



has been revised accordingly.

## **II. METHODOLOGY**

During this reporting period, the Monitors received and reviewed a constant stream of information and data provided by Mississippi Department of Corrections (MDOC) and Walnut Grove Youth Correctional Facility (WGYCF) officials. Much of this material is provided through routine monthly reports such as incident reports, staffing reports, inmate disciplinary data, grievance data, and inmate classification data. In addition to the materials routinely provided during this reporting period, the Monitors received reports at least twice weekly on the facility lockdown initiated December 31, 2013, as the result of the major disturbance on Housing Unit 3 (HU-3) (see below, Protection From Harm). On February 4, 2014, the Monitors received the After Action Report for the HU-3 disturbance prepared by Neil Turner, the interim warden at WGYCF. During the course of this reporting period, the Monitors conducted frequent telephone conferences (telcon) with various MTC and MDOC officials. These frequent contacts were necessary to enable the Monitors to remain fully apprised of developing corrective measures required as a result of the HU-3 disturbance.

On January 28-29, 2014, the Monitors conducted a site inspection. Also present during the two-day site inspection was the plaintiffs' retained expert, Eldon Vail. The site inspection began with a general briefing by MTC officials that included a status report on the investigation into the HU-3 disturbance. During this briefing session, Mr. Vail was given the opportunity to make inquiries of MTC and MDOC officials as to the overall operation of the facility. He also requested documentation that would assist in his understanding of facility operations. After

the briefing session, MTC officials provided a full tour of the facility, during which time the visiting parties were permitted to pose questions and to interview staff without limitation. After the tour, the Monitors separated from Mr. Vail and for the remainder of the site inspection met with various officials to address their respective areas of monitoring.

On February 10-11, 2014, the plaintiffs' expert for mental health care, Dr. Pablo Stewart, conducted a site inspection to assist in his effort to evaluate the adequacy of the system for delivery of mental health care to the WGYCF population. It is anticipated that both Mr. Vail and Dr. Stewart will be providing reports of their observations and recommendations to advance compliance with the *Consent Decree* and the *Memorandum of Agreement Mental Health-WGYCF*.

### **III. SUMMARY**

The *3rd Report* reflected substantial progress by MTC officials in stabilizing the facility. Assault rates and use of force had been significantly reduced. A number of programming initiatives were introduced and gains were made toward improving staff deployment. The officials had completed the retrofitting of cells in the infirmary to manage suicides risks and the LOC-C/SMI population had been substantially reduced. Officials began operation of a Privilege Unit (7-A) and had created new unit manager positions.

Notwithstanding these gains, the facility experienced a serious disturbance on HU-3 on December 31, 2013, (December Disturbance) that exposed serious flaws regarding the ability of facility officials to properly and safely manage the Close Custody inmates assigned to WGYCF. The *3rd Report* warned that problematic staffing issues persisted at the facility due in large part

to the relatively inexperienced staffing complement supervising the close custody housing units. As will be discussed in greater detail below, two of the housing unit officers assigned to HU-3 at the time of the December Disturbance had less than 60 days service, and both were terminated as a direct or indirect result of the December Disturbance. However, it was the supervision of these inexperienced security staff members, which was revealed to be sorely deficient, that set the stage for not only the outbreak of the disturbance but the actual mismanagement of the event and its aftermath. The facility remained in total lockdown from December 31, 2013, thru January 16, 2014. It was not until the first week in February of 2014 that the general population Housing Units 5-8 resumed normal operations. HU-3 remains subject to very limited and controlled out-of-cell opportunities.

While MTC facility staff continued to make gains with support from corporate officials during this reporting period in such areas as the inmate disciplinary process, classification, and contraband control, the management and supervision of a sizable Close Custody population with improperly supervised inexperienced staff is the paramount issue that currently permeates the overall operation of WGYCF.

#### **IV. OBSERVATIONS AND FINDINGS ON SUBSTANTIVE REMEDIAL MEASURES**

##### **A. Classification and Housing System**

Recommended Compliance Finding: **Partial Compliance**

Observations: In addressing this section, an audit of 48 cases and a statistical review of the WGCF as of December 31, 2013, and February 1, 2014, were completed. Interviews were also conducted with inmates assigned to the long-term segregation program and housed in HU-3.

The MDOC has an objective external inmate classification system that properly assigns inmates to one of three custody levels (minimum, medium, and close).

Inmates are initially assessed at the MDOC reception center and then transferred to WGCF where they are assigned to an orientation unit. At that time, the initial classification designation is verified and a recently created MDOC needs-assessment form is completed. These two documents (custody assignment and needs assessment) form the basis for a case plan which indicates to the inmate what he needs to accomplish while incarcerated within the MDOC and, more specifically, at the WGCF. Inmates are then assigned to a housing unit that is consistent with the inmate's custody level.

In the *3rd Report*, it was noted that the facility did not have a formalized internal classification system. Since then, MTC has established such a system where housing units are now designated by custody level. An audit of 48 randomly-selected inmates found that all 48 inmates were properly classified and assigned according to the internal housing unit assignment system.

Two deficiencies were noted. First, there was a large number of inmates for whom a needs assessment was not completed. The vast majority of these inmates were assigned to the court-ordered ROS program. These missing needs assessments have now been conducted and the documentation corrected.

Second, the gang membership flag is misleading. Active gang members who have not been disciplined for gang-related activities are called "inactive" gang members even though they are very much affiliated with the designated gang. It would be more accurate to continue to label these inmates as "active" gang members until they actually renounce their gang membership. The Monitors would like the MDOC to consider this policy change for all facilities.

In terms of the inmate profile there are two trends that should be noted. First, there has been an increase in the inmate population from 1,043 to 1,261. Second, there has been an increase in the number of inmates classified as Close Custody from 253 to 327. This trend reflecting an increased number of Close Custody inmates is of interest given the disturbance that occurred in HU-3 where the Close Custody inmates are confined.

**Table 1. WGCF Population July 2012 and January 2014 By Custody Level**

	July 2012		January 2014	
	Frequency	Percent	Frequency	Percent
CLOSE	253	24.3	327	25.9
MEDIUM	591	56.7	737	58.4
MINIMUM-NON-COMM	190	18.2	178	15.6
MINIMUM-COMM	3	0.3	0	0.0
UNCLASSIFIED	6	0.6	0	0.0
Total	1,043	100	1,261	100

Table 2 shows the housing location of inmates by their custody level. With few exceptions, Close Custody inmates are separated from Minimum Custody inmates. HU-4D which is the Protective Custody unit has six such inmates. There is one such inmate in HU-7C and another in HU-8B ROS.

**Table 2. WGCF Population by Custody Level by Housing Unit January 2014**

UNIT	CLOSE	MEDIUM	MINIMUM	TOTAL
WGCF 3A	54	2	0	56
WGCF 3B	56	0	0	56
WGCF 3C	61	0	0	61
WGCF 3D	56	2	0	58
WGCF 4A	14	9	0	23
WGCF 4B	54	0	0	54
WGCF 4C	23	0	0	23
WGCF 4D	6	19	3	28
WGCF 5A	0	57	2	59
WGCF 5B	0	42	15	57
WGCF 5C	0	57	3	60
WGCF 5D	0	50	7	57
WGCF 6A	0	55	4	59
WGCF 6B	0	54	2	56
WGCF 6C	0	56	2	58
WGCF 6D	0	54	5	59
WGCF 7A	0	29	28	57
WGCF 7B	0	53	6	59
WGCF 7C	1	47	9	57
WGCF 7D	0	55	4	59
WGCF 8A	0	14	23	37
WGCF 8B	1	17	43	61
WGCF 8C	0	14	35	49
WGCF 8D	0	51	6	57
WGCF MED CLINIC	1	0	0	1
TOTAL	327	737	197	1261

It is also apparent that within the Close Custody population, there is a segment that is not disruptive and are assigned to Close Custody largely due to the severity of their current offense and/or their prior criminal record (Table 3). For these reasons it would be useful to begin stratifying the Close Custody population along some of these same attributes. This recommendation is discussed below and is being reviewed by the MTC.

**Table 3. Key Attributes of the Close Custody Inmates**

Item	Inmates	%
Total Close Custody	327	100%
No Gang	113	35%
No Assaults	273	83%
No Fights	284	87%
No RVRs	22	7%
No History Prior Prison Violence	230	70%

In summary, the WGCF will reach full compliance when all inmates have their needs assessments completed. The Monitors also recommend that a specific housing plan be developed for the Close Custody population that will separate these inmates by their disciplinary conduct. If this is not done, the Monitors would recommend a major reduction in the Close Custody and Long-Term Segregation populations (see discussion in Section C. Long-Term Confinement).

## **B. Protection From Harm**

### **(1) Reasonably Safe Living Conditions**

Recommended Compliance Finding: **Non-Compliance**

Observations: As noted in the *3rd Report* serious assaults and fights had declined for that reporting period. Since then, there was an increase in assaults and fights in October 2013, and a sharp rise in assaults and fights and also in staff applications of force in the month of December 2013 (see Table 3). It should be noted that the December disturbance was recorded by the MDOC as a single fight/assault. Even with that exception, the rate has increased since June 2013.

The control of contraband during the reporting period was a serious management issue, especially given that no fewer than three officers were detected attempting to introduce contraband into the facility.

On December 31, 2013, a major disturbance erupted on HU-3D that quickly spread to the remaining three pods HU-3A, HU-B, and HU-C (see attached After

Action Report). A total of 16 offenders were treated at outside medical facilities for injuries sustained during the disturbance. These injuries included multiple stabbing and puncture wounds, lacerations, and fractures. After HU-3 was secured, the entire facility was locked down and all facility housing units remained in lockdown status until January 16, 2014, when facility officials began phasing out the lockdown for HUs 4-8. By February 2, 2014, all housing units except HU-3 had returned to normal operations.

During the month of January 2014, while the inmate population was locked down, in-cell fights started occurring and inmates in two housing units on five separate occasions assaulted correctional officers with unknown liquid substances.

**Table 4. Assaults by Facility January 2013 – January 2014**

Facility	Average Population	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total Assaults	Assault Rate
<b>State Facilities</b>																
MSP	3,365	7	8	8	11	14	24	25	16	12	15	10	16	23	189	6
CMCF	3,293	5	21	23	34	25	49	38	50	47	24	25	26	22	389	12
SMCI	3,209	17	6	9	21	29	19	19	20	26	10	9	4	13	202	6
<b>Private Facilities</b>																
East MS CCF	1,200	20	5	1	7	5	9	16	10	8	17	18	10	NR	126	11
Marshall CCF	998	4	4	4	10	3	2	2	2	3	2	4	0	1	41	4
Walnut Grove	1,322	37	13	6	11	5	3	2	4	5	12	5	7	6	116	9
Wilkinson CCF	897	8	27	15	15	8	13	13	20	9	18	17	19	17	199	22

**(2) Sufficient Numbers of Adequately Trained Staff**

Recommended Compliance Finding: **Non-Compliance**

Observations: The December Disturbance occurred on the second shift at approximately 6:51 p.m. A review of the Shift Roster for December 31 reflected a very inexperienced staffing complement. Almost half of the officers had less than six months' experience. The officer assigned to HU-3D, where the disturbance began, had less than two months' service. In March 2011, 33 percent of the security force at WGYCF had less than one year of experience. In December 2013, 48 percent of the security force had less than one year of experience. Commensurate with an increasingly inexperienced staff, between March 2011 and December 2013, the Close Custody population at the facility increased from 121 to 346. An



aggravating factor was the manner in which the HU-3 Close Custody inmates were being supervised at the time of the incident. The approximately 230 offenders in the four separate pods were, at the time of the incident, not subject to controlled movement within the pods (cell doors remained unsecured during congregate day space activity).

The prevalence of inexperienced staff on the second shift was identified as a significant management issue as far back as October 2012 (see *2<sup>nd</sup> Report*). The Deputy Warden of Operations on October 13, 2012, advised the then-MDOC Deputy Commissioner of the following operating procedures to be implemented at the facility:

- *The purpose of this memorandum is to outline changes to facility operations to mitigate officer inexperience and to combat misconduct. The following procedures and changes will be implemented, some as early as Monday, October 15, 2012.*
- *The 3pm–11pm shift is vulnerable with many of the officers being only one or two months out of the Academy. Five officers from each of the other two shifts with significant experience will replace new officers on the swing shift. This amounts to approximately a 25 percent increase in experience.*
- *Building 3 opens on Monday, and we have identified our best officers on each shift to post in pod control and 3A. As we continue to fill Building 3, the sharpest staff we have will be placed as zone officers and assigned for a significant period.*

Clearly, at the time of the December Disturbance, MTC management staff had abandoned the October 2012 operating procedures.

In addition to the lack of experienced officers, as of February 21, 2014, seven staff (6 COs and 1 Lieutenant) have been terminated or resigned as a direct or indirect result of the December Disturbance. The behaviors that resulted in termination recommendations included: passing contraband to inmates, refusing a vehicle search, failure to report known violations, fraternization, and drug possession. It should be noted that during calendar year 2013, approximately 12 officers were caught attempting to introduce contraband into the facility (see EORs for January–December 2013).

The After Action Report of the December Disturbance includes 18 items under the heading of “Policy Review and Further Actions.” Two of these items noted that MTC officials were reviewing the current method of assigning staff to shifts and also

reviewing Close Custody procedures (see Report at page 6). On February 21, 2014, the Monitors participated in a telcon with the MTC Warden, the MTC Vice President for Corrections, the MDOC Deputy Commissioner, the MDOC General Counsel, and Harold Pizzetta, Office of the Attorney General. The purpose of this telcon was, among other things, to determine whether MTC officials have advanced these issues beyond the "review" stage. We were advised that the HU-3 Unit Manager had completed her review of the staffing roster and had conferred with her Unit Sergeants to determine an improved method of assigning and training staff for the unit. In brief, this method consists of selecting the "top cadets" of a recent training class and providing them with enhanced on-the-job training (OJT) provided directly by the Unit Manager, Sergeants, and Unit Rover (see attached "Summary of Conference call, 2-21-14").

Regarding Close Custody management, the Warden is in the process of developing a "Tier Program," that will stratify this population into smaller more manageable groups based on a phased program driven by their behavior and participation in programming.

In addition to these initiatives, an additional Sergeant and Lieutenant will be included on the roster to provide increased supervision in the close custody unit by March 3, 2014.

MTC officials are also working on or have completed the following items to improve the quality and supervision of all facility security staff (see attached "Summary of Conference Call, 2-21-14"):

- *Increasing CERT training to monthly training;*
- *Reviewing staff on-board process—who interviews, questions, assignment orientation, OJT, shift placement, disciplinary process, incentive process, etc.;*
- *Reviewing training curriculum—Job Corp specialist scheduled to critique cadet class and trainers;*
- *Reviewing Post Orders—do they say what they need to, how to ensure compliance;*
- *Increase Job Fairs—focus on quality of candidate;*
- *Review process of communicating procedures to staff—must know emergency procedures, Use of Force, Post Orders; and*
- *Replacing, updating security equipment.*

**(3-12) Use of Force and Chemical Agents.**

Recommended Compliance Finding: **Partial Compliance**

Observations: The December Disturbance After Action Report noted that staff failed to video the force applied by staff. Moreover, the Use of Force Incident Reports were not completed in a timely fashion. The Report also noted that there was not a clear chain-of-command for the staff response. Notably, the incident packet did not include statements from the Deputy Warden and Major, both of whom were present and were involved in the staff response. The incident packet also failed to document the manner in which the offenders and the housing units were decontaminated, which is critical given the repeated applications of a variety of chemical munitions that were deployed during the disturbance. The staff response was so fraught with disorganization that the After Action Report has called for a major revamping of the facility emergency response plans, protocols, and procedures.

Prior to the December Disturbance, staff applications of force for the reporting period were generally timely reported and reviewed. Chemical agents were deployed sparingly and there were no serious injuries to either staff or inmates. Moreover, the amount of force applied by staff was consistent with, and proportional to, the inmate resistance/threat levels.

**(13) Use of Prisoners to Enforce Rules or Impose Discipline.**

Recommended Compliance Finding: **Compliance**

Observation: There were no documented instances of WGYCF staff utilizing, directing, or allowing prisoners to enforce rules or discipline on other prisoners.

**(14) Protection of Inmates from Abuse, Harassment, and Punishment on the Basis of their Actual or Perceived Sexual Orientation, Gender Identity, and Gender Non-Conformity.**

Recommended Compliance Finding: **Compliance**

Observation: A review of the EORs for August 2013 thru January 2014 reflect no such incidents.

**(15) Prohibition of Forcing Inmate to Engage in Physical Exertion that Inflicts Pain or Discomfort.**

Recommended Compliance Finding: **Compliance**

Observation: The ROS program does not include any such inappropriate physical exercises.

### C. Long-Term Confinement

**(1) MDOC will not subject prisoners to long-term confinement except in conformity with this consent decree.**

Recommended Compliance Finding: **Partial Compliance**

**(2) Prisoners may be held in long-term cell confinement only for the reasons specified under this section.**

Recommended Compliance Finding: **Partial Compliance**

**(3) Prisoners may not be held in long-term cell confinement for the reasons specified under this section.**

Recommended Compliance Finding: **Compliance**

**(4) The MDOC must review all prisoners under long-term confinement every 90 days.**

Recommended Compliance Finding: **Compliance**

**(5) The MDOC must maintain a list of all prisoners held in long-term confinement listing the date of admission, the reason for placement and the date of the last review.**

Recommended Compliance Finding: **Partial Compliance**

Observations: At the time of the last report there were 23 inmates assigned to long-term segregation status. As of March 10, 2014, that number has remained at 23 (Table 5). All of the 23 inmates have been so classified and they have been reviewed according to MDOC policy. The reasons for placement in the long-term confinement status have been corrected so that they directly match the reasons cited in the *Consent Decree*.

Although the MDOC is largely in compliance with this aspect of the *Consent Decree* there are troubling trends that should be addressed by the parties. This is based on the Monitor's view that the segregation unit is detracting from other aspects of the *Consent Decree* that need to be addressed and MDOC is not conforming to its own policy regarding Long-Term Segregation.

As shown in Table 5, there are 15 inmates who have been in long-term

segregation for over 180 days, which is a much larger number than was reported in the last Monitor's report. Furthermore, there is no meaningful programming occurring within the unit.

The current policy of MDOC is to place inmates in long-term segregation for an initial six months if they have a demonstrated history of aggressive/violent behavior, possession of weapons capable of inflicting death, significant gang activity, escape threat and/or pose a substantial threat to MDOC facilities. They are to be reviewed every 90 days for possible release to the general population. If they are unable to demonstrate conforming behavior they should be referred to MDOC's High Risk Incentive Program. If they are RVR free for six continuous months and there are no other reasons cited by MDOC for retention in the long-term confinement unit, they are to be released to general population either at Walnut Grove or some other MDOC facility.

Interviews with MTC staff indicate that they are totally ill-equipped or trained on how to operate a long-term segregation program or to manage these inmates. There were also two cases where inmates with severe mental health issues had been released from the East Mississippi State program and placed immediately in the WGCF Segregation Unit where their behavior has deteriorated. The transfer of such inmates from long-term segregation to WGCF, which is not equipped to handle such inmates, should be discontinued.

Further, there are 10 inmates who have remained RVR free for at least six continuous months. Some of these inmates have been recommended for release by WGCF, but the request is either pending or denied by MDOC central classification staff (Table 6).

Due to the fact that there are now several inmates whose behavior no longer warrants placement in the long-term confinement unit at WGCF, the Monitors find the MDOC to be in partial compliance. To receive a compliance rating, the MDOC must either remove inmates who have been in the long-term confinement unit for more than six months and continue to qualify for long-term confinement to the High Risk Incentive Program. Those inmates who have been RVR free for six continuous months should be transferred to a general population status.

**Table 5. List of Prisoners in Long Term Segregation at WGCF**

Name	MDOC#	Admit Date	Days in	Next Review	Reason(s)	Consent Decree Reference	RVR's Last 6 Months
[REDACTED]	[REDACTED]	12/21/12	475	June	Violent & Aggressive Behavior	C-(2) a	0
[REDACTED]	[REDACTED]	06/29/11	1006	June	Escape / Attempted Escape	C (2) c	1
[REDACTED]	[REDACTED]	05/30/12	639	May	Weapons capable of Inflicting Death	C (2) a	0
[REDACTED]	[REDACTED]	08/01/13	222	May	Commissioner Determination	C (2) e	0
[REDACTED]	[REDACTED]	08/21/13	202	May	Escape / Attempted Escape	C (2) c	0
[REDACTED]	[REDACTED]	04/12/13	333	April	Weapons capable of Inflicting Death	C-(2) a	3
[REDACTED]	[REDACTED]	04/24/13	321	April	Violent & Aggressive Behavior	C-(2) a	2
[REDACTED]	[REDACTED]	04/30/13	315	April	Weapons capable of Inflicting Death	C-(2) a	0
[REDACTED]	[REDACTED]	06/27/13	257	June	Disruptive Gang Activity	C-(2) b	0
[REDACTED]	[REDACTED]	08/01/13	222	May	Disruptive Gang Activity	C-(2) b	1
[REDACTED]	[REDACTED]	08/01/13	222	May	Escape / Attempted Escape	C-(2) c	1
[REDACTED]	[REDACTED]	08/20/13	203	May	Multiple Entries	C-(2) a & b	0
[REDACTED]	[REDACTED]	08/28/13	195	May	Escape / Attempted Escape	C-(2) c	0
[REDACTED]	[REDACTED]	08/28/13	195	May	Escape / Attempted Escape	C-(2) c	0
[REDACTED]	[REDACTED]	08/28/13	195	May	Escape / Attempted Escape	C-(2) c	1
[REDACTED]	[REDACTED]	10/17/13	45	April	Violent & Aggressive Behavior	C-(2) a	2
[REDACTED]	[REDACTED]	10/17/13	145	April	Violent & Aggressive Behavior	C-(2) a	1
[REDACTED]	[REDACTED]	11/14/13	117	May	Weapons capable of Inflicting Death	C-(2) a	2
[REDACTED]	[REDACTED]	11/14/13	117	May	Escape / Attempted Escape	C-(2) c	0
[REDACTED]	[REDACTED]	12/19/13	82	June	Commissioner Determination	C-(2) e	1
[REDACTED]	[REDACTED]	03/17/14	14	June	Commissioner Determination	C (2) e	8

**Table 6. Recommendations for Release for Inmates that are RVR Free for 6 Months**

Name	RVR's Last 6 Months	Reason Still in LTS
[REDACTED]	0	Walnut Grove recommended release 03/11/14 waiting for MDOC
[REDACTED]	0	Wilkerson County recommended remain in LTS/Will review April 2014
[REDACTED]	0	WCCF recommend remain LTS/review in May
[REDACTED]	0	Placed in High Risk on 02/21/14 for prior escape/Came to Walnut Grove 03/26/14
[REDACTED]	0	Final review in April
[REDACTED]	0	Recommend release 03/11/14 waiting for MDOC
[REDACTED]	0	Recommend release 02/11/14 waiting for MDOC
[REDACTED]	0	Recommend release 02/11/14 waiting for MDOC
[REDACTED]	0	Recommend release 02/11/14 waiting for MDOC
[REDACTED]	0	Final review to be completed in May

#### **D. Programming and Behavior Management**

**(1) Removal of the Paramilitary Elements of the Regimented Inmate Discipline Program.**

Recommended Compliance Finding: **Compliance** (see 1<sup>st</sup> Report)

**(2) MDOC Will Develop a Behavior Management Policy that incorporates Graduated Sanctions for Rule Violations and Positive Incentives for Good Behavior.**

Recommended Compliance Finding: **Compliance** (see Reports 1-3)

**(3) Out-of-Cell Time and Outside Recreation**

Recommended Compliance Finding: **Partial Compliance**

Observations: Until the December Disturbance, inmates were afforded ample out-of-cell time including outdoor recreation. As aforementioned, the facility remained in total lockdown through January 16, 2014. Even after January 16, 2014, inmates were afforded very limited out-of-cell time through January 29, 2014. While the Monitors are reluctant to enter an adverse finding on the continuing HU-3 phased lockdown, we have not been able to determine a concrete basis for the length of time the population on the remaining units were confined to their cells without out-of-cell time through January 16.

#### **D. Disciplinary Due Process and Grievances**

**(1) Due Process for Imposition of Disciplinary Sanctions.**

Recommended Compliance Finding: **Compliance**

Observations: As noted in the 3<sup>rd</sup> Report, the facility was not utilizing the Informal Resolution Process (IRP) for rules violations as provided in the MDOC Disciplinary Procedures, SOP 18-01-01. In October 2013, the MTC Hearing Officer conducted a training session with a number of supervisory personnel (sergeants and unit managers) on the IRP. By December 31, 2013, the facility had processed over 100 RVRs through the IRP. A review of approximately 115 informal dispositions for February 4 thru March 19, 2014, reflect that the typical sanction imposed for a rule violation processed pursuant to the IRP was a loss of 2-3 days of recreation or canteen privileges. In no instance did MTC staff impose sanctions (disciplinary

segregation or loss of earned time) that would have required the Formal Resolution Process. While on site for the January inspection, the Hearing Officer expressed her support for the IRP and stated she will continue her efforts to ensure it is utilized when appropriate. It is noted that a review of the January 2014 Offender Disciplinary Hearing Docket reflects a significant reduction in the number of Formal Resolution Process hearings over the previous six to 12 months.

**(2) Adequate Grievance Procedures**

Recommended Compliance Finding: **Deferred**

Observations: As reported in the *3<sup>rd</sup> Report*, Monitor Martin met with the Grievance Coordinator to discuss development of an improved grievance tracking system. While on-site for the January 2014 inspection, Monitor Martin reviewed the ARP Resolve Log for October 2013 and learned that the tracking system needs further refinement as grievances that are often resolved in favor of the inmate are reported as "Withdrawn by the Offender." Monitor Martin again met with facility officials, including the Grievance Coordinator, and worked on revisions to the ARP Resolve Log. The Grievance Coordinator thereafter provided revised tracking logs with more complete grievance data. Monitor Martin also reviewed a sample of recent grievances and confirmed that irrespective of reporting problems, inmate grievances are generally processed in a timely manner. Moreover, it is evident that the grievance system is accessible to the inmate population and that it is being used to substantively address legitimate claims by the inmate population.

**F. Suicide Prevention**

**(1) Housing of Prisoners on Suicide Watch.**

Recommended Compliance Finding: **Compliance** (see *3<sup>rd</sup> Report*)

**(2) Development of Suicide Prevention Policy.**

Recommended Compliance Finding: **Deferred**

Observation: As aforementioned, the plaintiffs' have retained a mental health care expert to evaluate services at WGYCF and will be filing a report to the parties.

**(3) Deprivation of clothing and programming while on suicide watch.**

Recommended Compliance Finding: **Compliance** (see *3<sup>rd</sup> Report*)



## G. Medical Care

### **(1) Provision of Adequate, Appropriate, and Timely Medical and Dental Care.**

Recommended Compliance Finding: **Deferred** [Note: The Monitors have not conducted an independent compliance assessment of Medical and Dental Care. The Plaintiffs have retained a medical health care expert to evaluate the delivery of health care at the facility and she will be conducting site work on May 6-7, 2014.]

Observations: On December 10, 2013, AdminPros submitted the *3<sup>rd</sup> Report*, attached hereto for the parties' review.

### **(2) Prohibition of Housing Inmates with "Serious Mental Illness."**

Recommended Compliance Finding: **Deferred** (see F.2., above)

Observation: As of January 28, 2014, there were 49 inmates with serious mental illness (SMI inmates) at the facility. The majority of the SMI inmates at the facility are assigned to the ROS program.

## H. Contract Monitoring

### **(1-2) Development and Implementation of Comprehensive Contract Monitoring Policies and Procedures.**

Recommended Compliance Finding: **Compliance**

Observations: See Section G.1. above, regarding monitoring of the health care provider. In addition to the continuing monitoring by the MDOC Contract Monitor, MTC officials have recently developed a *Consent Decree* Monthly Audit Tracking system.

**CERTIFICATE OF SERVICE**

I, Harold E. Pizzetta, III, Assistant Attorney General, hereby certify that on April 17, 2014, I electronically filed the foregoing Fourth Report of Monitors with the Clerk of the Court using the ECF system which sent notification of such filing to all counsel of record.

SO CERTIFIED this 17<sup>th</sup> day of April, 2014.

/s/Harold E. Pizzetta, III  
Harold E. Pizzetta, III, MS Bar No. 99867



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Correctional Facility

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(601) 253-2348

April 14, 2014

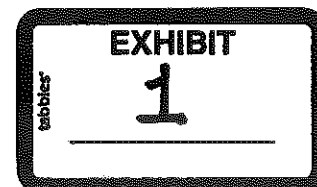
The purpose of the Consent Decree, "is to protect certain constitutional and federal statutory rights of individuals who are now or in the future will be imprisoned at WGYCF." MTC has taken this judgment to heart since our transition on June 2012. Significant activities by our company have combined to ensure success. One of the most important of these is the development of a self-audit tool to keep compliance at the forefront in all that we do. The tracking tool was designed to monitor, track, audit and train on compliance of the Consent Decree. All staff are involved in the auditing process.

The audit tool, designed to measure ongoing compliance with the substantive provisions of the consent decree, is divided into eight sections to match the sections labeled in the decree. Each substantive provision is followed by action items. These action items are monitored and tracked for compliance. When all action items for a substantive provision are complete or met during the monthly evaluation period, the status is noted as compliant; provisions lacking progress are noted as non-compliant. We have utilizing the tracking tool since October 2013. For the period of 3 months prior to the Monitor Report, the tracking tool indicates compliance in the areas cited in the report. Several of the items noted in the Monitor Report that were found to be noncompliant were as a result of the one incident on December 31.

The accrediting body of the American Correctional Association began their 3 year process in November 2013, when Thomas Eisenschmidt, Barbara Denison, and Susan Jones, consultants with the American Correctional Association (ACA) audited Walnut Grove for compliance with national standards used for monitoring correctional facilities throughout the country. Upon completion of the audit, the facility was found to be 100% compliant with all mandatory and non-mandatory standards. The ACA certification is for a three year period and demonstrates Walnut Grove operates within industry standards.

Additionally, the wardens of the MTC Mississippi facilities met in June 2013 to identify ways to provide efficient and effective custody and control of individuals incarcerated at the Mississippi facilities. A comprehensive strategic plan has been developed to focus on specific action items that address challenges at the individual facilities. The strategic plan for Walnut Grove has been organized into 12 Points:

Point 1- Mitigate conditions that led to Walnut Grove Correctional Facility (WGCF) consent decree and alleviate conditions from reoccurring



- Point 2 - Reduce drug and contraband intrusion
- Point 3 - Reduce assaults and violence
- Point 4 - Improve physical condition of facilities
- Point 5 - Develop staff confidence and training
- Point 6 - Engage inmates in productive programs and activities
- Point 7 - Expand recreational opportunities
- Point 8 - Improve conditions and expand opportunities in restrictive housing
- Point 9 - Expand and improve food service offerings
- Point 10 - Exceed national standards to improve sexual safety
- Point 11 - Develop a scorecard to measure against benchmarks
- Point 12 - Expand and improve communication to employees, media and public

This is by no means an exhaustive list of our efforts in addressing the challenges of operating a correctional environment. The strategic plan has been devised as another management tool to assist in monitoring our operations. The expected outcomes associated with the plan are numerous, to include reductions in assaults, reduced introduction of contraband and positive drug tests, as well as reduced suicides and homicides. In addition we expect to experience a reduction in staff turnover, rules violations and disciplinary actions.

Since we assumed operation of the facility in June 2012 we have issued 118 GED certificates, had 487 Regimented Inmate Discipline (RID) graduate the program, and 61 offender's complete vocational programs.

It is important to note in this response that the December 2013 incident at Walnut Grove has been analyzed to determine if crisis management procedures were followed. The incident was evaluated, reviewed and debriefed with staff. Best practice in any correctional facility is to conduct an "after action" review and use those findings to improve operations. Some of the specific outcomes from the review that have been addressed are:

- Physical Structure - all food serving slots in the closed custody housing units are closed and secured when food is not being passed out.
- Mirrors - all metal mirrors have been removed from Housing Units 3 and 4. The facility will remove the metal mirrors from the other units on the facility.
- Beds - the beds in each Close Custody cell will be bolted to the floor to prevent offenders from moving beds within cells or out of cells.
- Staffing - WGCF reviewed methods of assigning staff to shifts to provide a mixture of experienced staff on all shifts.
- Close Custody Policy review - reviewed all Close Custody procedures to determine if a privilege level system would be appropriate for the close custody population.

- Emergency Response – WGCF developed an enhanced protocol for Code Black calls. Designated officers in each Zone to respond to a Code Black call. Each of these officers will carry chemical agent which allows for a rapid response to control the event.
- 1. MDOC policies, MDOC Standard Operating Procedures, MTC policies, Emergency Plans, Post Orders - All documents reviewed for process compliance, staff access and immediate training as appropriate.
- Staff Development - Reviewed all Institutional Emergency Plans training curriculum. Provided all command staff with Incident Command System training the week of on 1-28-14.

The After Action Report identified and analyzed problematic elements of the December 31 incident to counteract repeat behaviors. We will continue to review and track progress through our normal auditing processes, monthly ACA, PREA, Consent Decree, and Monthly internal Audits.

Below please find responses to the Monitor items listed as “partial compliance” and “non-compliance.”

## OBSERVATIONS AND FINDINGS ON SUBSTANTIVE REMEDIAL MEASURES

### A. Classification and Housing System

Recommended Compliance Finding: **Partial Compliance**

*Summary of Monitors' Findings:* Monitors found several inmates without completed needs assessments; the monitors would like MDOC to consider a policy change regarding a gang member's active/inactive status; the monitors would like WGCF to develop a specific housing plan for close custody offenders.

WGCF Response: *We concur* with the Monitor's findings of partial compliance. The majority of the missing needs assessments were the Regimented Inmate Discipline (RID) offenders. The deficiency has been corrected. A check and balance process has been implemented with the case manager supervisor to ensure all offenders have a needs assessment completed as required.

An additional item noted in this section involved gang activity designation. Gang membership had previously been flagged in accordance with MDOC policy. On 2-24-14, Lt. Bertha Spivey, MDOC Security Threat Group Coordinator, advised that the active and inactive labels were removed from the electronic system (Offendertrak) and are no longer applicable. Core

Member and Leader designations were added to the system. We will continue to work with MDOC to update this designation issue in our records. WGCF will implement a Three Tier Management System (TTMS) for Close Custody offenders on March 31, 2014. TTMS is a classification action that is designed to provide more regimented activities and controlled movement. TTMS is designed to effectively remove disruptive offenders from general population living units in close custody and place them into a secure and controlled environment. Offenders will have the opportunity to engage in programs that foster positive self-development and create opportunities for change, hence providing them a roadmap for improved behavior.

The development and implementation of several specialized housing units are included in the 2014 WGCF Strategic Plan. Offenders who have adjusted to the rules and regulations of the facility by maintaining a disciplinary-free record for an extended period of time will be afforded an opportunity to reside in a Preferred Housing Unit (PHU). In addition, a PreRelease Housing Unit will be implemented to prepare offenders for release back into the community.

## B. Protection From Harm

### (1) Reasonably Safe Living Conditions

Recommended Compliance Finding: **Non-Compliance**

*Summary of Monitors' Findings:* The Monitors noted a decline in safe living conditions due to an October 2013 increase in assaults, and a December 2013 increase in use of force. Also, during the facility lockdown following the December 2013 Incident, in-cell fights and assaults on officers with unknown liquid substances occurred on several occasions. They also noted the control of contraband during the reporting period as a serious management issue.

WGCF Response: *We do not concur* with the Monitor's finding of noncompliance. Our reporting of incidents does not show the same increase noted in the report. WGCF has made great progress in creating a safer environment for offenders and staff.

As indicated in Table 1, January 2014 numbers show three in-cell fights and six inmate-on-staff assaults with unknown liquid substances. Of the six inmate-on-staff assaults, two occurred in each of the following housing zones 3A, 3D, and 4C, the Units the December 31<sup>st</sup> incident was located in.

Although this behavior is not acceptable, in-cell fights are not an uncommon occurrence in a correctional facility during a lockdown. Offenders that committed these violations were dealt with in accordance with MDOC disciplinary procedures. The offenders were issued Rule Violation Reports (RVRs) and placed in segregation pending the disciplinary hearing. Our goal is to prevent incidents that result in lockdown situations.

Table 1 graphically demonstrates a significant reduction in incidents and is noteworthy in the months leading up to the lockdown.

**Table 1. Inmate-on-Inmate Fights and Inmate-on-Staff Assaults by Throwing a Substance**

**July 2012 – February 2014**

	July 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14
IOI F	6	8	1	16	10	8	13	0	5	3	5	2	2	4	2	1	1	5	3	0
IOS ATS	0	26	14	6	8	2	11	6	2	0	0	1	1	0	0	3	1	0	6	1
<i>IOI F – Inmate-on-Inmate Fight</i>																				
<i>IOS ATS – Inmate-on-Staff Assaults by Throwing a Substance</i>																				

In November 2013 WGCF implemented Moral Reconciliation Therapy (MRT). MRT is an evidence based systematic, step-by-step rehabilitation system for inmates, designed to alter how they think, make judgments and decisions about right and wrong, and promote actions and behaviors focused on changing negative relationships. Research has shown MRT can significantly reduce recidivism as well as significantly lower disciplinary infractions to include violent behavior. Between December 2013 and January 2014, approximately 25 WGCF security and non-security personnel completed 32 hours of basic training of the Moral Reconciliation Therapy concepts. WGCF staff are currently facilitating two MRT classes and two more are scheduled to begin the week of March 31. As of March 31, there will be two MRT groups in the close custody unit. The first MRT group started in Unit 3 in October 2013. No members of this group were involved in the December 31 Incident.

In our monthly Consent Decree tracking of the substantive provision Protection from Harm, audits are performed on 20 action items under 6 categories: Facility staffing, Use of Force, PREA tracking, Out of cell time/Activity, Urinalysis and Offender Interviews. The following audit results have been noted for the last three months:

December 2013 Audit-Performed 12-31-13 through 1-20-14 by various staff – **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion.

January 2014 Audit - Performed 1-31-13 through 2-20-14 by various staff – **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion.

February 2014 Audit - Performed 2-28-14 through 3-18-14 by various staff – **Compliant** – 20 of the 20 action items were completed for 100% completion.

Contraband management in prisons continues to be a significant challenge throughout the nation. As we increase vigilance in the reduction of drug and contraband intrusion we will continue to identify and terminate employees that have become compromised. The discovery of contraband, from both staff and inmates, during daily shakedowns is reflected in Table 2.

**Table 2. WGCF Major Contraband Finds  
July 2012 - February 2014**

	July 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14
IS	1	1	2	2	3	10	0	3	3	13	11	3	5	9	25	3	4	13	26	16
W	13	5	16	12	37	39	23	18	59	65	30	80	12	25	5	16	15	33	29	22
CP	2	5	3	1	26	38	6	2	13	17	7	61	12	53	11	15	15	16	15	9
<i>IS – Illicit Substance W – Weapons CP – Cell Phones</i>																				

Additionally, we are taking action to significantly reduce the ways contraband is introduced into the facility. We have employed the following practices from the Strategic Plan:

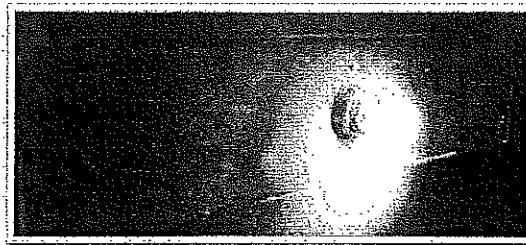
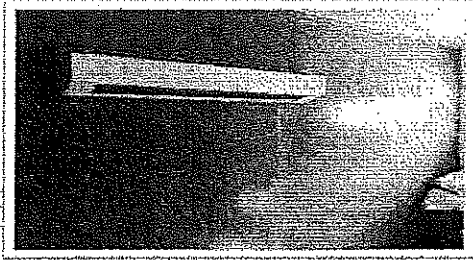
- At least monthly visits from the regional K-9 Unit. Visited on 3-26-14 and 3-27-14.



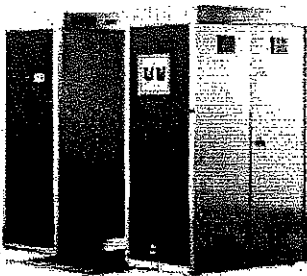
- Sustain an effective emergency response unit (CERT Team).
- Engage community first responders.



- Deploy technology for facility entry to include property screening devices and appropriate staff and visitor “shake down” procedures.
  - Enhance perimeter security to decrease contraband intrusion.
- In November 2013, WGCF maintenance department began replacing light fixtures in all offenders’ cells to prevent the manufacture of dangerous contraband. This project was completed in February 2014.

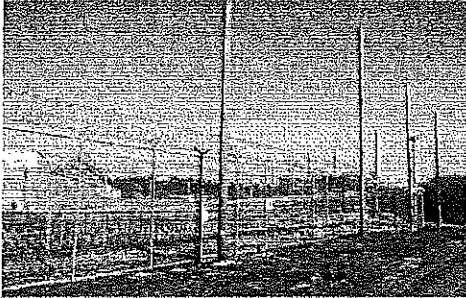


- Daily random cell searches are conducted averaging 144 per day.
- WGCF has been creating an environment where criminal behavior will not be tolerated. This is evident by the Grand Jury indictment of five ex-employees and two visitors for attempting to introduce contraband into the facility between July 2013 and October 2013.
- In December 2013, a security supervisor was added at checkpoint during high traffic times to assist and supervise the searches of all employees/visitors prior to being allowed entry into the facility.
- A body scanner and x-ray machine have been ordered and will be installed at front entry later this year.



- Netting is currently being put in place around the perimeter fence of the facility to help prevent contraband from being thrown into the secure areas of the compound. The poles are in place and the nets

will be on site the week of April 14<sup>th</sup> with the estimated time of completion 4-30-14.



As noted in the monitor report, after the December 31<sup>st</sup> incident, the facility remained on lockdown status until January 16, 2014. Security Threat Groups (STG) intelligence revealed that tension remained high between two STG factions. WGCF administration determined it was necessary to move slowly and methodically toward a safe return to normal operations. As noted previously, MTC reviewed/analyzed the December incident to identify measures to counteract problem elements identified during the process and ensure every inmate was protected from harm.

**(2) Sufficient Numbers of Adequately Trained Staff**  
Recommended Compliance Finding: **Non-Compliance**

*Summary of Monitors' Findings:* A review of shift rosters for December 31 reflected an inexperienced staffing complement. In December 2013, 48 percent of the security force had less than one year of experience.

WGCF Response: We *do not concur* with the Monitor's finding of noncompliance. In accordance with MDOC policy, correctional officers complete 120 hours of correctional training along with an additional 40 hours of on-the-job training (OJT) prior to being assigned to a shift. Curriculum topics include: Security and Safety, Fire and Emergency procedures, Supervision of Inmates, Use of Force, Suicide Prevention/Intervention, Offender Rights, Key Control, Interpersonal Relations, Communications Skills, Standards of Conduct, Cultural Awareness, Sexual Abuse/Assault Prevention, Code of Ethics, Fire Arms Training, CPR/First Aid, Blood Borne Pathogens, Policies and Procedures, and Emergency Plans.

In addition, a more formalized Field Training Officer (FTO) program was implemented in February 2014. This enables each new correctional officer to be partnered with an experienced officer. The training officer and the

Major monitor the progress of the new hires along with the FTO to ensure success. The FTO is responsible to review the Post Orders at each post with their assigned employee daily to verifying that they have read and fully understand the duties.

Staff are assessed and placed on assignments based on their abilities and previous work experience. Command staff make every effort to ensure that each shift is staffed with an adequate combination of ability, experience and maturity. This combination is not always reflective in an employee's tenure at the facility.

We are working closely with HR to review all aspects of the hiring and training process. Supervisor training sessions have been made available quarterly to the Mississippi facilities. Critical Incident Management training has also been provide to all supervisors.

On February 18, 2014, a new Deputy Warden of Operations was named at WGCF. With 30 years of correctional experience, he served as Deputy Director of Operations for the Texas Department of Criminal Justice (TDCJ). His previous role was daily oversight and monitoring of all TDCJ private facilities.

In addition to items previously discussed, below is an update to information referenced in the February 21, 2014 teleconference:

- On March 3, 2014 an additional sergeant and lieutenant were added to 2<sup>nd</sup> shift for the Close Custody Unit. In addition, a veteran captain and lieutenant have been assigned to 2<sup>nd</sup> shift to provide leadership and guidance to staff. The shift change was effective for the Lieutenant on March 3 and the Captain on March 17.
- Enhanced CERT training is scheduled for the third Saturday of each month. The first monthly training session was held on March 15.
- An evaluation of the current training curriculum and instructors was conducted by Mr. Waddell Walton, MTC Job Corps Training Director, during the week of March 17th. Mr. Walton will provide feedback regarding the strengths and weaknesses of the current program. Based on his observations, he will recommend enhancements to the training program.
- The WGCF Human Resource Department has strengthened recruiting efforts by utilizing local newspapers, online recruiting through CareerBuilder, MTC website, and working with local churches. In addition, job fairs are conducted outside the local area. To date, job fairs have been conducted at East Central Community College, Choctaw, MS, and in Jackson, MS.

On our monthly Consent Decree tracking tool *Sufficient Numbers of Adequate Trained Staff*, would be audited under the Protection from Harm provision, in the detailed action items, Facility Staffing, under *in-service training*. The following audit results have been noted for the last three months:

December 2013 Audit-Performed 12-31-13 through 1-20-14 by various staff **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion. The training action item was compliant.

January 2014 Audit - Performed 1-31-13 through 2-20-14 by various staff – **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion. The training action item was compliant.

February 2014 Audit - Performed 2-28-14 through 3-18-14 by various staff **Compliant** – 20 of the 20 action items were completed for 100% completion. The training action item was compliant.

**(3-12) Use of Force and Chemical Agents**

Recommended Compliance Finding: **Non-Compliance**

*Summary of Monitors' Findings:* The monitors noted a number of issues with the documentation the Use of Force Incident Reports for the December 31 incident including the packet was not completed timely, missing statements, and lack of information on decontamination.

WGCF Response: We do **not concur** with the Monitor's finding of noncompliance. The non-compliant finding is based solely on the December 31 incident. The monitors did acknowledge in the report the significant progress that has been made prior to the incident. They note timely reporting, chemical agents deployed sparingly with no serious injuries to either staff or inmates, and they recognize that "the amount of force applied by staff was consistent with, and proportional to the inmate resistance/threat levels."

In reviewing the Use of Force numbers in Table 3 observe the overall downward trend in the numbers. Although there was an increase in the number of use of force incidents in December 2013, none of which were related to the lockdown, this is not indicative of the progress that has been made since July 2012. Also of note, from May 2013 – January 2014, there have been no planned use of force incidents.

**Table 3. WGCF Use of Force July 2012 – February 2014**

	July 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14
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IOI F	6	8	1	16	10	8	13	0	5	3	5	2	2	4	2	1	1	5	3	0
IOS ATS	0	26	14	6	8	2	11	6	2	0	0	1	1	0	0	3	1	0	6	1
IOI F – Inmate-on-Inmate Fight IOS ATS – Inmate-on-Staff Assaults by Throwing a Substance																				

Table 4. WGCF Use of Force Methods January 2013 – February 2014

WGCF Use of Force Methods January 2013 – February 2014														
	Jan 13*	Feb 13*	Mar 13	Apr 13*	May 13	June 13	July 13*	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13*	Jan 14*	Feb 14
Physical	12	9	2	4	5	3	4	5	5	4	2	7	3	3
Chemical	6	2	1	7	4	1	4	1	2	1	2	2	1	2

Both physical and chemical use of force were used in the following: January 2013 – 2 incidents, February 2013 – 2 incidents, April 2013 – 1 incident, July 2013 – 1 incident, December 2013 – 1 incident, January 2014 – 1 incident

Table 4 show the trending down of chemical agent use. Staff are using the Use of force continuum and utilizing verbal intervention and soft hand methods prior to the use of chemical agents.

Three (3) eight hours sessions of Critical Incident Management (CIM) training was conducted for 44 supervisory staff on January 28-30, 2014. Additional CIM classes will be scheduled. Command staff are currently conducting on going policy reviews on Use of Force with all staff. The emergency response plans, protocols, and procedures are being evaluated and revised as necessary. Additionally, monthly tabletop exercises and quarterly functional drills are conducted to familiarize staff with procedures of the response plans.

On our monthly Consent Decree tracking tool *Use of Force*, would be audited under the Protection from Harm provision in the detailed action items. The following audit results have been noted for the last three months:

December 2013 Audit-Performed 12-31-13 through 1-20-14 by various staff **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion. The Use of Force action item was found to be in compliance.

January 2014 Audit - Performed 1-31-13 through 2-20-14 by various staff – **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion. The Use of Force action item was found to be in compliance.

February 2014 Audit - Performed 2-28-14 through 3-18-14 by various staff **Compliant** – 20 of the 20 action items were completed for 100% completion. The Use of Force action item was found to be in compliance.

**(3) Out-of-Cell Time and Outside Recreation**

Recommended Compliance Finding: **Partial Compliance**

*Summary of Monitors' Findings:* The monitors noted that offenders were afforded ample out-of-cell time including outdoor recreation prior to the December disturbance. The monitors were concerned about the amount of out-of-cell time offenders not involved in the incident were afforded during the lockdown.

WGCF Response: We **do not concur** with the Monitor's finding of partial compliance. The December 31 incident was the result of substantial STG tension between two rival factions. Even during the lockdown, our intelligence suggested STG tensions remained high at the facility days after the incident. Based on this information, to ensure the safety of all inmates the facility was placed on lockdown and kept on this status until the administration could be sure the STG conflict was resolved. Out of cell time was limited during this period of time for the safety and security of the facility. In accordance with the WGCF Strategic Plan, offenders will be provided more programming opportunities along with more recreational opportunities.

On our monthly Consent Decree tracking tool *Out of Cell Time and Outside Recreation*, would be audited under the Protection from Harm provision in the detailed action items. The following audit results have been noted for the last three months:

December 2013 Audit-Performed 12-31-13 through 1-20-14 by various staff **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion. The *Out of Cell Time and Outside Recreation* action item was found to be in compliance.

January 2014 Audit - Performed 1-31-13 through 2-20-14 by various staff – **Substantially Compliant** – 19 of the 20 action items were completed for 95% completion. The *Out of Cell Time and Outside Recreation* action item was found to be in compliance.

February 2014 Audit - Performed 2-28-14 through 3-18-14 by various staff **Compliant** – 20 of the 20 action items were completed for 100% completion. The *Out of Cell Time and Outside Recreation* action item was found to be in compliance.

**(C) Long-Term Confinement**

1. MDOC will not subject prisoners to long-term confinement except in conformity with this consent decree.  
Recommended Compliance Finding: Partial Compliance
  
3. Prisoners may be held in long-term cell confinement only for the reasons specified under this section.  
Recommended Compliance Finding: Partial Compliance
  
5. The MDOC must maintain a list of all prisoners held in long-term confinement listing the date of admission, the reason for placement and the date of the last review.  
Recommended Compliance Finding: Partial Compliance

*Summary of Monitors' Findings:* The monitors' draft of their fourth report concluded that WGCF was in compliance with all areas of Long-Term Confinement. The monitors' final report changed three of those areas to partial compliance. We believe the monitor's draft report was correct and we respectfully do not concur with their revised findings.

The monitors noted four (4) concerns with management of the 23 inmates (as of 3-10-14) assigned to long term segregation:

- (1) Inmates assigned to LTS over 6 month and RVR free are well documented by MTC committee (or MDOC if MDOC disagrees) why they remain in LTS.
- (2) There is no programing for LTS inmates.
- (3) Offenders in LTS over 6 months that continue to get RVR's should be transferred out of the WGCF or "programed" to a step down population.
- (4) Monitors commented that unidentified MTC staff said they were ill-equipped to operate a long term segregation program.

WGCF Response: We *do not concur* with the Monitor's finding of partial compliance for the three sections of Long Term Confinement.

Our monthly Consent Decree tracking tool, *Long Term Cell Confinement provision* has the following detailed action items: *Segregation (MDOC SOP 19-01-01)*, *Long Term (MDOC SOP 19-01-03 Long term)* and *Segregation Offering - education, recreation, etc.* The following audit results are noted for the last three months:

December 2013 Audit- Performed 12-03-13 by various staff. **Compliant** - 3 of 3 action items were completed for 100% completion. The *Long Term Cell Confinement* provision was found to be in compliance.

January 2014 Audit - Performed 1-03-13 through 1-14-14 by various staff - **Compliant** - 3 of 3 action items were completed for 100% completion. The *Long Term Cell Confinement* provision was found to be in compliance.

February 2014 Audit - Performed 2-28-14 through 3-03-14 by various staff **Compliant** - 3 of 3 action items were completed for 100% completion. The *Long Term Cell Confinement* provision was found to be in compliance.

Summary of Findings: It must be documented by the MTC committee (or MDOC if MDOC disagrees) why offenders over 6 months RVR free remain in LTS.

WGCF Response: WGCF maintains a spreadsheet of offenders in LTS that is updated monthly and includes date of admission, reason for placement, date of the next review, and number of RVRs in the last 6 months. WGCF's spreadsheet has been in use and reviewed by the Monitors and Plaintiffs' numerous times over the past two years. The status of each LTS offender is reviewed every ninety days by the LTS committee. The reason for release or retention is denoted on the Review and Assessment for Release from Administrative Segregation form. The Committee's recommendation is then submitted to MDOC for approval. Neither the Monitors nor Plaintiffs expressed any concerns about the format of the spreadsheet. The Consent Decree requires Plaintiffs to notify MDOC of any alleged failure to comply with the Consent Decree. Without notice to MDOC, the Plaintiffs raised a concern about the spreadsheet with the Monitors. Without providing an opportunity for the spreadsheet to be reformatted, the Monitor's downgraded their rating of compliance to partial compliance. Had Plaintiffs notified MDOC of their concern about the format of the spreadsheet, as they were required to do under the Consent Decree, the spreadsheet would have been changed. WGCF should not have been downgraded based on a paperwork issue that Plaintiffs failed to raise in the first instance with MDOC.

On 4-12-14, after discussion with MDOC staff, the spreadsheet will be enhanced to include date of most recent review and status of that review.

Summary of Findings: There is no programming for offenders in long-term segregation

WGCF Response: Inmates in long-term segregation are provided cell-front/In-Cell and correspondence study instruction in Adult Basic Education (ABE) and in Alcohol & Drugs (A&D). There are currently 12 enrolled in ABE and one in A&D.

Summary of Findings: Offenders in LTS over 6 months that continue to get RVR's should be transferred or treated.

WGCF Response: We respectfully believe that Section III(c) of the Consent Decree does require WGCF to undertake the actions suggested by the Monitors. However, we will continue to consult with the Monitors regarding a way to address Monitors' concerns.

Summary of Findings: WGCF staff are not properly trained on how to operate a long-term segregation program or to manage LTS inmates.

WGCF Response: In accordance with MDOC policy, all correctional officers complete 120 hours of correctional training along with an additional 40 hours of on-the-job training (OJT) prior to shift assignment. Employees also complete 40 hours of in-service training annually. In addition, the Unit Managers of the Close custody housing units provide additional one on one guidance/training



with staff assigned to the areas to provide on the job training or recommend additional training needs if specific staff feel they are not sufficiently trained to meet the requirements of their job.

### **Conclusion**

In summary, although WGCf experienced an incident in December 2013, that event is not the only lens through which the facility's progress is measured. There has been outstanding efforts to increase compliance with every provision of the consent decree. WGCf has made and will continue to make progress toward fulfilling its mission.

Walnut Grove Correctional Facility  
After Action Report  
Incident Date: December 31, 2013  
Prepared By  
Neil Turner, Warden North Central Correctional Center

**This report is being written pursuant to WGCF Policy Phase Process, Section VIII item 11.**

On December 31, 2013, at 6:51 p.m. a disturbance occurred at the Walnut Grove Correctional Facility (WGCF). It occurred in Zone 3 and involved all four (4) housing units 3A, 3B, 3C and 3D. The disturbance began in 3D and then spread to 3C, 3B and 3A. The disturbance involved approximately 230 offenders in the four (4) housing units. The remainder of the facility was not involved in the incident and was secured by on duty staff. At 8:45 p.m. all of zone three (3) was secured. A Total of 16 offenders were treated at outside medical facilities for injuries sustained during the incident. One correctional officer was locked in cell 3D with four (4) offenders in the cell. The offenders and staff report this was done to reduce the risk to the officer.

During the course of the After Action Review the following items were reviewed:

1. Mississippi Department of Corrections (MDOC) SOP 16-06-02 Offender Transport
2. MDOC SOP 17-04-01 Emergency Plans
3. MDOC SOP 16-13-01 Use of Force
4. MDOC SOP 17-05-03 Threats to Security
5. MDOC SOP 16-06-02 Offender Transport
6. MDOC SOP 16-23-01 Use of Oleoresin Capsicum (OC) Spray or Chemical Agent
7. WGCF Policy Phase Process
8. WGCF Policy Emergency Response Plans
9. WGCF Policy Riot and Disturbance Plans
10. WGCF Policy One Call Now Emergency Notification Service
11. WGCF Post Order 003-1 Units 3A, 3B, 3C, 3D and 4B
12. WGCF 004 Housing Unit 3 and 4 Pod Control
13. WGCF 2013 Pre-Service Curriculum
14. WGCF 2013 In-Service Curriculum
15. MDOC EOR Number WGCF-13-638
16. Offender interviews
17. Staff interviews
18. Video footage in all four units and the vestibule of Zone 3 and Zone 4

### **Atmosphere of Facility**

Prior to the incident at WGCF on December 30, 2013, MDOC issued a "High Alert". It was issued as a result of an incident at another facility. The atmosphere at WGCF was calm with no noted behavior changes in the offenders. The day prior to the incident one Code Black was called. The Code Black was on 3D for a single offender being combative with staff. Staff, Major Daniels and Capt. Moorehead, actively sought intelligence from offenders and found no intelligence to suggest WGCF Offender behavior patterns were changing. This is supported by the lack of significant incidents prior to the disturbance.

### **Staffing**

On the date of the disturbance the positions in Zone 3 were fully staffed.



### Facts of Event

On December 31, 2013 at approximately 6:51 p.m. a disturbance occurred at Walnut Grove Correctional Facility (WGCF). The disturbance occurred in Zone 3. Zone 3 consists of four (4) housing units which are identified as 3A, 3B, 3C and 3D. Each unit has a 30 or 32 cell configuration and are double bunked for a capacity of either 60 or 62 offenders per housing unit. The total inmate capacity for Zone 3 is 244. The population at the time of the disturbance was 232. The status of the facility at the time of the incident was normal operations with a "High Alert". The facility was High Alert due to incidents that had occurred at other MDOC Facilities that involved the "Gangster Disciples and Vicelords". These are Security Threat Groups (STG) who are active in the penitentiary system. At the time of the incident second shift was fully staffed at 39 Correctional Staff. Zone 3 had four (4) housing unit Officers, one (1) Rover and one (1) Pod Control officer assigned at the time. The facility had not seen any unusual activity prior to the incident.

On December 31, 2013 at approximately 6:51 p.m. a Code Black was called in housing Unit 3D. Two offenders on the second tier of 3D began to engage in a physical altercation. Offenders on the housing units were out of the cells on recreation. Inmates on the zone were engaged in normal recreation. Zone Three (3) was out until 10PM on a normal Tuesday. The two offenders that were in the initial physical altercation were [REDACTED] MDOC # [REDACTED] and [REDACTED] MDOC # [REDACTED]. The two offenders both have STG affiliations and are members of the Gangster Disciples and Vice Lords. The on duty officer, CO Wilder, observed the altercation and called a Code Black. The Zone 3 Pod Control Officer, CO Hawkins, also heard the call and states he repeated the Code Black. CO Hawkins states he saw the offenders siding up. He then heard CO Brookshire ask for access out of her zone. CO Hawkins stated he did not hear CO Wilder request access off the unit once the disturbance began. He stated he did not access any doors due to the fear the disturbance would jeopardize other staff, that the incident had already spread to housing unit 3C. Other offenders on the units quickly split into two groups supporting each of the fighters and also began to engage in physical altercations. Staff responded to the Code Black, however prior to entry into 3D a Code Black was called for 3C at approximately 6:55 p.m. and a third Code Black was called at approximately 6:57 p.m. for 3B. As staff were responding, 3A also began to be disruptive. In each of the housing units in zone 3, the offenders were engaged in physical altercations. The offenders were utilizing homemade knives (shanks), plastic meal tray, coolers from the housing units, trash cans and other housing unit equipment to engage in the disruptive behavior. Housing unit 3D also utilized the microwaves and televisions as weapons. They also broke the camera in the unit.

While the incident was ongoing the remainder of the facility was secured with no other zones participating in the disturbance. All staff were accounted for with the exception of CO T. Wilder. Officer Wilder was in Housing Unit 3, cell 5416 where the risk to further harm was reduced.

The responding shift commander, Captain Moorehead, made a decision to use chemical agent. That was made due to the large number of offenders involved. The chemical agent was then utilized to disperse the offenders and to stop the disruptive behavior. The first use of chemical agent was made from the vestibule. It was administered around the door of housing unit 3D. All the housing units did have chemical agent administered in them in attempt to control the disturbance. The chemical agent was dispersed from the zone 3 control center utilizing hand held chemical agent, MK9 and MK4 as well as the single and multiple launch 37mm gas guns.

Deputy Warden Mabry initiated Critical Incident Management and utilized the control center as a command post. A recall of staff was initiated. Major Daniels notified Walnut Grove Police and asked for assistance. Subsequently the Leake County Emergency Response was activated to report to the facility. The Leake County Sheriff and Deputies did report to the facility at 7:40 p.m. They were not utilized inside the facility but set up perimeter security and assisted with traffic control. The medical unit established a triage area in the corridor leading to zone 3 that was secure. At approximately 7:23 p.m. MDOC was notified by investigator Brady

Sistrunk. At approximately 8:08 p.m. all units had been reached, CO Wilder recovered, and injured offenders removed from the housing units to receive medical treatment. At approximately 11:07 p.m. the MDOC Response team entered the facility. At approximately 11:20 p.m. MDOC and WGCF personnel developed a plan to search all of zone 3. At approximately 12:30 a.m. on January 1, 2014 the search of zone 3 begins. At approximately 4:05 a.m. the searching of zone 3 was completed.

A total of 16 offenders were treated at outside medical facilities from injuries received during the incident. Of those, four were admitted to outside medical facilities.

At the time of the incident 2<sup>nd</sup> shift was fully staffed at WGCF. Present at the facility was Deputy Warden Shaniece Mabry and Major Terry Daniel, Administrative Duty Officer (ADO). Deputy Warden Priscilla Daly and Warden Lawrence Mack were both out of state at the time of the incident. The shift was supervised by Captain Moorehead.

### Response

The initial response, which is normal given the multiple Code Black calls, in Zone 3 included the following staff:

Capt. Moorehead	C/O Gill	C/O Hawkins	Major Daniel
Sgt. Germany	C/O Curran	C/O Doss	Deputy Warden Mabry
Sgt. Anderson	C/O John	C/O Canady	
C/O Triplett	C/O Evans	C/O Hunter	
C/O Brookshire	C/O Grant	C/O Billie	

Additional Staff responded from home due to the staff recall activation included:

Capt. Jones	Sgt. White	Inv. Sistrunk	C/O Burkes
Capt. Garrett	Sgt. Miles	UM Triplett	C/O Purnell
Lt. Gardner	Sgt. Grant	C/O J Johnson	C/O L. Rodriguez
Sgt. Hall	C/O Bourrage	C/O J. Lewis	C/O N. McWilliams
Sgt. Lyons	C/O Pickens	C/O B. Carter	

### Local Law Enforcement:

Walnut Grove Police Chief  
Leake County Sheriff  
Four (4) Deputy Sheriffs

### MDOC Resources:

CID three (3) Staff  
Tony Compton  
MDOC Emergency Response Team

### Medical Response:

Ambulances – 4  
Air Ambulance – 2

WGCF Medical Director  
WGCF Medical Staff -3

Chemical Agent Utilized:

4 - Fox MK4  
3 - Def-Tec MK9  
1 - Fox MK9  
7 - Def-tech 60 Cal. 37mm  
4 - 37 mm Muzzle Blast  
1 - ALS Stinger Grenade

**Actions**

On December 30, 2013, WGCF received information from MDOC that the facility should be on "High Alert". This information was disseminated to supervisory staff. Staff completed intelligence gathering and determined the mood of the facility had not abruptly changed. On December 30, 2013 there was on Code Black in 3D for a disruptive offender. No other offenders were involved at that time. On December 31, 2013 the mood of the facility was calm. First shift was uneventful. Second shift began without any issues. At approximately 6:51 p.m. a Code Black was called in 3D. The staff assigned to Zone 3 responded immediately. Officer Wilder was in the unit, Officers Gill and Triplett responded as soon as the first (1<sup>st</sup>) Code Black was called. Within two (2) minutes C/O Brookshire, C/O Dixon, C/O Doss, Sgt. Grant, Sgt. Germany, Sgt. Anderson and Capt. Moorehead responded. Within three (3) minutes C/O Canady responded. Eleven (11) minutes after the initial Code Black Major Daniel responded to Zone 3. The initial physical altercation began in 3D. Within one (1) minute the offenders in the unit were actively engaged in multiple physical altercations. Within two (2) minutes 3C had also begun engaging in disruptive behavior. Within four (4) minutes 3B had also begun engaging in disruptive behavior. Within 12 minutes 3A had begun engaging in disruptive behavior. Upon the arrival Capt. Moorehead two (2) of the Housing Units had already become actively engaged in the disruptive behavior. The other two (2) soon followed. The offenders were at the doors of their pods watching staff arrive and the offenders in other pods believed a call had went out to engage in disruptive behavior and assault each other. The fight on 3D began as an unplanned event. Current intelligence from the ongoing investigation states the fight occurred as a result of one of three (3) reasons; a cell phone, a bad business deal, or an assault on another offender. It was unplanned and spontaneously moved to the other housing units within the zone. Capt. Moorehead, Sgt. Germany and C/O Sheppard (Control) reported Capt. Moorehead called repeatedly for the unit door to 3D be opened at the initial response. C/O Sheppard also reported she heard C/O Wilder asking for the door to be opened. C/O Hawkins did not open the 3D door. He stated he did not hear any staff except Brookshire call for door access. C/O Hawkins states he was afraid if the door was opened the disturbance would spread beyond Zone 3 POD Control. Staff on Zone 3 reported C/O Wilder was being protected by offenders on the unit. When she was unable to leave the housing unit she went to cell 5416 where, she reported, the offenders were keeping her safe. During the time period from the initial Code Black until staff's first entry into a Housing Unit occurred staff were actively attempting to resolve the incident. Staff present in Zone 3 were utilizing chemical agents: Fox MK-4, Def Tech MK9, Fox MK9 and 37 mm muzzle blast. In addition staff utilized 7 Def Tec 60 Cal., Rubber Ball, and 37mm Foam Baton. These less than lethal and chemical agent uses occurred from the Pod Control utilizing the gas ports in the Pod Control Pod windows. Chemical agents were dispersed into all four (4) housing units to disperse the offenders and also utilized in 3D to disperse offenders attempting to gain entry into Cell 5416. In addition some less lethal munitions were used to cover for staff during the entry into housing 3D. External to Zone 3 staff were actively working to resolve the situation. Capt. Moorehead reported she sent C/O Doss to retrieve the multi launch 37 mm and chemical agent that had been depleted due to usage. In addition C/O Evans was sent to the Control Center to retrieve Chemical Agent for Zone 3 as well. She stated she went there during the early moments of the incident as staff prepared to control the incident. She states she met Major Daniel and Deputy Warden Mabry who assisted in

carrying Chemical Agent to Zone 3. Major Daniel reported he realized the incident was larger than on duty staff could resolve. Major Daniel and Deputy Warden Mabry left zone 3. Major Daniel reports he went to the parking lot to discuss the incident with Deputy Warden Mabry and check the exterior of Housing Zone 3. He also established the west parking lot as the external staging area. Deputy Warden Mabry left the checkpoint area and went to the Control Center to establish the Command Post. Major Daniel then called Investigator Sistrunk and Walnut Grove Police Chief K. Polk. He states he also called C/O Sheppard in Control and instructed her to call in all staff. Major Daniel then notified Vice President Brown of the incident. Major Daniel states he also called Sgt. Lyons to assist. Upon arrival, Investigator Sistrunk states he spoke with Major Daniel and then went to Zone 3 to assess the situation. He stated he began to put a tactical plan together to secure the units. At about 7:30 p.m. Chief Polk arrived at the facility. At about 7:40 p.m. Leake County Sheriff and four (4) deputies arrive at the facility. At approximately 7:45 p.m. all housing units were notified to lock down the units. At approximately 8:00 p.m. Capt. Jones and a few more staff arrive. They responded to Zone 3. With the responding staff and on duty staff it is determined staffing was sufficient to enter the unit. A team entered units to extract the injured offenders and the staff member from the offender cell. Initially staff entered 3D and then the other Housing Units on Zone 3. Staff then went from cell to cell securing the units once injured offenders were cleared. Staff also checked for injured offenders in each cell so medical could assist those who needed medical attention. At approximately 8:00 p.m. the Leake County Sheriff left the facility with his deputies. At approximately 8:45 p.m. an emergency count is conducted and cleared at 10:30 PM. The MDOC Response Team enters the facility at approximately 11:07 p.m. Staff stated a plan is developed jointly with WGCF and MDOC Staff to search all of Zone 3. At approximately 12:30 a.m. January 1, 2014 the search of Zone 3 starts. At approximately 3:30 a.m. three (3) of the four (4) housing units are completed and MDOC Response Team exits the facility. The WGCF Response Team continues the search of the housing unit on Zone 3 and completes it at approximately 4:05 a.m. January 1, 2014. The Response Team is debriefed and released to exit the facility. At 11:30 AM the remaining offenders that were sent to outside medical facilities for medical treatment are returned to WGCF. Four offenders were admitted to outside medical facilities.

#### **Policy review and further actions**

During the After Action Review multiple MDOC and WGCF policies and procedures were reviewed.

During the review of the MDOC and WGCF policies all were found to be within timeline compliance for annual review.

#### **1. Physical structure**

- A. Food serving slots - all food serving slots have been cleared of items used to jam them and secured. They are being monitored on a daily basis to ensure they are secure.
- B. Mirrors - Mirrors on the Close Custody units in each cell are made from metal. To enhance security they have all been removed. A replacement to these mirrors is being sought by WGCF. The facility is also reviewing the others units on the facility to determine if the mirrors should be removed.
- C. Beds - The beds in each Close Custody cell will be bolted to the floor. This will prevent offenders from moving the beds within their cells or out of their cells. A design has been developed and an implementation plan will begin by January 27, 2014.

**2. Staffing**

WGCF is reviewing current method of assigning staff to shifts. The review is to provide a mixture of experienced staff on all shifts.

**3. Close Custody review**

WGCF is conducting a review of Close Custody procedures to determine if a privilege level system would be appropriate for the close custody population.

**4. Code Black Response**

WGCF has developed an enhanced protocol for Code Black calls. Designated officers in each Zone will respond to a Code Black call. Each of these officers will carry chemical agent. This allows for a rapid and significant response to control the event.

**5. MDOC policy 17-04-01 Emergency Plan**

This MDOC policy establishes the guidelines for developing and implementation of emergency plans within the facility.

When the policy was reviewed it was determined staff did have access to the emergency plans. The plans are available in the Captain's Office and Control Center, as well as other areas.

The plans had been reviewed per policy and the timelines were compliant.

All staff have received Emergency Plan Implementation training. This is completed in Annual In-Service. This has been part of Fire and Safety until October 2013. At that time it was separated into its own time block of one (1) hour.

All staff have been trained on all aspects of the Institutional Emergency Plans Manual.

All new employees are trained with respect to emergency plans.

The Emergency Plans Manual Procedures are included into Post Orders where applicable.

**Recommendation:**

WGCF had implemented Emergency Plans training prior to the disturbance. This training did not focus on the incident management by an organized method that is nationally recognized. WGCF will utilize a program that is similar to the National Incident Management System (NIMS), also known as Incident Command System, (ICS). This system offers six (6) training courses I-100, I-200, I-300, I-400, I-700, and I-800. These can be taken online or field trained. This training will begin January 28, 2014 at WGCF.

WGCF will develop and implement a method to ensure Emergency Response Team (ERT) members have ready access to the equipment needed when deployed.

WGCF will develop and implement required documentation and protocols to be placed in the Emergency Response Plans.

**6. MDOC policy 16-13-01 Use of Force**

This policy establishes the parameters of when a staff member may legally use force in the performance of their positions as correctional employees and the requirements/training that enable that force to be used.

The force utilized during the disturbance was appropriate.

The force utilized during this incident was both justified and not excessive.

All staff are currently trained in the MDOC use of force policy in the Training Academy and annually, but not quarterly.

The decision to use of force in Zone 3 was made by the Shift Commander on scene as reactive unplanned force. The decision to enter the Zone 3 Housing Units to resolve the disturbance was made by Investigator Sistrunk and Captain Jones. Deputy Warden Mabry was the highest ranking correctional staff on duty and she was not involved in the decision to use force to enter the housing units. It was made by on scene staff. The decision to enter the units was made by the highest ranking staff at the scene.

There was not a video recording made of the zone entry during the planned Use of Force Phase. In addition there are not post disturbance videos or photographs.

All staff and inmates did receive immediate medical attention after the disturbance occurred.

The Use of Force Incident Reports were not completed timely.

**Recommendations:**

WGCF will define what quarterly Use of Force Training is required and implement that training.

WGCF will develop and implement additional ICS training for staff to understand the ICS Command Structure, the decision making process and the chain of command for use of force during a critical incident. This training will begin January 28, 2014.

WGCF will develop and implement a procedure to ensure the documentation from a use of force is timely and complete.

**7. MDOC Policy 17-05-03 Threats to Security (Administrative Emergency Lockdown)**

This policy defines the conditions in which a lockdown may occur at a MDOC facility. Furthermore it defines the levels and privileges that are used during the lockdown

Facility has and used the MDOC Policy appropriately.

**Recommendations:**

There are no recommendations related to this policy.



**8. MDOC Policy 16-06-02 Offender Transport**

This policy defines the parameters and procedures when an offender is transported outside the secure confines of the correctional facility.

Staff maintained appropriate supervision of offenders while outside of the facility.

Offenders were appropriately secured during the transport.

The supervision was appropriate for the air transports.

**Recommendations:**

While the policy was adhered to, the multiple transports made the process more difficult. A procedure will be developed and implemented for transportation of a large number of offenders to outside medical facilities. It will be practiced during required Emergency Action Plan Drills.

**9. MDOC Policy 16-23-01 Use of Oleoresin Capsicum Spray or Chemical Agents**

This policy defines the training and conditions when a staff member may carry and utilize chemical agent.

Staff that utilized Chemical Agent during disturbance were trained and current with the required certification.

The reason for the use of force fell within the guidelines established.

The force was both justified and appropriate.

**Recommendations:**

There are no recommendations related to this policy.

**10. WGCF Policy Riot and Disturbance Plan**

This policy defines the response procedures the facility should utilize during a riot or disturbance. It also includes the applicable checklist and Incident Commander responsibilities during the incident.

The Control Center did utilize the CCTV Cameras as required.

Staff did respond as required.

A Portable Video Camcorder was not utilized as required.

Staff did utilize good judgment in approaching offenders.

The Shift Captain did respond and Chemical Agent was applied appropriately.

The remaining housing units in the facility were on lockdown, however, WGCF wants to improve the process for a lockdown.

A timeline of events was documented.

Trained staff did deploy chemical agents and less-than-lethal munitions.

Health services staff did refer the offenders to outside medical treatment that required it.

There was not a clear Chain of Command for the staff responding to the incident. The Shift Captain was the initial Commander. However, staff were unclear on the role of Administrative Duty Officer, Major Daniel.

**Recommendations:**

WGCF will provide refresher training for supervisory staff to reinforce the need for appropriate video and photographic documentation. It will be completed by February 14, 2014.

WGCF will implement Advanced ICS training for Shift Supervisor and Administrators to enhance their ability to respond to and manage a large incident. The first requirement of that training will be conducted January 28 and 29, 2014.

WGCF will develop and implement an improved process to secure the facility in the event of a critical incident.

**11. WGCF Policy Phase Process**

This policy outlines the process staff should utilize to resolve a critical incident. It is organized into five phases.

Phase 1	Locate and Verify
Phase 2	Isolate and Contain
Phase 3	Evacuate
Phase 4	Resolve
Phase 5	Deactivate

Staff at WGCF did follow the phase process. The response lacked a structured organization that hampered effective communication.

The Emergency Response Plans do contain the Emergency Checklist ICS Organizational Chart and ICS Emergency Locations cited. However, these require additional time to search and find as staff review the policies.

**Recommendations:**

WGCF will develop and implement the Emergency Plans with all necessary supplements for the individual policy to allow for quick reference and usage.

WGCF will provide ICS training to Shift Commanders. The first of this training will occur on January 28 and 29, 2014

## **12. WGCF Policy Emergency Response Plans**

The Emergency Command Structure was partially implemented but not communicated effectively to all staff.

Both the Deputy Warden and the Chief of Security saw themselves as the incident Commander.

The staff did not engage in the required emergency response training requirements.

### **Notifications**

- MDOC was notified one (1) hour after the incident started
- MTC Vice-President was notified 45 minutes after the incident started
- Warden Mack was not notified by the facility

### **Recommendations:**

WGCF will develop and implement a Comprehensive Notification Checklist specific to each Emergency Response Plan.

WGCF will utilize ICS training to implement the use of the Emergency Response plans and appropriate checklist

WGCF will develop and implement a protocol to effectively declare the ICS activation and structure.

WGCF will train executive staff on the ICS structure. This will be included in the ICS training conducted on January 28 and 29, 2014

WGCF will conduct the required Emergency Response Plan training (drills) with a process to document the drills. These will be conducted quarterly.

## **13. WGCF Policy One Call Now Emergency Notification Service**

This policy establishes a procedure to recall staff in the event it becomes necessary. The "one call" is a commercial application that enables all off duty staff to be recalled through one phone call.

The policy indicates there is a One Call system in place. This does not exist at WGCF. The off duty staff recall is conducted using a staff roster in the Main Control Center.

### **Recommendations:**

WGCF will implement the one call system or develop and implement a structured off duty staff recall method. WGCF will update the policy with the appropriate language.

**14. WGCF Post Order 003-1**  
**Units 3A, 3B, 3C, 3D /4B**

This policy outlines the duties and responsibilities of an officer assigned to a security post. The post is 3A, 3B, 3C 3D/4B.

Staff on Zone 3 maintained security of the Pod doors during the disturbance. They did not address movement into the 3 Vestibule by two (2) offenders from Zone 4.

Zone 4 officers did not maintain security of offenders in Zone 4 and allowed two (2) offenders to go to Zone 3.

**Recommendations:**

WGCF has initiated the Management and Training Corporation (MTC) discipline process for staff having been identified as violating MTC rules and will continue to investigate and initiate appropriate actions in regards to staff identified violating MTC and WGCF policies and procedures.

**15. WGCF Post Order 004**  
**Housing Unit 3 and 4 Pod Control**

The policy outlines the duties and responsibilities of an officer assigned to a security post. The post is Housing Unit 3 and 4 Pod Control.

The Pod Officer assigned to Zone 3 pod did not read the Post Orders. In addition he did not sign the Post Order acknowledgement sheet.

The Zone 4 Pod Officer did not maintain secure housing units doors or sliders during the incident. They did allow two (2) offenders to leave Zone 4.

**Recommendations:**

WGCF has initiated the Management and Training Corporation (MTC) discipline process for staff having been identified as violating MTC rules and will continue to investigate and initiate appropriate actions in regards to staff identified violating MTC and WGCF policies and procedures.

**16. Staffing**

Once the incident began, additional staffing was not provided to the Control Centers to address increased functions placed on duty post.

**Recommendations:**

WGCF will develop and implement an enhanced staffing plan that addresses needs of facility based on the incident and emergency response needed.

### **17. Equipment Failure**

During the disturbance the pepperball gun was inoperable due to the CO2 Cartridge not being charged.

#### **Recommendations:**

WGCF will purchase two additional CO2 cartridges for the pepperball gun. The purchase order was processed for this purchase on January 6, 2014.

WGCF will develop and implement a procedure to conduct regular checks on security equipment to test their operability for use when needed. This will be developed and implemented by January 31, 2014.

### **18. Video**

Staff did not capture the entire incident after the event. In some areas the cameras were destroyed by the offenders. The Pelco camera system in place at WGCF is only capable to retain video digitally for 7 days as the system is currently configured due to limitations of storage. Part of the video was captured after the incident, but not all.

#### **Recommendations:**

WGCF will include video preservation in the procedure developed for Use of Force Process. The process will require the video is captured by the end of shift for small events and within 24 hours for large events.

The process of this After Action Report involved the reviewing of MDOC policies and WGCF policies and procedures. During this review, it has been noted through recommendations, areas that WGCF may utilize to further enhance the overall operations of the facility. The facility investigator is also conducting a review of the incident to determine if criminal charges should be pursued against those offenders that may have engaged in inappropriate behavior. In addition, if it is found staff performed contrary to policy, the MTC disciplinary process will be utilized to address these issues.



December 10, 2013

Dr. Gloria Perry, Chief Medical Officer  
Mississippi Department of Corrections  
723 North President St.  
Jackson, MS 39201

RE: Walnut Grove Correctional Facility Monitoring Report

Dear Dr. Perry:

Please find enclosed the semi-annual monitoring report completed by AdminPros for the Walnut Grove Correctional Facility.

Overall, the health services provided to inmates at Walnut Grove Correctional Facility (WGCF) are very good. The monitoring visit looked at 104 different items. We found the facility to be in compliance with 103 items and non-compliant with 1 item. The one area of non-compliance has to do with not having complete data for the quarterly health care compliance reports. This data is supposed to be provided by Wexford Health Sources since they manage the electronic health record. Therefore, while this is an area of noncompliance it is out of the control of Health Assurance at this time. AdminPros is working with Wexford Health Sources to produce the needed reports on a quarterly basis. The monitoring visit included a review of many documents, logs, payroll records but also included interviews with inmates and staff.

#### **Sheltered Housing Policy**

This monitoring visit also included interviews with three inmates that had spent extended periods of time residing in the health unit for medical reasons. The purpose of the interviews was to partially evaluate Health Assurance's compliance with its Sheltered Housing Policy. The three inmates were interviewed individually. At the beginning of the interview each was asked if they knew why they were being interviewed and all three said they did not. All three inmates had stayed in the health unit for at least one week during the previous three months. One inmate reported staying in the health unit for two months and was still in the health unit. All three inmates reported that Canteen was brought to them at their request, they had access to mail and phone, and they had a teacher visit them if they were enrolled in classes. Out of cell time was reported by one inmate as occurring every day. Two inmates stated out of cell time was sporadic and access to the gym or day room was limited. When staff were asked about this they indicated that sometimes it is difficult to have security or recreational staff come to the health unit and take the inmate to the gym or day room due to staffing schedules. Staff did report that on those days out of cell time was provided within the health unit.

1212 S. Naper Blvd., Suite 119-176  
Naperville, IL 60540-7349



**Health Services Staffing**

Staff schedules were reviewed to ensure adequate staff was scheduled for each day. Payroll records were randomly selected for a detailed review. Schedules and payroll reports were analyzed for July and August 2013 to determine if Health Assurance had staffing at the levels required in their contract with MDOC. The chart below summarizes our findings.

Position	July Hours Actual/Required	August Hours Actual/Required	Compliant
Health Service Administrator	184/184	176/176	yes
LPN	1128/1428	1056/1388	no
Medical Officer/Nurse Asst	1186/1104	1142/1069	yes
RN	1152/928	1080/908	yes
Social Worker	299/248	286/240	yes
TOTAL HOURS	3949/3892	3740/3781	yes

Health Assurance provided 16 hours of staffing beyond their contract requirements during the two months reviewed. Health Assurance had fewer LPN hours than the contract requires but exceeded the number of required hours for Medical Officers, RNs and Social Workers.

There are also five other positions that do not have a specific number of hours identified in the contract with Health Assurance but have requirements for being on site or on call a certain number of days per week. These positions are Dentist, Dental Assistant, Optometrist, On-Call Physician and Psychiatrist. The staff schedules indicated they were on site as required.

I will contact you to arrange a time to discuss this monitoring report. In the interim, if you have questions or comments please feel free to contact me at 708-334-0465 or danstrick@adminprosus.com.

Sincerely

  
Daniel A. Strick  
Vice President

1212 S. Naper Blvd., Suite 119-176  
Naperville, IL 60540-7349

**MISSISSIPPI DEPARTMENT OF CORRECTIONS**  
**Correctional Facility**  
**Medical Services Review and Monitoring Tool**

**CONFIDENTIAL REPORT**

FACILITY: Walnut Grove Correctional Facility DATE OF SITE VISIT(S): 12-3-13

REPORT COMPLETED BY: Dan Strick and Dan Zec, AdminPros, LLC

The purpose of this evaluation is to provide objective feedback based on a review of current Policies, ACA Health Care Standards and practice compliance.

**Health Authority** (MDOC Policy 25-05-A; ACA Standards 4-4380)

- |    |  |                                   |
|----|--|-----------------------------------|
| 1. | The facility employs a Registered Nurse (RN) as the on-site Health Services Coordinator.   | Yes X No <input type="checkbox"/> |
| 2. | The facility contracts with a physician for on-site services.  | Yes X No <input type="checkbox"/> |
| 3. | The Health Services Administrator attends weekly Facility Department Head Meetings with the Facility Administrator. Date of last Meeting Attended: <u>11-20-13</u> | Yes X No <input type="checkbox"/> |
| 4. | The Health Services Administrator completes the Monthly Statistical Reports timely.  | Yes X No <input type="checkbox"/> |
| 5. | The Health Services Administrator meets with nursing staff at least monthly; agenda maintained.  | Yes X No <input type="checkbox"/> |
| 6. | The Health Services Administrator reviews the Health Care Policies and Local Procedures annually.  | Yes X No <input type="checkbox"/> |

**COMMENTS**

5. Monthly Health Unit staff meetings are occurring. The HSA maintains an agenda for each of the meetings.
6. Health Care Policies and Procedures were last reviewed 3/12/13.

**Personnel Qualifications** (MDOC Policy 25-01-E; ACA Standards 4-4382, 4-4384; Consent Decree III.A.2. e, f, I)

- |    |   |                                   |
|----|---|-----------------------------------|
| 1. | The Health Services Administrator annually reviews all professionals' licenses to ensure they are current and completes documentation.  | Yes X No <input type="checkbox"/> |
| 2. | The Health Services Administrator maintains a listing of community specialty physicians.  | Yes X No <input type="checkbox"/> |
| 3. | The Health Services vendor maintains a copy of the current physicians' contracts.   | Yes X No <input type="checkbox"/> |
| 4. | Mental health staff are trained upon hire on MDOC policies related to mental health assessments, referrals, disciplinary procedures and their role in use of force for inmates with mental illness.             | Yes X No <input type="checkbox"/> |
| 5. | Mental health staff have an annual refresher training on MDOC policies related to mental health assessments, referrals, disciplinary procedures and their role in use of force for inmates with mental illness. | Yes X No <input type="checkbox"/> |
| 6. | Health care staff receive sexual abuse training that includes assessment, preserving evidence, treatment and reporting.   | Yes X No <input type="checkbox"/> |



**COMMENTS**

4 and 5. Each new hire receives mental health training and then all staff have an annual refresher training. The refresher training is offered monthly so staff can get their annual refresher in accordance with their hiring date.

The staffing pattern is consistent with the inmate population and health care needs. The agreement between MDOC and the health care vendor specifies the expected staffing pattern. The Staffing plan is reviewed annually by the health care vendor to determine the number and type of staff needed to provide adequate medical services provision for the identified need and mission. The attached Medical Staffing Audit form reflects the staffing pattern agreed upon in the health vendor's contract with MDOC.

**Medical Facilities, Equipment, and Environment** (MDOC Policy 25-17-D; ACA Standards 4-4196, 4-4426, 4-4427; Consent Decree III. B.1. a. iv, B.3.d)

- |  |                                   |
|--|-----------------------------------|
| 1. The Health Services Administrator maintains a medical equipment inventory list.   | Yes X No <input type="checkbox"/> |
| 2. Equipment is maintained in good working order.  | Yes X No <input type="checkbox"/> |
| 3. The facility provides adequate space for the Medical Department's needs.<br>Space, including exam table, to allow for private examination of inmates              | Yes X No <input type="checkbox"/> |
| 4. Sufficient secured storage space is available for medical supplies and pharmaceuticals. Only health care professionals have keys to pharmaceutical storage areas. | Yes X No <input type="checkbox"/> |
| 5. Access to Medical Department keys are restricted to appropriate personnel.  | Yes X No <input type="checkbox"/> |
| 6. Clinic area is neat and clean.  | Yes X No <input type="checkbox"/> |
| 7. Laboratory areas are safe and are equipped with appropriate staff protection items.   | Yes X No <input type="checkbox"/> |
| 8. Medical instruments are routinely counted and inventoried. Inventory logs are maintained to verify count.   | Yes X No <input type="checkbox"/> |

**COMMENTS**

3 and 6. The Medical Unit is very well organized and provides adequate space for its current use. One small area was converted to a small meeting room, in part so the many outside monitors have a space to work. The Medical Unit is very clean.

8. There are logs kept to inventory medical instruments. Most of the logs are in the nurses station but some logs are located near the equipment (i.e. dental equipment is in the dental office).

There is a satellite clinic in another part of the facility for inmates in protective custody and segregation. It is staffed with a nurse during the day. Routine exams and sick calls are done in this satellite clinic. This clinic was not visited but will be during the next monitoring visit.

**Health Screening, Appraisal, and Examination** (MDOC Policy 25-02-E; ACA Standards 4-4363; Consent Decree III.B.1.a.; B.1.b; B.3.b)

- |   |                                   |
|---|-----------------------------------|
| 1. Inmates are screened, including use of prescribed medications by a Nurse upon admission to the facility. | Yes X No <input type="checkbox"/> |
| 2. The Admission Log is completed and available for review at the nursing station.                          | Yes X No <input type="checkbox"/> |
| 3. Annual physical exams are completed on each inmate, if indicated.  | Yes X No <input type="checkbox"/> |
| 4. Health screenings include a mental health and suicide screen as required by MDOC Policy, # 16-3D         | Yes X No <input type="checkbox"/> |
| 5. Within 48 hours of admission inmates with serious medical or mental health needs shall be examined by    | Yes X No <input type="checkbox"/> |

by a physician.

6. Inmates in Sheltered Housing shall have an opportunity for out of cell time, if clinically appropriate. Yes X No   
 The Sheltered Housing Log shall be reviewed then staff and inmates will be interviewed to assess compliance.

**COMMENTS**

4. Health screenings include a mental health and suicide screen and are documented in the EHR.  
 6. A specific focus of this visit was to look closely at the Sheltered Housing Policy and how well it is implemented. Three inmates were interviewed. It appears the Sheltered Housing Policy is being mostly followed, although there were complaints about the lack of out of cell time. More details about the interviews are included in the cover letter to this report.

**Access to On-Site Health Care** (MDOC Policy 25-01-A; ACA Standards 4-4344, 4-4346; Consent Decree III.A.3.e.; B.2.a.)

1. Accessing health care is explained to inmates upon arrival to the facility. Yes X No   
 2. Non-emergent sick call referrals are triaged within 24 hours. Yes X No   
 3. Sick call referrals are evaluated by a physician or mid-level practitioner within 7 days of complaint. Yes X No   
 4. Victims of alleged sexual abuse in the facility shall be offered a forensic medical examination performed by a medical professional. Yes X No   
 5. Sick Call Request forms are available to inmates Yes X No

**COMMENTS**

1. Upon arrival at WBCF medical staff explain how to access health care and have the inmate sign a form acknowledging they spoke.  
 5. SCRs are available in the housing units and recreation area. In addition, the pill call nurse has SCRs with them when they are on the housing units dispensing medication. Officers and case managers also deliver SCRs to the medical unit.

**Inpatient and Outpatient Hospital Services and Specialty Consultants** (MDOC Policy 25-21-0; ACA Standards 4-4348)

1. A "Letter of Hospital Agreement" is available for review. List below: Yes  No   
 The hospitals listed below are utilized as needed for in-patient services:  
 2. When health care is required beyond the resources available in the facility, as determined by a Physician, the inmate is transported timely to a medical facility where such care is provided. Yes X No   
 3. Facility staff provide supervision and security when inmates are admitted to a hospital or while receiving outpatient services. Yes X No

**COMMENTS**

1. Letter of Hospital Agreement is kept by HALLC at corporate office. These agreements were not reviewed since a visit to corporate office was not made.  
 2. There is an ER Log kept in the nurses station which documents all inmate visits to hospitals.

**Dental Screening and Examination** (MDOC Policy 25-06-E, 25-20-D; ACA Standards 4-4360, 4-4427)

1. The facility contracts with a Dentist for on-site services. Yes X No   
 2. Dental exam is completed every two years. Yes X No

- 3. Inmate who are referred to Dental Health Call are seen timely. Yes X No
- 4. Dental instruments are routinely counted and inventoried. Inventory logs are maintained to verify count. Yes X No
- 5. Dental X-ray equipment is licensed by the Mississippi Department of Radiological Safety Yes X No

**COMMENTS**

4. Inventory Log for dental equipment was current and complete.

**Administration of Treatment** (MDOC Policy 25-02-D; ACA Standards 4-4378, 4-4382)

- 1. Standing Orders are maintained and updated annually. Date of last update: \_\_\_\_ Jan 2013 Yes X No
- 2. Standing Orders are activated according to the prescribed treatment signed off by the Physician. Yes X No
- 3. Medication Formulary is maintained and available to nursing and physician. Yes X No  N/A

**COMMENTS**

3. All nurses have a copy of the Medication Formulary and they report they keep them on their desk. There were also Medication Formularies in the nurse's station and pharmacy area. The formulary was last updated February 2013. The same formulary is used at all four of the HALLC prisons they operate in Mississippi.

**Pharmaceutical & Medical Supplies** (MDOC Policy 25-01-D through 25-18-D; ACA 4-4196, 4-4378, 4-4379, 4-4421; Consent Decree III.B.3.a., d., g)

- 1. Pharmaceuticals are prepared by the contracted pharmacy. Yes X No
- 2. Pharmacy Policy Manuals are current and up-to-date. Yes X No
- 3. Medications are only administered by Qualified Medical Professionals or Qualified Nursing Staff. Yes X No
- 4. Medication Administration Records (MARs) are utilized for documentation. Yes X No
- 5. Medications are administered timely and in accordance with the physician order and MDOC Policy. Yes X No
- 6. Medications are properly maintained in a clean and neat order. Medication and storage areas are locked when not in use. Yes X No
- 7. Continuous inventory control is maintained on all prescription and over-the-counter medications. Count is correct. Yes X No
- 8. Emergency medications are inventoried by Health Assurance staff monthly. Yes X No
- 9. Sharps inventory is completed on each shift; log records are maintained for count verification. Yes X No
- 10. Pharmaceutical disposal records are maintained. Yes X No
- 11. All Pharmacy licenses are current and posted. Yes X No
- 12. If an inmate refuses to take their psychotropic medication for more than 24 hours then the treating mental health professional and psychiatrist must be notified and the inmate seen within 24 hours of notice. Yes X No

**COMMENTS**

2. Pharmacy Policy Manual created by contract pharmacy became available in January 2013 for medical staff. The Pharmacy Policy Manual is based upon the MS Board of Pharmacy – Pharmacy Practice Act.  
 4. All medical staff were trained on MAR policies and procedures in February 2013. MAR is initialed by nurse dispensing medication then scanned into EHR monthly.  
 10. Pharmacy Disposal Log is kept and was current.  
 11. Controlled Substance Pharmacy License expires 12/31/14. The Emergency Medication Kit License expires 12/31/15.

**First Aid and Emergency Care** (MDOC Policy 25-16-A, 25-08-E; ACA Standards 4-4351, 4-4390; Consent Decree III.A.2.a.iii)

- 1. Emergency Medical Services are locally available for transporting inmate. Yes X No
- 2. First Aid Kits and AED are inspected monthly. Yes X No
- 3. All staff who regularly interact with prisoners are trained in First Aid and CPR. Yes X No

**COMMENTS**

2. AED is checked daily. HALLC buys First Aid Kits throughout the facility and sets up the monitoring process. MTC has its Fire & Safety Officer check the Kits monthly and replenish them as needed.  
 3. First Aid and CPR training done upon hire and then annually. The most recent CPR training was in September 2013.

**Specialized Health Programs & Education** (MDOC Policy 25-01-F; ACA Standard 4-4361)

- 1. Health education is provided by nursing staff. Yes X No
- 2. Special Diets are available when written by the physician. Yes X No

**COMMENTS**

1. Health education done upon intake regarding STD and communicable disease. Health education done during sick call. Chronic care education done individually with inmates every three months.  
 2. Special dietary forms sent to zone and dietary.

**Contagious and Infectious Diseases, Management of** (MDOC Policies 25-01-B through 25-06-B, 25-08-B, 25-09-B ; ACA Standards 4- 4184, 4-4329, 4-4354, 4-4355, 4-4356, 4-4357)

- 1. HIV testing of inmate is completed after a doctor order has been written. Yes X No
- 2. Inmate pre-counseling is held prior to HIV testing as evidence by chart documentation. Yes X No
- 3. Inmate post-counseling is held when HIV results are received as evidence by chart documentation. Yes X No
- 4. Inmates receive PPD Skin Testing annually. Yes X No  N/A
- 5. Staff yearly PPD Skin Testing is completed. Yes X No  N/A
- 6. The facility has a quarterly infection control meeting during which MOH resources are available. Yes X No

**COMMENTS**

- 2. Nursing staff does pre and post counseling. Since the inmate population has changed at WCCF they are beginning to house inmates with HIV.
- 4. All inmates received PPD Skin Testing in January of each year.
- 5. All staff receive PPD Skin Testing in January of each year.

**Exposure Control** (MDOC Policy 25-05-B; ACA Standards 4-4358)

- 1. Management of Biohazardous Waste is maintained. Yes X No

**COMMENTS**

- 1. Outside contractor is used to collect and dispose of used sharps.

**Health Records and Confidentiality** (MDOC Policy 25-02-H, 25-03-H, 25-04-H, 25-07-H, 25-08-H, 25-09-H; ACA Standards 4-4364, 4-4396, 4-4413)

- 1. Medical records are maintained confidentially in the Medical Department and separate from the commitment records. Yes X No
- 2. Medical Records are kept electronically and accessible only by health care professionals. Yes X No
- 3. Medical Records are maintained in a neat and orderly manner. Yes X No

**COMMENTS**

- 2 and 3. Medical records now all in EHR. Interviews with several staff indicate they are familiar with EHR and use it daily.

**Mental Health Services** (MDOC Policy 16-30; Consent Decree III. C.1. b-f and h-m; III.C.3.d., III.C.4.c)

- 1. Each inmate on mental health caseload will have an initial treatment plan at time of evaluation. Yes X No
- 2. Each inmate on mental health caseload will have a treatment plan within 10 days of evaluation. Yes X No
- 3. Each inmate on mental health caseload shall have an interdisciplinary team that includes mental health staff, psychiatrist, nurse and custody staff. Yes X No
- 4. Mental Health Treatment Plans will be developed by the interdisciplinary team. Yes X No
- 5. The interdisciplinary team shall meet every 30 days during the initial three months of care then every 90 days thereafter to review the treatment plan. Yes X No

- 6. Each inmate on the mental health caseload will be classified based on the level of mental health care required. Levels shall be outpatient, residential, crisis, and inpatient. Yes X No
- 7. Inmates discharged from one level of mental health care to another level will have follow-up services commensurate with the new level of care. Yes X No
- 8. Each inmate on the mental health caseload that is housed in long term isolation/segregation will be classified at the residential level of care. Yes X No
- 9. Nursing staff will conduct daily rounds of inmates in isolation/segregation to inquire about their mental health status. Yes X No
- 10. Mental health staff will conduct daily rounds of inmates in administrative/disciplinary segregation to determine mental health status and refer for services if necessary. Yes X No
- 11. Crisis and acute care mental health services are available, including access to beds in a health care setting. Yes X No
- 12. Head psychiatrist shall have medically appropriate autonomy for clinical decisions, access to the Warden and oversee the treatment team. Yes X No
- 13. Mental health staff assess inmates face-to-face before being placed in administrative segregation if they are on mental health caseload. Yes X No
- 14. All LOC-C inmates are receiving appropriate mental health care as evidenced by reviewing a sample of their medical records to ensure they have seen a mental health provider within the last 90 days. Yes X No
- 15. A random sample of LOC-C inmates incident reports during the previous three months will be reviewed to ensure these inmates receive appropriate mental health services after an unusual incident, if warranted. Yes X No

**COMMENTS**

10. Rounds occur twice per day for inmates in segregation.  
 13. This occurs every time before an inmate on the mental health caseload is placed in segregation. If medical staff indicate there are medical or mental health reasons that prohibit segregation then they will not be placed in segregation.  
 14 and 15. There are 54 LOC-C inmates. Of these 54 inmates 42 are on psychotropic medication and 45 have an Axis I Diagnosis.

**Health Department Inspections and/or Visits from other out-side Local and/or State Agencies:**

Date	Agency	Comments
		None

**Medical Services Review, Monitoring, and Reporting** (ACA Standards 4-4382; Consent Decree III.B.2.f.,III.C.2):

The following monitoring tools and reports are complete and/or reviewed timely by the Health Services Administrator(s) as required by MDOC Policies and Standard Operating Procedures:

At least annually, the following form is completed:

- Health Care Personnel Licensure Verification Form Yes X No
- Medical Equipment Inventory Yes X No

At least annually, the following form is reviewed:

- Medical Services Review and Monitoring Tool Yes X No

At least bi-annually the following reports are completed:

- Mental Health Treatment and Counseling Report for DOJ Yes X No
- Health Care Discharge/Transfer Planning Report for DOJ Yes X No

At least quarterly the following report is completed:

- Health Care Performance Measures Report Yes  No X

At least monthly, the following forms and logs are completed and/or reviewed:

- Laboratory Logs reviewed and monitored for compliance of returned lab results Yes X No
- Health Care Services Statistical Data Report Yes X No
- Medication Administration Review Form Yes X No
- Autoclave Log Yes X No
- AED Unit Inspection Form Yes X No
- Medical Instrument/Sharps Inventory Daily Count Form Yes X No
- Dental Instrument/Sharps Inventory Count Form Yes X No
- Medical Instrument Sign-Out Form Yes X No
- Sick Call Log Yes X No
- Off Site Specialty Care Referral Log Yes X No
- Hospital Admission Log Yes X No
- Emergency Room Log Yes X No
- Non-Prescription Pharmaceuticals Control Form Yes X No
- Emergency Medication and Controlled Substance Daily Count Sheet Yes X No

**Medical Services Schedule:**

Staff/Contractors	Monday	Tuesday	Wednesday	Thursday	Friday
Physician Health Call					
Dental Health Call					
Psychiatry Health Call					

**Compliance Summary**

<u>Page #</u>	<u>Section (Health Services)</u>	<u>Total # of Indicators</u>	<u>Compliant</u>	<u>Non-Compliant</u>	<u>Non-Applicable</u>
<u>1</u>	Health Authority	<u>6</u>	6	0	0
<u>1</u>	Personnel Qualifications	<u>6</u>	6	0	0
<u>2</u>	Medical Facilities & Equipment	<u>8</u>	8	0	0
<u>2</u>	Health Screening, Appraisal and Examination	<u>6</u>	6	0	0
<u>3</u>	Access to On-site Health Care	<u>5</u>	5	0	0
<u>3</u>	In/out Patient Hospital Services and Specialty Consults	<u>3</u>	3	0	0
<u>3</u>	Dental Screening and Examination	<u>5</u>	5	0	0
<u>4</u>	Administration of Treatment	<u>3</u>	3	0	0
<u>4</u>	Pharmaceutical & Medical Supplies	<u>12</u>	12	0	0
<u>5</u>	First Aid and Emergency Care	<u>3</u>	3	0	0
<u>5</u>	Specialized Health Programs & Education	<u>2</u>	2	0	0
<u>5</u>	Contagious and Infectious Disease Management	<u>6</u>	6	0	0
<u>6</u>	Exposure Control	<u>1</u>	1	0	0
<u>6</u>	Health Records and Confidentiality	<u>3</u>	3	0	0
<u>6</u>	Mental Health Services	<u>15</u>	15	0	0
<u>8</u>	Medical Services Review, Monitoring and Reporting	<u>20</u>	19	1*	0

Total Indicators	104
Compliant	103
Non-Compliant	1
Not Applicable	0

\* The only item in noncompliance is the receipt of the quarterly health care compliance reports. These reports are supposed to come from Wexford since they are responsible for generating reports from the EHR. Wexford has produced some of the reports but not all eight. AdminPros will continue to work with Wexford to have these reports produced timely.

**Health Vendor Comments**

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Effective Date: 11/01/2012

Revised 5/4/2013



Summary of Conference call on 2-21 -14 @ 2 PM Eastern Time

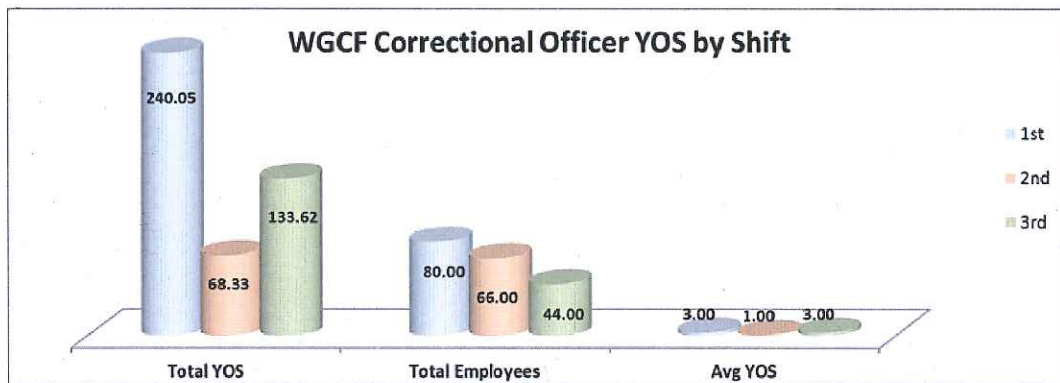
Participants were:

- Marjorie Brown – MTC
- Warden Mack – Walnut Grove
- Archie Longley – MDOC
- Leonard Vincent – MDOC
- Harold Pizzetta - Office of Attorney General
- James Austin – Court Monitor
- Steve Martin, Court Monitor

**Length of Service**

The following information was provided by MTC/ Walnut Grove: The night of the incident the 6 COs assigned to HU3 2nd shift had an average of 7.95 months years of serves. The median years of service were 4.4 months and the mode was 2.7 months, cadets from our November 2013 class.

Overall the average length of service for 2nd shift is 1 year. There are several outliers that influence this statistic. A shift supervisor with over 8 years experience, a Sgt with over 10 years experience , a CO with over 10 years experience. There are also 3 COs with over 2 years experience, and 8 COs with over a year.



As of today's date, seven staff (7), 6 COs and 1 Lt. have been terminated or resigned as a direct or indirect result of intelligence received from the 12-31-13 incident. An additional staff member is on administrative leave and pending termination. The behaviors resulting in recommending termination included: passing contraband to inmates, refusing vehicle search, failure to report known violations, fraternization, and drug possession. Where possible we will seek prosecution for compromised staff.



Only two of the HU3 COs working the night of the incident remains assigned to the unit.

The HU 3 Unit Manager reviewed the staffing roster of the unit. She conferred with her unit sergeants to decide the best way to assign and train staff for the unit. It was determined to select Cadets and have unit supervisory staff provide OJT training for HU3 /Close custody inmates. Unit Manager Triplett did the following to allow the opportunity to train the cadets in her words, "the right way": 1) Selected the top cadets of the class; 2) Oriented the group to the unit; 3) Bring staff in office during shift as part of OJT for questions and debriefing; 4) Unit Manager, Sergeants, and Unit Rover does OJT – spend more time on unit with staff, modeling behavior, policy and procedures.

Unit Manager Triplett reports the Unit environment is much different, more camaraderie.

All shift rosters have been reviewed. An additional sergeant and lieutenant will be included on the roster to provide increased supervision in the close custody unit by March 3, 2014.

#### *New Deputy Warden of Operations*

On 2-18-14 Grady Wallace was named the new Deputy Warden of Operations @ Walnut Grove. With 30 years of correctional experience, he recently served as Deputy Director of Operations for the Texas Department of Criminal Justice (TDCJ). Grady's role in his previous position was daily oversight and monitoring of all TDCJ private facilities.

#### **Movement as 2-21-14 in HU3:**

In Pods A, B, D, showers and recreation movement are limited to 8 cells at a time. Pod C movement is limited to a tier at a time for showers and rec. All eligible inmates assigned to school are escorted to their classes. On 2-24 -14 recreation in the Gym will be added to the close custody schedule - one tier at a time.

The focus is controlled movement, to include fewer close custody inmates out at any one time.

#### **Active VS Inactive STG Status**

Walnut Grove STG lieutenant reviews STG status monthly. The review consists of an interview with the inmate and a review of the inmate's disciplinary history. This review will be included in our report. We will ensure all inmates involved in the 12-31-13 incident have the appropriate STG status listed.

#### **Tier Program**

The tier system/ behavior modification system is under development. The program will reinforce positive behavior through increased out of cell time and additional incentives. The written proposal will be submitted for feedback 3-12-14.

**Other Action Items working on or have completed:**

- Increased CERT training to monthly
- Reviewing staff on-board process – who interviews, questions, assignment orientation OJT, shift placement, disciplinary process, incentive process, etc
  
- Reviewing Training Curriculum –Job Corp specialist scheduled to critique cadet class and trainers.
- Reviewing Post Orders – do they say what they need to , how to ensure compliance
- Increased job Fairs – focus on quality of candidate
- Review process of communicating procedures to staff – must know emergency procedures, Use of force, Post orders
- Replacing, updating security equipment

End of report