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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA

Fred Graves, Isaac Popoca, on their own behalf and on behalf of a class of all pretrial detainees in the Maricopa County Jails,

Plaintiffs,

vs.

Joseph Arpaio, Sheriff of Maricopa County; Andrew Kunasek, Mary Rose Wilcox, Denny Barney, Steve Chucri, and Clint L. Hickman, Maricopa County Supervisors,

Defendants.

No. CV-77-00479-PHX-NVW

**REVISED FOURTH AMENDED JUDGMENT**

Defendants Fulton Brock, Don Stapley, Andrew Kunasek, Max Wilson and Mary Rose Wilcox’s Motion to Terminate Third Amended Judgment on Behalf of Correctional Health Services (Doc. 2142) was decided September 30, 2014, resulting in additional prospective relief being ordered to remedy ongoing constitutional violations, and the Fourth Amended Judgment (Doc. 2284) was entered, for the convenience of the parties, to restate those provisions of the Third Amended Judgment that continued in effect pursuant to 18 U.S.C. § 3626(e)(2)(B), and the additional remedies ordered. Upon reconsideration, this Revised Fourth Amended Judgment is entered.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED as follows:

1. The Fourth Amended Judgment (Doc. 2284) is vacated as to future effect, except that the terms of this Revised Fourth Amended Judgment have continuing effect.

1           2. Defendants shall provide a receiving screening of each pretrial detainee,  
2 prior to placement of any pretrial detainee in the general population. The screening will  
3 be sufficient to identify and begin necessary segregation, and treatment of those with  
4 mental or physical illness and injury; to provide necessary medication without  
5 interruption; to recognize, segregate, and treat those with communicable diseases; to  
6 provide medically necessary special diets; and to recognize and provide necessary  
7 services to the physically handicapped.

8           3. All pretrial detainees confined in the jails shall have ready access to care to  
9 meet their serious medical and mental health needs. When necessary, pretrial detainees  
10 confined in jail facilities which lack such services shall be transferred to another jail or  
11 other location where such services or health care facilities can be provided or shall  
12 otherwise be provided with appropriate alternative on-site medical services.

13           4. Defendants shall ensure that the pretrial detainees' prescription medications  
14 are provided without interruption where medically prescribed by correctional medical  
15 staff.

16           5. To show compliance with the foregoing paragraphs 2–4:

17           a. By **December 1, 2014**, Defendants will adopt policies and  
18 procedures or amend existing policies and procedures to require the following:

19                   (1) A registered nurse will perform the receiving screening for  
20 each pretrial detainee processed in the 4th Avenue jail intake center.

21                   (2) If the receiving screening indicates a pretrial detainee is  
22 suffering from a serious acute or chronic health condition, a physician, physician  
23 assistant, or nurse practitioner will conduct a face-to-face examination of the pretrial  
24 detainee within 24 hours after the receiving screening.

25                   (3) If the receiving screening indicates a pretrial detainee has  
26 symptoms of tuberculosis, the pretrial detainee immediately will be placed in an Airborne  
27 Infection Isolation Room and evaluated promptly for tuberculosis.  
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1 (4) If the receiving screening indicates a pretrial detainee is  
2 known to have HIV infection or is at risk for HIV infection with unknown status, a chest  
3 x-ray of the pretrial detainee will be performed and the results reviewed by a physician,  
4 physician assistant, or nurse practitioner before the pretrial detainee is placed in a housing  
5 unit.

6 (5) If a pretrial detainee has a positive mental health screening or  
7 does not respond to all of the mental health screening questions, the detainee will be  
8 assessed by mental health staff while the pretrial detainee is in the intake center. The  
9 mental health staff will identify the urgency with which the pretrial detainee must be seen  
10 by a mental health provider, *i.e.*, a psychiatrist, psychiatric nurse practitioner, or  
11 physician assistant.

12 (6) If the receiving screening indicates a pretrial detainee is at  
13 risk for suicide, a psychiatrist, psychiatric nurse practitioner, or physician assistant will  
14 conduct a face-to-face assessment of the pretrial detainee within 24 hours after the  
15 receiving screening.

16 (7) Pretrial detainees will be tested for tuberculosis within 14  
17 days after the receiving screening unless they have been tested with negative results  
18 within the past year.

19 (8) Pretrial detainees with serious acute and chronic medical  
20 conditions will be evaluated face-to-face by a medical provider and will receive an initial  
21 health assessment within 24 hours after the receiving screening.

22 (9) A medical provider will develop plans for treatment and  
23 monitoring for pretrial detainees with serious medical conditions.

24 (10) All medical Health Needs Requests will be triaged within 24  
25 hours of their submission.

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1 (11) Each pretrial detainee who submits a medical Health Needs  
2 Request stating or indicating a clinical symptom will be seen by a nurse within 48 hours  
3 of submitting the Health Needs Request.

4 (12) When a physician, physician assistant, or nurse practitioner  
5 orders a lab test or radiological study, the physician, physician assistant, or nurse  
6 practitioner will identify the urgency with which the test or study must be performed,  
7 *e.g.*, within 24 hours, 72 hours, or 7–10 days, and the urgency with which the results of  
8 the test or study must be returned. The test or study will be performed within the  
9 timeframe ordered by a physician, physician assistant, or nurse practitioner.

10 (13) Pretrial detainees identified during the receiving screening as  
11 being at risk of serious harm from alcohol or drug withdrawal will be assessed by a  
12 registered nurse twice a day for at least seven days regardless of whether they are  
13 assigned to a housing unit designated for withdrawing inmates or their classification  
14 status. The nurse will document each assessment and identify the urgency with which the  
15 pretrial detainee should be seen by a physician, physician assistant, or nurse practitioner.  
16 If a pretrial detainee is not seen face-to-face by a physician, physician assistant, or nurse  
17 practitioner within the timeframe recommended by the nurse, the reason will be  
18 documented in the pretrial detainee's medical record.

19 (14) All mental health Health Needs Requests stating or indicating  
20 a clinical symptom will be triaged face-to-face within 48 hours of their submission.

21 (15) Upon referral by detention, intake, medical, or mental health  
22 staff, pretrial detainees who display active symptoms of mental illness or otherwise  
23 demonstrate an emergent mental health need will be seen face-to-face by a mental health  
24 provider within 24 hours of the referral.

25 (16) Mental health providers will assess pretrial detainees in an  
26 area outside of their cells that affords sound privacy except when there are legitimate  
27 safety, security, and treatment reasons for not doing so.  
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1 (17) Defendants will adopt and implement written criteria for  
2 placing pretrial detainees in each level of mental health care, including subunits within  
3 the Mental Health Unit.

4 (18) A mental health provider will determine the placement of  
5 each seriously mentally ill pretrial detainee after performing a face-to-face assessment,  
6 including upon admission into, transfer within, and discharge from the Mental Health  
7 Unit.

8 (19) Pretrial detainees discharged from the Mental Health Unit  
9 will be assessed by mental health staff within 48 hours after discharge.

10 (20) MCSO will consult with CHS mental health staff before  
11 placing a seriously mentally ill pretrial detainee in any type of segregated confinement.

12 (21) Seriously mentally ill pretrial detainees who are confined to  
13 single cells for 22 or more hours a day will have face-to-face communication with mental  
14 health staff at least twice per week.

15 (22) A mental health provider or professional will be consulted  
16 before each planned use of force or involuntary treatment on a seriously mentally ill  
17 pretrial detainee.

18 (23) Mental health staff will be involved in the implementation of  
19 any planned use of force or involuntary treatment on a seriously mentally ill pretrial  
20 detainee.

21 (24) Defendants will adopt and implement a written policy  
22 regarding the use of discipline for behavior resulting from serious mental illness.

23 (25) Defendants will adopt and implement a written policy  
24 regarding the use of isolation in a disciplinary segregation unit as a sanction against  
25 seriously mentally ill pretrial detainees.  
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1 (26) Defendants will adopt and implement a written policy  
2 requiring that mental health staff be consulted regarding discipline of any seriously  
3 mentally ill pretrial detainee.

4 (27) A potentially suicidal pretrial detainee will not be placed in  
5 isolation without constant supervision.

6 (28) A potentially suicidal pretrial detainee will be placed into a  
7 suicide-resistant cell or safe cell only with “direct, continuous observation until a  
8 treatment plan is determined by medical staff.”

9 (29) When a pretrial detainee is discharged from suicide watch or  
10 a safe cell, the pretrial detainee will be assessed by mental health staff within 24 hours of  
11 discharge.

12 (30) Defendants will document in pretrial detainees’ health records  
13 evidence of timely administration of prescription medications or reasonably diligent  
14 efforts to administer all medications prescribed and explanation for any delay.

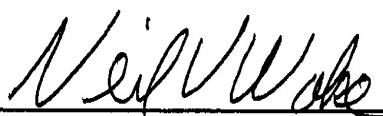
15 (31) A pretrial detainee’s psychotropic medications will not be  
16 prescribed, altered, renewed, or discontinued without a face-to-face examination by a  
17 psychiatrist, psychiatric physician assistant, or psychiatric nurse practitioner in an area  
18 that affords sound privacy.

- 19 b. By **December 16, 2014**, Defendants will file with the Court a copy of each  
20 policy adopted or amended to comply with this Order and identify the  
21 specific policy provisions that demonstrate compliance.
- 22 c. By **February 27, 2015**, Defendants will fully implement each of the  
23 policies ordered herein, including hiring additional staff, providing training,  
24 and making facility modifications, as needed.
- 25 d. By **March 16, 2015**, Defendants will file with the Court a summary of  
26 actions taken to implement each of the policies.  
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- e. Beginning **March 2, 2015**, Defendants will collect and summarize data for a period of 180 days that shows the extent to which Defendants are complying with this Order.
- f. On **September 15, 2015**, Defendants will file with the Court a report of the data collected and summarized in compliance with this Order.

Dated this 10th day of December, 2014.

  
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Neil V. Wake  
United States District Judge