prisoners with serious mental illness must be incorporated into the Jail's incident reporting, investigations, and medical quality assurance systems. The County must provide an accurate census of the Jail's

mental health population as part of its compliance reporting obligations, and the County must address this data when assessing staffing, program, or resource needs.

Non-Compliant

As was noted in paragraph 42, considerable progress has been made with regard to collecting and organizing the data and developing the records and other forms of documentation that would form the informational base for responding to this provision of the agreement. More specifically, full mental health evaluations are now being performed and documented; mental health treatment plans are also being developed, which would include whether or not a prisoner must be transferred to another facility in order to receive a required treatment; and a list (or census) of prisoners on the mental health caseload is now being maintained. As noted in section 42 (g, vi), a mental health care log should be developed that would chart the care being given to each prisoner on the mental health caseload; the suggested log would include housing assignment, which would include an indication for prisoners being held in segregation; but although the log would indicate whether a prisoner had been placed on suicide watch or a special mental health watch, the log would not track other security incidents. Given the nature and the amount of the information that will be tracked on this recommended mental health care log, another log should be developed and maintained by security and mental health to track security incidents for prisoners on the mental health caseload. It should also be noted here that a log that tracks mental health and security incidents would also help the mental health team further explore what type of adjustment difficulties prisoners with various different types of mental health difficulties are likely to experience (see also paragraph 37).

Although the above described data and records will form part of the base of information that will be used to perform mental health quality assurance assessments, such a mental health quality assurance program has yet to be developed and must be developed. As a step in that direction, there should be a regular schedule of treatment plan reviews, performed by the entire mental health treatment team; such reviews will enhance the supervision of mental health treatment; and such reviews will also be an initial step towards assessing the quality of the treatment being provided. Treatment plans will also note the treatment of choice, regardless of whether or not it is available at the facility and note that an alternative treatment is being used when the treatment of choice is not available at the facility. This will provide documentation of gaps in services that can serve as the base for exploring the need to expand mental health services at the facility and/or the need to increase mental health staffing levels.

At present, there is no specific plan for incorporating records about prisoners with serious mental illness into the Jails' incident reporting and investigations, and this part of this provision requires further exploration. However, the involvement of mental health with regard to the use of force as described in paragraph 51 (d & f), and the involvement of mental health with regard to

disciplinary review and the use of segregation as described in paragraph 76 and 77 would be a step in the direction of addressing this provision of the agreement.

95. All individuals who (i) were found not guilty, were acquitted, or had charges brought against them dismissed, and (ii) are not being held on any other matter, must be released directly from the court unless the court directs otherwise. Additionally:

- a. Such individuals must not be handcuffed, shackled, chained with other prisoners, transported back to the Jail, forced to submit to bodily strip searches, or returned to general population or any other secure Jail housing area containing prisoners.
- b. Notwithstanding (a), above, individuals may request to be transported back to the Jail solely for the purpose of routine processing for release. If the County decides to allow such transport, the County must ensure that Jail policies and procedures govern the process. At minimum, policies and procedures must prohibit staff from:
 - i. Requiring the individual to submit to bodily strip searches;
 - ii. Requiring the individual to change into Jail clothing if the individual is not already in such clothing; and
 - iii. Returning the individual to general population or any other secure Jail housing area containing prisoners.

Non-Compliant

Individuals are not being released from the Court at this time.

96. The County must develop, implement, and maintain policies and procedures to govern the release of prisoners. These policies and procedures must:

- a. Describe all documents and records that must be collected and maintained in Jail files for determining the basis of a prisoner's detention, the prisoner's anticipated release date, and their status in the criminal justice system.
- b. Specifically detail procedures to ensure timely release of prisoners entitled to be released, and procedures to prevent accidental release.
- c. Be developed in consultation with court administrators, the District Attorney's Office, and representatives of the defense bar.
- d. Include mechanisms for notifying community mental health providers, including the County's Program of Assertive Community Treatment ("PACT") team, when releasing a prisoner with serious mental illness so that the prisoner can transition safely back to the community. These mechanisms must include providing such prisoners with appointment information and a supply of their prescribed medications to bridge the time period from release until their appointment with the County PACT team, or other community provider.

Non-Compliant

In the initial Policies and Procedures that were adopted there are two policies that may relate to this requirement-the policy on records and the policy on booking which includes some requirements related to release. These policies do not have the specificity or the breadth required by this paragraph. These policies as with the others have been stalled. The current practices, as described above, do not meet the requirements of this paragraph. Neither the DA's office nor the defense bar has been involved in the drafting. The level of specificity required by this paragraph will require significant revision of the policy. The policies and procedures now being drafted with Karen Albert should enable compliance with a and b of this paragraph.

The primary focus of subsection d of this provision is the referral of prisoners with mental health difficulties to community mental health services. As noted in the provision, there are, in fact, community-based mental health services, and so the core issue here is how prisoners can be referred in a meaningful way that is most likely to be effective. At the present time, effective discharge planning and mechanisms to connect discharging prisoners with community-based services are not being implemented.

There were multiple important findings from a meeting with the Director and senior staff of Hinds Behavioral Health Center and the mental health expert during the site visit that included:

- Hinds Behavioral Health is a comprehensive, community-based mental health services provider that has multiple treatment programs that are designed in such a way that they are ideal for prisoners with mental health difficulties who are being released back into the community, including, for example:
 - There is the PACT program (mentioned in this provision) that provides intensive mental health treatment and other services to persons with severe mental illness; most participants in the program have been court ordered to obtain mental health treatment, but some of them already have a history of incarceration; and so ways in which this program could be made available to prisoners with serious mental illness who are being released from jail or prison should be explored.
 - There is an Adult Treatment program; this is the program that already has at least some communication with the Discharge Planner at the facility; but this program is open to explore better ways of referring prisoners to them upon their release.
 - There is a Psycho-social Rehabilitation program for persons who need rehabilitation services; this is a day program; and although two of the program's sites are housed in nursing homes and are focused on the elderly, there is a third site for younger adults.
 - There is a Crisis Intervention program that focuses on individuals who have deteriorated/become acutely ill, and staff will work to stabilize the individual on an outpatient basis or through emergency hospitalization, before the individual commits a crime.

- There is an Alcohol and Drug treatment program; this is particularly relevant since substance abuse is yet another risk factor for incarceration and many prisoners have substance abuse difficulties; and for prisoners who are ‘dually-diagnosed’ (i.e., they have substance abuse difficulties and other mental health difficulties), this program can coordinate treatment with other mental health treatment programs at the facility (which is good since it has been well established that such ‘dual-diagnosed’ patients need coordinated and integrated treatment of both difficulties if they are to get better).
- Then in addition, Hinds Behavioral Health has open access to intake screens every morning at 8:00 AM. Therefore, when there is a sudden, unexpected release from the facility, the individuals could go to Hinds the next morning, without waiting for an appointment, if they have been told about this option prior to their release date.
- Hinds Behavioral Health also has programs that focus on and address some of the other problems faced by persons with mental illness that are considered ‘risk factors’ for arrest and incarceration, including, for example:
 - There is a Community Support service which offers intensive case management to keep people in treatment and provide needed ‘wrap-around’ services, all of which is particularly valuable for ex-prisoners with mental health difficulties who need support and other services in order to stay in treatment, but do not have any family or other support systems.
 - There is a Supervised Housing program that provides 24/7 support for persons with serious mental illness and rehabilitation services, such as the learning of basic living skills.
 - Then in addition, there is a Drop-In Center for persons who become homeless; this program provides a range of services focused on helping the homeless obtain stable housing, including employment services for those who are able to work; and there are also half-way houses connected to this program. Since the lack of housing is also a risk factor for arrest and incarceration, this program could be extremely helpful to some of the prisoners with mental health difficulties who are being released.
- Staff from Hinds Behavioral Health used to go into the Jail (prior to the time that there were mental health staff at the Jail), so as to evaluate and begin to connect with prisoners who would eventually be referred to the Center for outpatient treatment, and they are still willing and able to do this.
- Hinds Behavioral Health is also specifically interested in knowing which of their patients have been arrested and are being detained in jail.

In summary, Hinds Behavioral Health Center offers a range of programs and services that could specifically meet the needs of prisoners with mental health difficulties who are being released

back into the community. These programs and services range from the possibility of performing intakes and beginning to develop a connection with prisoners while they are still in the facility; to the capacity to perform intakes on a walk-in basis virtually immediately upon a prisoner's release from the facility (in cases where no intake was done while the prisoner was being held in the facility); to a full range of therapeutic programs and services, including substance abuse treatment services; to many other services that are focused on addressing the problems that ex-prisoners with mental health difficulties face that place them at high risk of getting into trouble and returning to the facility. In order to fully utilize these services, QCHC and HCDC staff will need to coordinate with Hinds Behavioral Health Center to ensure a warm handoff to community-based services. Therefore, staff of the facility should meet with staff of Hinds Behavioral Health to further explore ways that they can work together to address this provision of the agreement.

It is important to note that the facility will also have to take some other steps to fully address this provision of the agreement. These include:

- The recognition of the fact that meaningful discharge planning begins when a prisoner who is likely to be eventually released is first admitted to the facility. When a discharge plan is developed, it should become a part of the prisoner's treatment plan.
- Effective discharge planning and a meaningful/successful referral for outpatient mental health services is most likely to occur where the prisoner is not only stabilized, but also receives psychoeducational services focused on helping the prisoner learn about his/her mental illness, the need for treatment, and his/her roles and responsibilities for obtaining and managing treatment.
- Upon the release of a prisoner with mental health difficulties, in addition to providing the prisoner with an appointment for outpatient mental health services and enough medication to hold them until that appointment, for some prisoners there are other extremely important considerations that might need to be addressed in the discharge plan, such as whether they have a place to live or any psycho-social support outside of the facility.

Discharge planning on the medical side has gathered some momentum since the last audit. Inmates that receive a PPD test for tuberculosis, and are released prior to it being read, are now sent to the health department to have the test read. Inmates are provided a handout which describes positive findings for the inmates to be aware of.

Beginning in April 2018, inmates that are released are sent to the medical unit to retrieve their medications. A three-day supply of medication is provided. As previously noted, a three-day supply will generally not be sufficient to ensure that the released inmate can obtain a prescription and medications in time to allow for uninterrupted medication. A 14 day supply was recommended by Hinds County Behavioral Health as needed.

The discharge process is hampered in that the Courts don't send the release papers to the jail until after 5 PM. Applications for the re-entry centers cannot be processed that late and if the inmate is not immediately placed, the inmate will be lost to follow-up care. It would be helpful if the judge's clerk could fax the release papers at noon and then again at 4:30 PM so that the discharge planner can start the application process to re-entry facilities.

97. The County must develop, implement, and maintain appropriate post orders relating to the timely release of individuals. Any post orders must:

- a. Contain up-to-date contact information for court liaisons, the District Attorney's Office, and the Public Defender's Office;
- b. Describe a process for obtaining higher level supervisor assistance in the event the officer responsible for processing releases encounters administrative difficulties in determining a prisoner's release eligibility or needs urgent assistance in reaching officials from other agencies who have information relevant to a prisoner's release status.

Non-Compliant

The County has not yet developed post orders in this area.

98. Nothing in this Agreement precludes appropriate verification of a prisoner's eligibility for release, including checks for detention holds by outside law enforcement agencies and procedures to confirm the authenticity of release orders. Before releasing a prisoner entitled to release, but no later than the day release is ordered, Jail staff should check the National Crime Information Center or other law enforcement databases to determine if there may be a basis for continued detention of the prisoner. The results of release verification checks must be fully documented in prisoner records.

Partial Compliance

The Booking staff reportedly now runs an NCIC check at the time of booking and again at release. A recent release of inmate K.L. on or about February 21, 2018 with a hold from another county demonstrated a deficiency in this area. Jail staff reportedly checked with the other jurisdiction and was told he was no longer wanted by the jurisdiction. This was inadequately documented. In another situation, the Work Center checked with the other jurisdiction and was told the individual was no longer wanted. This documentation was not sent to records or entered in the JMS system. During the process of releasing, Booking checked with the other jurisdiction and was told that he was still wanted. There was apparently some confusion in the other jurisdiction but having multiple individuals independently operating in this area without updating the JMS system allows for errors to occur.

99. The County must ensure that the release process is adequately staffed by qualified detention officers and supervisors. To that end, the County must:

- a. Ensure that sufficient qualified staff members, with access to prisoner records and to the Jail's e-mail account for receiving court orders, are available to receive and effectuate court release orders twenty-four hours a day, seven days a week.
- b. Ensure that staff members responsible for the prisoner release process and related records have the knowledge, skills, training, experience, and abilities to implement the Jail's release policies and procedures. At minimum, the County must provide relevant staff members with specific pre-service and annual in-service training related to prisoner records, the criminal justice process, legal terms, and release procedures. The training must include instruction on:
 - i. How to process release orders for each court, and whom to contact if a question arises;
 - ii. What to do if the equipment for contacting other agencies, such as the Jail's fax machine or email service, malfunctions, or communication is otherwise disrupted;
 - iii. Various types of court dispositions, and the language typically used therein, to ensure staff members understand the meaning of court orders; and
 - iv. How and when to check for detainers to ensure that an individual may be released from court after she or he is found not guilty, is acquitted, or has the charges brought against her or him dismissed.
- c. Provide detention staff with sufficient clerical support to prevent backlogs in the filing of prisoner records.

Non-Compliant

Staffing in the Booking area continues to be unbalanced. While there is routinely only one officer in the holding cell area (where two should be on duty at all times), there are two, three or more Booking Clerks on duty in the office area. Considering the fact that only 14 people are booked on a typical day, this misallocation of manpower should be addressed. When an average of just over one person is booked every two hours, it seems apparent that the number of personnel assigned to the office environment is excessive.

100. The County must annually review its prisoner release and detention process to ensure that it complies with any changes in federal law, such as the constitutional standard for civil or pre-trial detention.

Non-Compliant

At the time of the site visit, there had not been an initial review of this process to determine consistency with federal law.

101. The County must ensure that the Jail's record-keeping and quality assurance policies and procedures allow both internal and external audit of the Jail's release process, prisoner lengths of stay, and identification of prisoners who have been held for unreasonably long periods without charges or other legal process. The County must, at minimum, require:

- a. A Jail log that documents (i) the date each prisoner was entitled to release; (ii) the date, time, and manner by which the Jail received any relevant court order; (iii) the date and time that prisoner was in fact released; (iv) the time that elapsed between receipt of the court order and release; (v) the date and time when information was received requiring the detention or continued detention of a prisoner (e.g., immigration holds or other detainers), and (vi) the identity of the authority requesting the detention or continued detention of a prisoner.
- b. Completion of an incident report, and appropriate follow-up investigation and administrative review, if an individual is held in custody past 11:59 PM on the day that she or he is entitled to release. The incident report must document the reason(s) for the error. The incident report must be submitted to the Jail Administrator no later than one calendar day after the error was discovered.

Non-Compliant

The record keeping process does not at this time allow for an audit other than a review of individual files. The County has provided their list of releases but the list does not include the information required by subparagraph a. Incident reports are not prepared for errors in releasing.

102. The County must appoint a staff member to serve as a Quality Control Officer with responsibility for internal auditing and monitoring of the release process. This Quality Control Officer will be responsible for helping prevent errors with the release process, and the individual's duties will include tracking releases to ensure that staff members are completing all required paper work and checks. If the Quality Control Officer determines that an error has been made, the individual must have the authority to take corrective action, including the authority to immediately contact the Jail Administrator or other County official with authority to order a prisoner's release. The Quality Control Officer's duties also include providing data and reports so that release errors are incorporated into the Jail's continuous improvement and quality assurance process.

Partial Compliance

The Jail now has an individual whose title is Qualify Control Officer. At the present time, his work is primarily reactive. When an individual is brought to his attention, he researches the situation and takes corrective action. He does not track releases or prevent errors in the releasing process. He maintains a spreadsheet that includes release errors that he has addressed, but he does not at the present time collect and report on releasing errors. His work is not incorporated

into a continuous improvement and quality assurance process. Another individual serves as a court liaison with the lower courts. She also attempts to identify individuals entitled to release. This individual has been promoted to oversee the Records and Classification Office. It is not known whether someone will be assigned to her prior duties. Like the Quality Control Officer, she operated independently of the booking and release process and maintains her own spreadsheets. There still is no systemic approach to ensuring proper detention and release processes are being developed. This is being addressed by the monitoring team consultant in this area.

103. The County must require investigation of all incidents relating to timely or erroneous prisoner release within seven calendar days by appropriate investigators, supervisors, and the Jail Administrator. The Jail Administrator must document any deficiencies found and any corrective action taken. The Jail Administrator must then make any necessary changes to Jail policies and procedures. Such changes should be made, if appropriate, in consultation with court personnel, the District Attorney's Office, members of the defense bar, and any other law enforcement agencies involved in untimely or erroneous prisoner releases.

Non-Compliant

No documentation was provided of incident reports being created for untimely or erroneous prisoner release or any investigations of such incidents.

104. The County must conduct bi-annual audits of release policies, procedures, and practices. As part of each audit, the County must make any necessary changes to ensure that individuals are being released in a timely manner. The audits must review all data collected regarding timely release, including any incident reports or Quality Control audits referenced in Paragraph 102 above. The County must document the audits and recommendations and must submit all documentation to the Monitor and the United States for review.

Non-Compliant

Initial policies or procedures have been adopted but require significant revision. There has not been an initial audit of releasing practices. There are no incident reports regarding untimely releases even though such incidents have occurred.

105. The County must ensure that policies, procedures, and practices allow for reasonable attorney visitation, which should be treated as a safeguard to prevent the unlawful detention of citizens and for helping to ensure the efficient functioning of the County's criminal justice system. The Jail's attorney visitation process must provide sufficient space for attorneys to meet with their clients in a confidential setting and must include scheduling procedures to ensure that defense attorneys can meet with their clients for reasonable lengths of time and without undue delay. An incident report must be completed if Jail staff are unable to transport a prisoner to

meet with their attorney, or if there is a delay of more than 30 minutes for transporting a prisoner for a scheduled attorney visit.

Non-Compliant

This makes the third time that the monitoring team has recommended that the DSD should take advantage of unused video visitation space in front of the control room officer's station in the A, B and C Pods at the RDC to be repurposed as attorney/client visitation rooms. With very little effort, and almost no expense, they can be easily transformed into secure rooms that meet the needs of the facility.

CONTINUOUS IMPROVEMENT AND QUALITY ASSURANCE

The County must develop an effective system for identifying and self-correcting systemic violations of prisoner's constitutional rights. To that end, the County must:

106. Develop and maintain a database and computerized tracking system to monitor all reportable incidents, uses of force, and grievances. This tracking system will serve as the repository of information used for continuing improvement and quality assurance reports.

Non-Compliant

The County is making progress towards computerized incident and other reports as well as the development of summary reports that would allow the aggregation and sorting of reports. The monitoring team spent a significant amount of time with the IT team in this site visit to identify areas in which the incident reports were deficient. This included adding some fields and moving some fields into the computer-generated report. There continues to be a problem with providing a process in the reporting for approval/disapproval/action required blocks for supervisors. The incident reports are not linked to the investigation reports which often contain important additional information. It was reported that supervisory staff do not receive the investigation reports so they do not have access to this information which may be relevant to discipline, training, or remedial measures. There continues to be a concern because of the lack of reports or the small number of reports that some incidents and grievances are underreported including late releases, lost money and property, medical grievances and some use of force incidents.

The new computerized grievance system does not allow for the compilation of a useful summary grievance report. Currently, this is not possible for several reasons. The reporting functions of the system are either problematic or not adequately conveyed to staff. Staff reported that they could not generate reports with identified parameters. If the prisoner replies via the kiosk in any fashion to the grievance response, that is then automatically converted to an appeal which inaccurately reflects the number of appeals. The system needs to be able to generate accurate reports.

107. Compile an Incident Summary Report on at least a monthly basis. The Incident Summary Reports must compile and summarize incident report data in order to identify trends such as rates of incidents in general, by housing unit, by day of the week and date, by shift, and by individual prisoners or staff members. The Incident Summary reports must, at minimum, include the following information:

- a. Brief summary of all reportable incidents, by type, shift, housing unit, and date;
- b. Description of all suicides and deaths, including the date, name of prisoner, housing unit, and location where the prisoner died (including name of hospital if prisoner died off-site);
- c. The names and number of prisoners placed in emergency restraints, and segregation, and the frequency and duration of such placements;
- d. List and total number of incident reports received during the reporting period;
- e. List and Total number of incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of incidents in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph. As mentioned above the IT department is working on a computerized report that should allow for a summary report to be generated. The summary reports are manually created and vary by facility. Because they are manually compiled, it is difficult to identify trends over time. The computerized summary report should remedy this. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

108. Compile a Use of Force Summary Report on at least a monthly basis. The Use of Force Summary Reports must compile and summarize use of force report data in order to identify trends such as rates of use in general, by housing unit, by shift, by day of the week and date, by individual prisoners, and by staff members. The Use of Force Summary reports must, at minimum, include the following information:

- a. Summary of all uses of force, by type, shift, housing unit, and date;
- b. List and total number of use of force reports received during the reporting period;
- c. List and total number of uses of force reports/incidents referred to IAD or other law enforcement agencies for investigation.

Non-Compliant

The County provided a monthly report of use of force in the three facilities. Although the information was helpful, it did not meet the requirements of this paragraph in that the reports are manually prepared each month and do not allow for identifying trends over time. As mentioned above the IT department is working on a computerized report that should allow for a summary

report to be generated. In meeting with the IT department, it was learned that not all the requirements of this paragraph were addressed. That should be remedied. Even then, it will be essential to determine that reports are being submitted such that an accurate summary report can be generated.

109. Compile a Grievance Summary Report on at least a monthly basis. The Grievance Summary Reports must compile and summarize grievance information in order to identify trends such as most frequently reported complaints, units generating the most grievances, and staff members receiving the most grievances about their conduct. To identify trends and potential concerns, at least quarterly, a member of the Jail's management staff must review the Grievance Summary Reports and a random sample of ten percent of all grievances filed during the review period. These grievance reviews, any recommendations, and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

See response to 106 above.

110. Compile a monthly summary report of IAD investigations conducted at the Facility. The IAD Summary Report must include:

- a. A brief summary of all completed investigations, by type, shift, housing unit, and date;
- b. A listing of investigations referred for disciplinary action or other final disposition by type and date;
- c. A listing of all investigations referred to a law enforcement agency and the name of the agency, by type and date; and
- d. 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.

Partial Compliance

See response to paragraph 68. Subsequent to the last site visit, the IAD investigator provided a summary sheet reflecting the status of IAD investigations since 2017; however, the level of detail included does not comply with all of the requirements of this paragraph.

111. Conduct a review, at least annually, to determine whether the incident, use of force, grievance reporting, and IAD systems comply with the requirements of this Agreement and are effective at ensuring staff compliance with their constitutional obligations. The County must make any changes to the reporting systems that it determines are necessary as a result of the system reviews. These reviews and corrective actions must be documented and provided to the United States and Monitor.

Non-Compliant

There has been no annual review pursuant to this paragraph.

112. Ensure that the Jail's continuous improvement and quality assurance systems include an Early Intervention component to alert Administrators of potential problems with staff members. The purpose of the Early Intervention System is to identify and address patterns of behavior or allegations which may indicate staff training deficiencies, persistent policy violations, misconduct, or criminal activity. As part of the Early Intervention process, incident reports, use of force reports, and prisoner grievances must be screened by designated staff members for such patterns. If misconduct, criminal activity, or behaviors indicate the need for corrective action, the screening staff must refer the incidents or allegations to Jail supervisors, administrators, IAD, or other law enforcement agencies for investigation. Additionally:

- a. The Early Intervention System may be integrated with other database and computerized tracking systems required by this Agreement, provided any unified system otherwise still meets the terms of this Agreement.
- b. The Early Intervention System must screen for staff members who may be using excessive force, regardless of whether use of force reviews concluded that the uses complied with Jail policies and this Agreement. This provision allows identification of staff members who may still benefit from additional training and serves as a check on any deficiencies with use of force by field supervisors.
- c. The Jail Administrator, or designee of at least Captain rank, must personally review Early Intervention System data and alerts at least quarterly. The Administrator, or designee, must document when reviews were conducted as well as any findings, recommendations, or corrective actions taken.
- d. The County must maintain a list of any staff members identified by the Early Intervention System as possibly needing additional training or discipline. A copy of this list must be provided to the United States and the Monitor.
- e. The County must take appropriate, documented, and corrective action when staff members have been identified as engaging in misconduct, criminal activity, or a pattern of violating Jail policies.
- f. The County must review the Early Intervention System, at least bi-annually, to ensure that it is effective and used to identify staff members who may need additional training or discipline. The County must document any findings, recommendations, or corrective actions taken as a result of these reviews. Copies of these reviews must be provided to the United States and the Monitor.

Non-Compliant

There is currently no Early Intervention program.

113. Develop and implement policies and procedures for Jail databases, tracking systems, and computerized records (including the Early Intervention System), that ensure both functionality and data security. The policies and procedures must address all of the following issues: data storage, data retrieval, data reporting, data analysis and pattern identification, supervisor responsibilities, standards used to determine possible violations and corrective action, documentation, legal issues, staff and prisoner privacy rights, system security, and audit mechanisms.

Non-Compliant

The initial P&P Manual that was issued in April, 2017 did not include policies and procedures covering this matter.

114. Ensure that the Jail's medical staff are included as part of the continuous improvement and quality assurance process. At minimum, medical and mental health staff must be included through all of the following mechanisms:

- a. Medical staff must have the independent authority to promptly refer cases of suspected assault or abuse to the Jail Administrator, IAD, or other law enforcement agencies;
- b. Medical staff representatives must be involved in mortality reviews and systemic reviews of serious incidents. At minimum, a physician must prepare a mortality review within 30 days of every prisoner death. An outside physician must review any mortalities associated with treatment by Jail physicians.

Partial Compliance

Medical Administration (MAC) meetings were held in February and May 2018. The Deputy Jail Administrator is conducting the meetings while the Jail Administrator has been out on sick leave.

Quarterly Continuous Quality Improvement meetings are conducted. Topics have included discharge planning, TB skin tests, medication administration. At the JDC, CQI studies included discharge planning, medication administration and compliance in conducting the suicide screen during the intake process

There were no critical incidents of deaths since the last audit. During the May site visit a chart of RW who expired on 5/4/17 was located. A request for medical records was made to the hospital on 5/18/17 but has not been received by the jail. A mortality review was not conducted.

CRIMINAL JUSTICE COORDINATING COMMITTEE

115. Hinds County will establish a Criminal Justice Coordinating Committee (“Coordinating Committee”) with subject matter expertise and experience that will assist in streamlining criminal justice processes and identify and develop solutions and interventions designed to lead to diversion from arrest, detention, and incarceration. The Coordinating Committee will focus particularly on diversion of individuals with serious mental illness and juveniles. Using the Sequential Intercept Model, or an alternative acceptable to the Parties, the Coordinating Committee will identify strategies for diversion at each intercept point where individuals may encounter the criminal justice system and will assess the County’s current diversion efforts and unmet service needs in order to identify opportunities for successful diversion of such individuals. The Committee will recommend appropriate changes to policies and procedures and additional services necessary to increase diversion.

Partial Compliance

Hinds County has contracted with Justice Management Institute (JMI) to provide consulting and assist in implementing a CJCC. The first three meetings of the CJCC have taken place. In order to have a CJCC with sufficient expertise and experience to carry out the mandate of this paragraph, the County will need to provide staff support. The recently hired Quality Control Officer may have been designated to provide some staff support but as yet is not familiar with the CJCC. It is unlikely that he will be able to do his job as Quality Control Officer and provide the needed CJCC staff support. At this time, the CJCC is not yet at a place to identify and develop solutions for diversion.

The Sequential Intercept Mapping required by this paragraph has already taken place under a grant to the Hinds County Behavioral Health from the GAINS Center. A two-day meeting was held on August 16-17, 2017 with broad participation including the County and Jail. The Sequential Intercept Model provides a conceptual framework for communities to use when considering the interface between the criminal justice and mental health systems as they address concerns about the criminalization of inmates with mental health illness. The GAINS center completed the report for Hinds County Behavioral Health. It includes recommendations for creating or improving intercepts in the jail and at release. This provides a useful road map for compliance with the diversion and discharge planning requirements of the consent decree.

116. The Coordinating Committee will include representation from the Hinds County Sheriff’s Office and Hinds County Board of Supervisors. The County will also seek representation from Hinds County Behavioral Health Services; the Jackson Police Department; Mississippi Department of Mental Health; Mississippi Department of Human Services, Division of Youth Services; judges from the Hinds County Circuit, Chancery, and County (Youth and Justice)

Courts; Hinds County District Attorney Office; Hinds County Public Defender Office; relevant Jackson city officials; and private advocates or other interested community members.

Partial Compliance

As noted above the CJCC had its first three meetings. Not all of the identified agencies were represented at the meeting. The reported intention is to expand representation after further development.

117. The Coordinating Committee will prioritize enhancing coordination with local behavioral health systems, with the goal of connecting individuals experiencing mental health crisis, including juveniles, with available services to avoid unnecessary arrest, detention, and incarceration.

Non-Compliant

The CJCC has not yet formally adopted priorities.

118. Within 30 days of the Effective Date and in consultation with the United States, the County will select and engage an outside consultant to provide technical assistance to the County and Coordinating Committee regarding strategies for reducing the jail population and increasing diversion from criminal justice involvement, particularly for individuals with mental illness and juveniles. This technical assistance will include (a) a comprehensive review and evaluation of the effectiveness of the existing efforts to reduce recidivism and increase diversion; (b) identification of gaps in the current efforts, (c) recommendations of actions and strategies to achieve diversion and reduce recidivism; and (d) estimates of costs and cost savings associated with those strategies. The review will include interviews with representatives from the agencies and entities referenced in Paragraph 116 and other relevant stakeholders as necessary for a thorough evaluation and recommendation. Within 120 days of the Effective Date of this Agreement, the outside consultant will finalize and make public a report regarding the results of their assessment and recommendations. The Coordinating Committee will implement the recommended strategies and will continue to use the outside consultant to assist with implementation of the strategies when appropriate.

Non-Compliant

The County did contract with an outside consultant to provide technical assistance in developing the CJCC. However, that contract does not encompass the requirements listed above regarding an assessment of and recommendations for strategies to reduce recidivism and increase diversion.

IMPLEMENTATION, TIMING, AND GENERAL PROVISIONS

Paragraphs 119 and 120 regarding duty to implement and effective date omitted.

121. Within 30 days of the Effective Date of this Agreement, the County must distribute copies of the Agreement to all prisoners and Jail staff, including all medical and security staff, with appropriate explanation as to the staff members' obligations under the Agreement. At minimum:

- a. A copy of the Agreement must be posted in each unit (including booking/intake and medical areas), and program rooms (e.g., classrooms and any library).
- b. Individual copies of the Agreement must be provided to prisoners upon request.

Partial Compliance

The HCSO has still not implemented this relatively simple solution. Staff and inmates are not familiar with the details of the Settlement Agreement, which would not be the case if handbook sized copies of it were made available to all personnel (staff and inmates).

POLICY AND PROCEDURE REVIEW

130. The County must review all existing policies and procedures to ensure their compliance with the substantive terms of this Agreement. Where the Jail does not have a policy or procedure in place that complies with the terms of this Agreement, the County must draft such a policy or procedure, or revise its existing policy or procedure.

Non-Compliant

This provision has been changed from partial compliance to non-compliant. An initial attempt to draft policies and procedures was made in early 2017. The Monitoring Team and DOJ provided comments but the policies really needed to be rewritten. The County identified a consulting team to assist with the policies but that has apparently fallen through. It is stated that the plan is back to preparing the policies and procedures in-house. Because there is no apparent forward progress, this provision has been changed to non-compliant.

131. The County shall complete its policy and procedure review and revision within six months of the Effective Date of this Agreement.

Non-Compliant

See response to 130.

132. Once the County reviews and revises its policies and procedures, the County must provide a copy of its policies and procedures to the United States and the Monitor for review and comment. The County must address all comments and make any changes requested by the

United States or the Monitor within thirty (30) days after receiving the comments and resubmit the policies and procedures to the United States and Monitor for review.

Non-Compliant

See response to 130.

133. No later than three months after the United States' approval of each policy and procedure, the County must adopt and begin implementing the policy and procedure, while also modifying all post orders, job descriptions, training materials, and performance evaluation instruments in a manner consistent with the policies and procedures.

Non-Compliant

See response to 130.

134. Unless otherwise agreed to by the parties, all new or revised policies and procedures must be implemented within six months of the United States' approval of the policy or procedure.

Non-Compliant

There have not yet been policies and procedures approved by the United States.

135. The County must annually review its policies and procedures, revising them as necessary. Any revisions to the policies and procedures must be submitted to the United States and the Monitor for approval in accordance with paragraphs 129-131 above.

Non-Compliant

This paragraph is now carried as non-compliant instead of not applicable because under the timeline established by the consent decree an annual review would now be due.

COUNTY ASSESSMENT AND COMPLIANCE COORDINATOR

Paragraphs 136 through 158 on Monitor duties omitted.

159. The County must file a self-assessment compliance report. The first compliance self-assessment report must be filed with the Court within four months of the Effective Date and at least one month before a Monitor site visit. Each self-assessment compliance report must describe in detail the actions the County has taken during the reporting period to implement this Agreement and must make specific reference to the Agreement provisions being implemented. The report must include information supporting the County's representations regarding its compliance with the Agreement such as quality assurance information, trends, statistical data,

and remedial activities. Supporting information should be based on reports or data routinely collected as part of the audit and quality assurance activities required by this Agreement (e.g., incident, use of force, system, maintenance, and early intervention), rather than generated only to support representations made in the self-assessment.

Non-Compliant

At the time of the October site visit, the County provided its first self-assessment. The assessment was a good first step towards compliance with this paragraph but needed to have the level of detail required by this paragraph. This paragraph was listed as Partial Compliance in the last monitoring report. It is now listed as non-compliant because it requires that the self-assessment be updated one month before each site visit, and that was not completed.

160. The County must designate a full-time Compliance Coordinator to coordinate compliance activities required by this Agreement. This person will serve as a primary point of contact for the Monitor. Two years after the Effective Date of this Agreement, the Parties may consult with each other and the Monitor to determine whether the Compliance Coordinator's hours may be reduced. The Parties may then stipulate to any agreed reduction in hours.

Compliant

The County has designated a full-time Compliance Coordinator who is coordinating compliance activities. The Monitor will continue to track this assignment to ensure sustained compliance in this area.

EMERGENT CONDITIONS

161. The County must notify the Monitor and United States of any prisoner death, riot, escape, injury requiring hospitalization, or over-detention of a prisoner (i.e. failure to release a prisoner before 11:59 PM on the day she or he was entitled to be released), within 3 days of learning of the event.

Partial Compliance

Immediate notifications have been provided. However, the County has not been providing notification of over-detention and, in fact, is not currently identifying prisoners who have been detained beyond their release date. The records office needs to be reorganized to implement business practices that accurately identify release dates and process releases. In the interim, the County needs to continue and improve its internal audit procedures to identify individuals entitled to release and prepare incident reports for persons who were detained beyond their legal release date.

Paragraphs 162-167 regarding jurisdiction, construction and the PLRA omitted.

CERTIFICATE OF SERVICE

I hereby certify that on August 1 2018, I electronically filed the Court-Appointed Monitor's Fifth Monitoring Report with the Clerk of the Court using the ECF system, which sent notification of such filing to the following:

COUNSEL FOR PLAINTIFF, UNITED STATES OF AMERICA:

JOHN M. GORE
Acting Assistant Attorney General
U.S. Department of Justice
Civil Rights Division

D. MICHAEL HURST, JR..
U.S. Attorney
Southern District of Mississippi

STEVEN H. ROSENBAUM
Chief
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
steven.rosenbaum@usdoj.gov

LAURA COWALL
Special Counsel
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
laura.coon@usdoj.gov

CHRISTOPHER N. CHENG
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 514-8892
(202) 514-6273 (fax)
christopher.cheng@usdoj.gov

COUNSEL FOR DEFENDANTS – HINDS COUNTY; MEMBERS OF THE HINDS COUNTY BOARD OF SUPERVISORS IN THEIR OFFICIAL CAPACITIES; THE SHERIFF OF HINDS COUNTY IN HIS OFFICIAL CAPACITY:

PIETER TEEUWISSEN
Board Attorney
P.O. Box 686
Jackson, MS 39205-0686
(601) 968-6797
(601) 968-6794 (fax)
pteeuwissen@co.hinds.ms.us

CLAIRE BARKER
Counsel to the Sheriff
407 East Pascagoula Street
Jackson, MS 39205
(601) 974-2967
(Fax)
cbarker@co.hinds.ms.us

COUNSEL FOR INTERESTED PARTY, DISABILITY RIGHTS MISSISSIPPI:

ELISSA JOHNSON
JODY E. OWENS
PALOMA WU
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
(601) 948-8882
(601) 948-8885 (Fax)
elissa.johnson@splcenter.org

/s/ Aaron S. Fleisher
AARON S. FLEISHER
Trial Attorney
U.S. Department of Justice
Civil Rights Division
Special Litigation Section
950 Pennsylvania Ave, NW
Washington, DC 20530
(202) 307-6457
(202) 514-4883 (fax)
aaron.fleisher@usdoj.gov

PRIORITY RECOMMENDATIONS
June 2018

JAIL OPERATIONS

Priority Recommendation #1 (updated from February): Complete and implement the Policies and Procedures Manual for the Detention Services Division.

- Develop realistic plan for completing policies and procedures;
- Reconsider option to contract for development of policies and procedures;
- Finalize policies and procedures developed with Karen Albert regarding Classification, Records and Booking and submit for review;
- Complete draft policies by next site visit.

Priority Recommendation #2 (updated from February): Achieve 275 filled detention positions for this fiscal year.

- Complete a recruitment and retention plan and circulate to DOJ and monitoring team;
- Incorporate use of social media in recruitment efforts;
- Add detention personnel to recruitment presentations;
- Adopt step increases as incentive for retention;
- Develop recruitment material such as posters, pamphlets, etc.;
- Locate funding for four more positions in detention
- Identify a shift commander for each shift.

Priority Recommendation #3 (updated from February): Maximize the utilization of existing housing.

- Fix the HVAC system at the WC
- Relocate the juveniles at RDC to an ISO unit (operated as direct supervision).

Priority Recommendation #4 (new): Begin planning to close JDC except for use as a holding facility.

- Develop plan and timetable for closing of JDC;
- Complete priority recommendation #3 to add 180 beds;
- Complete renovations at JDC booking/transfer area to create open direct supervision and add several holding cells;
- Identify housing unit at WC for females and create a separate rec yard for them;
- Add tables to housing units for eating in the units at the WC.

Priority Recommendation #5 (updated from February): Develop plan for completing maintenance work more expeditiously.

- Complete an evaluation of barriers to completing maintenance work in a timely fashion;

- A language phone line or similar interpreter service needs to be provided.
- One classification officer will remain at the WC and the JDC, all others will be assigned to RDC.
- Obtain full access to court data bases and train staff on those data bases.

Priority Recommendation #2 (updated from November): Complete an action plan for each of the priority recommendations and provide to DOJ and monitoring team prior to the next site visit.

- Assign responsibility and timelines for each priority recommendation;
- Provide an update for each action item in all areas including completion date, progress made, barriers to completion, and anticipated completion.

Priority Recommendation #3 (Updated from November): Develop the ability to create the reports and summary reports required by the settlement agreement.

- Revise the incident report as discussed during the site visit;
- Link incident reports with investigation reports;
- Provide all documentation related to one incident in one packet;
- Provide summary reports in consistent format across all facilities;
- Provide grievance summary similar to JDC summary for all three facilities.

Priority Recommendation #4 (Updated from November)-Develop a more effective grievance system.

- Identify an individual to oversee the grievance system for all three facilities;
- Replace the current RDC grievance officer as a result of her promotion to another position;
- Assign responsibility for reviewing the adequacy of grievance responses to the person overseeing the grievance system for the three facilities;
- Set meeting with vendor to identify problems with current system.

Priority Recommendation #5: Continue progress towards compliance with the Prison Rape Elimination Act (PREA).

- Continue staff training and prisoner orientation;
- Print and post PREA placards throughout inmate occupied areas indicating “no tolerance” of sexual harassment and sexual abuse;
- Develop multiple means of reporting (PREA officer did not have a phone for reporting at the time of the site visit);
- Investigations should include not just evaluation for criminal prosecution but also internal corrective actions;
- Ensure that classification evaluates for least restrictive housing location;
- Modify the reclassification form to include more behavior-based assessment (e.g., program completion, participation in work force);
- Arrange for outside counseling to be available when needed.

MEDICAL AND MENTAL HEALTH

Priority Recommendation #1: Continue efforts to ensure that mental health assessments, and where indicated, psychiatric evaluations, have been performed and treatment plans have been developed for all prisoners on the mental health case load, and that these assessments and treatment plans are included in each prisoner's medical record.

- Continue effort to formally assess and document the assessment of all prisoners who are newly added to the mental health case load or were already on the mental health case load;
- Continue effort to develop and document treatment plans for all prisoners on the mental health case load;
- Ensure that documentation makes it clear why an inmate is receiving mental health treatment.

Priority Recommendation #2: Document altercations that come to the attention of medical staff.

- Meet with correctional staff and develop a policy utilizing the body chart for all altercations that require medical attention;
- Develop a log of all altercations that come to medical at each facility and the housing unit where the inmate was assaulted.

Priority Recommendation #3: Improve the process and documentation related to medication.

- Ensure that medications are charted in real time with refusals noted at the time of inmate contact;
- Develop a training program where both security and medical staff check inmate's mouth for hoarding of medications;
- Institute internet connectivity in both the intake area for the medication pass in the jail. Medications can be charted during the medication pass and then downloaded when the nurse returns to the medical unit.

Priority Recommendation #4: Provide health assessments consistent with NCCHC standards.

- Nurses performing the health assessment require in-service training on performing an appropriate physical exam and documentation of the exam;
- According to NCCHC standards the physical exam should be performed by an RN or NP.

Priority Recommendation #5: Because of the limitations of the electronic grievance system, maintain separate documentation of grievances.

- A running log of grievances should be maintained and the grievances should be categorized according to the nature of the complaint such as medication error, sick call timeliness, off-site referral timeliness, complaint about particular staff etc.

Priority Recommendation #6: Address process of sick call and chronic care.

- Sick call and chronic care are at times episodic in that providers only look at a particular complaint and do not look back to see that an inmate has refused medication and then has become symptomatic. The health administrator should discuss these issues with the providers at staff and CQI meetings.

JUVENILES CHARGED AS ADULTS

Priority Recommendation 1: Make physical plant modifications to Henley Young as soon as possible, including:

- Follow thru with a stated plan to add temporary/portable classroom/program space;
- Make modifications to the living units for JCAs, including: (1) replacing the existing fixed tables with movable, more normative furniture and (2) adding sound absorbing materials (e.g. carpeting, acoustic sound panels or baffles) to dramatically reduce the noise level.

Priority Recommendation 2: Select and contract with a consultant to help modify and improve the current behavior management system at Henley Young to better incentivize positive youth behaviors and reduce, and eventually eliminate, the use of solitary confinement for extended periods of time as a disciplinary tool.

- Modify the current behavior management system by creating additional incentives to help reinforce positive behaviors, integrating case planning and mental health services into the behavioral system, additional staff training related to preventing negative behaviors and redirecting youth, and significantly increasing both the nature of and time involved in constructive pro-social programming;
- Pending fully reforming the system, alternatives to extended cell confinement for disciplinary purposes should be implemented.

Priority Recommendation 3: Increase the amount of educational and pro-social programming for JCA youth at Henley Young.

- Implement a GED program;
- Evaluate options to relying on Jackson Public Schools for a complete educational program;
- Repurposing (possibly utilizing the Case Managers and/or recreation specialists) or create a position to be responsible for overall program development, including coordinating outreach to the community for volunteers (individual and groups) to provide programs for youth.

Priority Recommendation 4: Realign staffing for JCA units at Henley Young to create a more consistent staff/youth relationship.

- Utilize consistent staff on the JCA unit that receive additional training (especially as changes are made to the behavior management process);
- Evaluate creating a different classification and/or shift bonus/differential for working on the JCA unit and providing added training and supervision supports.

EXHIBIT 30

From: Leonard Dixon1 (Juvenile Temporary Detention Center) <Leonard.Dixon@cookcountyil.gov>
Sent: Tuesday, May 1, 2018 5:35 PM
To: Shone.Powell@mssd.uscourts.gov
Cc: Eddie Burnside <eburnside@co.hinds.ms.us>; Eric Dorsey <edorsey@co.hinds.ms.us>; Elissa Johnson <elissa.johnson@splcenter.org>; Pieter Teeuwissen <pteeuwissen@co.hinds.ms.us>; anthonysimonpllc@bellsouth.net; Nanetta Payne <nanetta.payne@att.net>; Dr. Lisa Boesky <drlisa@troubledteenexpert.com>; Paloma Wu <paloma.wu@splcenter.org>; Jody Owens <jody.owens@splcenter.org>; Lbdixon1 <lbdixon1@comcast.net>
Subject: Mental Health Policy update

Hi! Shone.....Attach Is the information judge Jordan requested regarding an update on mental health policies and procedures for Henley Young. Please advise if you need any additional information. Thanks

**Leonard B. Dixon, MSPA
Federal Monitor**

MEMO

Date: May 1, 2018

**Daniel P Jordan III Chief Judge
United States District Court
501 East Court Street, Suite 5.750
Jackson, MS 39201**

Dear: **Judge Jordan**

As a follow-up to your court directive of April 24, 2018, I am providing a list of the current mental health policies and procedures being reviewed by Dr. Annette Payne the new clinical psychologist at Henley Young.

In addition, I am attaching a list of policies and procedures that are being developed by Dr. Payne and her team.

It should be noted that a conference call was held with Dr. Linda Boesky mental health consultant, Dr. Payne and myself to ensure the team is on the right track.

I will copy the group below as requested. Since July is our next review with your court; there should be ample time to have mental health policies developed.

Sincerely

Leonard B Dixon

cc.

Elissa Johnson SPLC
Carmen Davis, County administrator Hinds County
Pieter Teeuwissen, attorney
Anthony Simon, attorney
Dr.Nanetta Payne clinical psychologist HYJJC
Dr.Lisa Boesky M.H. Consultant
Paloma Wu SPLC
Eddie Burnside HYJJC

CURRENT POLICIES & PROCEDURES

Access to Adequate Rehabilitative Services

Case Management (Roles & Responsibilities)

Classification

Counseling, Programs, & Progress Notes

Individual Service Plan

Initial Assessment/Intake

Readmission Assessment-Update

Referral for Psychiatric Services

Request for Services

Scope of Mental Health Services

Staff & On-Call Mental Health Services

Substance Use & Treatment

Suicide Prevention

Treatment Plan

Treatment Team

Youth Screening & Instrument

ADDITIONAL POLICIES & PROCEDURES TO BE DEVELOPED

Privacy of Care – *Mental Health Procedure*

Notification in Emergencies – *Mental Health Procedure*

Emergency Services – *Mental Health Procedure*

Continuity of Care During Incarceration – *Mental Health Procedure*

Discharge Planning – *Mental Health Procedure*

Informed Consent and Right to Refuse Services

Clinical Record Keeping

Confidentiality of Health Records and Information

as of: 05/01/2018

Eric Dorsey HYJC
Jodi Owens SPLC
File

Attachments:

EXHIBIT 31

Ava Cilia

From: Paloma Wu
Sent: Wednesday, May 2, 2018 3:47 PM
To: Elissa Johnson; Ava Cilia
Subject: FW: Request for Records: Current Policies, Forms, and Staffing
Attachments: Policy Procedure Henley - Young.pdf; Policy Procedure Henley - Young2.pdf

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Eric Dorsey [<mailto:edorsey@co.hinds.ms.us>]
Sent: Tuesday, April 24, 2018 8:30 AM
To: Paloma Wu; Eddie Burnside
Subject: RE: Request for Records: Current Policies, Forms, and Staffing

Good morning, please see attachments. I have identified two policies that was either revised or created after October 2017.

Eric Dorsey | Quality Assurance Coordinator

Henley-Young Juvenile Justice Center

940 E. McDowell Road

Jackson, MS 39204

☎ 601-985-3000

📠 601-985-3082

✉ edorsey@co.hinds.ms.us

MISSION:

To create and maintain a safe, secure, stable, and mind-changing environment for each child in our care.

QUOTE:

"Every accomplishment starts with the decision to try. Dreams don't work unless you do"

From: Paloma Wu [<mailto:paloma.wu@splcenter.org>]
Sent: Monday, April 23, 2018 11:47 PM
To: Eric Dorsey <edorsey@co.hinds.ms.us>; Eddie Burnside <eburnside@co.hinds.ms.us>
Cc: Jody Owens <Jody.Owens@splcenter.org>; Elissa Johnson <Elissa.Johnson@splcenter.org>; Ava Cilia <Ava.Cilia@splcenter.org>; 'mdutro@drms.ms' <mdutro@drms.ms>; anthonysimonpllc@bellsouth.net; Pieter

Teeuwissen <pteeuwissen@bellsouth.net>; Leonard Dixon (Juvenile Temporary Detention Center)

<Leonard.Dixon@cookcountyl.gov>; Johnnie McDaniels <jmcdaniels@co.hinds.ms.us>

Subject: RE: Request for Records: Current Policies, Forms, and Staffing

Mr. Burnside and Mr. Dorsey,

Thank you very much for taking the time to meet today. I'm re-forwarding our records request below (for all new/updated policies, all blank forms, and filled/unfilled staff positions).

All the best,
Paloma

Paloma Wu
Southern Poverty Law Center
Direct: 769-524-2003
Cell: 601-715-5491

From: Paloma Wu

Sent: Friday, April 20, 2018 9:59 AM

To: jmcdaniels@co.hinds.ms.us; Eric Dorsey

Cc: eburnside@co.hinds.ms.us; Jody Owens; Elissa Johnson; Ava Cilia; 'mdutro@drms.ms'; 'jowens@drms.ms'; anthonysimonplc@bellsouth.net; Pieter Teeuwissen; Leonard Dixon (Juvenile Temporary Detention Center)

Subject: Request for Records: Current Policies, Forms, and Staffing

Dear Mr. McDaniels and Mr. Dorsey,

I hope you are well. We understand the County has been working to update policies and procedures. In preparation for our April 24th status conference, SPLC requests (1) any new or updated policies (since October 31, 2017); (2) the forms referenced in the policies (blank versions); and (3) any new or updated staffing lists or charts (reflecting filled and unfilled positions).

If the records cannot be emailed, we are available to pick the records up at the facility at any time and hope to do so before the status conference. Please inform us in writing as soon as possible if the County cannot produce the requested information.

Do not hesitate to contact me with any questions or concerns. Thank you in advance for your attention to this matter.

Best,
Paloma

Paloma Wu
Staff Attorney
Southern Poverty Law Center
111 East Capitol Street, Suite 280
Jackson, MS 39201
T: 601-948-8882
F: 601-948-8885
Direct: 769-524-2003
Cell: 601-715-5491
paloma.wu@splcenter.org

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