

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

<b>LASHAWN JONES, ET AL.</b>	*	<b>CIVIL ACTION</b>
	*	<b>No. 12-00859</b>
<b>VERSUS</b>	*	
	*	<b>HON. LANCE M. AFRICK</b>
<b>MARLIN GUSMAN, ET AL.</b>	*	<b>SECTION: I</b>
	*	
	*	<b>MAG. MICHAEL B. NORTH</b>
	*	<b>SECTION: 5</b>
* * * * *		

**THE CITY OF NEW ORLEANS’ MOTION FOR RELIEF FROM COURT ORDERS OF  
JANUARY 25, 2019 (Rec. Doc. 1221) AND MARCH 18, 2019 (Rec. Doc. 1227)  
REGARDING PHASE III JAIL FACILITY**

**NOW INTO COURT**, through undersigned counsel, comes Defendant, the City of New Orleans (“City”), and respectfully requests relief from the Court’s Orders of January 25, 2019 (Rec. Doc. 1221) and March 18, 2019 (Rec. Doc. 1227) mandating the programming, design, and construction of a new Phase III jail facility because there has been significant change in the factual conditions which render programming, design, and construction of the Phase III jail facility unsustainable. As a result, the City requests that this Honorable Court modify its Orders by indefinitely suspending the programming, design and construction of a new Phase III jail facility.

**WHEREFORE**, the City respectfully prays that this Motion for Relief from Court Orders of January 25, 2019 (Rec. Doc. 1221) and March 18, 2019 (Rec. Doc. 1227) Regarding Phase III Jail Facility be granted and that this Honorable Court modify its Orders by indefinitely suspending the programming, design and construction of a new Phase III jail facility.

Respectfully submitted,

/s/ Sunni J. LeBeouf  
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**CERTIFICATE OF SERVICE**

I do hereby certify that on this 29<sup>th</sup> day of June, 2020, a copy of the foregoing was filed electronically with the Clerk of Court using the CM/ECF system. Notice of this filing will be sent by operation of the court's electronic filing system. I also certify that a copy of the foregoing will be sent to all non-CM/ECF participants by United States Mail, properly addressed and postage pre-paid.

/s/ Sunni J. LeBeouf  
**SUNNI J. LEBEOUF**

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

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**CIVIL ACTION**

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**SECTION: I**

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**MAG. MICHAEL B. NORTH**

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**SECTION: 5**

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**THE CITY OF NEW ORLEANS’ MEMORANDUM IN SUPPORT OF MOTION FOR  
RELIEF FROM COURT ORDERS OF JANUARY 25, 2019 (Rec. Doc. 1221) AND  
MARCH 18, 2019 (Rec. Doc. 1227) REGARDING PHASE III JAIL FACILITY**

**MAY IT PLEASE THE COURT:**

The City of New Orleans (the “City”) respectfully submits this memorandum in support of its Motion for Relief from Court Orders of January 25, 2019 (Rec. Doc. 1221), and March 18, 2019 (Rec. Doc. 1227) Regarding Phase III Jail Facility, pursuant to Fed. R. Civ. P. 60, because there has been a significant change in the factual conditions which makes the continued programming, design, and construction of Phase III unsustainable. First, the Orleans Justice Center (“OJC”) currently provides medical and mental healthcare that is above the minimal constitutional standard; second, the unexpected COVID-19 pandemic will cause a significant budgetary shortfall for the City; third, the decrease in the inmate population makes the programming, design, and construction of a new Phase III jail facility unnecessary. Finally, as a result, the City requests that this Honorable Court grant the City’s Motion and modify the Court’s Orders by indefinitely suspending the programming, design, and construction of a new Phase III jail facility.

## **I. INTRODUCTION**

The Home Rule Charter for the City of New Orleans dictates that the residents of Orleans Parish shall elect a Mayor.<sup>1</sup> The duly elected Mayor serves as the Chief Executive Officer of the City of New Orleans, and in this role, is responsible for overseeing all City operations. While the City has indisputably made a tremendous investment in the Orleans Parish jail over the past six years to ensure constitutional operations and adequate programming for all OJC inmates, the Mayor is also accountable to the people of New Orleans to adequately manage scarce resources in serving all of Orleans Parish. This includes the responsibilities, for example, of addressing aged and failing infrastructure, making constitutional policing and public safety a priority, offering services for historically vulnerable and underserved populations, and responding to a global pandemic which has shut down the City and severely impacted the local economy.

The Consent Decree of record simply does not require that the City of New Orleans build a sprawling new jail facility. Moreover, the City's jail investment to date, as described herein, demonstrates that the City continues to invest significantly in the Orleans Parish jail in a manner which exceeds constitutional requirements. While the Court is to be commended for its efforts to date in working to ensure constitutional operations at OPSO facilities, the Court should not ignore the City's tremendous jail investment, the declining jail population, and the notable and significant progress of OPSO in meeting constitutional requirements.<sup>2</sup>

For all of the reasons stated herein, including but not limited to, the significantly reduced and declining jail population, anticipated revenue shortfalls, and the ability to constitutionally accommodate the jail population within current facilities, the City of New Orleans respectfully requests that this Honorable Court grant the City's Motion for Relief, and suspend all orders

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<sup>1</sup> Home Rule Charter of the City of New Orleans, § 4-201. *See also id.* at § 1-102.

<sup>2</sup> *See* Rec. Doc. 1274.

regarding the programming, design, and construction of a new Phase III jail facility at this time.

## **II. PROCEDURAL BACKGROUND**

On June 6, 2013, this Court approved a Consent Judgment regarding the conditions of the Orleans Parish Prison.<sup>3</sup> An area of concern was the treatment of inmates with mental health and medical conditions, as outlined in Section IV (B) and Section IV (C) of the Consent Decree. As part of this litigation matter, a new facility dedicated to accommodating mental health and medical beds was contemplated as Phase III of the OJC.

On January 25, 2019, and March 18, 2019, the Court entered Orders regarding the programming, design, and construction of a new Phase III jail facility addition to the OJC. The January 2019 Order required the City to direct the City's architect to begin the programming phase of the proposed new Phase III jail facility as soon as possible.<sup>4</sup> The March 2019 Order required the City to move forward with renovating the Temporary Detention Center ("TDC") to accommodate OPSO's mental health population, to continue the programming of a new Phase III jail facility and to work collaboratively with the parties to design and build a new Phase III jail facility.<sup>5</sup> It is from these Orders that the City seeks relief in the form of modification.

## **III. LAW AND ARGUMENT**

Rule 60 of the Federal Rules of Civil Procedure provides in pertinent part:

**(b) Grounds for Relief from a Final Judgment, Order, or Proceeding.** On motion and just terms, the court may relieve a party or its legal representative from a final judgment, order, or proceeding for the following reasons:

- (1) mistake, inadvertence, surprise, or excusable neglect;
- (2) newly discovered evidence that, with reasonable, diligence, could not have been discovered in time to move for a new trial under Rule 59(b);

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<sup>3</sup> See Rec. Docs. 465, 583 (setting the Effective Date of the Consent Judgment approved and entered on June 6, 2013, at Rec. Doc. 465).

<sup>4</sup> Rec. Doc. 1221, at 3.

<sup>5</sup> Rec. Doc. 1227, at 2.

- (3) fraud (whether previously called intrinsic or extrinsic), misrepresentation, or misconduct by an opposing party;
- (4) the judgment is void;
- (5) the judgment has been satisfied, released, or discharged; it is based on an earlier judgment that has been reversed or vacated; or applying it prospectively is no longer equitable; or
- (6) any other reasons that justifies relief.

In this case, the City seeks relief from the Court's Orders regarding the programming, design, and construction of Phase III of the OJC. Phase III was proposed to accommodate the mental health needs of inmates incarcerated at the OJC. It is the City's position that a significant change in circumstances has occurred, which makes the construction of Phase III unsustainable. Additionally, the OJC currently provides mental health and medical services that meet or exceed constitutional requirements. In addition, COVID-19 has significantly impacted the City's budget, and any continuation of the programming, design, and construction of Phase III would pose a significant threat to the City's ability to provide needed services to the public. Finally, the steady decrease in the inmate population has rendered Phase III unnecessary at this time.

**A. There have been significant factual changes that make programming, design, and construction of the Phase III facility substantially more onerous.**

Even "a party seeking modification of a consent decree may meet its initial burden by showing a significant change either in factual conditions or in law."<sup>6</sup> Modification of a consent decree may be warranted when changed factual conditions make compliance with the decree substantially more onerous, when a decree proves to be unworkable because of unforeseen obstacles, or when enforcement of the decree without modification would be detrimental to the public interest.<sup>7</sup> Here, there is a significant change in facts based on a significantly reduced and

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<sup>6</sup> *Rufo v. Inmates of Suffolk County Jail*, 502 U.S. 367, 384 (1992).

<sup>7</sup> *Id.*

declining jail population, anticipated revenue shortfalls, and an existing ability to meet constitutional requirements within current facilities. Given the current facts, any Court Order to proceed with a sprawling new Phase III jail facility will be detrimental to the public interest.

### **1. Orleans Parish Jail Investment**

When the Consent Judgement was announced in October 2012, the average daily population in the jail was 2,645 and the City's General Fund contribution to jail operations was approximately \$22M.<sup>8</sup> By 2019, the jail had an average daily population of 1,160 inmates and a General Fund contribution of \$53M, which is expected to rise to \$59M by the end of 2020.<sup>9</sup> Thus, in the span of eight years, the City increased its allocation of operating funding to OPSO by a total of 140% and expects this allocation to increase further still (to 173% of 2012 funding levels) before year's end, all while the jail population has in fact been decreasing.<sup>10</sup>

The OJC is currently among the most staffed and well-funded jails of its size in the United States. OPSO staffing and related funding have increased significantly—particularly regarding security staffing and deputy wages—since the Consent Decree was implemented. For example, in July 2013, OPSO had 602 non-medical staff in their Criminal Division, with 274 assigned to detention security.<sup>11</sup> By March 2020, total staffing for the Criminal Division had grown to 774 employees and security staffing had increased to 386 employees.<sup>12</sup> This represents an overall staffing increase of 22%. When trends in jail population are considered, OPSO employed one security staff for every 9.7 inmates in 2013; whereas by 2020, OPSO employed one security staff for every 3 inmates.<sup>13</sup> The cost per deputy has also increased significantly since 2012, as the City

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<sup>8</sup> Exhibit A, Affidavit of Jonathan T. Wisbey (City of New Orleans Chief Administrative Officer's Financial Liaison to OPSO), at ¶¶ 5, 20.

<sup>9</sup> *Id.*

<sup>10</sup> *See id.* at ¶¶ 5-6, 20.

<sup>11</sup> *Id.* at ¶ 10.

<sup>12</sup> *Id.*

<sup>13</sup> *Id.* at ¶ 11.

has funded at least three distinct pay raises for OPSO personnel to help with retention and recruitment.<sup>14</sup> Today, starting pay for Deputies is \$33,000, which can increase to \$39,000 annually if they obtain POST certification. This puts OPSO Deputy pay above correctional deputy pay in many other Louisiana Parishes, including Jefferson, St. Tammany, Caddo, Lafourche, Terrebonne, and Tangipahoa.<sup>15</sup>

The significant increase in funding for OPSO over the last eight years has made OPSO one of the most well-funded local jails of its size in the country based on a review of eleven other mid-sized jails, including: Jefferson Parish, Nashville, Charlotte, Charleston (S. Carolina), Reno, St. Louis, Albuquerque, Daytona Beach, Milwaukee, Pittsburgh, and Memphis.<sup>16</sup> Whereas Orleans Parish spends approximately **\$73,007 per inmate**<sup>17</sup>, eight of the eleven jails surveyed spent less than \$50,000 per inmate. The highest spending found at another jail was \$67,416 in Nashville.<sup>18</sup> And while specific budgetary levels for medical services were not readily available for several of the jurisdictions surveyed, medical spending could be identified for six of the eleven jails. Orleans Parish spent the most on medical services among these jails, with an annual cost of \$15,363 per inmate.<sup>19</sup> By contrast, the next highest was Nashville (Davidson County, TN), which spends \$10,692 on medical services annually per inmate.<sup>20</sup> Jefferson Parish spends only \$3,956 per inmate on medical services.<sup>21</sup> Clearly, the OJC exceeds its mid-size jail counterparts in terms of funding, staffing, and medical services provided.

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<sup>14</sup> Exhibit A, at ¶ 12.

<sup>15</sup> *Id.*

<sup>16</sup> *Id.* at ¶ 16.

<sup>17</sup> The City respectfully notes that its use of bold font is to provide emphasis, as is common in legal pleadings, and should not otherwise be interpreted as “hollering” before this Honorable Court.

<sup>18</sup> Exhibit A, at ¶ 17.

<sup>19</sup> *Id.* at ¶ 18.

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*



**B. The OJC currently provides medical and healthcare that meets or exceeds constitutional standards.**

The Orleans Justice Center was opened in 2015 as the new jail facility run by the OPSO, replacing the prior Orleans Parish Prison (“OPP”) facility. The OPP facility, an outdated prison, was at the heart of the issuance of the Consent Decree by this Court. The conditions of the facility were not up to the standards for a constitutional facility and subjected those incarcerated there to less than optimal conditions. The OJC, on the other hand, is a modern facility that provides conditions for inmates that are vastly improved to those of the OPP. The conditions described in the Plaintiffs’ complaint no longer represent the current conditions, as inmates are no longer at imminent risk of rapes, sexual assaults and beatings. Further, inmates with mental illness are receiving constitutionally compliant care at the OJC.

**1. Inmate conditions have improved, especially for special populations.**

When the Plaintiffs filed their complaint in 2012, there were allegations that the jail population was in imminent danger due to overcrowding, understaffing, and undertrained prison employees.<sup>22</sup> The OPSO improved training for employees, which has led to the increased safety of inmates currently at the facility. As an example of the success of this increased training, the OPSO noted that it received its certification on the Prison Rape Elimination Act (“PREA”) audit from an independent monitor.<sup>23</sup>

On January 25, 2019, this Court entered an Order wherein it emphasized the importance of a permanent solution to provide constitutionally mandated mental health treatment for all OJC prisoners.<sup>24</sup> The City was ordered to collaborate with Director Hodge to submit a short-term plan for mental health related matters, especially with respect to prisoners in need of acute and sub-

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<sup>22</sup> See Rec. Doc. 1, at ¶ 2.

<sup>23</sup> Rec. Doc. 1274-1, at 27 (noting that OPSO meets or exceeds all standards set forth by the PREA).

<sup>24</sup> Rec. Doc. 1221, at 2.

acute mental health treatment.<sup>25</sup> On March 18, 2019, the Court entered an Order approving the City's plan to renovate the Temporary Detention Center ("TDC") and ordering the parties to work to design and build a facility that provides for the constitutional treatment of the special populations, *i.e.*, prisoners with mental health issues, without undue delay, expense or waste.<sup>26</sup> The Court specifically found that the Orders extend no further than necessary to correct violations of the federal rights of the plaintiff class.<sup>27</sup> Given all relevant facts, and considering the City's continuing jail investment, the City specifically seeks to prevent undue expense or waste, as set forth in the Court's Order.

In compliance with requirements to provide constitutional treatment for special populations, the City provided for improved and constitutional conditions at the OJC through the medical and mental health services provided by Wellpath LLC. Wellpath provides healthcare services at nearly 500 government correctional or mental health facilities across approximately 33 states.<sup>28</sup> Wellpath's Senior Vice President, William P. Kissel, notes that the healthcare program provided by Wellpath for the OPSO meets the national standards set forth by the National Commission on Correctional Health Care ("NCCHC") and is fully accredited by NCCHC.<sup>29</sup> The healthcare program provided by Wellpath for the patients of OPSO meets or exceeds the standards of facilities with comparable infrastructure and average daily populations in urban settings when comparing scores related to continuous quality improvement and critical issues, such as staffing levels and suicide rates.<sup>30</sup> In 2019, the City spent \$17.8M on Wellpath's services for OPSO inmates.<sup>31</sup>

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<sup>25</sup> Rec. Doc. 1221, at 3.

<sup>26</sup> Rec. Doc. 1227, at 2-3.

<sup>27</sup> *Id.* at 3.

<sup>28</sup> Exhibit B, Declaration of William P. Kissel (Senior Vice President of Wellpath), at ¶ 3.

<sup>29</sup> *Id.* at ¶ 5.

<sup>30</sup> *Id.* at ¶ 6.

<sup>31</sup> Exhibit A, at ¶ 15.

Mr. Kissel confirms that Wellpath has developed and implemented policies at OPSO for screening, assessment, and treatment of medical and mental health care issues, counseling, suicide prevention and precautions, use of restraints, and detoxification, which provide access to adequate medical care and would not permit deliberate indifference to a patient's serious medical needs.<sup>32</sup> In fact, many Wellpath staff members and contractors performing healthcare services for patients of OPSO are also engaged by other healthcare facilities in the community, such as Tulane Medical Center, Children's Hospital New Orleans, West Jefferson Medical Center, and University Medical Center.<sup>33</sup> Most importantly, Mr. Kissel attests that healthcare experts of Wellpath in the areas of psychiatry, behavioral health, general medicine, and nursing have reviewed the staffing plan for OPSO and the programming in each of their areas and have opined to him personally that the staffing levels are adequate to perform all objectives under the Consent Judgment.<sup>34</sup>

Increased staff training and improved medical and mental health services, in conjunction with the vastly upgraded facilities, have greatly improved the conditions for those incarcerated at the OJC. This is evident especially in comparison to the conditions for those that were incarcerated at the antiquated OPP when the Consent Decree was enacted. The improvements as outlined above support the argument that the OJC is a facility that meets or exceeds constitutional standards for inmates and that those incarcerated at the OJC, or any other OPSO-supported facility, are not subject to violations of any constitutional rights.<sup>35</sup>

## **2. The Phase III infirmary is not necessary to provide adequate medical care.**

Dr. Ronald Shansky, an expert in prison healthcare, asserts that many jails do not have

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<sup>32</sup> See, e.g., Exhibit B, at ¶ 7.

<sup>33</sup> *Id.* at ¶ 26.

<sup>34</sup> *Id.* at ¶ 27.

<sup>35</sup> The personal preferences of Federal Court-Appointed Monitors should in no way dictate whether minimal constitutional standards are being met.

infirmaries and are able to meet an adequate care standard. If there is access to a local hospital that can meet or exceed the level of care provided by a jail infirmary, the need for a jail infirmary can be eliminated.<sup>36</sup>

Dr. Shansky is of the opinion that in lieu of an infirmary, the reasonable, cost-effective and constitutional solution is for the local public hospital to provide infirmary-level care at a hospital outside of the jail.<sup>37</sup> Those hospitals are better equipped to meet unanticipated needs of inmates requiring critical medical care.<sup>38</sup> Further, the infirmary will not negate the need for emergency room visits from the jail. Emergency room visits will continue at the same rate, as no infirmary is equipped to handle serious and life-threatening injuries or conditions that trigger an emergency room request.

Dr. Shansky is the court-appointed expert who is monitoring the jail system in Erie County, New York,<sup>39</sup> which has a prison population of approximately 1,400. In that system there is one requirement and that is whenever a clinical decision is made, there must be a timely transfer. There is no requirement for an infirmary in the Consent Decree.<sup>40</sup>

As the OPSO is at near full compliance with the rigorous Consent Decree without the Phase III facility, the City and OPSO are well poised to develop a new plan to continue providing constitutionally adequate services for those with serious mental illness in its custody in lieu of constructing the Phase III facility. According to a recent report prepared by Policy Research, Inc. and JFA Institute, adequate medical and mental health services are being provided to all inmates

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<sup>36</sup> See Exhibit D, Affidavit of Dr. Ronald Shansky, ¶¶ 19-22 (suggesting that rendering medical and mental healthcare at a local hospital is a superior alternative to a jail infirmary).

<sup>37</sup> See *id.* at ¶ 21.

<sup>38</sup> *Id.* at ¶ 20.

<sup>39</sup> *Id.* at ¶ 9.

<sup>40</sup> See *id.* at ¶¶ 14-17. See also n. 36, *supra*. The Consent Decree does not specifically mandate construction of an infirmary as the only means to ensure protocols that provide access to adequate medical care and that would not permit deliberate indifference to a patient's serious medical needs.

at the OJC.<sup>41</sup> Other key findings included that the number of inmates classified as acute and sub-acute has been declining since the Supplemental Compliance Plan was submitted in January 2017.<sup>42</sup> Considerable progress has been made by Wellpath and Tulane University School of Medicine (“Tulane”) in reaching compliance with the Consent Decree. Particularly, the initial assessment, screening and re-assessment tasks performed by the duo are compliant with the Consent Decree as reported by the Independent Monitor.<sup>43</sup> Finally, there are sufficient staff, services and facility space at the OJC to provide necessary treatment services to people assigned to the mental health caseload.<sup>44</sup>

Compared to similarly sized jails in other jurisdictions, the City is spending notably more on medical and behavioral health services for its jail as compared to similar jails throughout the state and country.<sup>45</sup> Not all jail facilities have formally staffed infirmaries as proposed in the Phase III facility, as needed medical care can be effectively outsourced to existing hospitals. Further, with renovations to the TDC buildings there will be capacity to house, manage, and treat the jail population, including acute and sub-acute male and female populations.

**3. TDC, as designed, will provide accommodations for the OJC’s acute, sub-acute, and step-down populations.**

TDC is a facility located on the grounds of the OJC, which is being renovated by the City to facilitate inmates with special needs (acute, sub-acute, and step-down populations). The total projected cost for the project is \$6.27M.<sup>46</sup> TDC Buildings #1 and #2 will have two pods each for a total capacity for 61 inmates.<sup>47</sup>

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<sup>41</sup> See generally Exhibit C, *A Review of Orleans Parish Acute, Sub-Acute, And Step-Down Jail Populations* (2019).

<sup>42</sup> See, e.g., *id.* at 3.

<sup>43</sup> *Id.*

<sup>44</sup> *Id.* See also Exhibit D, at ¶ 17.

<sup>45</sup> Exhibit A, at ¶ 18.

<sup>46</sup> Exhibit E, Declaration of Vincent A. Smith (Dir., City of New Orleans Capital Projects Administration), at ¶ 5.

<sup>47</sup> *Id.* at ¶ 7.

When TDC opens (the building is projected to be complete in July 2020), it will represent a modern facility that is able to assist with providing for the mental health and medical needs of OPSO's population. The facility will be able to house 39 mental health beds for male inmates and 22 mental health beds for female inmates.<sup>48</sup> TDC will include a female pod with 3 single cells, 2 double cells, and a dormitory layout with 15 beds for 22 female inmates as well as a male pod with 6 double bed cells and 1 isolation cell (with capacity for 13 inmates each) to accommodate 39 male inmates.<sup>49</sup> Moreover, the City continues to explore and implement strategies to reduce the number of inmates with mental health issues being placed in jail.

The City has requested a feasibility study funded by the MacArthur Foundation to develop processes to divert people on the City's behavioral caseload from jail, and to transition patients from jail upon their release.<sup>50</sup> With a retrofitted TDC, an average daily jail population of less than 1,000, and the continuing trend of a declining jail population, the facts have changed significantly since the City and OPSO envisioned a Phase III facility in January of 2017.

**C. Continuing with Phase III programming, design, and construction will significantly impact the City's ability to provide essential services.**

COVID-19 has had a devastating impact on the nation's health and economy. Based on numbers published by the Centers for Disease Control and Prevention ("CDC"), as of June 26, 2020, more than 2,374,282 people in the United States have been diagnosed with COVID-19.<sup>51</sup> The City has been particularly hit hard by COVID-19, at one point having the second highest infection rate per capita in the nation based on an analysis by WWL-TV.<sup>52</sup> Currently, New Orleans

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<sup>48</sup> Exhibit A, at ¶¶ 8-9.

<sup>49</sup> *Id.* at ¶¶ 13-14.

<sup>50</sup> See generally Exhibit C.

<sup>51</sup> Centers for Disease Control and Prevention, *Cases in the US* (June 26, 2020 statistics compilation), available at [https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html)

<sup>52</sup> Mike Perlstein, *New Orleans is Second Only to Seattle in COVID-19 Cases Per Capita*, WWL-TV (March 16, 2020), available at <https://www.wwtv.com/article/news/health/coronavirus/perl-stats-story/289-f2e70da4-3e5b->

has nearly 8,000 confirmed cases of COVID-19, according to the CDC.<sup>53</sup> To flatten the COVID-19 curve, Mayor Cantrell issued an Emergency Proclamation; and on guidance from the City and State Health Departments, the City implemented several orders which prohibited or limited nonessential business operations for approximately four months.<sup>54</sup> The loss of tax revenue as a result of the global pandemic has had a significant negative impact on the City's finances and will make compliance with programming, design, and construction of a new Phase III jail facility burdensome in ways not previously known or contemplated. This burden, coupled with a significantly reduced and declining jail population, and considering the ability to meet constitutional requirements within current facilities, strongly indicates that a Phase III facility, as previously contemplated, is unnecessary and not in the public's best interest.

**1. The City of New Orleans has invested significantly in its continued commitment to constitutional jail operations.**

Prior revenue growth has helped meet increased demand for City services and has funded compliance efforts associated with both the New Orleans Police Department's ("NOPD") Consent Decree and the OPSO Consent Judgment. For example, since the Consent Decree was executed in 2013, the City has been responsible for \$3,740,723.38 paid to the Court-appointed Monitors, and \$2,600,000.34 paid to the Plaintiffs' attorneys in this case.<sup>55</sup> In total, \$6,340,723.73 has been paid to these two entities alone, at the City's sole expense and with no City oversight of work performed. An additional expense is the Federal Court-appointed Compliance Director's

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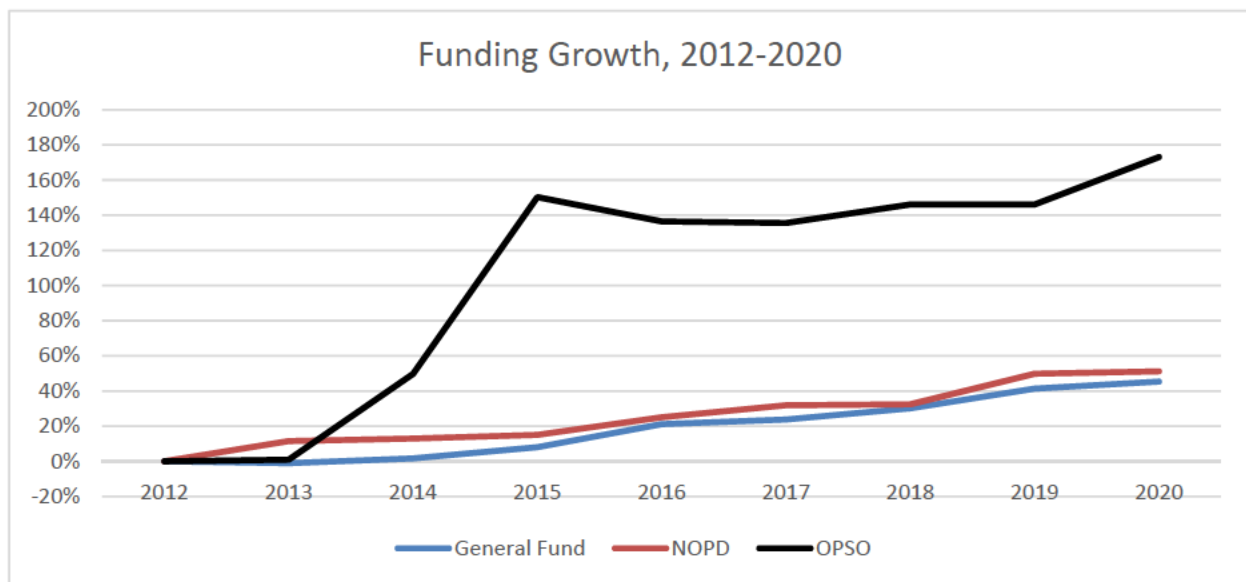
<sup>53</sup> Centers for Disease Control and Prevention, *Cases by County* (June 17, 2020 statistics compilation), available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/county-map.html?state=LA>

<sup>54</sup> See City of New Orleans Mayor's Office, *Emergency Declarations*, available at <https://www.nola.gov/mayor/executive-orders/>.

<sup>55</sup> Rec. Doc. 1274-1, at 35. On June 28, 2020, the City received the federal Court-appointed Monitors' recurring invoices for Monitors' fees, as the City does each month, most recently totaling \$81,162.50, attached hereto as Exhibit F (*in globo*). This additional amount has not yet been paid. The City has no oversight over the work performed.

compensation to run the jail, which to date, has totaled approximately \$832,695.42. This expense is in addition to the duly elected Sheriff's annual salary.

As the chart below demonstrates, the percentage of funding growth for the OPSO has far exceeded the growth of the General Fund during the relevant time period. Although the growth in General Fund revenues has enabled significant investments in both NOPD and OPSO over the last several years, much of this growth has come from non-recurring one-time revenue.<sup>56</sup> This increased reliance on one-time revenues means that the growth experienced over the last several years may not be sustainable long-term even in a booming economy.<sup>57</sup>



**2. The COVID-19 pandemic continues to have a significant negative impact on current and future investment funding.**

The COVID-19 pandemic and resulting economic fallout has clouded the City's revenue forecast and made it extremely likely that overall revenues will drop substantially in 2020 and 2021, if not for years to come.<sup>58</sup> The unprecedented nature of the COVID-19 pandemic means

<sup>56</sup> Exhibit A, at ¶ 22.

<sup>57</sup> *Id.*

<sup>58</sup> *Id.* ¶ 23.



that its full impact on the national and local economy is still not clearly understood. However, the City is currently projecting a \$136M shortfall in General Fund revenues in 2020 (a 19% decline from original forecasts) primarily because of diminished tax collections.<sup>59</sup> While that number is continually being revised as new data is received, there is no doubt that the final negative impact will be massive. Furthermore, the City's ability to finance infrastructure projects was recently impacted by Fitch Ratings' May 4<sup>th</sup> announcement that they were downgrading the City's default bond rating and placing the City on a negative rating watch, as a result of the effects of COVID-19 on tourism-dependent cities.<sup>60</sup>

Given these new financial realities, it is imperative that this Honorable Court consider and address the City's concerns with the ongoing design work on the OJC Phase III facility. This project, as ordered by the Court, is already projected to cost \$51M, which is \$15M over budget, and will require the commitment not only of additional bond funds, but also a substantial operating budget.<sup>61</sup> Accommodating this budget increase would require the City to sell new bonds to finance construction during a time of economic uncertainty and the recent default bond rating downgrade.<sup>62</sup> As a result, funding this budget shortfall is likely to be more expensive than it would have been prior to COVID-19.<sup>63</sup> Furthermore, the significant strides that the City has made over the past five years in reducing the jail population has alleviated a need for expanded jail capacity. Since funding is not readily available due to the projected budget shortfall, it must be obtained through future bond sales that will be influenced by the pandemic's economic impact. Moreover, such a facility is neither specifically required by the Consent Decree, nor is a sprawling new facility

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<sup>59</sup> Exhibit A, at 23.

<sup>60</sup> *Id.* at ¶ 25.

<sup>61</sup> *Id.* at ¶¶ 26-27.

<sup>62</sup> *Id.* at ¶ 26.

<sup>63</sup> *Id.* at ¶ 25.

required to meet minimum constitutional standards.

**3. The steady reduction of the inmate population at the OJC currently makes Phase III unnecessary.**

The proposal to build Phase III has two primary costs: the capital cost of building the facility and the operational cost once it is opened. To evaluate the potential costs of operating Phase III, the City conferred with national correctional experts, including Dr. Ronald Shansky. The experts estimated that an additional 109 OPSO staff would be required to operate Phase III as previously contemplated, along with 14 additional medical staff.<sup>64</sup> The City projects that operating costs for the facility will total a net \$9.5M per year.<sup>65</sup> This would necessitate an 18% increase in the City's General Fund contribution to the Sheriff's budget, which has already seen a massive increase since the Consent Judgement was implemented.

Accommodating an additional increase of nearly \$10M in operating costs would be challenging under normal circumstances. In the context of recovering from the sharpest decline in economic activity in U.S. history, it would be devastating. In other words, it would mean cutting City services and, potentially, reducing funding for needed infrastructure, public safety, and programs that support other vulnerable populations in Orleans Parish.<sup>66</sup>

Steady and consistent jail population trends have diminished the need to expand jail capacity by 89 beds, as the City originally agreed to do in 2017. With \$3.5M in grant support from the John D. and Catherine T. MacArthur Foundation, the City has been working directly with criminal justice stakeholders over the past several years to explore and implement initiatives to reduce the jail population. In 2019, the average daily jail population decreased below 1,200 for the first time, a 25% reduction compared to 2016. At the same time, the City anticipates

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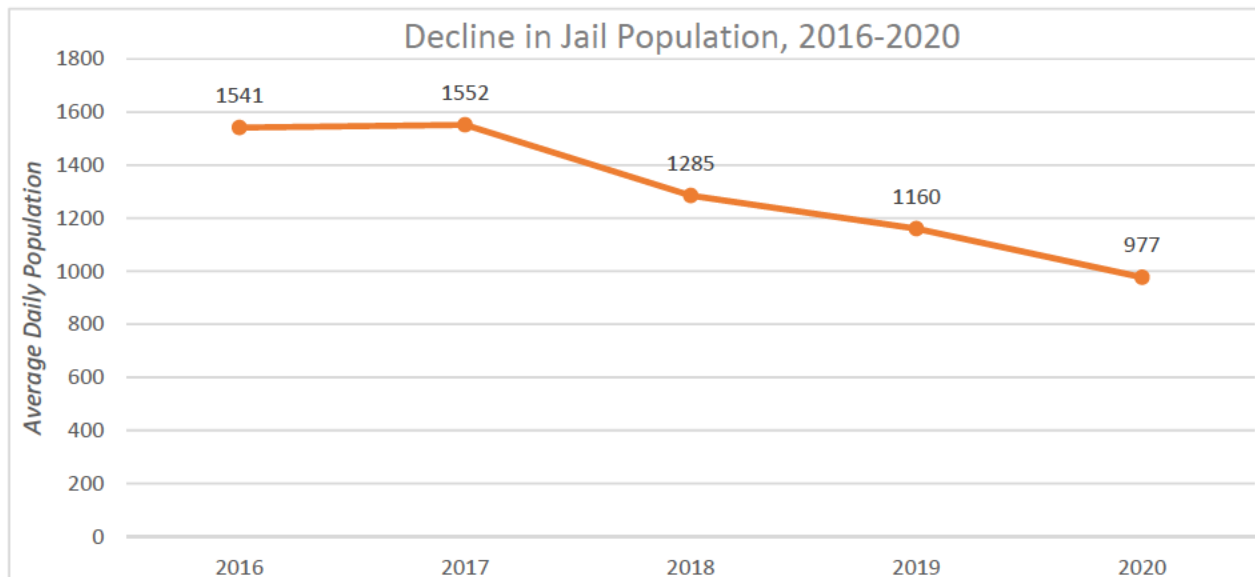
<sup>64</sup> Exhibit A, at ¶ 27.

<sup>65</sup> *Id.*

<sup>66</sup> *See id.* at ¶¶ 28-30.

completing work on renovations to TDC Buildings 1 and 2 by July 2020, which will provide additional jail capacity. As previously stated, TDC will provide 39 mental health beds for male inmates and 22 mental health beds for female inmates.

In addition, as a result of the COVID-19 global pandemic, the jail population has declined even further, with the average daily jail population currently below 900.<sup>67</sup> While it is still unclear if a sub-900 average daily jail population is sustainable in the long-term, courts and law enforcement are implementing new strategies that are likely to continue to exert downward pressure on the jail population even once the epidemic recedes.<sup>68</sup>



Moreover, in full implementation of Louisiana’s “Raise the Age” law the City has completed an expansion of the Juvenile Justice Intervention Center (“JJIC”) to house juveniles currently held at the OJC. It is anticipated that the remaining juveniles currently housed at the OJC will either be largely or entirely moved to the JJIC later this year, thus further reducing supervisory demands on OPSO.

<sup>67</sup> Exhibit A, at ¶ 21.

<sup>68</sup> *See id.*

#### **IV. CONCLUSION**

For all the aforementioned reasons, the City is requesting that this Honorable Court indefinitely suspend the programming, design, and construction of Phase III. This request will not affect OPSO's ability to meet consent decree mandates as specifically described in the Consent Decree. Importantly, the Consent Judgment does not require that the City build yet another new jail facility. As a result of the City's substantial jail investment to date, OPSO inmates are receiving adequate mental health and medical services as provided by Wellpath and Tulane – two highly qualified and competent service providers. The OJC currently has existing facilities to fully implement Section IV (B) which governs the mental health care of inmates, and Section IV (C) which governs the medical care of inmates. Finally, considering the financial constraints of the City, a significantly reduced and declining jail population, and the ability to meet constitutional standards in current facilities, a modification indefinitely suspending the programming, design, and construction of Phase III is appropriate and prudent. The City therefore respectfully requests that this Honorable Court grant the City's Motion and modify the Court's Orders by indefinitely suspending the programming, design, and construction of a new Phase III jail facility.

Respectfully submitted,

/s/ Sunni J. LeBeouf

**SUNNI J. LEBEOUF (LSBA #28633)**

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*Counsel for the City of New Orleans*

**CERTIFICATE OF SERVICE**

I do hereby certify that on this 29<sup>th</sup> day of June 2020, a copy of the foregoing was filed electronically with the Clerk of Court using the CM/ECF system. Notice of this filing will be sent by operation of the court's electronic filing system. I also certify that a copy of the foregoing will be sent to all non-CM/ECF participants by United States Mail, properly addressed and postage pre-paid.

**/s/ Sunni J. LeBeouf**  
**SUNNI J. LEBEOUF**

EASTERN DISRICT OF LOUISIANA

LASHAWN JONES, ET AL.

\* Civil Action No.  
\* No. 12-00859

VERSUS

\*  
\* HON. LANCE M. AFRICK  
\* SECTION: I

MARLIN GUSMAN, ET AL.

\*  
\* MAG. MICHAEL B. NORTH  
\* SECTION: 5

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**AFFIDAVIT OF JONATHAN T. WISBEY**

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**PARISH OF ORLEANS**

**STATE OF LOUISIANA**

**BEFORE ME**, the undersigned Notary Public, personally came and appeared:

**JONATHAN T. WISBEY**

who after being duly sworn attested to the following:

1. I am of sound mind, over the age of eighteen, competent to make this affidavit, and have personal knowledge of the funding that the City of New Orleans has provided to the Orleans Parish Sheriff's Office (OPSO).
2. I am currently employed as the Chief Technology Officer for the City of New Orleans and have been employed by the City since November 2012. I have served as the Chief Administrative Officer's Financial Liaison to OPSO since February 2017 and in that capacity I participate in any Budget Working Group meetings that are convened, advise the Chief Administrative Officer on OPSO funding issues, and coordinate regularly with my financial counterparts at OPSO on budget and financial considerations.

3. The dramatic increase in funding that the City has provided OPSO since the announcement of a Consent Decree in December 2012, combined with a historic and sustained decrease in the inmate population, has made OPSO one of the most well-funded jails in the country on a per capita basis.
4. The cost of building and operating the proposed Phase III facility in the midst of an economic crisis caused by the ongoing COVID-19 pandemic would place significant stress on the City's General Fund budget and result in cuts to core governmental services.
5. The amount of funding that the City provides to OPSO has grown from a direct allocation of \$21.6M in 2012 to a direct allocation of \$53.2M in 2020. Furthermore, the City expects that the total funding provided to OPSO in 2020 will likely need to increase to \$59M before the end of the year to account for budget overruns in overtime spending, staffing, and medical costs.<sup>1</sup> (Exhibit 1 to this affidavit provides a history of funding provided to OPSO and Exhibit 2 to this affidavit provides OPSO's justification for additional funding that will be required to maintain operations.)
6. When this additional funding is accounted for, the City's allocation to OPSO will have grown 173% from 2012-2020.
7. The New Orleans Police Department (NOPD) agreed to a Consent Decree with the U.S. Department of Justice less than six months before the OSPO agreement was announced, yet over the same time period the budget of the New Orleans Police Department (NOPD) has grown by 51%.

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<sup>1</sup> In late 2019, OPSO approached the City because it anticipated a deficit of \$5.7M for 2019. Funding has not yet been appropriated to account for this deficit, but will likely need to be appropriated this year to avoid vendor payment defaults.

8. The City's General Fund grew by 45% over the same time period. Thus, to a far greater degree than the NOPD Consent Decree, costs of the OPSO Consent Decree have outpaced the revenue growth that the City has experienced over the past eight years. (See Exhibit 3 to this affidavit which includes a chart that illustrates these trends.)
9. The funding increases over the past eight years have primarily funded increased staffing costs and increased medical services.
10. OPSO staffing has increased significantly, particularly with regard to security staff assigned to jail facilities. In July 2013, OPSO had 602 non-medical staff in their Criminal Division, with 274 assigned to detention security. By March 2020, total staffing for the Criminal Division had grown to 774 employees and security staffing had increased to 386 employees. This represents an overall staffing increase of 22%.
11. When trends in jail population are taken into account, OPSO employed one security staff for every 9.7 inmates in 2013, whereas by 2020 OPSO employed one security staff for every 3 inmates. (See Exhibit 4 to this affidavit which includes documents on OPSO staffing in 2013 and 2020.)
12. The cost per deputy has also increased significantly since 2012, as the City has funded at least three distinct pay raises for OPSO personnel to help with retention and recruitment. Today, starting pay for Deputies is \$33,000, which can increase to \$39,000 annually if they obtain POST certification. This puts OPSO Deputy pay above correctional deputy pay in many other Louisiana Parishes, including Jefferson, St. Tammany, Caddo, Lafourche, Terrebonne, and Tangipahoa. (See Exhibit 5 to this affidavit which is a chart showing entry-level pay for these jurisdictions with supporting documents.)



13. Costs for medical services have increased dramatically since 2012. In 2012, OPSO had a budget of only \$5.8M annually for medical services and was spending \$5.41 per inmate per day.
14. In a presentation to the City Council, the then-OPSO Medical Director Dr. Samuel Gore estimated that the spending would need to almost double to \$9.65 per inmate per day to accommodate the changes required in the Consent Decree.
15. Medical services expenditures totaled \$17.8M in 2019, for a cost of \$42.09 per inmate per day – almost seven times the per capita spending level in 2012. (See Exhibit 6 to this affidavit which includes a presentation by Dr. Gore and documents on OPSO medical services spending in 2019.)
16. The significant increase in funding for OPSO over the last eight years has made OPSO one of the most well-funded local jails of its size in the country. After a review of publicly-available budget information from 11 other mid-sized jails, I was not able to find another similarly-sized jail that spent as much per inmate as OPSO. The other jurisdictions surveyed included: Jefferson Parish, LA; Davidson County (Nashville), TN; Mecklenburg County (Charlotte), NC; Washoe County (Reno), NV; Charleston County (Charleston), SC; St. Louis, MO; Bernalillo County (Albuquerque), NM; Volusia County (Daytona Beach), FL; Milwaukee County (Milwaukee), WI; Allegheny County (Pittsburgh), PA; and Shelby County (Memphis), TN.
17. Whereas annual spending per inmate in Orleans Parish was \$73,007, eight of the eleven jails surveyed spent less than \$50,000 per inmate. The highest spending found at another jail was \$67,416 in Davison County, TN. (See Exhibit 7 to this affidavit which includes a scatterplot illustrating these spending levels with supporting documentation and methodology.)

18. While specific budgetary levels for medical services were not readily available for a number of the jurisdictions surveyed, medical spending could be identified for six of the eleven jails. Orleans Parish spent the most on medical services among these jails, with an annual cost of \$15,363 per inmate. By contrast, the next highest was Davison County, TN, which spends \$10,692 on medical services annually per inmate. Jefferson Parish spends only \$3,956 per inmate on medical services. (See Exhibit 8 to this affidavit which includes a scatterplot illustrating these spending levels with documentation and methodology.)
19. One of the reasons that per capita costs are so high for OPSO is because jail population has been consistently decreasing while funding has been increasing. When the Consent Decree was announced in 2012, OPSO was housing inmates at five different facilities, including hundreds of inmates that were housed in temporary tent structures. The vast majority of inmates are now housed in the modern, \$145M 1,438-bed Orleans Justice Center. (See Exhibit 9 to this affidavit which is a presentation that OPSO made to the City Council in 2013 that provides background information about their operations at that time.)
20. The average daily population (ADP) at the jail was 1,160 in 2019 – a decrease from an ADP of 2,645 in 2012 when the Consent Decree was announced. ADP has consistently trended downward for almost a decade, due largely to criminal justice reforms implemented by local policymakers.
21. Since the outbreak of the COVID-19 epidemic, ADP has regularly been lower than 900. While it is uncertain if this new level is sustainable long-term, the local criminal justice system is likely to continue implementing policies that drive the jail population down. (See Exhibit 10 to this affidavit which provides ADP numbers for 2012 and 2019.)

22. General Fund revenues grew robustly from 2012-2020, as the City continued its post-Katrina rebound and recovered from the 2008 recession. However, a substantial portion of that growth was fueled by one-time revenues. The amount of one-time revenues anticipated by the City grew from only \$8.2M for the 2014 revenue forecast to \$47.6M in the 2020 revenue forecast. This means that at least some of the General Fund's growth during this period may be unsustainable in the long-term. (See Exhibit 11 to this affidavit which provides presentations to the City's Revenue Estimating Conference.)
23. Since the first 'stay home' order in New Orleans was filed on March 16, 2020, the City's Chief Administrative Office and Department of Finance have worked to understand the impacts that the COVID-19 pandemic would have on the City's revenues and expenditures. The most recent estimate produced by the City Economist anticipates that the City may face a shortfall of \$136M for fiscal year 2020 (a 19% decline from original forecasts). This number is still subject to revision as new economic trends emerge, but we do know that the City has already lost millions of dollars in anticipated revenue this year and that the full-year impact of COVID-19 will be considerable. It is too early at this point to estimate 2021 revenues, but economists generally believe that the impacts of COVID-19 will continue to be felt for years to come. (See Exhibit 12 to this affidavit which includes the City Economist's revenue estimates.)
24. For a City that depends heavily on recreational tourism and business-related travel to generate sales tax and hotel tax revenue, it is reasonable to assume that we will face significant cuts from the 2020 revenue baseline as we approach 2021.
25. Like many tourism-dependent cities, the City recently had its bond rating downgraded as a result of the COVID-19 epidemic. On May 4, 2020, Fitch Ratings downgraded the City's

default bond rating and put the City on a negative rating watch. This means that new bonds sold by the City are likely to cost more in interest than they would have before the pandemic.

(See Exhibit 13 to this affidavit which includes an article noting this change.)

26. The proposed Phase III facility would include 89 security beds and another 14 infirmity beds and is currently expected to cost \$51M. This is an increase of \$15M from the original budgeted amount of \$36M. Accommodating this budget increase would require the City to sell new bonds to finance construction during a time of economic uncertainty and the recent default bond rating downgrade. As a result, funding this budget shortfall is likely to be more expensive than it would have been prior to the COVID-19 pandemic.

27. Phase III will also further increase operational costs for OPSO. A study conducted by a group of national correctional experts, including Dr. Ronald Shansky, concluded that Phase III would require 109 OPSO staff and 14 additional medical staff. This would add an estimated \$9.5M to OPSO's operating costs – necessitating an almost 20% increase in the City's contribution to OPSO operations. (See Exhibit 14 to this affidavit which is a copy of the referenced study.)

28. The City's General Fund pays for the vast majority of city operations. New Orleanians depend upon General Fund expenditures to pick-up their solid waste, provide recreational and educational opportunities for at-risk youth, and fill potholes on local streets, among many other uses.

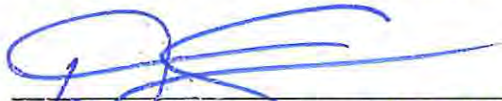
29. There is little doubt that the loss of revenues due to the COVID-19 pandemic will mean that the General Fund will shrink between 2020 and 2021, meaning reductions in services for our residents.

30. Adding an additional \$9.5M in expenditures for the Sheriff's Office, plus another \$15M in bond funding to construct Phase III, means directly taking that money away from existing programs and services. It also ensures that New Orleans spends even more than it already does on incarcerating its residents – even though it already has one of the highest per-capita spending rates for mid-sized jails.

  
\_\_\_\_\_  
JONATHAN T. WISBEY

SWORN TO AND SUBSCRIBED BEFORE ME

THIS 24<sup>th</sup> DAY OF June, 2020.



\_\_\_\_\_  
NOTARY PUBLIC, LSB # 30772  
MY COMMISSION EXPIRES UPON MY DEATH

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF LOUISIANA

LASHAWN JONES, ET AL.

VERSUS

MARLIN GUSMAN, ET AL.

\* Civil Action No.  
\* No. 12-00859  
\*  
\* HON. LANCE M. AFRICK  
\* SECTION: I  
\*  
\* MAG. MICHAEL B. NORTH  
\* SECTION: 5

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**DECLARATION OF WILLIAM P. KISSEL**

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1. My name is William P. Kissel, and I am of sound mind, over the age of eighteen, competent to make this declaration, and have knowledge of the medical and mental health services performed by Wellpath LLC to inmates incarcerated at facilities operated by the Orleans Parish Sheriff's Office ("OPSO").

2. I have been employed by Wellpath since September 9, 2013, and currently serve as Senior Vice President.

3. Wellpath provides healthcare services at nearly 500 government correctional or mental health facilities, across approximately 33 states.

4. At certain points during my employment with Wellpath, I have had responsibility for operational oversight at more than 80 facilities at a single time.

5. The healthcare program provided by Wellpath for OPSO meets the national standards set forth by the National Commission on Correctional Health Care ("NCCCHC") and is fully accredited by NCCCHC.

6. The healthcare program provided by Wellpath for the patients of OPSO meets or exceeds the standards of facilities with comparable infrastructure and average daily populations in urban settings when comparing scores related to continuous quality improvement and critical issues, such as staffing levels and suicide rates.

**Exhibit  
B**

7. Wellpath has developed and implemented policies, protocols, and instruments at OPSO as required by the Consent Judgment (“CJ”), that provide access to adequate medical care and would not permit deliberate indifference to a patient’s serious medical need, including:

- a. Comprehensive policies and procedures for appropriate screening and assessment of prisoners with mental illness, as required by CJ.IV.B.1.a (*see Exhibit 1*);
- b. An appropriate screening instrument that identifies mental health needs and ensures timely access to a mental health professional when symptoms require such care, as required by CJ.IV.B.1.b (*see Exhibit 2*);
- c. A triage policy that utilizes the screening and assessment procedures to ensure that prisoners with emergent and urgent mental health needs are prioritized for service CJ.IV.B.1.d (*see Exhibit 3*);
- d. Protocols, commensurate with the level of risk of suicide or self-harm, that ensure prisoners are protected from identified risks for suicide or self-injurious behavior, and that require a Qualified Mental Health Professional to perform a mental health assessment, based on the prisoner’s risk, as required by CJ.IV.B.1.e (*see Exhibit 3; see also Exhibit 1*); and
- e. Policies and procedures for prisoner counseling in the areas of general mental health/therapy, sexual abuse counseling, and alcohol and drug counseling, as required by CJ.IV.B.3.a (*see Exhibit 1*).

8. Wellpath ensures that Qualified Medical Staff screen all prisoners upon arrival, but no later than eight hours, to identify a prisoner’s risk for suicide or self-injurious behavior, as required by CJ.IV.B.1.c (*see Exhibit 4*).

9. Wellpath constantly monitors prisoners with emergent or urgent mental health needs until the prisoner is transferred to a Qualified Mental Health Professional for assessment, as required by CJ.IV.B.1.f, through cooperation with OPSO and the creation of a log that is to be completed by security staff, in which officers constantly supervise patients with urgent and emergent health needs and document specific behaviors regarding the patient until a qualified MHP arrives (*see Exhibit 5*).

10. A Qualified Mental Health Professional conducts appropriate mental health assessments within the following periods from the initial screen or other identification of need, as required by CJ.IV.B.1.g (*see Exhibit 6*):

- a. 14 days, or sooner, if medically necessary, for prisoners with routine mental health needs;
- b. 48 hours, or sooner, if medically necessary, for prisoners with urgent mental health needs; and
- c. immediately, but no later than two hours, for prisoners with emergent mental health needs.

11. A Qualified Mental Health Professional maintains a risk profile for each prisoner on the mental health caseload and develops and implements a treatment plan to minimize the risk of harm to each of these prisoners, as required by CJ.IV.B.1.i (*see e.g. Exhibit 7*).

12. For prisoners whose assessments reveal mental illness and/or suicidal ideation, adequate and timely treatment is provided, including timely referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate, as required by CJ.IV.B.1.j (*see e.g. Exhibit 8*).

13. On an annual basis, the process for screening prisoners for mental health needs is assessed to determine whether prisoners are being appropriately identified for care and changes are recommended as needed, as required by CJ.IV.B.1.l (*see e.g. Exhibit 9*).

14. Treatment plans adequately address prisoners' serious mental health issues and contain interventions specially tailored to the prisoner's diagnoses and problems, as required by CJ.IV.B.2.b (*see Exhibit 7*).

15. Group or individual therapy is provided by an appropriately licensed provider where necessary for prisoners with mental health needs CJ.IV.B.2.c (*see e.g. Exhibit 10*).

16. With respect to the mental health treatment required by CJ.IV.B.2.d-h:

- a. Mental health Coordinators attend disciplinary hearings for mental health concerns and are available to review cases to make a recommendation when there is a question as to whether mental illness was a factor.
- b. Psychiatric providers are on call 24-7, including holidays for verbal orders. Psychiatry appointments for new patients are triaged daily, with emergent referrals seen within 24 hours, urgent referrals seen within 72 hours, and routine referrals seen within 7 days. Board-certified psychiatrists from Tulane University conduct all psychiatric evaluations and justify choice of medications in written documentation. In addition, Lead Psychiatrist reviews 40-50 charts weekly for medication appropriateness and continuity of medication orders to ensure that no medications "fall off" or are inadvertently discontinued.
- c. Due to the high potential for abuse, certain medications are non-formulary and require external approval for administration. Other medications with known diversion and/or abuse potential are ordered to be crushed and administered in water to limit hoarding and diversion. When psychiatry (which is on-call 24-7) is informed of medications found during shakedowns, the patient's medications are reviewed and ordered crushed when possible. In certain cases, if unused medication not prescribed to that patient is found, then other patients on that tier who may have diverted medication are advised of the dangers of giving away or selling their medication.
- d. All follow-up patients on psychotropic medications are seen at a minimum every 90 days, and far more frequently for patients on psychiatric tiers.



Abnormal Involuntary Movement Scale testing for persons on antipsychotics is performed every 180 days. At each of these visits, psychiatrists review and document medication plans, monitor effects of anti-psychotics and mood stabilizers, discuss side effects, monitor for clinical signs of toxicity, and discuss lab findings with patients. Medication-specific and appropriate labs are ordered according to written monitoring guidelines. For example, if a patient is prescribed lithium, laboratory evaluation of thyroid function, complete blood counts, and kidney function are performed. Also, lithium blood levels are checked every 90 days. Similar protocols exist for monitoring of second-generation antipsychotics and other mood stabilizers such as valproic acid or carbamazepine. In addition, during the Lead Psychiatrist's review of 40-50 charts weekly, compliance with these guidelines is checked for each patient and if any gaps are noted, appropriate orders are completed.

17. All prisoner counseling services are reported to the Monitor, as required by CJ.IV.B.3.b (*see e.g. Exhibit 11*).

18. The suicide prevention training program set forth in CJ.IV.B.4 has been implemented (*see e.g. Exhibit 12*).

19. The suicide precautions set forth in CJ.IV.B.5 have been implemented (*see e.g. Exhibit 13*).

20. The requirements regarding the use of restraints, as outlined in CJ.IV.B.6, have been implemented (*see e.g. Exhibit 14*).

21. The requirements regarding detoxification and training required under CJ.IV.B.7 have been implemented (*see e.g. Exhibit 15*).

22. The requirements for risk management set forth in CJ.IV.B.9 have been implemented, including (i) the use of DataTrk (a RiskQual tool) as a patient safety evaluation system for reporting critical clinical events, (ii) the establishment of the interdisciplinary team, mental health review committee, and quality improvement committee (*see e.g. Exhibit 16*), and (iii) the establishment of a committee to review morbidity and mortality events.

23. Wellpath is managing quality medication administration according to CJ.IV.C.1, including through the required trainings, medication reviews, and medication administration protocols (*see e.g. Exhibit 17*).

24. Wellpath is delivering reports to the monitors regarding healthcare at the facilities, as required by CJ.IV.C.2, including reports regarding medication administration (*see e.g. Exhibit 18*).

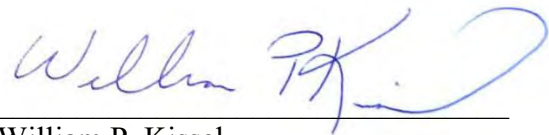
25. Wellpath is meeting the requirements for release and transfer as set forth in CJ.IV.C.3 (*see e.g. Exhibit 19*).

26. Wellpath engages employees and contractors who provide healthcare services of a quality acceptable within prudent professional standards and in accordance with community standards. Many Wellpath staff members and contractors performing healthcare services for patients of OPSO are simultaneously engaged by other healthcare facilities in the community, such as Tulane Medical Center, Children's Hospital New Orleans, West Jefferson Medical Center, and University Medical Center.

27. The healthcare experts of Wellpath in the areas of psychiatry, behavioral health, general medicine, and nursing have reviewed the staffing plan for OPSO and the programming in each of their areas and have opined to me personally that the staffing levels are adequate to perform all objectives under the Consent Judgment, including those set forth in CJ.IV.B.8.

28. Based upon all reasonably available information, Wellpath is in compliance with all areas of the Consent Judgment regarding healthcare at OPSO facilities for which Wellpath is responsible and has control. Wellpath remains committed to continuous improvement and the monitors have provided Wellpath with the tools necessary for self-monitoring to ensure the requirements of the Consent Judgment continue to be achieved

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on June 24, 2020.



William P. Kissel

# A REVIEW OF ORLEANS PARISH ACUTE, SUB-ACUTE, AND STEP-DOWN JAIL POPULATIONS

WITH THE JFA INSTITUTE AND  
THE JUSTICE MANAGEMENT INSTITUTE



**Exhibit**  
**C**

[www.SafetyAndJusticeChallenge.org](http://www.SafetyAndJusticeChallenge.org)  
Supported by the John D. and Catherine T. MacArthur Foundation



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## EXECUTIVE SUMMARY

This report was jointly prepared by Policy Research, Inc. and the JFA Institute as part of the John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge (SJC) initiative. The City of New Orleans submitted a strategic plan and received funding for two grant proposals that totaled \$3.7 million to safely lower its jail population and address racial and ethnic disparity by implementing locally developed strategies. As part of this endeavor, individuals with mental illnesses emerged as a significant contributor to inmate population levels and became a focal point for additional research.

This report details the findings of an analysis of the severe mental health populations that are incarcerated and now housed through Orleans Parish. Specifically, it examines the attributes of the acute population housed at the Hunt Correctional Center (HCC) and the sub-acute and step-down inmates housed in the Orleans Justice Center (OJC). Recommendations are offered that, if implemented, will a) improve the delivery of in-custody treatment services, b) reduce the amount of time individuals with mental illness are incarcerated, c) decrease the current size of this population by 20%, and d) enhance the coordinated release of individuals with mental illness back into the community.

## MAJOR FINDINGS

1. The Orleans Parish jail population declined from 3,200 inmates in June 2011 to 1,170 as of September 2019. With the implementation of the Safety and Justice Challenge strategic plan, the population is expected to decline to fewer than 980 inmates by the end of 2020.
2. The number of male inmates classified in acute, sub-acute, or step-down mental health illness status has declined from 97 to 72 since November 2018.
3. These inmates have spent extremely long periods of incarceration thus far in pretrial status, and much longer than non-severe mental health inmates.
4. A majority of these inmates are charged with multiple felony charges, almost half of which are violent crimes.
5. It is expected that half of this population will eventually be sentenced to state prison.
6. In addition to the severity of the current charges, a primary reason for their long length of stay to date is the large number of missed court appearances.
7. In addition to the severe mental health population, there are another 400 or more inmates on psychotropic drugs. The total mental health caseload is approximately half of the entire jail population.
8. Considerable progress has been made by Wellpath Corporation ("Wellpath") and the Tulane University School of Medicine ("Tulane") in reaching compliance with the ongoing Consent Decree (*Jones v. Gusman*), which has been in effect for 6 years.
9. In particular, the initial assessment, screening, and re-assessment tasks performed by Wellpath and Tulane are compliant with the Consent Decree according to the last report submitted by the Independent Monitor.
10. There are sufficient staff, services, and facility space to provide the necessary treatment services to people assigned to the mental health caseload.

## MAJOR RECOMMENDATIONS

### **Reduce the size of the severe mental health population by reducing their length of stay via expedited case processing of their criminal charges.**

1. In general, there is a need to reduce the number of continuances and the length of these continuances requested by the prosecution, defense counsel, and/or the courts. Adopt a policy where deputies responsible for escorting acute, sub-acute, and step-down inmates, regardless of housing units, are trained to make every effort to have the inmate attend the court hearing.
2. To reduce the number of continuances triggered by the defendants who are acute, sub-acute, and step-down not appearing in court, there should be contact by either a trained staff person (security or caseworker) *the day before a scheduled court appearance* to advise the defendant of the importance of attending the court hearing.
3. Adopt a policy where deputies responsible for escorting acute, sub-acute, and step-down inmates, regardless of housing units, are trained to make every effort to have the inmate attend the court hearing.
4. Require prosecutors and defense counsel to submit in writing to the court at least 24 hours prior to the hearing a request for a continuance. Such a request would be for reasons the court has indicated are acceptable for such a delay.
5. Prepare a monthly report so that the Orleans Parish Sheriff's Office (OPSO), Wellpath, and Tulane can monitor the number of court appearances with a focus on the acute, sub-acute, and step-down inmates.

### **Reduce in-custody interruption of care services.**

1. Ensure an adequate number of deputies are assigned to the acute, sub-acute, and step-down units to ensure access to services.
2. Track and monitor the number of service interruptions by reason using the Wellpath data system on a weekly basis to ensure inmates are receiving designated services at the 85% level, excluding inmate refusals.
3. Implement a tablet service for all inmates to enhance access to structured programs, contacts with family, community resources, Wellpath, and attorneys to reduce in-custody violence.

### **Improve methods of release for acute, sub-acute, and step-down inmates.**

1. Require that inmates in the acute, sub-acute, and step-down statuses not be released from custody during late-night hours without transportation to a community-based mental health provider.
2. Ensure medication-assisted treatment protocols are followed, including buprenorphine, to manage opioid use withdrawal and to increase potential success after releasing from the jail.

## IMMEDIATE NEXT STEPS

1. Establish a Jail Release Navigator (JRN) position at the Metropolitan Human Services District (MHSD), using MacArthur Foundation grant funds to work with Wellpath on developing discharge plans and accessing specific community-based care and services for inmates.



2. Maintain and evaluate a list of frequent jail utilizers who have been booked and released from the Orleans Parish jail three or more times in a year.
3. Develop an ongoing report compiled by the Mayor's Office of Criminal Justice Coordination that tracks the number of court continuances for each person in the jail system.

## IMPACT OF RECOMMENDATIONS ON THE JAIL POPULATION

Consistent with the proposal submitted by the City to the MacArthur Foundation, these recommendations should help the City lower the size of the severe mental health population by approximately 20%. Such a reduction would lower the size of the severe mental health population from 85 to 71 inmates. The number of inmates in the acute and sub-acute populations would drop from 65 to 54. The remaining inmate population would be 924, while the bed capacity for the OJC would remain at 1,438.

*The table below encapsulates the current inmate population in Orleans Parish and the anticipated reductions once the recommendations are implemented.*

### Current and Projected OPP Populations Based on City's SJC Strategic Plan

Attribute	Current		December 2020	
	Inmates	%	Inmates	%
Current Total Inmate Population	1,170	100%	978	100
Total Mental Health Caseload	575	49%	483	49%
Total Severe (Acute, Sub-Acute, and Step-Down)	85	7%	71	7%
Male Acute – Hunt/TDC	25	2%	21	2%
Male Sub-Acute – OJC- Pod 2-A	30	2%	25	3%
Female – Combined – OJC Pod 3-D	10	1%	8	1%
Male Step-Down –OJC Pod 3-B	20	2%	17	2%
Other OJC Mental Health on Psychotropic Meds	415	35%	349	36%
OJC Substance Abuse/Trauma/Alcohol – No Meds	75	6%	63	6%
Remaining OJC Population – No Mental Health Needs	595	51%	500	51%

## AUTHOR'S NOTE

This document was prepared by Policy Research, Inc. and the JFA Institute under the MacArthur Foundation's Safety and Justice Challenge.

PRI is a not-for-profit corporation located in upstate New York and incorporated in 1995. Our work revolves around behavioral health services research and technical assistance provision. PRI's areas of expertise consist of the overlap of behavioral health and criminal and juvenile justice, homelessness, recovery supports, accessing benefits, veterans, and issues pertaining to family members and consumers. Our work includes providing behavioral health technical assistance to the MacArthur Foundation's Safety and Justice Challenge; administering the Social Security Administration's Analyzing Relationships Between Disability, Rehabilitation, and Work small-grant program; and operating the National Center for Youth Opportunity and Justice.

James Austin, Ph.D., President, JFA Institute, and Thomas Eberly, Program Director, Justice Management Institute, provided consultative direction for the drafting of this report.

The research and analysis for this report were conducted during calendar year 2018. During that time, Wellpath<sup>1</sup> and Tulane University School of Medicine<sup>2</sup> jointly provided medical and mental health services at the OJC. The policies and procedures of Wellpath and Tulane University School of Medicine were in place at the OJC during the work of the Mental Health Case Review of the detention facility's acute, sub-acute, and step-down populations.

All information related to the mentally ill housed in the acute, sub-acute, and step-down units in Orleans Parish is based on data collected from the Office of Criminal Justice Coordination, Office of Mayor LaToya Cantrell. Information was also obtained through the Jail Population Dashboard.<sup>3</sup>

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1 <https://wellpathcare.com/>

2 Tulane University School of Medicine

3 <https://app.powerbigov.us/groups/me/reports/80bf7d69-5367-48b2-93a9-d30778faeeba?ctid=08cbf485-1cb74a02-9a21-0dd9b45b9ff7>



## BACKGROUND

### What is the Safety and Justice Challenge?

The Safety and Justice Challenge is providing support to local leaders from across the country who are determined to tackle one of the greatest drivers of over-incarceration in America—the overuse of jails.

With a 5-year, \$148 million investment by the John D. and Catherine T. MacArthur Foundation, jurisdictions selected through a competitive process receive financial and technical support in their efforts to rethink justice systems and implement data-driven strategies to safely reduce jail populations.

*Source: The Safety and Justice Challenge <http://www.safetyandjusticechallenge.org/about-the-challenge/>*

The City of New Orleans is committed to safely reducing its jail population and improving how individuals with mental illness and co-occurring disorders are adjudicated and transitioned back into the community. The commitment of the City and key criminal justice system agencies is best exemplified by the reduction in the jail population from nearly 3,200 inmates in 2011 to its current population of approximately 1,180 inmates. As part of this historic effort to lower its jail population, the City of New Orleans and its criminal justice agencies applied for and received a \$1.5 million grant from the MacArthur Foundation's Safety and Justice Challenge (SJC) in 2015 to implement reforms that would reduce the jail population by more than 20%. After achieving its original goal, the City applied for and received an additional \$2 million SJC grant to further reduce the jail population by another 20% to 978 inmates by 2020.

The SJC grant has allowed New Orleans' stakeholders to better understand and identify gaps in the process of how individuals with mental illnesses and/or co-occurring disorders interact with and move through its criminal justice system, the Orleans Justice Center (OJC) and/or the Hunt Correctional Center (HCC), and reenter the community.

Of the approximately 1,170 individuals in the OJC on any given day, there are approximately 85 males and females with severe mental illness that require placement in one of three specialized treatment categories—acute, sub-acute, or step-down units (Table 1). However, there are other inmates assigned to the general population who are receiving psychotropic medication and counseling services, and/or have significant substance abuse needs. It is not currently possible to precisely identify the number of inmates in each group, but it is estimated that there are approximately 415 inmates on medication in the jail's general population. Of this population, there are approximately 180 inmates who are receiving antipsychotic medications. There is also another group of inmates with severe substance abuse issues who are not on psychotropic medication. It is estimated that this population is roughly 75 inmates. Thus, in total, about half of the current jail population is receiving some form of mental health services either from Wellpath Corporation ("Wellpath") or Tulane University School of Medicine ("Tulane").

Every SJC site is required to complete a Sequential Intercept Model Mapping Workshop (SIM)<sup>4</sup> as part of its involvement in the Challenge. The SIM is an exercise that captures all the available system resources for justice-involved individuals in Orleans Parish at key decision points. This exercise then led to the MacArthur Foundation requesting a more in-depth analysis of the jail's mental health population by Policy Research, Inc. (PRI) as part of the City of New Orleans' renewal grant with a focus on the male acute, sub-acute, and step-down populations. The purpose of the in-depth analysis was to determine whether reforms could be implemented with existing resources to enhance service delivery and safely reduce the number of individuals detained with mental health issues.

<sup>4</sup> Orleans Parish SJC Stress Test; James Austin, Ph.D., Wendy Naro-Ware, Roger Ocker

**Table 1.**  
**Key Mental Health Populations Orleans Parish Prison – September 2019**

Attribute	Inmates	%
Current Total Inmate Population	1,170	100%
Total Mental Health Caseload	575	49%
Total Severe (Acute, Sub-Acute and Step-Down)	85	6%
Male Acute – Hunt/TDC	25	2%
Male Sub-Acute – OJC Pod 2-A	30	2%
Male Step-Down –OJC Pod 3-B	20	2%
Female – Combined – OJC Pod 3-D	10	1%
Other OJC Mental Health on Psychotropic Meds	415	35%
OJC Substance Abuse/Trauma/Alcohol – No Meds	75	6%
Remaining OJC Population – No Mental Health Needs	595	51%

In conducting the study, PRI received detailed data on the male acute, sub-acute, and step-down populations that are now housed in the OJC or the HCC, operated by the Louisiana Department of Corrections. The latter population consists of approximately 25-30 male inmates who have been diagnosed as having acute mental illnesses. The HCC is located approximately 70 miles outside New Orleans. In the future (spring 2020), these inmates, plus the severe mentally ill females housed in the OJC, will be placed at the renovated Temporary Detention Center (TDC). The delivery of medical and mental health services is being provided by Wellpath. Well-respected Tulane University School of Medicine is providing all psychiatric-related services under a sub-contract with Wellpath.

The key remaining mental health challenges revolve around the consistent, coordinated, and structured delivery of needed services and coordinated reentry of individuals with mental illness and co-occurring disorders back into the community. We have already noted that the majority of individuals diagnosed with a non-severe mental illness and/or co-occurring disorder are not housed within these three identified units but within the general population.

Further, there is a significant portion of people who do not spend a significant amount of time incarcerated but are frequent users of jails, hospitals, health care, emergency shelters, and other public systems. A recent jail population analysis conducted by the JFA Institute revealed that approximately 700 people were booked and released three or more times, with many having mental health and substance abuse problems.<sup>5</sup>

The statistical analysis is based on several data snapshots of the male acute, sub-acute, and step-down populations between November 2018 and September 2019. One of the points made later in the report is the extremely long period of time that these inmates are being incarcerated while in pretrial status. Almost 70% of the 72 individuals in the first dataset (November 2018) were still detained in the OJC and HCC between the two data pulls. However, there was quite a bit of movement from the acute, sub-acute, and step-down units to the general population. Because the Orleans Parish Sheriff's Office (OPSO) data system is not directly linked to the Wellpath data system, it was not possible to directly measure and assess the female severe mental health population.

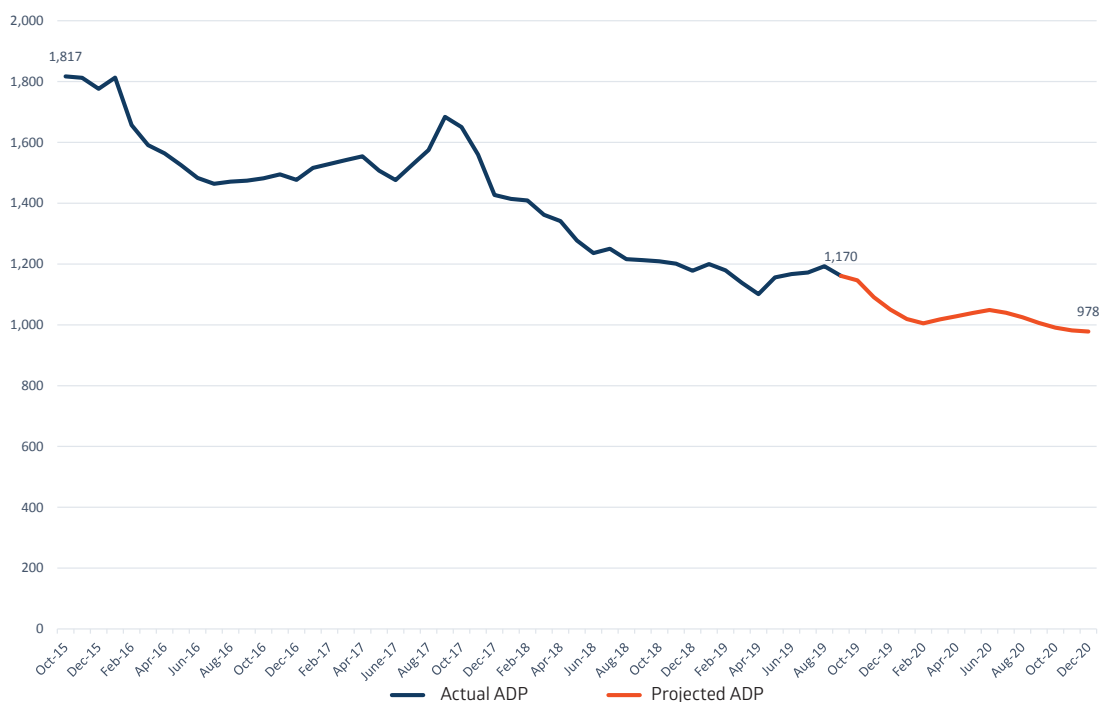
<sup>5</sup> Orleans Parish SJC Stress Test; James Austin, Ph.D., Wendy Naro-Ware, Roger Ocker

Interviews were conducted with representatives from Wellpath, Tulane, and the OPSO. A meeting was convened on June 18, 2019, at the OPSO in New Orleans, which consisted of the City's major community-based behavioral health providers and justice-system stakeholders. On September 18, 2019, another meeting was held with representatives from the Independent Monitoring team, Wellpath, Tulane, and the OPSO to present the preliminary findings and recommendations from the study. As a result of further clarification provided at these meetings, the recommendations were narrowed and refined to those listed in this report.

## MAJOR JAIL POPULATION TRENDS

As noted earlier, the OJC population has steadily declined over the past few years due to declining arrests, bookings, and a number of reforms that are part of the SJC initiative. The most recent MacArthur Foundation-funded initiatives are designed to further reduce the overall jail population by another 20% to fewer than 978 by December 2020 (see Figure 1 below).

**Figure 1.**  
**Past and Projected Orleans Jail Population 2015-2020**



Since 2013, the OJC has been under a comprehensive and far-reaching Consent Decree (*Jones v. Gusman*), with a considerable focus on mental health services. There has been a significant improvement in compliance with the Consent Decree, including the areas of mental health services (especially screening and diagnostic issues) over the past year. During the September 2019 Federal Monitor Exit Interview, it was reported that the OPSO had shown significant improvement in compliance with the Consent Decree and that the Monitors were hopeful that the OPSO would be cleared of federal oversight. A review of the Independent Monitor's last compliance report suggests that the initial mental health assessment process conducted by Wellpath and Tulane at booking is sufficient as well as the follow-up psychotropic medication assessments by Tulane. The key remaining mental health challenges revolve around 1) the consistent, coordinated, and structured delivery of needed services, and 2) better-coordinated reentry of individuals with mental illness and/or co-occurring disorders back into the community.

## MAJOR STATISTICAL FINDINGS

In this section, the key findings from several jail population snapshots are summarized. Table 2 captures the key attributes of the inmates that were incarcerated. Interestingly, the number of male inmates assigned to the three severe mental health categories declined from November 2018 to September 2019 (from 97 inmates to 72).

Data from November 2018 snapshot only consisted of 72 male acute and sub-acute inmates and indicated a number of significant findings:<sup>6</sup>

- a. The average length of stay (LOS) to date was 504 days;
- b. Forty-five inmates were still in custody by 12/01/2019, and of those, 32 were still assigned to either acute or sub-acute status;
- c. Fifty-two inmates had an average of nine court appearances where the inmate was in custody but did not appear in court; and
- d. Twenty-four inmates had 10 or more in-custody, non-court appearances since being incarcerated.

The final snapshot was taken in September 2019, when there were 19 inmates in the step-down unit, 28 in the sub-acute unit, and 25 at the HCC acute care unit. On this particular day, the key attributes of the mental health population were as follows:

- a. The combined total of the three identified units LOS to date was 356 days, with the acute inmates having the longest LOS (425 days);
- b. These LOS are lower than for the ones noted in November 2018, which might explain the decline in the severe mental health populations;
- c. The average number of continuances to date for these inmates was 5 with an average of 22 days between each continuance;
- d. Forty inmates (or 63%) had a charge of a violent crime;
- e. The average number of charges per inmate was six, with the acute inmates having the highest average of eight; and
- f. There were nine inmates whose primary charge was a non-violent drug or procedural crime.

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<sup>6</sup> The male step-down inmates were not included in this initial analysis. As PRI became more familiar with the entire severe mental health population, the male step-down inmates were added to the analysis. The comparable female severe mental health population could not be assessed as the Orleans Parish jail database does not clearly identify them. Tulane estimates that population to be about 10 women.

**Table 2.**  
**Snapshot of the Male Acute, Sub-Acute, and Step-Down Populations (September 6, 2019)\***

	Hunt (Acute)	OJ2-A (Sub-Acute)	OJ3-B (Step-Down)	Combined Total
09/06/2019 Unit Population	25	28	19	72
08/23/2019 Unit Population	35	18	26	79
07/01/2019 Unit Population	39	17	26	82
11/01/2018 Unit Population	33	39	25	97

**Key Attributes - September 6, 2019**

Ave. LOS Served to Date	425 days	276 days	368 days	356 days
Median LOS Served to Date	202 days	74 days	96 days	124 days
Ave. Number of Continuances to Date	5	5	4	5
Ave. Time Between Continuances	22 days	25 days	20 days	22 days
Total Charges	204	101	124	429
Ave. Charges Per Inmate	8	4	7	6

*\*Snapshots of the unit's population were conducted to correlate the assumption that the jail populations in these units continue to decline.*

In terms of the types of charges, most of these inmates are charged with violent crimes (Table 3). In total, 74% of the inmates have been charged with a violent crime, with 22% charged with murder. It is also noted that for six inmates, the most serious charge is an assault on a correctional officer, which likely occurred during the current incarceration. In the non-violent category, there were eight charged with a weapons offense and another for resisting an arrest.

In general, the majority of these inmates are not divertible due to the number and nature of their pending charges. Based on the jail population analysis performed by the JFA Institute, at least 40% of these inmates will eventually be sentenced to state prison.

In terms of the nature of their mental illnesses, the November 2018 dataset pull allowed an

**Table 3.**  
**Primary Diagnosis for Male Acute, Sub-Acute, and Step-Down Inmates (November 2018)**

Most Serious Offense	Frequency	%
<b>Violent Crimes</b>		
Murder	16	22%
Aggravated Assault/Battery	23	32%
Battery on Correctional Officer	6	8%
Armed Robbery	6	8%
Rape	1	1%
Indecent Behavior With Juvenile	1	1%
<b>Sub-Total Violence</b>	<b>53</b>	<b>74%</b>
Resisting Arrest	1	1%
Burglary	1	1%
Failure to Report	1	1%
Auto Theft	1	1%
Trespass	1	1%
Possession Stolen Goods	1	1%
Weapons Violations	8	11%
Violation of Protection Order	1	1%
Detainer/Probation/Parole Violation	4	6%
<b>Sub-Total Non-Violent</b>	<b>19</b>	<b>26%</b>
<b>Total</b>	<b>72</b>	<b>100%</b>

**Table 4.**  
**Primary Diagnosis for Male Acute, Sub-Acute, and Step-Down Inmates (November 2018)**

Primary Diagnosis	Inmates	%
Schizoaffective Disorder	14	19%
Post-Traumatic Stress Disorder	12	17%
Unspecified Major Depression	12	17%
Anxiety	9	13%
Bipolar Disorder, Unspecified	5	7%
Alcohol Abuse	5	7%
Chronic Schizophrenia	4	6%
Mood Disorder	4	6%
Antisocial Personality Disorder	4	6%
Adjustment Disorder w/Mixed Anxiety and Depressed Mood	3	4%
Total	72	100%

examination of each inmate's diagnosis and the medications being prescribed by Tulane's psychiatric team. For each mental health patient that received newly prescribed psychotropics, the psychiatrist ensured that there was a diagnosis or diagnostic impression in accordance with the current edition of the Diagnostic and Statistical Manual of Mental Disorders (published by the American Psychiatric Association) prior to initiating psychotropic medication.

As shown in Table 4, the leading mental health diagnosis was schizoaffective disorder, followed by post-traumatic stress disorder (PTSD), depression, and anxiety. The most frequent medications being prescribed to treat these patients were Zyprexa, Depakote, and Olanzapine.

The levels of services being provided by Wellpath for all inmates within the Orleans Parish Jail were also examined. These services include one-on-one counseling, small group counseling, and structured recreational, art, and music activities. They are provided Monday through Friday at the OJC and seven days a week at the HCC, from 8:00 a.m. until 9:00 p.m. During the week, at least 70 structured mental health services are scheduled each week by Wellpath, which maintains a very detailed database that captures each scheduled event and whether it was completed or not.

**Table 5.**  
**Scheduled Medical/Mental Health Appointments (January to June 2019)**

Appointment Outcome	Appointments	%
Total Scheduled Appointments	12,238	100%
Less Released Inmate Reason	7,960	100%
Appointments Completed	5,933	75%
Appointments Missed	2,027	25%
#1. At Court	248	3%
#2. Provider Request	118	1%
#3. In Hospital	11	0%
#4. Offsite	22	0%
#5. Other	107	1%
#6. Security	53	1%
#7. Refused	537	7%
#8. Refused With Signage	458	6%
#9. Scheduled Incorrectly	390	5%
#10. Clinic Overbooked	73	1%
#11. At Work	1	0%
#12. Facility Lockdown	1	0%
#13. Rescheduled	8	0%
Total Inmate Refusals	995	13%
Adjusted Scheduled Contacts	6,965	
Completions	5,933	85%

Table 5 shows the summary data for such events for the first 6 months of 2019. In total, there were 12,238 scheduled events, but about 4,300 were not completed because the inmate was released from custody. This large number reflects the high number of individuals who are booked and released quickly from custody in Orleans Parish. Indeed, of the 19,000 individuals booked at OJC during the year, about 12,000 were released within 3 days.

If one excludes those scheduled contacts that were not feasible due to the inmate being released from custody, the total number of scheduled contacts is 7,960. In total, 5,933 (or 85%) of these scheduled contacts were completed, which is quite acceptable. The number of services not conducted by Wellpath due to a deputy not being available to either escort and/or supervise the service was 53 (or 1%). Thus, it appears that the issue of excessive interrupted services may no longer be a major issue.



**Table 6.**  
**Estimated Interview Capacity for the OJC**

Location	Interview Rooms			Multi-Purpose/Group Rooms				
	Number of Rooms	Average Capacity	Groups Per Day	Number of Rooms	Average Capacity	Groups Per Day	Inmates Served Per Day	Inmates Served Per 5-Day Week
<b>OJC</b>								
Floor 1	3	4	4	0	0	0	48	240
Floor 2	3	4	4	0	0	0	48	240
Floor 3	3	4	4	1	70	4	88	440
Floor 4	3	4	4	1	10	4	88	440
Totals	12	20	16	2	20	8	272	1,360
OJC Mental Health Caseload							425	425

An analysis was also conducted to determine the adequacy of the OJC facility to provide sufficient space for individual and group counseling sessions. There are 12 interview rooms, each with a capacity of 6 people and 2 large multi-purpose rooms, each with a capacity of 20 people. The Wellpath mental health staff is available to deliver a wide array of treatment services 12 hours a day, 5 days a week. Assuming that sessions could be completed 4 times a day in each of these rooms, the total number of inmates on the 500+ mental health caseload who could participate in such services is 272. Per week, the total would be 1,360 inmates. Clearly, there is sufficient interview space for the existing mental health caseload.

The final issue to be examined in this study is the transition from jail to the community for people with mental illnesses. Two items require attention. First is the continuation of medication. Given the large number of inmates who are on psychotropic medications in the jail at any given time, it is important that they be able to continue with their prescriptions to keep them stable until they can secure an appointment with a community-based provider.

This issue is important because psychotropic medications used in the treatment of mental illness should be prescribed as needed and used in a manner consistent with current pharmacological knowledge. Use of psychotropic medications requires regular monitoring for clinical response and side effects, as these medications usually affect thinking, mood, and behavior. The psychotropic medications prescribed include antipsychotics, antidepressants, anti-anxiety agents, sedatives, hypnotics, psychomotor stimulants, and mood stabilizers. Any interruption of their use by the patient will have damaging effects. The discontinuing of medication after release from the jail strongly increases the likelihood of relapse and, quite possibly, the triggering of reincarceration.

The current Wellpath policy is that inmates on psychotropic medications are given a card by Wellpath that they can present to a pharmacy to get a 30-day prescription filled at no cost to the inmate. However, by all accounts, the "hit rate" of these people actually getting to the pharmacy to get a prescription is quite low. Due to Louisiana regulations, one must obtain a dispensing license to provide drugs to a patient, which neither Wellpath or Tulane has at this time and is difficult to secure.



The second issue requiring attention is individuals being released without meaningful contact or referral to a community service provider. Related to this issue are the “frequent jail visitors.” As noted earlier, PRI found that approximately 700 people were booked and released 3 or more times in 2018. Many of these people have chronic mental health and substance abuse problems. This back and forth can only serve to exacerbate their tenuous stability and mental health status. If these people can be properly identified as “high risk” for relapse and return to jail, a more coordinated effort to transition them to the community may break their cycle of re-incarceration. Currently, the City, through MacArthur Foundation funding, operates a Law Enforcement Assisted Diversion (LEAD) program, but it is limited to the Eighth District (i.e., French Quarter). This program, a collaboration between the New Orleans Police Department (NOPD) and the City Health Department, seeks to divert frequent jail visitors to community-based services rather than incarceration. Expansion of the LEAD program should be explored to include other districts.

## ASSESSMENT OF MENTAL HEALTH SCREENING AND SERVICES

On September 19, 2019, a site visit to the Justice Center was conducted by PRI, and a tour was provided by the OPSO Program Services staff of the Booking Area, OJC 2A (Sub-Acute), and OJC 3B (Step-Down). The following are observations of this tour.

### Booking Area

All inmates are screened for mental health, mental retardation, and Cognitive Deficit Disorder needs. Referrals for further evaluations are made as clinically indicated. Medical screening is conducted by a Licensed Practical Nurse (LPN) as part of the reception and initial classification process on all inmates entering the system. This process identifies those inmates with serious mental illness or inmates in need of further mental health attention or evaluation.

The focus is to identify those inmates with mental illness, suicidal ideation, recent suicide attempts, history of abuse (as a victim), and individuals who cannot function in the general population. Inmates on psychotropic medication or with potential mental health problems are then referred to the Wellpath Mental Health Counselor for a complete mental health evaluation.

### Mental Health Services at the OJC 2A (Sub-Acute) and OJC 3B (Step-Down) Units

These two OJC housing units, OJC 2A and OJC 3B, house inmates that have been assigned by Tulane and Wellpath staff due to the severity of their mental health status. In addition to mental health therapy, there is also a wide array of therapeutic recreational activities (physical, emotional, and/or social behavior) to bring about a desired change in that behavior and to promote the growth and development of the individual.

#### Inmates are offered a range of groups and services that include:

- Anger Management
- Mental Health
- Psychotherapy
- Skill Building
- Choir
- Motivation
- Recreational Therapy
- Social Skills
- Decision Making
- Music Therapy
- Relaxation
- Substance Abuse
- GP Male Music Therapy
- Music/Activity
- Seeking Safety
- Wellness/Health
- Leisure Education
- Peer Support
- Self-Expressive

## Detailed Assessment of Court Continuances

As noted earlier, one of the issues the SJC is attempting to address is the unnecessary use of court continuances. During our interviews with a variety of staff and agencies, there were two concerns raised regarding these continuances: 1) defendants were not appearing in court for scheduled hearings, and 2) continuances that are either not needed or were excessive in the length of the continuance.

In general, it is difficult to assess the basis for the continuance request as such data are not stored in the court's data system. It is possible to see a number of continuances that are being caused by delays in determining the inmate's competency to stand trial. Such delays are ordered by the court and are typical in most counties/parishes and states. But there are also a large number continuances being requested by prosecutor and defense counsel.

In terms of defendants not appearing in court for a scheduled court hearing, deputies in both the OJC 2A and OJC 3B indicated that all inmates are notified of the time and location of all court hearings. Magistrate court lists are generated twice a day, and municipal court lists are received late in the afternoon and provided to the deputy in the early morning of the court date. These lists are sent over to the unit and indicate which inmates have upcoming court dates. For those with a date that morning, the inmate is "pulled" for transport. According to security staff, inmates rarely refuse to go to court. However, the continuance data shows a number of events where the case is continued simply because the inmate did not appear in court. It was also reported by the Consent Decree Monitor that inmates who have been called and transported by the OPSO are never called by the court for unknown reasons.

## MAJOR RECOMMENDATIONS

Based on the analysis completed above and meetings with key stakeholders, nine major recommendations are offered. They are grouped into three major areas:

### **Reduce the size of the severe mental health population by reducing their length of stay via expedited case processing of their criminal charges.**

1. In general, there is a need to reduce the number of continuances and the length of these continuances requested by the prosecution, defense counsel, and/or the courts.
2. To reduce the number continuances triggered by the defendants not appearing in court who are acute, sub-acute, and step-down inmates, there should be contact by either a trained staff person (security or caseworker) *the day before a scheduled court appearance* to advise them of the importance of attending the court hearing.
3. Adopt a policy where deputies responsible for escorting acute, sub-acute, and step-down inmates, regardless of housing units, are trained to make every effort to have the inmate attend the court hearing.
4. Require prosecutors and defense counsel to submit in writing to the court at least 24 hours prior to the hearing a request for a continuance. Such a request would be for reasons the court has indicated are acceptable for such a delay.
5. Prepare a monthly report so that OPSO, Wellpath, and Tulane can monitor the number of court appearances where the inmate refuses to attend, with a focus on the acute, sub-acute, and step-down inmates.

### **Reduce in-custody interruption of care services.**

1. Ensure an adequate number of deputies are assigned to the acute, sub-acute, and step-down units to ensure access to services.
2. Track and monitor the number of service interruptions by reason using the Wellpath data system on a weekly basis to ensure inmates are receiving designated services at the 85% level, excluding inmate refusals.
3. Implement a tablet service for all inmates to enhance access to structured programs, contacts with family, community resources, Wellpath, and attorneys to reduce in-custody violence.

### **Improve methods of release for acute, sub-acute, and step-down inmates.**

1. Ensure medication-assisted treatment protocols are followed, including buprenorphine, to manage opioid use withdrawal and to increase potential success after releasing from the jail.

## IMMEDIATE NEXT STEPS

The OJC mental health population can be safely reduced by shortening their average length of stay during the pretrial stage and lowering their rates of recidivism by enhancing service delivery prior to and at release.

Further cross-system collaboration is required to plan and implement policies and programs that will increase access to mental health and other treatment services for individuals with mental illnesses or co-occurring disorders.

Conducting good, quality early intervention for these individuals will produce a cost-efficient alternative to lengthy incarceration. All of the above-stated recommendations reflect long, thoughtful processes undertaken by PRI to create lasting, impactful change for the individual with mental illness booked into OJC.

There are three immediate steps that upon undertaking, will not only assist in the accomplishment of this report's recommendations but will also ameliorate the challenges associated with servicing persons with mental illness and/or co-occurring disorders:

- 1. Establish a Jail Release Navigator (JRN) Metropolitan Human Services District (MHSD) position funded by MacArthur grant funds to work with Wellpath to help develop discharge plans and increase access to specific community-based care and services.**

Among other services, this position should conduct any needed screening and assessments; reconnect patients/inmates with services; conduct a Metropolitan Human Services District (MHSD) intake and pre-determine services to be immediately available upon release; make appointment-based referrals to resources; ensure Medicaid and benefit enrollment; assist with Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) applications through the SSI/SSDI Outreach, Access, and Recovery (SOAR) process; and coordinate with the Coroner's Office to facilitate Civil Commitments, if necessary. This work will help ensure that newly released clients receive adequate case management until the patient has been successfully engaged with other service providers. PRI will provide intensive technical assistance to MHSD to develop job specifications, duties, and tasks, as well as to develop all reporting forms, policies, procedures, and evaluation tools.

- 2. Maintain and evaluate a list of frequent jail utilizers who have been booked and released from the Orleans Parish jail three or more times in a year.**

As noted earlier, JFA identified those people who have been booked and released 3 times or more in 2018. At the request of Wellpath, a report that listed basic information about these nearly 700 people was prepared by JFA. JFA and PRI will help the OPSO, Wellpath, and Tulane update, refine, and institutionally embed that report so that Wellpath, MHSD, the JRN, and other vested entities can

utilize this information on an ongoing basis. This report should also be of value to the NOPD and the City Health Department, as they encounter these people on a frequent basis. The LEAD program should be expanded beyond its current boundaries to pull in more of these individuals from around the City so they may be proactively engaged in community-based services in lieu of arrests.

### 3. Develop an ongoing report compiled by the Mayor's Office of Criminal Justice Coordination that tracks the number court continuances for each person in the jail system.

As part of the SJC work being completed for Orleans, JFA has been working with the Office of Criminal Justice Coordination to enhance its analytic capabilities. Specifically, JFA has been able to merge the Orleans Parish jail data files with the criminal court files so one can track the number, the requestor of the continuance (district attorney, public defender, court), and the length of each continuance for people in detention prior to their release. It would be useful to develop a monthly report that summarizes these court events for not only the mental health population but the entire inmate population.

## IMPACT OF RECOMMENDATIONS ON THE JAIL POPULATION

Should these recommendations be implemented, the estimated impact on the severe (acute, sub-acute, and step down) mental health population would be an estimated 20% reduction from its current size of approximately 75 inmates to 60 inmates (see Table 7). This reduction is consistent with the City's overall goal of reducing the total jail population by 20% by the end of 2020.

A few people with non-violent charges could be deflected, but the largest reduction would occur by eliminating unnecessary court continuances—especially those where the inmate does not appear for a scheduled court hearing. The latter tasks will require the cooperation of the Orleans Parish courts. Eliminating one or two unnecessary continuances would have a positive effect on the jail population and the acute population in particular.

If this goal can be achieved, the size of the severe mental health population could be reduced from 85 to 71 inmates. The number of inmates in the acute and sub-acute populations would drop from 65 to 54. The remaining inmate population would be 978 to be housed in the OJC, which is well below its current bed capacity of 1,438.

**Table 7.**

### Current and Projected Orleans Parish Jail Populations Based on City's SJC Strategic Plan

Attribute	Current		December 2020	
	Inmates	%	Inmates	%
Current Total Inmate Population	1,170	100%	978	100%
Total Mental Health Caseload	575	49%	483	49%
Total Severe (Acute, Sub-Acute, and Step-Down)	85	7%	71	7%
Male Acute – Hunt/TDC	25	2%	21	2%
Male Sub-Acute – OJC Pod 2-A	30	2%	25	3%
Female – Combined – OJC Pod 3-D	10	1%	8	1%
Male Step-Down – OJC Pod 3-B	20	2%	17	2%
Other OJC Mental Health on Psychotropic Meds	415	35%	349	36%
OJC Substance Abuse/Trauma/Alcohol – No Meds	75	6%	63	6%
Remaining OJC Population – No Mental Health Needs	595	51%	500	51%

EASTERN DISTRICT OF LOUISIANA

LASHAWN JONES, ET AL.

VERSUS

MARLIN GUSMAN, ET AL.

\* Civil Action No.  
\* No. 12-00859  
\*  
\* HON. LANCE M. AFRICK  
\* SECTION: I  
\*  
\* MAG. MICHAEL B. NORTH  
\* SECTION: 5

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**DECLARATION OF RONALD M. SHANSKY, MD**

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1. My name is Ronald M. Shansky, MD and I am of sound mind, over the age of eighteen, competent to make this declaration, and have personal knowledge of the following.
2. I am currently employed as a Consultant with Corrections Medicine and Continuous Quality Improvement. I have previously been employed as the Medical Director for the Illinois Department of Corrections.
3. I received my bachelor's degree from the University of Wisconsin, and my medical degree from Medical College of Wisconsin. I was also trained at the University of Illinois School of Public Health where I received my master's degree in public health.
4. I have had a lengthy career in correctional health, beginning in 1975 when I was the physician at the federal jail in Chicago.
5. I was appointed as a federal court expert in 1976 in *Lightfoot v. Walker*. Since then, I have been involved in several jurisdictions as a court expert working for both plaintiffs and defendants.

6. I have also been appointed as the Receiver for medical and mental health services for the District of Columbia Correctional Facilities.
7. I have served on the Board of Directors for the National Commission on Correctional Health Care for a decade.
8. I have been asked to serve as a U.S. Department of Justice monitor as well as a special master as well as court appointed expert over the years.
9. I am currently assigned or has been assigned as a U.S. Department of Justice Medical Monitor/Contract Expert in:
  - a. *United States v. The Territory of the Virgin Islands*, 86-cv-0265 (D.V.I. 1986);
  - b. *United States v. Erie County*, 09-cv-8495 (W.D.N.Y. 2009);
  - c. *United States v. Dallas County*, 07-cv-1559 (N.D. Tex. 2007);
  - d. Contract Monitor, Essex County, New Jersey.
10. I have reviewed the Consent Decree in this case, and it does not require the City to construct or operate a hospital or infirmary. The consent decree does list ten (10) provisions that needed to be addressed under three generic headings of Quality Management of Medication Administration, Health Care Delivered and Release and Transfer.
11. The Supplemental Compliance Action Plan submitted by the Defendants in January 2017, presented a plan accepted by the parties where the Parish of Orleans would commit resources to construct and operate an infirmary with 12 beds, as part of the proposed Phase III medical/mental health facility.
12. In addition to the infirmary, the Phase III facility would also provide 89 beds for acute and sub-acute patients, a laundry, and visiting accommodations.

13. For a number of valid reasons, the City is now seeking alternatives to the Phase III facility and the planned infirmary that would be part of the Phase III facility.
14. Based on the most recent Monitor's Report issued on January 2020 that covers less than three pages of content and analysis by the Monitor on compliance with medical care, the Defendants were determined to be in compliance with four of the ten provisions and partially compliant with the other six.
15. Of the partially compliant provisions, three had to do with prisoners being released and their continuation of treatment, while two others had to do with the production and review of reports. The sixth partial compliance had to do with physicians providing a systematic review of the use of medication.
16. There were no comments or opinions asserted by the Monitor that absence of an infirmary in the Orleans Justice Center ("OJC") was impeding delivery of medical care for either the current OJC population or recently released inmates.
17. There were no comments or opinions asserted by the Monitor indicating there is insufficient medical staff or that training is inadequate.
18. Based on data provided by the current medical care provider, the monthly number of local in-patient hospitalization days ranges from 58 – 123 days. Using the highest number of days recorded, the higher infirmary bed population would be in the 4-5 population range.
19. It is my opinion, that the provision of adequate medical and mental health care does not exclusively depend on the architecture of the facility. Rather it is the number of staff who are properly trained and have adequate resources to provide needed services on a timely basis.
20. I have been involved in other jurisdictions which provide constitutionally adequate services for the medical patients in a local hospital with a secure ward. Hospitals by design, rather



than jails, are much better equipped to provide the level of urgent care needed by a small percentage of the jail population, in terms of staffing levels, experience, training and resources.

21. For the OJC, an alternative to the Phase III infirmary unit would be sufficient if it meets the following conditions;

- a. A secure and dedicated ward located in an easily accessible local hospital;
- b. There must be a legal agreement between the City and the local hospital in terms of dedicated use of the ward for OJC patients who would otherwise be detained in the OJC;
- c. The secure ward must have 10-12 beds within it and be properly staffed with security staff;
- d. The OJC Medical Director must have admitting privileges to the secure ward for which she/he must make direct admissions to the ward;
- e. The OJC Medical Director must make the rounds at least three times per week on the secure ward to ensure adequate care is being provided; and
- f. There must be an arrangement that other hospitals in Orleans Parish will accept patients whom adequate medical care would not be available within the OJC or the secure ward at the local hospital.

22. If these conditions are met, Orleans Parish, in my opinion, will have provided a constitutionally adequate alternative to the proposed infirmary that would be part of the Phase III facility and would meet the medical care requirements of the Consent Decree.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on June 25, 2020.



  
\_\_\_\_\_  
RONALD M. SHANSKY MD

**RONALD MARK SHANSKY, M.D.  
CURRICULUM VITAE**

1441-G North Cleveland  
Chicago, IL 60610

312-787-3365 Residence  
312-919-9757 Cell  
rshansky@rshansky.md.com

***ACADEMIC TRAINING***

Bachelor of Science, University of Wisconsin, 1967  
Doctor of Medicine, Medical College of Wisconsin, 1971  
Master of Public Health, University of Illinois School of Public Health, 1975

***PROFESSIONAL LICENSE***

Licensed Physician (Illinois) No. 36-46042

***INTERNSHIP AND RESIDENCY TRAINING***

Internship – Cook County Hospital, July 1971-1972  
Residency – Internal Medicine, Cook County Hospital, July 1972-1974

***BOARD CERTIFICATION AND FELLOWSHIPS***

Diplomate of the American Board of Internal Medicine – September 1978  
Diplomate of the American Board of Quality Assurance and Utilization Review Physicians – 1992  
Elected Fellow of the Society of Correctional Physicians – 1999

***EMPLOYMENT***

Medical Director, Center for Correctional Health & Policy Studies, Washington, D.C. Jail –  
2004 to 2006  
Consultant, Corrections Medicine and Continuous Quality Improvement – 1993 to present on a full-  
time  
basis; and throughout career while holding other positions  
Medical Director, Illinois Department of Corrections – 1992-1993, 1998-1999  
Attending Physician, Department of Medicine, Cook County Hospital – 1978 to Present  
Surveyor (part-time), Joint Commission on Accreditation of Healthcare Organizations – 1993-1997  
Staff Physician, Metropolitan Correctional Center of Chicago – 1975-1982

## **CONSULTATIONS**

Condition of Confinement Reviews for PricewaterhouseCoopers, reviewing detention facilities housing federal detainees; 2000–2004  
Essex County Jail, Newark, N.J.  
Michigan Department of Corrections  
Montana Department of Corrections  
New Mexico Department of Corrections  
Polk Correctional Center, Raleigh, N.C.  
South Dakota Department of Corrections  
Washington DC Department of Corrections

## **APPOINTMENTS**

Court Monitor, *Riker v. Gibbons*, Ely State Prison, Ely, Nevada – 2010  
Member, Department of Justice Compliance Monitoring Team, King County Jail, Seattle, WA – 2009 to present  
Member, Monitoring Team, Ohio Department of Youth Services – 2009 to present  
Member, Department of Justice Monitoring Team, Dallas County Jail – 2008 to present  
Member, Department of Justice Monitoring Team, Delaware Department of Corrections – 2007 to present  
NCCHC Board Appointment – 1999-2009  
Member, Task Force to Revise NCCHC Standards for Jails and Prisons – 2003 and 2007-2008  
Member of Medical Oversight Team reviewing the Ohio prison system – 2005 to present  
Court Monitor, De Kalb County Jail, Decatur, Georgia – 2002-2005  
Consultant, California Department of Corrections – 2000  
Court Monitor, Milwaukee County Jail – 1998 to present  
Court Monitor, Essex County Jail, Newark, NJ – 1995 to present  
Medical Expert, State of Michigan – 1995  
Consultant to Special Master, *Madrid v. Gomez*, Pelican Bay Prison, California Department of Corrections – 1995  
Medical Expert, State of New Mexico – 1994  
Consultant, Connecticut Department of Corrections – 1994  
National Advisory Board of the National Center for Health Care Studies – 1991  
Illinois AIDS Interdisciplinary Advisory Council – November 1985  
Illinois AIDS Caretaker Group – November 1985  
Task Force to Rewrite American Public Health Association Standards for Medical Services in Correctional Facilities – 1983  
Corrections Subcommittee, Medical Care Section, APHA – 1983  
Preceptor, then Clinical Associate Professor, Department of Preventive Medicine and Community Health, Abraham Lincoln School of Medicine, University of Illinois, Chicago, Illinois – 1972-1979  
Clinical Associate Professor, Department of Medicine, Ravenswood Medical Center, Chicago, Illinois – 1979-1981  
Director, Phase 1 and 2 Program at Cook County Hospital for the Abraham Lincoln School of

Medicine – 1976-1978

Medical Director, Uptown People's Health Center – September 1978

Director, General Medicine Clinic, Department of Medicine, Cook County Hospital – 1975

Director, Clinical Services, Department of Internal Medicine, Cook County Hospital – 1975

Associate Attending Physician, Department of Internal Medicine, Cook County Hospital – 1974-1975

Instructor, Illinois College of Optometry, Chicago, Illinois – 1972-1974

**COMMITTEE MEMBERSHIPS**

Chairman, State of Illinois AIDS Caretakers Committee – 1985

Chairman, Corrections Subcommittee, Medical Care Section – 1983

Chairman, Medical Records Committee, Cook County Hospital – 1981

Member, Executive Medical Staff, Cook County Hospital – 1979

Member, Task Force to Rewrite the *Standards for Health Services in Correctional Institutions* – published 1986

**PROFESSIONAL ORGANIZATIONS**

Society of Correctional Physicians – President, 1993-1995

American Public Health Association – 1974 to present

American Correctional Health Services Association – 1988

American Correctional Association – 1982

Federation of American Scientists – 1974-1981

**CIVIC**

Mutually agreed upon expert, Milwaukee County Jail – 2001

Mutually agreed upon expert, *Inmates v. Essex County Jail*, 1995 to present

Appointed Receiver by Judge William Bryant, Medical and Mental Health Programs, District of Columbia Jail, *Campbell v. McGruder* – 1995

Mutually agreed upon neutral expert, State of Montana, *Langford v. Racicot* – 1995

Mutually agreed upon neutral expert, State of Vermont, *Goldsmith v. Dean* – 1996

Executive Committee Overseeing Health Care, Puerto Rico Administration of Corrections – 1993

Appointed by Judge Gerald Jenks, District Court for the Central District of Utah, as Impartial Expert in the matter of *Henry v. Deland* – 1993

Appointed by Magistrate Claude Hicks Jr., U.S. District Court in Macon, Georgia as Medical Expert in the matter of *Cason v. Seckinger* – 1993

Appointed by Judge Owen M. Panner, District of Oregon, as Special Master in *Van Patten v. Pearce* involving medical services at Eastern Oregon Correctional Institution – December 1991

Appointed by Allan Breed, Special Master, *Gates* case, as Medical Consultant regarding California Medical Facility in Vacaville

Appointed by Judge M. H. Patel, Special Master, case involving San Quentin Prison – 1989 to 1995

Selected as part of delegation to inspect the medical services provided to Palestinian detainees in the Occupied Territories and Israel by Physicians for Human Rights – 1989

Appointed by U.S. District Judge Williams as member of medical panel monitoring medical services in Hawaii Prison System – 1985

Appointed by U.S. District Judge Black to evaluate medical services in the Florida Prison System – 1983

Appointed by U.S. District Judge Kanne as monitor to the Lake County, Indiana Jail in the litigation of the *Jensen* case (H74-230) – 1982

Appointed by U.S. District Judge J. Moran as Special Master of the Lake County, Illinois Jail in the litigation of *Kissane v. Brown* – 1981

Board Member, Health and Medicine Policy Research Group, Chicago, Illinois – 1980

Appointed to Advisory Committee, State of Alabama, Department of Mental Health – 1980

Appointed as consultant to the State of Alabama, Department of Mental Health – 1979

Consultant, U.S. Department of Justice Civil Rights Division, Special Litigation Section – 1977

Appointed by U.S. District Judge J. Foreman to a three-member panel of medical experts to advise on health conditions at Menard Correctional Center, Menard, Illinois – 1976

### **AWARDS**

NCCHC Bernard Harrison Award for Distinguished Service to the Field of Correctional Medicine – 2010

Armond Start Award for Excellence in Correctional Medicine, Society of Correctional Physicians – 1999

American Correctional Health Services Association Distinguished Service Award – 1992

### **PUBLICATIONS**

Michael Puisis, editor, Ronald Shansky, associate editor, *The Clinical Practice in Correctional Medicine, second edition, 2006.*

Schiff, G., Shansky, R., chapter: “The Challenges of Improving Quality in the Correctional Health Care Setting,” in *The Clinical Practice in Correctional Medicine, second edition, 2006.*

Schiff, G.; Shansky, R.; Kim, S., chapter: “Using Performance Improvement Measurement to Improve Chronic Disease Management in Prisons,” in *The Clinical Practice in Correctional Medicine, second edition, 2006.*

Anno, B.J., Graham, C., Lawrence, J., and Shansky, R. *Correctional Health Care – Addressing the Needs of the Elderly, Chronically Ill, and Terminally Ill Inmates.* National Institute of Corrections, 2004.

Schiff, G., Shansky, R., chapter: “Quality Improvement in the Correctional Setting,” in *The Clinical Practice in Correctional Medicine, 1998.*

How-To Manual, *Quality Improvement in a Correctional System*, State of Georgia, Department of Corrections, 1995.

*Journal of Prison and Jail Health*, Editorial Board; 1988 – present.

Shansky, R., “Advances in HIV Treatment: Administrative, Professional and Fiscal Challenges in a

Correctional Setting,” *Journal of Prison and Jail Health*, Volume 9, Number 1.

B. Jaye Anno, Ph.D., *Prison Health Care: Guidelines for the Management of an Adequate Delivery System*, 1991; Member of Editorial Advisory Board.

Coe, J., Kwasnik, P., Shansky, R., chapter: “Health Promotion and Disease Prevention” in B. Jaye Anno, Ph.D., *Prison Health Care: Guidelines for the Management of an Adequate Delivery System*, 1991.

Hoffman, A.; Yough, W.; Bright-Asare, P.; Abcariam, H.; Shansky, R.; Fitzpatrick, J.; Lidlow, E.; Farber, M.; Summerville, J.; Petani, C.; Orsay, C.; Zal, D., “Early Detection of Bowel Cancer at an Urban Public Hospital: Demonstration Project,” *Ca – A Cancer Journal for Clinicians*, American Cancer Society, Nov/Dec 1983, Vol. 33, No. 6.

Mehta, P.; Mamdani, B.; Shansky, R.; and Dunea, G., “Double Blind Study of Minoxidil and Hydralazine.” Sixth International Conference of Nephrology, Florence, Italy – June 1975.

### **PRISONS INSPECTED**

State of Alabama Prisons at Kilby, Holman, Fountain, Tutweiller, Staton, and Draper  
Parchman State Prison, Mississippi Jefferson County and Birmingham City Jails, Alabama  
Arizona State Prison, Florence, Arizona  
Washington County Jail, Fayetteville, Arkansas  
California Medical Facility, Vacaville  
California State Penitentiary, San Quentin  
Colorado State Penitentiaries, Centennial, Fremont, Territorial  
District of Columbia Jail at Occoquan  
Florida Prison System  
Florida County Jails, including Monroe County, Pasco County and Polk County  
Krome Detention Facility (INS), Miami, Florida  
Department of Juvenile Justice, State of Georgia  
Georgia Diagnostic Center, Jackson, Georgia  
Hawaii Prison System  
Menard Correctional Center, Illinois  
Rock Island County Jail, Rock Island, Illinois  
Indiana State Penitentiary, Michigan City, Indiana  
Indiana Reformatory, Pendleton, Indiana  
Lake County Indiana Jail, Crown Point, Indiana  
Maine State Prison, Thomaston, Maine  
State Prison of Southern Michigan  
New Hampshire State Penitentiary, Concord  
New York City Jails  
Sing Sing Penitentiary, New York  
Ohio Women’s Prison  
State of Vermont Prison System  
Walla Walla State Penitentiary, Washington

Wisconsin State Penitentiaries at Waupan, Fox Lake, Taycheedah and Dodge

***SURVEYED MEDICAL PROGRAMS***

Federal Bureau of Prisons, approximately 20 facilities

***INTERNATIONAL INSPECTION***

Israeli Prisons and Jails Housing Palestinian Detainees

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

**LASHAWN JONES, ET AL.**

**VERSUS**

**MARLIN GUSMAN, ET AL.**

\* **CIVIL ACTION**  
\* **No. 12-00859**  
\*  
\* **HON. LANCE M. AFRICK**  
\* **SECTION: I**  
\*  
\* **MAG. MICHAEL B. NORTH**  
\* **SECTION: 5**

\* \* \* \* \*

**NOTICE OF SUBMISSION**

**PLEASE TAKE NOTICE** that undersigned counsel will bring the attached Motion for Relief from Court Orders of January 25, 2019 (Rec. Doc. 1221) and March 18, 2019 (Rec. Doc. 1227) Regarding Phase III Jail Facility for hearing before the Honorable Lance M. Africk, United States Courthouse, 500 Poydras Street, New Orleans, Louisiana, on the 22<sup>nd</sup> day of July, 2020, beginning at 9:00 a.m. or as soon thereafter as counsel may be heard.

Respectfully submitted,

/s/ Sunni J. LeBeouf  
**SUNNI J. LEBEOUF (LSBA #28633)**  
CITY ATTORNEY  
Email: [Sunni.LeBeouf@nola.gov](mailto:Sunni.LeBeouf@nola.gov)  
**DONESIA D. TURNER (LSBA #23338)**  
Email: [Donesia.Turner@nola.gov](mailto:Donesia.Turner@nola.gov)  
**CHURITA H. HANSELL (LSBA #25694)**  
Email: [chhansell@nola.gov](mailto:chhansell@nola.gov)  
1300 PERDIDO STREET  
CITY HALL – ROOM 5E03  
NEW ORLEANS, LOUISIANA 70112  
TELEPHONE: (504) 658-9800



FACSIMILE: (504) 658-9868  
*Counsel for the City of New Orleans*

**CERTIFICATE OF SERVICE**

I do hereby certify that on this 29<sup>th</sup> day of June, 2020, a copy of the foregoing was filed electronically with the Clerk of Court using the CM/ECF system. Notice of this filing will be sent by operation of the court's electronic filing system. I also certify that a copy of the foregoing will be sent to all non-CM/ECF participants by United States Mail, properly addressed and postage pre-paid.

**/s/ Sunni J. LeBeouf**  
**SUNNI J. LEBEOUF**

**MARGO L. FRASIER, J.D., C.P.O.  
3300 PLOVER RAIN WAY  
PFLUGERVILLE, TEXAS 78660**

June 28, 2020

The Honorable Marlin N. Gusman  
Sheriff  
Orleans Parish  
3000 Perdido Street, 4<sup>th</sup> Floor  
New Orleans, Louisiana 70119-7246

Sunni LeBeouf, J.D., City Attorney  
City of New Orleans, City Hall  
1300 Perdido Street  
New Orleans, Louisiana 70112

Re: LaShawn Jones. *et. al.*, and  
The United States of America v. Marlin Gusman, Sheriff

Dear Ms. LeBeouf and Sheriff Gusman:

Please find enclosed the invoices for the Independent Monitors for May 2020.

Pursuant to the Court's Order, please provide payment within five days of receipt. If you have any questions, please let us know promptly.

Sincerely yours,

Margo L. Frasier, J.D., C.P.O.

CC: Independent Compliance Director Darnley R. Hodge, Sr.  
Sean Bruno, CFO

Attachments:

Frasier – May invoice  
Patterson – May invoice  
Greifinger—May invoice  
Knox--May Invoice  
Hardyman—May invoice  
Poole—May invoice

**Exhibit  
F  
(in globo)**

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**Invoice for Professional Services**

<p><b>ROBERT B. GREIFINGER, MD</b>  <b>380 RIVERSIDE DRIVE, APT 4F</b>  <b>NEW YORK, NY 10025</b></p> <p><b>646 559 5279</b>  <u><b>BOB@RGREIFINGER.COM</b></u></p>	<p>Invoice No. zOrleans Parish 0520                  Invoice Date: June 12, 2020</p> <p>Bill To: Orleans Parish                  c/o Margo Frasier</p> <p>Address:</p> <p style="text-align: right;">re: Orleans Parish Prison</p>
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Date	Service Rendered	Hours/Units	Cost	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
5/12/20	Correspond with monitors	0.75	400.00	\$ 300.00
5/14/20	Document review--tour prep/conf Patterson	6.50	400.00	\$ 2,600.00
5/15/20	Review M&M's	0.75	400.00	\$ 300.00
5/19-21/2020	Virtual CJ tour (6.00+7:00+6.00 )	19.00	400.00	\$ 7,600.00
5/23/20	Draft report #12	2.50	400.00	\$ 1,000.00
5/27/20	Respond to PI's & WellPath inquiries	0.50	400.00	\$ 200.00
5/29/20	Review documents	0.50	400.00	\$ 200.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Invoice Subtotal				\$ 12,200.00
				-
<b>TOTAL</b>				<b>\$ 12,200.00</b>

Please make all checks payable to Robert B. Greifinger, MD  
 Tax ID 153 34 7228

**Thank you for your prompt payment**

**Exhibit  
 F  
 (in globo)**

**Margo L. Frasier, J.D.**3300 Plover Rain Way  
Pflugerville 78660  
(512) 565-0464  
margo.frasier@yahoo.com

# INVOICE

**BILL TO**  
Orleans Parish**INVOICE #** 1502  
**DATE** 06/23/2020  
**DUE DATE** 07/23/2020  
**TERMS** Net 30

DESCRIPTION	AMOUNT
<b>Review/consultation/conf. calls</b> Review incident reports, investigations, documents, policies, and training; Conference calls. (5/4/20 1.0; 5/5/20 1.5; 5/6/20 1.5; 5/7/20 1.0; 5/11/20 1.0; 5/12/20 .5; 5/15/20 1.5; 5/27/20 1.75; 5/28/20 .5) (Total 10.25 hours @ \$275/hour)	2,818.75
<b>On site consultation</b> On-site consultation (virtually) (meetings with parties, jail tours, compliance document review) (5/18/20 8.5; 5/19/20 12.5; 5/20/20 8.25; 5/21/20 7.0) (Total 36.25 @ \$275/hour)	9,968.75
<b>Report preparation</b> Report preparation (review documents regarding compliance, coordinate drafting of reports by other monitors, prepare report) (5/1/20 4.0; 5/3/20 3.0; 5/4/20 1.5; 5/7/20 1.5; 5/8/20 3.5; 5/11/20 1.0; 5/12/20 3.0; 5/13/20 6.5; 5/14/20 6.5; 5/15/20 3.5; 5/17/20 5.0; 5/22/20 1.0 5/25/20 1.0; 5/26/20 4.0; 5/27/20 2.0; 5/28/20 5.0; 5/29/20 5.5; 5/30/20 3.0) (Total 60.5 hours @ \$275/hour)	16,637.50
May 2020 Invoice	<b>BALANCE DUE</b>
	<b>\$29,425.00</b>

Catherine M. Knox LLC  
2430 NW Westover Road, Unit C 300  
Portland, Oregon 97210

June 12, 2020

Margo Frasier, Lead Monitor  
3300 Plover Rain Way  
Pflugerville, TX 78660

*Sent via email only*

Re: Jones, *et al.* v Gusman: Civil Action No. 2:12-cv-00859

Dear Ms. Frasier:

This letter is written to request payment of \$12,500.00 for expert work concerning the case referenced above. On the next page is an itemization of the dates, time, and activities performed which are the basis for the bill, as well as an itemization of expenses with receipts as necessary. If you have any questions about this request for payment, please contact me at [cmknoxllc@msn.com](mailto:cmknoxllc@msn.com) or at 503 449 0186.

Yours truly,



Catherine M. Knox

Catherine M. Knox, LLC  
 2430 NW Westover Road, Unit C 300  
 Portland, Oregon 97210  
 EIN: 26-0011572

Re: Jones, *et al.* v. Gusman: Civil Action No. 2:12-cv-00859

<b>Invoice for May 2020 Remote Site Visit</b>			
<b>Date</b>	<b>Description of Service</b>	<b>Hours Billed</b>	<b>Total</b>
5/13/2020	Audit March Tool Kit Results	6.5	\$ 1,300.00
5/14/2020	Audit March Tool Kit Results	7.5	\$ 1,500.00
5/15/2020	Review records of cases plaintiffs identified as concerns	8.25	\$ 1,650.00
5/16/2020	Audit February Tool Kit Results	5	\$ 1,000.00
5/17/2020	Audit February Tool Kit Results and update report	7.5	\$ 1,500.00
5/18/2020	Prepare files for mental health chart review & review advance material	5.5	\$ 1,100.00
5/19/2020	Remote Site Visit and debrief w/Monitors	7.5	\$ 1,500.00
5/20/2020	Remote Site Visit	7	\$ 1,400.00
5/21/2020	Discuss findings, site debrief and exit interview	5	\$ 1,000.00
5/23/2020	Review and comment on draft medical report	2.75	\$ 550.00
<b>Total</b>		<b>62.50</b>	<b>\$ 12,500.00</b>

**PLHardyman, LLC**

967 Hartsville - New Marlboro Road  
 New Marlborough, MA 01230 US  
 Patricia.Hardyman@plhardymanllc.com

**INVOICE****BILL TO**

Orleans Parish Sheriff's Office  
 2800 Perdido St.  
 New Orleans, LA 70119

**INVOICE #** 1176**DATE** 05/30/2020**DUE DATE** 06/29/2020**TERMS** Net 30**PROJECT**

Monitoring Project

**TASK PERFORMED**

Professional services

**TIME PERIOD**

May 2020

**DESCRIPTION****QTY****RATE****AMOUNT**

Professional services provided by Patricia Hardyman, Ph.D. for work performed on the New Orleans Monitoring project for the month of May 2020.

## Description of Services:

1. Review of COVID-19 policy.
2. Prepare/review of documents for virtual site visit/calls, including but not limited to emails, scheduling, checking for missing documents, creating pdf for display during Zoom Meeting.
3. Participate in OPSO virtual visit and debrief calls.
4. Participate in all Monitors prep and follow-up calls.
5. Analyze July 2019 – March 2020 overrides and attachments.
6. Review of housing audit sheets.
7. Review of classification monthly statistical reports.
8. Create graphs for compliance report.
9. Read Sheriff's "MEMORANDUM IN SUPPORT OF MOTION TO TERMINATE CONSENT DECREE PURSUANT TO 18 U.S.C. §3626(B) AND MOTION TO TERMINATE THE STIPULATED" filed 5/26/2020.

Patricia Hardyman - 52.00 hours @ \$150/hour

52

150.00

7,800.00

Make check payable to:

**BALANCE DUE****\$7,800.00**

PLHardyman, LLC

Remit to:

PLHardyman, LLC  
 c/o Kissinger Consulting Services, LLC  
 PO Box 350  
 Terryville, CT 06786

**Raymond F. Patterson, M.D., P.C.**  
1904 R Street, N.W., 2<sup>nd</sup> Floor  
Washington, D.C. 20009  
Telephone: 301-292-3737  
Fax: 301-292-6272  
E-mail: rpattersonmd830@gmail.com

May 31, 2020

Orleans Parish Sheriff's Office  
819 South Broad Street  
New Orleans, LA 70119

Re: LaShawn Jones et. al and the United States of America,  
plaintiffs, v. Marlin Gusman, Sheriff, defendant.  
Civil Action No. 2:12-cv00859

Dear Sirs:


I appreciate the opportunity to continue to serve as a federal monitor in the above referenced matter. I am providing this invoice for services rendered since my last invoice dated 4/30/20.

<u>DATE</u>	<u>TIME</u>	<u>WORK</u>
05/04/20	1.75 hrs	Conference call with monitors; review of plaintiff's concerns regarding telemedicine and COVID-19; review of Wellpath staff matrix.
05/08/20	0.50 hr	Review of Dr. Greifinger's responses to COVID-19; review of OPSO HR data; review of Wellpath Modified Staffing Plan.
05/11/20	0.50 hr	Conference call with Dr. Greifinger and Ms. Catherine Knox.
05/15/20	0.25 hr	Conference call with Ms. Knox.
05/16/20	2.25 hrs	Review of Wellpath Documents Folders and Preparation for upcoming monitoring tour 5/19 – 21/20.
05/17/20	2.00.hrs	Review of Wellpath Documents Folders and OPSO Annual Reports and Preparation for upcoming monitoring tour 5/19 – 21/20.
05/18/20	3.50 hrs	Review of Wellpath Documents Folders and Morbidity and Mortality Reports and Preparation for upcoming monitoring tour 5/19 – 21/20.



05/19/20	7.75 hrs	Review of documents (1.25 hrs); Conference call with Wellpath (5.00 hrs); conference call with monitors (1.50 hrs)
05/20/20	8.00 hrs	Review of documents (1.00 hr); Conference calls with Wellpath (6.50 hrs); conference call with Dr. Greifinger (0.50 hr).
05/21/20	4.00 hrs	Conference call with monitors (1.50 hrs); conference call with Wellpath (1.00 hr); conference call with Dr. Rouse (0.50 hr); Exit Conference Call with Monitors and parties (1.00 hr).
05/22/20	2.50 hrs	Preparation of draft mental health monitor's report.
05/26/20	2.25 hrs	Preparation of draft mental health monitor's report
05/28/20	1.25 hrs	Review of COVID-19 Reports; review of Sheriff Gusman's Motion; review of Wellpath Missed Appointments data.
	<u>36.50 hrs</u>	

**36.50 hrs @ \$400.00 = \$14,600.00**

  
Raymond F. Patterson, M.D.

**Shane J. Poole****INVOICE**

**P.O. Box 22**  
**Dripping Springs, TX 78620**

INVOICE #0520001  
MAY 31, 2020

**TO:**  
Orleans Parish Jail  
c/o Margo Frasier  
New Orleans, LA

**FOR:**  
Professional monitor services for  
Lashawn Jones, *et al*, and the United States of America  
vs Marlin Gusman, Sheriff

DESCRIPTION	HOURS	RATE	AMOUNT
051820 Virtual Tour (Sanitation – Zoom mtg and doc preview)	2	\$175.00	\$350.00
051820 Virtual Tour (Maintenance – Zoom mtg and doc preview)	2	\$175.00	\$350.00
051920 Virtual Tour (Life/Safety – Zoom mtg and doc preview)	5.5	\$175.00	\$962.50
051920 Monitor phone conference	1.25	\$175.00	\$218.75
052020 Virtual Tour (Grievances – Zoom mtg and doc preview)	2.5	\$175.00	\$437.50
052020 Virtual Tour (Training -- Zoom mtg and doc preview)	2.25	\$175.00	\$393.75
052120 Monitor phone conference	3.5	\$175.00	\$612.50
052120 Virtual Tour outbrief and post-call work	1.5	\$175.00	\$262.50
052320 Post tour review and draft report prep	4.5	\$175.00	\$787.50
053020 Supplemental document submission review/analysis	1.5	\$175.00	\$262.50
<b>Subtotal of professional services and travel time</b>			<b>\$4,637.50</b>
<b>Subtotal for expenses</b>			<b>\$0.00</b>
		<b>TOTAL</b>	<b>\$4,637.50</b>

Make all checks payable to 0BShane J. Poole, Thank you!

UNITED STATES DISTRICT COURT  
EASTERN DISRICT OF LOUISIANA

LASHAWN JONES, ET AL.

VERSUS

MARLIN GUSMAN, ET AL.

\* Civil Action No.  
\* No. 12-00859  
\*  
\* HON. LANCE M. AFRICK  
\* SECTION: I  
\*  
\* MAG. MICHAEL B. NORTH  
\* SECTION: 5

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**DECLARATION OF VINCENT A. SMITH**

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1. My name is Vincent A. Smith, and I am of sound mind, over the age of eighteen, competent to make this declaration, and have knowledge of the Temporary Detention Center ("TDC") of the Orleans Justice Center including its renovation, costs, and features to house inmates incarcerated at the facilities.

2. I have been employed by the City of New Orleans since 2010, and currently serve as Capital Projects Administration Director.

3. As Director I am responsible for the management of City facilities projects from conceptual and design phases, through permitting and estimates, bidding, construction and final occupancy.

4. TDC is a facility located on the grounds of the Orleans Justice Center, which is being renovated by the City to facilitate inmates with special needs.

5. The total projected cost for the project is \$6.27M.

6. The current projected turn over date to the Orleans Parish Sheriff's Office is the week of July 13, 2020.

7. TDC Building's #1 and #2 have two pods each (4 total) with a total capacity for 61 inmates.

8. Three of the pods are dedicated to acute mental and medical services for up to 39 male inmates.

**Exhibit  
E**

9. One pod is dedicated to acute mental and medical services for up to 22 female inmates.

10. The facility's security features includes upgrades to fencing, a new key pad upgrade, and electronics up-upgrades to computers, cameras, monitors, controls for all 4 buildings and the Sally Port.

11. Additionally improvements have been made to the mechanical, electric and plumbing systems at TDC.

12. These improvements include new air handling units and exhaust fans; new panels, breakers, light fixtures, outlets, switches; and new above grade toilet fixtures with above and underground piping.

13. The female pod contains 3 single cells, 2-double cells and a dormitory layout with 15 beds for 22 inmates.

14. The male pod contains 6 double bed cells and 1 isolation cell to accommodate 13 inmates each for a total of 39 inmates.

15. Each cell in both the male and female pods has a bed, desk and toilet.

16. There is 1 tub room and 1 interview/counseling room in the female pod.

17. There is 1 padded cell located on the male side only.

18. Additional amenities included in the TDC renovated pods include:

- 1 Office for Multi-Staff use.
- 2 Interview/Counseling Rooms (7 total, Female side has 1).
- Housekeeping (1 Clean, 1 Soil, and 1 Storage rooms).
- 1 Exam Room.
- 1 Multi-purpose Room (Group therapy).
- 1 Clinical Work Station and 1 Security Direct Supervision Desk.
- 1 Open Day Room with wall mounted TV.
- 2 Video Visitation Booth Area.
- ADA and regular shower area.
- There are 2 Cells with Negative Air flow special conditions (1 Male and 1 Female).
- There are 4 ADA compliant Cells (1 each Pod).

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 25, 2020.

A handwritten signature in blue ink, appearing to read "Vincent A. Smith", is written over a horizontal line. The signature is somewhat stylized and scribbled.

Vincent A. Smith