

Jail death focus of lawsuit against Sheriff's Office

By **ANDREW DAVIS**

andrew@masoncounty.com

On New Year's Eve of 2012, Jimi Lee Johnson attempted suicide.

His mental illness and drug addiction had made him delusional, causing him to formulate a plan to hang himself.

But his grandmother, fearing for the worst, drove to his home in Shelton and found him clinging to life with a two-page suicide note close by. She called the Mason County Sheriff's Office to investigate the incident.

But the Sheriff's Office had been looking for Johnson, 27, on a misdemeanor warrant for failing to register as a sex offender.

After spending three days at Mason General Hospital, Johnson was booked into Mason County Jail on the warrant, and then filtered in and out of the jail's custody for four months.

In April of 2013, Johnson hanged himself in his cell hours before his sentencing.

His death inside the confines of the Mason County Jail is the focus of a federal complaint against the Sheriff's Office alleging gross negligence on behalf of the jail staff.

The amended complaint against the Sheriff's Office was filed Wednesday in U.S.

District Court in Tacoma by the Seattle-based law firm Galanda Broadman, which represents Johnson's family. Attorney Ryan Dreveskracht said the original complaint was filed in October 2014.

The complaint alleges a systemic failure in the procedures that jail staff uses to identify and treat mental illness within the jail, which resulted in Johnson's civil rights being violated and his untimely death.

"(There is a) civil right to not be treated with deliberate indifference and that includes having your known medical illnesses cared for, and here they knew that he had medical issues and they were deliberately indifferent," Dreveskracht said.

Jail Superintendent Tom Haugen and the county's attorney Guy Bogdanovich did not return calls for comment on this story.

The lawsuit alleges that the Mason County Sheriff's Office have "maintained policies, customs and procedures that were unconstitutional and fell far below the quality of care known and understood by reasonable and prudent jail administrators and operators" and have:

- Failed to adequately train officers and employees in suicide prevention.

- Failed to train officers and employees in suicide pre-

vention policies and procedures.

- Failed to train officers and employees to properly monitor detainees.

- Failed to train officers and employees to properly identify and monitor at-risk detainees.

- Failed to train officers and employees to detect dangerous items on detainees' person and in cells.

- Failed to train officers and employees in in-take procedure.

- Failed to enforce policies and procedures for suicide prevention, including, but not limited to, policies and procedures for prisoner in-take, confiscation of dangerous items from prisoners and monitoring of prisoners.

- Failed to enforce the aforesaid policies and procedures by disciplining officers and employees or by other means.

- Caused, permitted and allowed a custom and practice of continued and persistent deviations from policies and procedures.

- Maintained inadequate suicide prevention policies and procedures which failed to identify and/or monitor at-risk detainees.

- Maintained inadequate in-take policies and procedures, which failed to identify at-risk detainees, permitted dangerous items to remain with detainees, and failed to identify and monitor prescription medication.

- Maintained inadequate monitoring system of detainees.

- Failed to adequately staff the jail facility.

"There are numerous instances here where we believe that the county acted negligently and with deliberate indifference," Dreveskracht said. "We want to hold the county liable for their unofficial policies of ignoring mentally ill inmates and outright failure to implement sufficient suicide prevention procedures."

"There was, and still is, a complete absence of training to address mentally-ill inmates, and a lack of funding to provide that necessary training."

In a Dec. 15, 2015, deposition with Jail Sgt. Cindy Kasten, an attorney asks if she agrees with the statement, "The staff has no training to appropriately address mentally ill inmates."

Kasten replies: "For the most part, yes."

According to Mason County, roughly 20 percent of the current jail population has a mental illness and 90 percent have substance abuse issues.

In Johnson's case, the complaint alleges that the jail staff had knowledge of his history of and ongoing mental illness, but did not require that Johnson go through the mental health procedure and get the medical help that he needed to stay alive.

At his final intake on Jan.

31, 2013, Johnson was witnessed talking to himself and told a jail employee that he was "hearing voices." In a deposition the employee, Deputy Todd Hilyard, said he attributed it to Johnson "being high on meth." In the same deposition, Hilyard said Johnson told him that he was being treated for "suicide ideation."

During his final stay in the jail, Johnson was not put on suicide watch or placed in a special cell designed for suicidal inmates, which Dreveskracht said would have prevented his client's death.

The complaint alleges that at numerous times, jail staff observed Johnson exhibiting symptoms related to serious mental illness and schizophrenia, such as talking to himself, yelling in his cell and pacing.

According to the jail's mental health policy, any inmate exhibiting "extreme hyperactivity," defined as "[c]onstant moving, talking, inability to sleep for long periods of time," be "placed into administrative segregation and observed closely" and "referred to the soonest available Mental Health Professional."

Dreveskracht said that Johnson's deteriorating mental health was ignored.

"There was, and still is, a complete absence of training



Johnson

Complaint: Sheriff has consistently sought more resources

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to address mentally ill inmates, and a lack of funding to provide that necessary training," Dreveskracht said.

According to a *Mason County Journal* story from April 25, 2013, about Johnson's death, he was alone in a cell and killed himself in between one-hour cell checks shortly before 1 a.m.

But the lawsuit alleges

that jail staff had been neglecting to do routine checks, resulting in a de facto policy of, "deliberate indifference and negligence; and/or were responsible for the promulgation of the policies and procedures and permitted the customs/practices pursuant to which the acts alleged herein were committed."

Mason County Sheriff Casey Salisbury has been vocal about not having enough resources to sufficiently staff the jail.



Salisbury

At various monthly sheriff's breakfasts, held at Little Creek Resort & Casino, Salisbury has called on the Mason County Commission to increase funding for mental health and to fund

a new jail.

Finished in the 1980s, the jail usually operates over capacity and is falling apart, according to past interviews with Salisbury and Haugen. A new wing, which was supposed to open in April 2015, lays unfinished within the existing walls of the facility.

The medical area and cell, which would serve as a mental health watch unit, are sometimes used to house inmates who do not need medical or

mental health treatment.

Last September, Brandon Dahl, 31, was found dead in his jail cell from an apparent suicide. In 1999 another man killed himself inside Mason County Jail.

"It happened in 1999 to a young man in an eerily similar situation, yet the county's policies have not changed," Dreveskracht said. "We don't want this to happen again and want to hold the county accountable."