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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA, SAN JOSE DIVISION

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JOHNSON, BRANDON JONES,
STEPHANIE NAVARRO, ROBERTO
SERRANO, and ALEXANDER
WASHINGTON on behalf of themselves and
all others similarly situated,

Plaintiffs,

v.

COUNTY OF ALAMEDA; GREGORY J.
AHERN in his official capacity as Sheriff of
the Alameda County Sheriff's Office;
KARYN TRIBBLE in her official capacity as
Director of Alameda County Behavioral
Health Department,

Defendants.

Case No. 5:18-cv-07677-NC

**NOTICE RE: FINAL JOINT EXPERT
REPORTS**

Judge: Honorable Nathanael Cousins

1 The Parties in this matter jointly selected a group of neutral experts to review mental health
 2 care and use of isolation at Santa Rita Jail (the "Jail"). The neutral experts selected and their
 3 subject matter area(s) reviewed are:

- 4 • Dr. James Austin (classification),
- 5 • Kerry Hughes, M.D. (mental health treatment, suicide prevention),
- 6 • Terri McDonald (custody operations and restrictive housing), and
- 7 • Michael Brady and Rick Wells from Sabot Consulting (disability access and
 8 custody staffing).

9 The neutral experts inspected the jail in 2019 and were provided with approximately
 10 53,000 pages of documents, in addition to several data sets, and video recordings of use of force
 11 incidents at the Jail. The neutral experts provided written reports that included the following
 12 general findings. Although most of the experts' work was done before the COVID-19 pandemic,
 13 the issues below are still critical to address this certified class action lawsuit:

- 14 • The Jail does not have nearly enough custody staff to properly operate the Jail.
 15 Staff shortages impair safety checks, out of cell time, and access to programs.
 16 Absent significant increases in staffing at nearly all levels, it is unlikely that ACSO
 17 will be able to deliver the additional programs and services that will be required as
 18 a result of this litigation.
- 19 • The Jail does not have enough mental health staff.
- 20 • Persons held in the Jail do not receive enough out-of-cell time, and do not receive
 21 enough access to rehabilitative programming.
- 22 • As configured at the time of the experts' inspections, the Jail did not have sufficient
 23 physical space for AFBH to conduct confidential clinical interviews.
- 24 • The Jail does not have enough access to higher levels of mental health care. The
 25 only resource for patients in psychiatric crisis is the County's John George
 26 Psychiatric Hospital (JGPH). The experts observed that inmates in crisis are often
 27 cycled through JGPH within 24 hours, and return to the Jail without being
 28 stabilized.
- The Jail's classification system is outdated and should be replaced to reduce the use
 of restrictive housing.
- The Jail needs a system for identifying and tracking disability-related needs to
 allow persons with cognitive disabilities to access rehabilitative programming as

1 well as other jail services and activities.

2 The County, ACSO, and AFBH have already begun taking actions to address the concerns
3 raised in the expert reports, including:

- 4 • AFBH has agreed to provide 24/7 mental health staffing at the Jail pending
5 approval and hiring of County staff.
- 6 • AFBH has agreed to create a mental health care system with specified levels of
7 acuity.
- 8 • AFBH is taking steps to ensure that clinical encounters are conducted in such a way
9 to ensure confidentiality and has already converted space in Intake, Transfer &
10 Release at the Jail to ensure confidential mental health screening during the intake
11 process.
- 12 • AFBH and ACSO are committed to working together to identify appropriate space
13 for group therapy and additional out-of-cell programming and activities.
- 14 • ACSO has agreed to adopt a new classification system and is presently evaluating
15 and selecting a new system to ensure greater out-of-cell time.
- 16 • ACSO has already taken steps to dramatically increase the amount of out-of-cell
17 time for all inmates, regardless of classification level or mental health acuity.
- 18 • ACSO has agreed to revise a number of its policies, including its use-of-force
19 policy applicable to the Jail to include mental health staff in pre-planned use of
20 force incidents and to increase de-escalation training.
- 21 • ACSO has agreed to limit the use of safety cells and will provide inmates who are
22 temporarily housed in safety cells with access to certain amenities, including a
23 safety mattress, safety eating utensils, and feminine hygiene products, as well as
24 provide sanitation opportunities to wash hands and shower.

25 The neutral experts' reports are redacted where appropriate and attached to this filing as
26 follows:

- 27 • Sabot's custody staffing report is attached as **Exhibit A**. Defendants maintain that
28 Exhibits 5, 8, 10, 11, and 12 to the staffing report contain confidential information
that would pose a safety and security risk if publically disclosed and therefore will
be filed with the Court under seal.
- Sabot's disability access report is attached as **Exhibit B**.
- Kerry Hughes' mental health treatment and suicide prevention report is attached as

Exhibit C. Appendices referenced in the Hughes report are not included in Exhibit C because they contain information which, if released publicly, would violate the Health Insurance Portability and Accountability Act of 1996. These appendices are filed under seal.

- Terry McDonald's custody operations and restrictive housing report is attached as **Exhibit D.**
- James Austin's classification report is attached as **Exhibit E.**

DATED: April 22, 2020

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Exhibit A



Alameda County Sheriff's Office Santa Rita Jail Targeted Staffing Analysis Final Report

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Introduction

On March 12, 2020, the parties in *Babu v Ahern, et. al.* agreed to retain Sabot Consulting as an independent joint expert to conduct a staffing analysis that would assist the parties in evaluating the minimum level of custody staffing in the Santa Rita Jail that is necessary for the jail to operate in a manner that is safe and appropriate for inmates and staff.

In order to complete this project, Sabot Consulting requested a full year of records regarding staff records, activity logs, hospital runs, post orders, duty statements, union agreements, vacation hours, compensatory hours, sick hours off, training hours off, personal hours off, military hours off, in order to calculate the Net Annual Hours of Work for each classification that is part of this staffing analysis. Sabot received and reviewed over two thousand pages (2,000) of information from that request.

As part of this project, Sabot Consulting spent two full days onsite meeting with the Santa Rita Jail Executive Staff, the Deputy Sheriffs' Association of Alameda County (DSA), and other staff that could assist Sabot in obtaining a deeper understanding of the Alameda County Santa Rita Jail Facility operations.

In addition, as questions or concerns arose, Sabot spoke with plaintiffs' counsel, defense counsel, and the Santa Rita Jail personnel who were assigned to assist Sabot in getting any documents/information needed to complete this project.

Sabot wants to thank the Alameda County Sheriff's Office (ACSO), Lt. Bonnell and Sgt. Costeiu for their tireless efforts to get Sabot the information needed in a timely fashion. Without their assistance, this project would have been far more difficult to complete in a timely fashion.

Sabot wants to make it very clear that this staffing analysis is NOT a comprehensive staffing analysis.

Because of the time constraints, recent closure of the Glenn Dyer Detention Facility, and the COVID19 pandemic, this staffing analysis is a targeted analysis of the critical positions and functions necessary to operate the jail safely and to provide the basic services required under the 8th and 14th Amendments of the United States Constitution. This is not to say that the remaining positions not covered by the analysis are not important, but rather that they should be part of a larger comprehensive staffing analysis as a result of several federal class action lawsuits and the closure of the Glenn Dyer Detention Facility.

Sabot strongly recommends that if and when the Babu case is settled and a remedial plan has been approved by the Court, the Alameda County Sheriff's Office conduct a comprehensive staffing analysis of both the Detentions and Corrections Division and the other ACSO Divisions in order to eliminate the staffing challenges that are identified in this report.



The National Institute of Corrections offers technical assistance for staffing analysis in their Jail Division, and there are some highly regarded and well-known private companies that do comprehensive staffing studies/analysis as well.

Much of what is written below and the approach to the staffing analysis comes from the National Institute of Corrections Jail Resource Library and is used here with permission.



Executive Summary

The fundamental goal of every jail is to maintain a safe and secure environment for inmates, staff, and visitors. Effectively managing inmate and staff behavior is critical to achieving this goal. Without an adequate level of staff and supervision present in a jail twenty four hours a day, seven days a week, three hundred and sixty five days a year, staff and inmates are at an increased risk of: 1) inmate on inmate violence; 2) inmate on staff violence; 3) inmate and staff sexual predatory behavior; 4) introduction of drugs, weapons, cell phones, and other contraband; 5) increased completed suicides and suicide attempts; 6) increased avoidable medical deaths; 7) riots and other major disturbances; 7) vandalism; 8) staff turnover; 9) staff burnout; and 10) inability to provide basic programs and services that are mandated by the U.S. Constitution and other federal statutes and regulations.

Decisions handed down by the federal courts over the last 40 years have required jails to:

- Protect inmates from themselves, other inmates, staff, and other threats
- Maintain communications with inmates and regularly visit occupied areas
- Respond to inmate calls for assistance
- Classify and separate inmates
- Ensure the safety of staff and inmates at all times
- Make special provisions for processing and supervising female inmates
- Deliver all required inmate activities, services, and programs (medical, mental health, dental, structured out of cell time, exercise, family visits, legal visits, phone calls, ADA accommodations, etc.)
- Maintain a clean and safe environment for staff and inmates.

In order to comply with the mandates above, it is important that inmates are:

- 1) Assessed and classified properly (i.e., medical, mental health, dental, ADA, security needs)
- 2) Housed properly (e.g., based on severity of charges, criminal history, escape history, in custody disciplinary history, history of predatory behavior, gang affiliation, etc.)
- 3) Adequately supervised 24 hours a day in the living units and there are additional staff available for, at a minimum: 1) escorts and to and from programs; 2) escorts to and from healthcare appointments; 3) supervising out of cell time in the living unit; 4) supervising yard time, 5) transportation to and from court hearings, 6) supervising family and legal visits; 7) conducting hourly safety checks; 8) conducting fifteen-minute checks and/or direct continuous observation for suicide watch; 9) supervising inmate feeding; 10) supervising pill call; 11) conducting regular inmate and cell searches, 12) transportation for hospital runs; 13) supervising inmate workers, 14) meal relief for staff; 13) coverage for staff vacation,



sick leave, training, injury, military service, bereavement leave; 14) emergency responses, 15) supervising laundry exchange, etc.

Safety and Security is not convenient or inexpensive. When a jail facility does not have adequate badge and non-badge staff to provide a safe and secure jail facility and to fulfill its constitutional, statutory, and regulatory functions, staff will cut corners and suspend basic security practices in order to complete as many of their post ordered duties as possible. These behaviors will result in inmates and staff being exposed to an unreasonable risk of harm, increased completed suicides, increased inmate on inmate violence/sexual assaults, increased inmate on staff assaults, unnecessary medical deaths, serious injury to staff or inmates by failing to follow proper safety protocols, increased grievances, introduction of drugs, cell phones, and weapons into the facility. These are just a few examples of bad outcomes that result from inadequate staffing.

As joint experts in *Babu v Ahern, et. al.*, when Sabot Consulting conducted their pre-assessment tours and onsite analysis of the Santa Rita Jail Facility, it was obvious and very concerning that the custody operation (badge and non-badge) was severely understaffed and as a result clearly could not complete the core functions outlined in **Policy and Procedure Numbers 10.05 Housing Unit Deputy Post Order** and **10.12 Housing Control Post Order** (Attached hereto as Exhibit 1 and Exhibit 2). While this targeted staffing analysis only looks at the Custody side of the Santa Rita Jail Facility operations, it was equally as apparent that the Alameda County Behavioral Health staffing for the Santa Rita Jail is severely understaffed as well.

During the course of our responsibilities as joint experts in the Babu litigation, and conducting this targeted staffing analysis, Sabot discovered five (5) significant factors and unsafe practices that contribute to ongoing severe staffing shortages:

- 1) The current number of funded positions for Deputies, Sergeants, and Sheriff Technicians are wholly inadequate to operate a safe and secure jail facility. (See Exhibit 7 & 8)
- 2) There is no relief factor for the critical posted positions and as a result, when a Deputy, Sergeant, Lieutenant, or Sheriff Technician is not available because of vacation, sick leave, injury, military service, training, etc., there are not adequate sworn and unsworn staff to fill those vacancies/gaps in coverage.
- 3) Under the current staffing plan, there are no funded transportation and security positions for hospital runs for medical emergencies, and/or to offsite inpatient crisis beds at licensed LPS mental health facilities. Thus, badge staff who are in posted positions in the living units are redirected to make the emergency hospital runs. The average length of a hospital run is four hours (4) and the runs generally take two deputies per trip. This



practice reduces the number of available badge staff in posted positions each shift by on average 16 positions. (See Exhibit 13)

- 4) The current practice is to use a funded Detention and Corrections position for time off for extended leave, light duty, etc. (4850s) for SRJ and all other ACSO Divisions. This has resulted in a reduction of sixty eight available badge positions (53 Deputies, 11 Sergeants, 4 Lieutenants), two Sheriff Safety Aids (SSA), and nine Sheriff Technicians (S/Tech); eighteen badge, one SSA, three S/Tech are on limited duty; and twenty badge, eight S/Tech are on loan to other ACSO Divisions. These numbers are a reflection of what occurs on a monthly basis at SRJ. (See Exhibit 7)
- 5) There are currently 42 SRJ badge vacancies. (See Exhibit 7)

In the absence of the current unsustainable mandatory overtime program SRJ has instituted to remedy these issues, it is Sabot's expert opinion that until these five factors are addressed and are systematically resolved over the next three years, staff and inmates at the Alameda County Sheriff's Office Detention and Correction Division, Santa Rita Jail Facility will be subject to an unreasonable risk of harm, and there is little to no chance that the Sheriff's Office will be able to deliver the additional programs and services that will be required as a result of the Babu v Ahern et. al. litigation.

In the alternative, if these 5 factors are aggressively and immediately addressed along with the behavioral health staffing shortages, it is Sabot's expert opinion that completed suicides will drop dramatically, inmate on inmate assaults will drop dramatically, inmate on staff assaults will drop dramatically, grievances will drop dramatically, and the Santa Rita Jail facility will be able to implement the Babu v Ahern litigation requirements within 3-5 years.

Therefore, Sabot recommends:

- 1) Over the next three years, add an additional Captain, an additional Lieutenant, and additional Deputies, Sergeants, and Sheriff's Technicians positions consistent with this staffing analysis. (See Exhibit 12)
- 2) Immediately incorporate relief factors for each classification of staff that is assigned to relieved posts or positions at the Santa Rita Jail Facility. (See Exhibit 10)
- 3) Immediately incorporate relief factors for each classification of staff that is assigned to relieved posts or positions in the other ACSO Divisions including contracts with other entities.
- 4) Immediately add/fund additional dedicated Deputy positions for emergency medical/mental health transportation runs. (See Exhibit 10)
- 5) End the practice of using Detention and Corrections positions for all other ACSO Division 4850s (By adding a relief factor to the other ACSO Division positions this will eliminate the need to use Detention and Corrections positions for the other Division 4850s.)



- 6) Approve as many academies as necessary and reasonable twice a year for the next three years.
- 7) Implement an Inmate Management Direct Supervision model over the next three years.

The Jail Setting

County Jail operations have many unique characteristics:

- Jails operate continuously, 24 hours per day, 365 days per year.
- Jails provide a wide spectrum of services, activities, and programs for inmates.
- Jails are high-risk settings where inmates are often dangerous to themselves and others.
- Jail populations can fluctuate widely throughout the year, and even on a day-to-day basis. (On March 24 SRJ had 2653 inmates and on April 18, 2020 SRJ had 1811 inmates.)
- Many jail inmates spend only a few hours in jail or a few days especially in light of the new cash bail statutes, pretrial release programs, and other court actions.
- Admission and release procedures require much staff effort, but the peak periods of admission are often difficult to anticipate (special events, parole/probation sweeps, gang sweeps, homeless camp sweeps, demonstrations, DUI checkpoints, etc.).
- Extensive Documentation is required for all activities and procedures at the jail.
- Perimeter security and internal movement must be controlled at all times.
- Supervision needs vary for different classifications of inmates.
- Jails house pretrial detainees, civil commitments, and sentenced inmates and each group brings its own operational mandates and constitutional guarantees. Since the Realignment Act of 2011, California Jails house inmates whose sentences can be 10-20 years in length, and that presents significant additional operational challenges.
- Jail staff, administrators, and funding officials can be held liable for substandard/constitutional deficient jail operations and conditions.
- Transportation to and from outside medical appointments, inpatient hospitalizations are difficult to anticipate.
- Jails now are one of the largest and most challenging mental health treatment facilities in the country.



Jail Staffing Considerations

Several unique operational characteristics of the jail setting must be considered:

- Backup must be provided for staff in all areas of the jail. When a staff member has to respond to problems, critical incidents, or contingencies, other staff must be readily available to provide support.
- Continuous inmate supervision should be provided in all jails. Supervision extends beyond just observing inmates at regular intervals. Effective supervision demands contact between jail staff and inmates. Jail staff must be able to “interact” and “act” with inmates.
- Even during low occupancy, a living unit should never be without at least one housing unit officer for an extended period of time.
- A constant minimum level of staffing is required to ensure prompt and safe evacuation of the facility during an emergency and to provide continuing inmate supervision.
- Electronic surveillance (audio monitors, closed-circuit television, cameras, motion detectors, sensors) has its place - not as a substitute for staff but as an enhancement to properly staffed locations.
- Relief must be properly provided for most staff posts and positions to allow employee meals, breaks, vacation, sick leave, military service, injury, bereavement leave, family leave, training.
- Staff must be properly trained for the duties to which they are assigned.
- Staff must be adequately supervised to ensure compliance with policies, procedures, post orders, duty statements, and best practices.
- Each jail is unique and cannot be easily compared to another jail, even if another jail is of similar size or population.
- Use of staff to inmate ratios is inappropriate.

Jail staffing levels are based on several internal and external factors:

- Internal factors include physical plant design (sightlines, number of control posts, perimeter security, number and size of housing units, and controlling movement in, out, and within the jail (community based organizations, volunteers, program staff, visitors), the need to escort inmates, operational philosophy (types of inmate supervision and levels of programs and services), classification of the inmates.
- External Factors include court decisions, state regulations, and standards of practice.



The Santa Rita Jail Facility (SRJ)

In 1983, construction of the Santa Rita Jail Facility began. On September 1, 1989, the new Santa Rita jail facility was opened, and inmates were transferred from the old jail facility known as Greystone. The BSCC rated capacity for SRJ is 3,489 and consists of eighteen (18) housing units. It is considered a mega jail and ranks as one of the largest facilities in California.

As of March 24, 2020, there were 2,217 inmates housed at the SRJ. One year ago, in March 2019, the SRJ population was 2,381. Prior to the Proposition 47, the SRJ population hovered around 3,300. There are approximately 473 Federal Inmates housed at the SRJ by contract. On March 24, 2020 there were 1951 unsentenced inmates housed in the SRJ. Approximately 15 different agencies book arrestees in the SRJ including CDCR Parole and the Alameda County Probation Department (See Santa Rita Jail Statistics attached as Exhibit 3). Between January 2019 and December 31, 2019 there were 34,116 inmates booked into the SRJ and 35,921 inmates were released. (See SRJ Bookings and Releases attached hereto as Exhibit 4)

Of the 18 housing units in the SRJ, fourteen (14) are occupied, and four (4) housing units are offline for ADA modifications. Housing Unit 23 is expected to open later this month, but the timing for the other 3 to reopen is currently unknown.

- Housing Units 1-4, 6-9, 21 and 24E are all designed with six pods, two person cells. However, Housing Units 1,2,8 and 24 (East side: E and F pods) are used as single occupancy cells for Administrative Separation classifications. Of the listed Housing Units, the East Side of Housing Unit 24 is the only female Administrative Separation Unit.
- Housing Units 3, 4 ,6 and 7 are used as two-person cells for Maximum Security Classifications. These are all male units.
- Housing Unit 9 are two person cells used for Behavioral Health Inmates (Minimum -Maximum) This is an all-male unit.
- Housing Unit 21E is used as male housing Maximum Separation (Pods D, E, F) and 21W are used for female housing (A and C pods are Medium/Maximum, and B Pod is special overflow.
- Housing Units 24 (West side Pods A, B, and C), 31, 32, 33, 34, and 35 are dormitory style.
- Outpatient Housing Unit (OPHU) has 24 single cells. These cells are used for all classification levels because there is only one on one contact with staff.

(See attached Classification Chart attached hereto as Exhibit 5)

SRJ Housing Control (Elevated Control Booths) is located within the housing unit itself. Each housing unit is divided in half thereby creating a visual observation of



all inmates, inmate living areas and areas where staff interact with inmates. Sick call rooms are accessible from the back hallway in each housing unit.

SRJ Housing Control, Visiting Control, and the majority of the other Control Points are staffed by Sheriff's Technicians.

SRJ offers a number of programs in a variety of locations within the jail. Many of the programs require the inmates to be escorted to the program location, and there are Deputies that are assigned as security in those areas. (See Program list and location attached hereto as Exhibit 6).

Currently, according to the Biweekly Staffing Report, the Santa Rita Jail Facility has 615 authorized/budgeted badge and non-badge positions. Four hundred and four are badge positions and 211 are non-badge positions. As of April 04, 2020, the Santa Rita Jail Facility was down a total of one hundred and fifty-five positions. One hundred twenty-six of which are badge and twenty-nine were non-badge. One hundred twenty-one of those down positions are Deputies including fifty vacancies, sixty-eight on extended leave, twenty on loan to other ACSO divisions. There are twenty-three Sheriff's Technician vacancies, one Supervising Clerk II, one Secretary II, and one Sheriff's Safety Aid. (See Biweekly Staffing Report attached hereto as Exhibit 7).

Also attached is a breakdown of the current budgeted positions for each SRJ Unit and the Housing Unit Classification that is the subject of this staffing analysis. (See attached Units, Classification, and Staffing chart, including Non-Security and Auxiliary Units, attached hereto as Exhibit 8). To be clear, exhibit 8 displays the number of positions that are budgeted for each team, not how many staff actually are available to work in these units.



Project Organization

Sabot Consulting was already very familiar with the Santa Rita Jail Operation because of our prior work as ADA Joint Experts in the Babu v. Ahern case. As a result of this staffing analysis project, Sabot spent an additional two full days onsite at the Santa Rita Jail Facility meeting with key personnel to gather input, explain the project needs, set the project goals and expectations, and begin the collection of key information. Sabot also toured the housing units, ITR, Laundry, the Kitchen, the Education Compound, Classification, and Transportation. Sabot also observed the operations and spoke with staff and inmates in each of those units.

Shortly after the onsite kickoff meeting, Sabot was assigned two Badge Staff members, Sgt. Costeiu and Lt. Bonnell, who are intimately familiar with the SRJ operations to be Sabot's point of contact for any additional information that Sabot needed to complete this project. Plaintiffs' Counsel, and Defense Counsel were also available to answer any questions or concerns that Sabot had throughout this project.

Sabot also reviewed selected policies and procedures, post orders, labor agreements, and duty statements to fully understand the expectations of the staff that are the subject of this analysis.

Sabot developed a solid understanding of the profile of the offender population and how this influences staffing requirements. This included admissions and releases and snapshots of what types of inmates are housed in the SRJ.

Sabot was provided all the pertinent information necessary to develop an understanding of how many hours are required to staff the various SRJ facility posts and what the amount of time that staff in each job classification is available to work (Net Annual Work Hours = NAWH). NAWH is used to ensure that adequate badge and non-badge custody staff is available to safely manage the facility in a safe and secure manner consistent with constitutional mandates and any federal/state statutes/regulations.



Net Annual Work Hours (NAWH)

A jail operates 24 hours a day, 365 days a year. In order to operate a jail that is safe and secure for staff and inmates alike, in some areas, the jail requires full time employees on duty 24 hours a day. These positions are called post or posted positions that require another trained staff member of equal classification to fill the post if someone is absent. Many of the safety and security issues and problems that the Santa Rita Jail faces are because of their inability to cover posted positions due to an unrealistically low/inaccurate assumption of the number of positions needed to safely man the posts, and because there is no shift relief factor or NAWH calculation included in the approved budgeted staffing plan which compounds the problem. These critical mistakes can be corrected by re-evaluating the minimum number of positions needed to safely cover the positions listed in Exhibit 8 and by incorporating a Shift Relief Factor or using the alternate and more accurate NAWH formula.

Historically, many Sheriff's offices have utilized a shift relief factor (SRF) to determine the number of personnel needed to staff posts that require relief in the absence of the assigned staff member. SRF (which is calculated by dividing the number of days a post needs to be covered by the calculated number of days that staff in that classification is available to work in a given year) represents the number of full time equivalent staff required to fill a post that is staffed continuously. SRF is typically presented as a number such as 1.6, which means that 1.6 full time equivalent staff are required to fill that post for eight hours, 365 days a year (or 4.8 full time equivalent staff for a three-shift post). This is a helpful figure for using as a shorthand way to express and estimate staffing needs.

Net Annual Work Hours (NAWH), an alternate process for calculating and documenting staffs' availability to work, is based on a model supported by the National Institute of Corrections Jail Center.

NAWH represents the number of hours staff is actually available to work at their assigned post, based in the contracted number of hours per year (e.g. 40 hours per work week x 52.14 weeks per year = 2086 hours) minus the average number of hours the average staff person in a specific job classification is away from his/her primary post assignment per year. An accurate NAWH for each job classification in a given facility requires information on all possible time-off and differential assignment categories.

Different classifications of employees will have different NAWH because of the amount of vacation time, sick leave, military leave, or training that is allotted and used.



Example:

Employee works 40 hours per week
 (40 hours x 52.14 weeks) = 2086 hours

Total hours an employee is unavailable to work assigned post
 = 430 hours

Total hours an employee is available to work within a given year
 (2086 hours – 430 hours) = 1,656 hours

Divide the number of annual work hours needed to cover the post by the Net Annual Hours of Work and the result will be the number of positions needed to cover the post
 (2086 ÷ 1656) = 1.259 hours

If it is a 24 hour/7 day a week/365 day a year posted position the formula would be:

Hours needed to cover the Post $24 \times 7 \times 365 \times 52.14 = 8760$ (rounded up) and a single person assigned to the post is available 1,686.66. Divide the total hours needed by the total hours available and you get the number of positions needed to cover that single post ($8760 \div 1686 = 5.2$). So, 5.2 FTE staff will be needed to provide coverage for that post.

Some auxiliary posts can be left vacant temporarily during an employee's absence. Other posts must be staffed at all times during a single shift, more than one shift, or certain days of the week. To determine how many people are needed to fill to fill each post it is necessary to calculate how many hours each year the employee is actually available to work (NAWH) The total number of hours of coverage needed annually for each job assignment is then divided by the NAWH for employees in that classification to determine the number of required full time equivalent staff that are needed to provide the necessary coverage. For example, if a post is covered on a 24 hour/7day a week basis, or 8,760 hours per year, and a single person assigned to the post is available 1,752 hours a year (NAWH), five FTE staff will be needed to provide the necessary coverage ($8,760 \div 1752 = 5.0$).

Sabot took the following steps in developing the NAWH for each post/position in Exhibit 8:

- Interviewed key staff to determine what posts/positions were critical to keeping staff and inmates safe and to delivering programs and services to inmates at the SRJ.
- Reviewed the electronic employee time sheet summaries of critical post/positions for one year (07/01/18 to 06/30/2010) to calculate the average NAWH for employees who were in the critical posts/positions



identified in the attached Exhibit 8. This was the only full year of data that was available for this staffing analysis.

- Reviewed Union Agreements and MOUs for the positions that are the subject of this staffing agreement.
- Identified the leave categories to use in the NAWH calculation.
- Used an average number of staff to determine the average NAWH by classification
- Analyzed the data and summarized it.
- The job classifications that were used as a basis for providing coverage for all post assignments that are the subject of this staffing analysis and for which NAWH has been calculated are as follows: Watch Commander (Lieutenant), Sergeants, Deputies, and Sheriff Technicians. (Annual hours needed to fill the positions and the NAWH for these positions are attached hereto as Exhibit 9)

Because circumstances have changed with the closing of the Glenn Dyer Detention Facility, Sabot only used the number of annual hours needed to calculate posts/positions at the Santa Rita Jail, but did use the NAWH calculations from 07/01/2018 to 06/30/2019 because this was the only current ANNUAL data available at the time of this targeted staffing analysis. (See Exhibit 9 attached hereto) It is Sabot's opinion that it would be unlikely that data from SRJ would materially change the conclusions to this staffing analysis but recommends using a full year of data from Santa Rita only for any future comprehensive staffing analysis. A full year of data will not be available until 06/30/2020 and it will likely be impacted and skewed dramatically by the current and temporary COVID-19 pandemic.



Findings

Uniformly, all of the joint experts in *Babu v Ahern, et. al.* found that the Santa Rita Jail Facility is understaffed in the areas of Custody Operations and Behavioral Health. While Behavioral Health is not part of this targeted staffing study, assuming the staffing deficiency in Behavioral Health is addressed and more individual therapy/group therapy occurs, there will be an increased demand for custody positions needed for escorts and security. This increased demand is not totally factored into the Proposed Staffing Plan, but it is safe to say that structured and unstructured program time will occur from 0800-2300 hours, 7 days a week, 365 days a year in the absence of an emergency lockdown or other unanticipated events. (See Proposed Staffing Plan attached hereto as Exhibit 12)

Finding #1

The current number of budgeted custody badge and non-badge staff is inadequate to safely operate the Santa Rita Jail Facility. Although the SRJ facility has been using mandatory overtime to mitigate the staffing deficiencies, mandatory overtime at the current level is not sustainable over the long haul. It is important to recognize that you cannot staff a jail based on the current jail population. There would be wild swings in hiring and layoffs because in a given year the population can go up and down significantly just like we are experiencing in the Covid19 pandemic. In one month, the SRJ population dropped by 842 inmates. Once the Covid19 pandemic is over, the population is expected to rise again to 2600-3000 inmates. The Sheriff must staff each living unit the same based on its security level whether there are 150 inmates in that housing unit or 50. The only time it is appropriate to not staff a living unit is if it is permanently closed. Ironically, because of the social distancing demands to prevent the spread of the deadly virus, the SRJ facility has every living unit open even though the population has dropped dramatically (See Current Budgeted Staff that is the subject of this staffing analysis attached hereto as Exhibit 11):

- The number of posted badge positions assigned to each housing unit on teams A, B, C, and D are inadequate and insufficient to fulfill the duties outlined in Post Orders 10.05. (See Exhibit 1)
- There are insufficient budgeted badge staff available for meal relief, emergency hospital runs, vacation, sick leave, training, etc., and as a result, oftentimes living units are locked down with no badge staff present to supervise the inmate population for extended periods of time. At other times, there is only one Deputy available to cover 6 living units in the medium/max housing units, and a single Deputy to cover 150 inmates on each side of a minimum-security housing unit. As a result, staff oftentimes are forced to cut corners, and the safety and security of the institution suffers. If left uncorrected, this creates an unreasonable risk of harm to the inmates and staff alike. The constant presence of badge staff on the decks of the living units engaging with inmates, performing safety checks,



supervising feeding, laundry exchange, pill call, conducting cell searches, supervising out of cell time, monitoring mental health encounters, and problem solving is a critical component of keeping staff, inmates, and the public safe.

- There are an inadequate number of Sheriff Technicians in the Housing Control Points. There is a single Sheriff's Technician assigned to each Housing Unit Control Point and he or she is mandated to comply with Housing Control Post Order 10.12. This is a critical post and not having sufficient staff in each Housing Control Point creates an unreasonable risk of harm to staff and inmates and jeopardizes the safety and security of the SRJ facility. (See Exhibit 2)

Recommendation #1

- For Budget year, Budget year +1, and Budget year +2 authorize the hiring of a total of 259 badge staff and 72 non-badge staff in the following classifications over a three-year period:
 1. 225 Deputies
 2. 32 Sergeants
 3. 72 Sheriff's Technicians
 4. 1 Lieutenant
 5. 1 Captain

Sabot believes that this is the minimum level of staffing required to safely operate the Santa Rita Jail Facility safely and to consistently deliver the programs and services to the inmates housed therein.

Had a staffing analysis been done previously that incorporated a relief factor as recommended by the **National Institute of Corrections**, the **ACA Performance Based Standards for Adult Local Detention Facilities, Fourth Edition**, and jails and corrections best practices, the additional badge and non-badge staff that would need to be hired would not appear to be such a dramatic increase. Moreover, while the proposed additional Auxiliary Compliance Unit is not mandatory, it exponentially increases the likelihood of successful implementation of the current and upcoming remedial plans, as well as significantly decreasing the likelihood of future class action and individual litigation. (See Exhibit 10)

Finding #2

- There is no relief factor for critical posted badge and non-badge positions included in the current authorized/budgeted staffing plan. (See Exhibit 11) The actual number of hours needed to cover critical posted positions substantially exceeds the net annual hours of work that critical staff are available. (See Exhibit 9)

Recommendation #2

- Conduct a comprehensive staffing analysis of the SRJ facility and the other ACSO Divisions that engages community stakeholders. Conduct an annual staffing analysis thereafter that includes a shift relief factor for



critical badge and non-badge posted positions at the SRJ facility as the jail improvements are rolled out.

Finding #3

- There is inadequate supervision of badge staff and non-badge staff in the living units and in ITR to ensure compliance with post orders, policies and procedures, to monitor staff conduct, and to answer questions/resolve inmate grievances/complaints.

Recommendation #3

- Hire additional Sergeants for the Housing Units and ITR as outlined in the Proposed Santa Rita Staffing Plan (See Exhibit 12) which are included in Recommendation #1.

Finding #4

- There are no badge staff currently budgeted for emergency medical and mental health hospital runs and inpatient security. As a result, badge staff have to be redirected from the housing units and other facility locations to make these hospital runs. In a given day, SRJ may have to redirect 16 or more badge staff from other critical functions to perform these transports. This results in living unit programs being cut short and inmates being locked down. This often results in significant delays in the timely transport of inmates in crisis to John George and other hospital facilities. (See Exhibit 13)

Recommendation #4

- Create a dedicated Healthcare escort/ emergency transportation/specially trained behavioral health Multi-Service Deputy Unit that can work inside the Behavioral Health Units directly with and assisting the SMI/DD/LD population in problem solving, prompting them for appointments, showers, cleaning their cells, escorting inmates to and from healthcare appointments, working as a member of the Behavioral Health Team, and transporting inmates in crisis to and from John George and other inpatient settings. This concept has worked incredibly well in other jails of similar size. Currently on average 16 deputies per shift are redirected from the living units to make these unscheduled emergency hospital runs.

Finding # 5

- Because there is no relief factor for posted positions in either the Detention and Corrections or the other ACSO Division staffing plans (including contracted law enforcement services with other agencies), all 4850s (worker's compensation), extended leave, light duty positions, for both Detention and Correction and Law Enforcement are placed in Detention and Correction funded positions. As a result, the Detention and Correction Division budgeted positions available to staff SRJ are artificially down by 68 positions and less than ten percent of those 4850 extended leave positions are actually SRJ staff. In addition, there are another 20



badge positions on loan to the Law Enforcement side of the Sheriff's Office because the contract obligations to other agencies require positions to be filled within 48 hours. Coupled with the 42 vacant Detention and Corrections Division positions, SRJ is down 126 of its 404 authorized/budgeted positions which equals 31% of its total authorized/budgeted positions. Command staff at SRJ has instituted a robust mandatory overtime program to mitigate the insufficient staffing, but this overtime program is not sustainable over several years. SRJ has no hope of operating in a safe and secure manner with being down 31% of the budgeted/authorized positions. This is not a criticism of the Sheriff or his contracts because those contract public safety services being provided to other agencies are incredibly important, but it is a reality check that demands correction by examining this issue closely and correcting the unintended consequences of this practice. (See Exhibit 7)

Recommendation # 5

Because there is no relief factor integrated into the staffing plans for Detentions and Corrections or Law Enforcement, the Sheriff has no choice except to use Detention and Correction positions for his Deputies on extended leave. In addition, without the appropriate relief factor being integrated into the staffing plans, there is no position authority to cover the unavailable deputies in critical posted positions. Sabot recommends establishing a relief factor for critical posted positions in all ACSO divisions including in the outside agency public safety contracts. In the long run, this would require a staffing analysis to be conducted for the other ACSO Divisions, but this study would provide an informed road map as to what is needed to create a long-term solution for this problem.

Additional Recommendations

While these five findings and recommendations are designed to correct critical staffing issues that currently exist in the SRJ facility, there are several other recommended changes that will greatly assist the Alameda County Sheriff's Office Detention and Correction Division to reduce inmate self-harming behaviors, inmate on inmate violence, inmate on staff violence, grievances, etc. and to comply with the upcoming remedial plan requirements in *Babu v Ahern*, et. al.

Recommendation #6

Sabot recommends that the SRJ facility move toward a direct supervision model in the general population units. The direct supervision of inmates mandates that a housing unit officer or officers are in direct contact with the inmate population during program hours. This allows a properly trained housing unit officer to develop a pro-social relationship with inmates where the officer is a role model for those pro-social behaviors and in turn expects inmates to exhibit those same positive behaviors. It empowers the



housing unit Deputy to manage the day to day operations in his or her housing unit as long as his or her actions are consistent with facility policies, procedures and post orders. It also teaches housing unit Deputy to develop problem solving skills that inevitably come up during the course of a program day. Direct supervision gives the inmates a knowledgeable and empathic resource to go to with their requests, concerns, problems, and suggestions. While the officer is the authority in the unit and does not share that authority with the inmate, the direct supervision model will have positive impact on the culture in the jail and will go a long way toward eliminating the us vs them culture that exists in many indirect supervision jails. Understanding the inmates under his or her direct supervision allows the officer to detect changes in moods and tension levels in an individual inmate or a group of inmates. An inmate may have just returned from court and have received an outcome that he or she was not expecting, he or she may have just gotten off the phone with his or her significant other and the inmate is upset or angry, or the inmate may have just lost a family member or friend. Direct Supervision allows the officer to intervene and calm the inmate down by just listening to the inmate and allowing them to be heard. Direct supervision also allows the housing unit Deputy to more readily detect when there is trouble brewing in the living unit.

In a direct supervision unit, it is important to keep the staff to inmate ratios manageable because if the officer does not feel safe, they will be fearful of taking the necessary action to control the living unit and to manage the inmate behaviors.

While the Sabot Proposed Staffing spreadsheet reflects the minimum staffing levels required to operate the Santa Rita Jail in a manner that is safe for staff and inmates and one that would enhance compliance with critical subject areas, it does not reflect the positions that would be required for a Direct Supervision Model.

Recommendation #7

It is recommended that the SRJ facility establish an additional auxiliary Compliance Unit. This Unit would be composed of the following subject areas:

1. Americans with Disabilities
2. Grievance and Appeals
3. PREA
4. Policy and Procedure
5. Litigation Compliance/Internal Compliance Audits
6. Multi-Service Deputies
7. Criminal Investigations
8. Gang Unit (SRJ may want the Gang Unit assigned to the Classification Unit).



This Unit would be comprised of badge staff and non-badge staff, a Sergeant, a Lieutenant, and a Captain. This Unit would have to have a minimum assignment of 3-5 years.

This new Auxiliary Unit is reflected in Sabot's proposed Auxiliary Unit but does not reflect the change in the organization chart necessary to add some of the disciplines above. (See Exhibit 12 Recommended Additional Auxiliary Unit tab)

Recommendation #8

It is recommended that the SRJ facility divert as many of the non-serious, non-violent seriously mentally ill and homeless population with mental health and substance abuse problems as possible from a jail setting to a community-based treatment setting. Currently it costs Alameda County over two hundred thousand dollars a year to house and treat the SMI population in a correctional setting vs a half of that amount in a community-based program. By diverting them to structured and supervised programs in the community including but not limited to 1) board and care facilities, 2) dual diagnosis residential treatment programs, 3) sober living programs linked to outpatient day reporting centers, and 4) supportive housing programs, the jail population of seriously mentally ill and dual diagnosed inmates would be substantially reduced without jeopardizing public safety. Jails simply are not the proper setting to deliver meaningful treatment for these serious health issues.

In order to accomplish this objective, Alameda County would have to develop a more robust community based treatment infrastructure that would allow arrestees in this population that do not represent a current threat to public safety to be diverted to sobering centers, peer run inpatient programs with clinicians on staff twenty four hours a day, seven days a week, three hundred and sixty five days a year. Sabot has studied and investigated this issue for the last several years and visited a very successful program such as this in New York City, New York. The non-profit program is called Community Access, and they contract with the City of New York to provide peer run respite centers and peer run supportive housing for the homeless population and those with mental health concerns that may otherwise end up in the jail or prison system. They also have a peer support training program for these populations that has been very successful in training individuals to be peer support/peer mentors for people with mental health/ substance abuse issues. The program is named "Howie the Harp", and this program has successfully placed many of its graduates into city, county and private sector jobs.

Recommendation #9

Sabot Consulting is aware of the challenges law enforcement agencies have had over the last several years recruiting sufficient qualified candidates to fill their academies. Thus, it is recommended that the



Alameda County Sheriff develop a different position track for correctional officers who would work in the jails and remain in the jails unless they applied for the enforcement academy. The qualifications for a Correctional Officer position are not as rigorous as the qualifications for a full-time peace officer and, as a result, it may be easier to recruit and retain positions in the Santa Rita Jail Facility. An additional concern is the drain of institutional knowledge and experience in the Santa Rita Jail when badge staff at all levels are suddenly transferred out to the other divisions of the Sheriff's Office on short notice and replaced with badge staff at all levels who may have minimal or no recent experience in jail operations or familiarity with the Santa Rita Jail policies, procedures, post orders, and practices. While Sabot understands the need for the Sheriff to keep the positions in the other ACSO divisions filled for public safety reasons and to fulfill his contract obligations to other agencies and municipalities, the current practice negatively impacts the Santa Rita Jail operations. It hampers the Santa Rita Jail's ability to adequately staff critical posts that are necessary for an orderly operation of the jail and that are necessary to consistently deliver the programs and services to which inmates are constitutionally entitled. Sabot believes that adding a nationally recognized relief factor to all the other ACSO divisions staffing plans and conducting a comprehensive staffing analysis of those divisions would provide the necessary analysis and increase in staffing that would go a long way toward correcting the negative impact of inadequate staffing on the Santa Rita Jail operations. This is not a criticism of the Sheriff or the need for him to fully staff patrol and other critical law enforcement positions, but rather it is an attempt to find a workable remedy to rectify this unintentionally harmful practice.



Conclusion

Using nationally recognized standards for conducting a staffing analysis, it is readily apparent that the Santa Rita Jail is significantly understaffed, and, as a result, without the current mandatory overtime program of significant proportions that clearly cannot be sustained over the long term, the staff and inmates at the Santa Rita Jail Facility will be subject to an unreasonable risk of harm.

It is imperative that the badge and non-badge staffing deficiencies in critical posted positions begin to be corrected immediately. It must also be recognized that hiring the necessary personnel to correct these deficiencies will take time and a yeoman's effort over the next three years. Sabot is aware that over the last several years it has been extremely difficult to attract qualified candidates to fill the law enforcement academies across the state, and as a result recommends that the Alameda County Sheriff's Office consider developing a Correctional Officer track in order to fill this void, and to retain institutional knowledge and experience in key positions at the Santa Rita Jail Facility. From considerable experience in these matters, Sabot has witnessed county jails in California struggle to comply with court ordered remedial plans because of high staff turnover in the jails when jail personnel suddenly are moved out to patrol or other enforcement positions without adequate time to conduct knowledge transfer of jail operations to the new personnel. It takes the better part of a year to become fully knowledgeable of jail policies, procedures, post orders and jail practices, and as a result this period can cause significant setbacks and delays in complying with court ordered remedial plans.



ALAMEDA COUNTY SHERIFF'S OFFICE – SANTA RITA JAIL
STAFFING ANALYSIS FINAL REPORT
APRIL 19, 2020

Signature

Submitted on behalf of Sabot Technologies, Inc. dba Sabot Consulting to the
County of Alameda

A handwritten signature in blue ink, appearing to read "Mike Brady", written over a horizontal line.

Mike Brady
Director
Sabot Consulting

April 19, 2020

Date



ALAMEDA COUNTY SHERIFF'S OFFICE – SANTA RITA JAIL
TARGETED STAFFING ANALYSIS FINAL REPORT
APRIL 19, 2020

Exhibits

EXHIBIT 1

ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE	NUMBER: 10.05	PAGES: 1 of 9
	RELATED ORDERS: ACA 4-ALDF-2A-03, 2A-05, 2A-11, 2A-52, 2A-55 P&P 8.05, 8.24, , 8.37, 10.01, 11.03 MJS 1083	
	ISSUED DATE: January 5, 1996	
	REVISION DATE: <i>December 1, 2019</i>	
CHAPTER: Post Orders	SUBJECT: Housing Unit Deputy Post Order	

I. **PURPOSE:** To describe the duties of housing unit deputies.

II. **POLICY:** Housing unit deputies are responsible for the care, custody, and control of inmates and the security and orderly operation of housing units. Housing unit deputy posts shall be located in or immediately adjacent to inmate living areas to permit staff to hear and respond promptly to emergency situations. Deputies assisting housing unit deputies shall be physically available, or within sight or sound of the housing unit deputy when he/she is entering a housing unit or cell. Except for meal relief or temporary assignment, deputies will not use housing control rooms as work stations. Deputies will maintain personal contact and interaction with staff and inmates, and are expected to carry out their assigned duties pursuant to this Post Order; and if they are unable to carry out their duties, they will immediately notify their supervisor.

III. DEFINITIONS:

A. **SPECIAL MANAGEMENT:** Inmates in non-mainline classifications.

B. **HOUSING UNIT CONTROL LOG (RED BOOK):** A permanent record maintained in each housing unit for recording routine information, emergency situations, unusual incidents, and visitors.

IV. PROCEDURE:

A. HOUSING UNIT DEPUTIES WILL:

1. Have a working knowledge of, and comply with, all post orders, policies, procedures and directives.
2. Be thoroughly familiar with all inmate rules and regulations.
3. Ensure the security and safety of the housing unit. Ensure the housing unit is clean before inmates are allowed recreation.

4. Ensure that all security equipment, including keys, are kept secure and in operable condition.
 - a. Deputies shall retrieve their housing unit keys from the Key-Tracer box in the alcove prior to beginning their shift.
 - b. No housing unit security key shall be removed from the housing unit except in exigent circumstances, pursuant to Policy and Procedure (P&P) 8.05, "Santa Rita Jail - Key Control and Emergency Access."
5. Ensure inmates are in their correct cell or dorm.
6. Ensure that only inmates permitted in that housing unit are present.
7. Ensure that all inmates being released comply with the following:
 - a. Leave all library books, linen, and clothing, except the set they are wearing; and other county property in the housing unit.
 - b. Take all personal property with them.
8. Ensure that security checks are completed during the shift, and the appropriate notation is made in the housing unit control log. Security checks are for the cleanliness and security inspection of each cell, dorm, and all cell/dorm windows.
9. Notify the shift supervisor if contraband is suspected in the housing unit.
10. Conduct inmate counts at designated times.
11. Monitor the television and dayroom area and regulate the general noise level in the housing unit.
12. Personally observe each general population inmate at least every hour and report any problems between the inmates to the shift supervisor and Classification.
13. Be attentive to duties at all times and follow all general and specific personnel guidelines.
14. Ensure that no personal reading material and/or recreational equipment are in the housing unit.
15. Ensure the deputy's office is off limits to all inmates.
16. Supervise housing unit workers and ensure that all trash is staged for pick up by 2300 hours.

17. Ensure all inmates follow inmate rules/regulations.
18. Ensure that adequate linen and clothing are available on exchange days and perform a linen and clothing exchange as scheduled. Exchanges will be on a one-for-one basis.
19. Supervise issuing, consumption and clean up after meals.
20. Ensure that all inmates not eating during feeding time are locked down.
21. Oversee sick call, pill call and medical triage.
22. Ensure Commissary gets assistance when required.
23. Ensure that legal material is delivered to the inmate on the shift in which it is received. Distribute routine inmate mail by 2300 hours.
24. Make hourly security checks in the multipurpose rooms when inmate programs are being conducted.
25. Escort County library staff to cells for delivery and pick up of paperback books. After inmate book carts have been restocked, check carts and books for contraband.
26. Ensure that all newly admitted inmates view the inmate orientation and AIDS videos, receive a new book bag, linen/clothing items; and sign the Automated Jail Information System card indicating they viewed the videos.
27. Provide inmates with sick slips, message request slips, grievance forms and commissary order forms when requested.
 - a. Provide inmates with disabilities the assistance needed in completing these forms.
 - b. Assist those inmates who may have difficulty reading or understanding their rights and protections under PREA or Title 15 by providing explanations to any questions they may have regarding these rights and protections.
 - c. A housing unit deputy shall minimally be able to explain and provide a knowledge and understanding of the Sheriff's Office Zero Tolerance policy and Inmate Rights as it relates to sexual abuse/harassment and retaliation
28. Ensure that all cell doors are closed unless an inmate is entering or exiting the cell. During pod/yard times, allow inmates to enter/exit their cells at least once each hour.
29. Ensure that inmates are not restricted from their general rights and privileges, more than necessary, to ensure the safety and security of the staff, other inmates, and/or the facility.

30. Ensure that inmates are offered a minimum of five hours of recreation over a seven day period.
31. Ensure that inmates are housed within the same classification.
32. Obtain input from Classification prior to hiring inmate housing unit workers.
33. Check the Inmate Services' monthly calendar, daily, for scheduled activities.
34. Rotate the pod feeding schedule (i.e. A-B-C one breakfast meal, B-C-A the next breakfast meal etc.).
35. Provide meal relief as directed.
36. Supervise visiting movement.
37. Respond to emergencies as appropriate.
38. Conduct daily activities per the master event schedule and yard schedule.
39. Ensure all work crews are staged and ready for work on time.
40. Ensure inmates are searched upon returning to the housing unit in compliance with Policy and Procedure 11.03, "Inmate Searches - Body Cavity, Strip, Visual and Pat."
41. During yard time allow inmates to enter/exit their housing unit at least once each hour.
42. At the beginning of each shift, inventory the cleaning tools assigned to the housing unit pursuant to Policy and Procedure 8.24, "Santa Rita Jail - Cleaning Tool Inventory, Inventory for Housing Units, Booking/ITR and the Kitchen." The inventory results will be checked against the previous shift's inventory for consistency and accuracy.
 - a. Record the inventory count for each tool, and legibly print and write his/her name and initials in the appropriate fields at the bottom of the tool inventory log.
 - b. An adequate supply of cleaning and hygiene items will be on hand at all times.
43. Ensure that two (2) pod doors are not open at the same time.
44. Ensure that a pod door and the sally are not open at the same time.
45. Maintain a permanent log (Red Book and Housing Unit Control Log) to record routine information, emergency situations, and unusual incidents, and disseminate appropriate information to inmates and staff.

B. SPECIAL MANAGEMENT HOUSING: Deputies assigned to special management housing shall observe the inmates once every 30 minutes with no more than 30 minutes between checks on an irregular schedule. Inmates who are violent or ***who are classified as behavioral health*** or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under intensive observation pursuant to Policy and Procedure 8.12, "Inmate Observation and Direct Visual Supervision." Staff assigned to Special Management Housing Units shall ensure the Housing Unit Control log and red book are maintained on a daily basis. Other duties for specific units include:

1. Ensure that inmates classified as administrative separation are:
 - a. Restrained in waist-chains and/or leg-irons when moved out of the housing unit
 - b. Restrained in at least handcuffs when moved within the housing unit
 - c. Moved with a minimum of two deputies
 - d. Fed in their cells and only one inmate is in a cell at all times
 - e. Housed separately
 - f. Moved separately
 - g. Given recreation separately
 - h. Only allowed to possess a razor or nail clippers on a check out/in basis
2. Ensure that inmates classified as protective custody are moved and fed in a group of the same classification and receive mandated recreation time.
3. Ensure that inmates housed in disciplinary separation are:
 - a. Allowed a minimum of five hours per week out of their cell to exercise, shower, and shave
 - b. Logged in on the pod time log when pod time is taken
 - c. Allowed one recreational reading book in their cell
 - d. Allowed personal hygiene items
 - e. Allowed correspondence privileges
 - f. Allowed subscription newspapers
 - g. Not allowed excessive personal property
 - h. Not allowed to visit
4. Ensure that inmates classified as ***behavioral health*** are allowed to recreate in a group of the same classification when they are not a danger to others.
 - a. ***Behavioral health*** inmates shall be subject to direct, visual observations once every 30 minutes with no more than 30 minutes between checks pursuant to P&P 8.12, "Inmate Observation and Direct Visual Supervision."
 - b. Suicidal inmates shall be subject to direct, visual observations twice each successive one-half hour pursuant to P&P 8.12.
 - c. ***Behavioral health*** inmates are only allowed to possess a razor or nail clippers on a

check out/in basis.

- C. **PERSON SEARCHES:** Housing unit deputies are responsible for maintaining the security of the facility. To that end, deputies may conduct random pat searches of inmates entering and leaving the housing unit in accordance with Policy and Procedure 11.03, "Inmate Searches - Body Cavity, Strip, Visual and Pat." The initial classification, custody status and search status of each inmate who is to be housed in the general inmate population shall be determined during the booking process by the Classification Unit.
- D. Additionally, searches will be conducted as follows:
1. Inmates returning from external appointments (Alameda County Medical Center, court, funerals, etc.), and work crews will be strip searched in accordance with P&P 11.03.
 2. Inmates returning from internal clinic appointments will be pat searched.
 3. Inmates leaving the housing unit or returning from any other internal appointments will be pat searched at the discretion of the deputy, and with supervisor approval.
 4. Any inmate may be strip searched based on circumstance(s) or information indicating such a need. "Reasonable Suspicion" is based on specific and articulable facts that would cause a reasonable deputy to suspect that a person may be concealing contraband. The facts may include current charges, criminal history, or any other factors that would lead a reasonable person to conclude that a strip search will result in discovering contraband. The legal standard to be met is "Reasonable Suspicion," not probable cause. Refer to P&P 11.03 for complete search procedures.
 5. No deputy will search an inmate of the opposite sex, except in extreme emergencies.
 6. Inmates will not be singled out for searches based on race, nationality, gender, or sexual orientation.
- E. **LOG BOOKS:** Deputies shall maintain housing unit control logs which are considered to be permanent logs. Logs or log books are official records and are subject to the subpoena process. Comments that are inappropriate or unprofessional are prohibited. Housing unit control logs shall contain routine, emergency situation and unusual incident information.
1. Information in housing unit control logs and Red Books include:
 - a. Employees' name(s) and time on duty
 - b. Searches
 - c. Incidents or crimes requiring documentation
 - d. Unusual occurrences that could pose a safety problem to staff or inmates. This could include suspicious activity, feuds, gang graffiti, etc.
 - e. Caution should be exercised when logging information regarding informants or classification information.

- f. Missing safety equipment
 - g. Housing unit inspections
 - h. Information beneficial to incoming shifts, e.g., laundry or meal shortages and action pending.
 - i. Safety checks during lock downs, noting all inmates were visually observed. Observations shall take place:
 - 1) Once each hour with no more than one hour between checks for maximum, medium and minimum-security inmates.
 - 2) Once every 30 minutes with no more than 30 minutes between checks on an irregular schedule for special management inmates.
 - 3) More frequently for inmates who are violent, *classified as behavioral health*, or who demonstrate unusual or bizarre behavior. Suicidal inmates are to be under intensive observation.
 - 4) Deputies are instructed to notify a shift sergeant when they are detailed out of their housing unit leaving the housing unit empty of deputy presence. When leaving the house without a deputy, the deputy will place the Observation Logs in the Housing Control so the deputy assuming the responsibility for the observation logs will be able to access them without delay.
 - j. Sign out at the end of the shift.
- 2. Inmate names, Personal File Numbers, housing locations, dates admitted, reasons for arrest, release dates, or any special needs shall be maintained in the ATIMS.
 - 3. When a housing unit closes during the year, the deputy station log books shall remain in the unit. The deputies assigned to the unit will indicate the date and time closed.
 - 4. During the week proceeding December 31st of each year, the midnight shift sergeant for each area will issue new log books to each deputy station and control point. Log books will be placed in the vacant housing unit(s) so they are available when the unit re-opens.
 - 5. During the week following January 1st of each year, the dayshift sergeant for each area will collect all deputy station and control point log books from the preceding year.
 - a. The dayshift sergeants will ensure all log books have been collected, including those from vacant housing units. They will box and deliver the log books to the Administrative Lieutenant.
 - b. The Administrative Lieutenant will confirm all log books are accounted for and store them in the Litigation Office.

- c. On January 2nd of each year, log books previously stored in the Litigation Office will be sent to the archives by the Litigation Sergeant.

F. HOT FOOD TEMPERATURE TESTING PRIOR TO SERVING TO INMATES

1. Deputies shall obtain the stick thermometer from housing control.
2. Once the deputy believes the food in the re-therm ovens have reached the correct temperature, he/she shall remove one food tray from the oven last filled with food. There is no need to remove a tray from each oven.
3. Using the stick thermometer, the deputy shall take a temperature reading of the food tray to ensure the food has reached 165 degrees. If not, the food shall continue to be heated until it reaches 165 degrees.
4. The food in the tray used for temperature testing shall be discarded.
5. The deputy will clean the stick thermometer with Clorox and return it to housing control.
6. The deputy who tested the food temperature will give their name and the temperature of the food to the Sheriff's Technician who will then record both in the housing control red book.
7. If temperature auditing of the food is not done or if the food fails to reach 165 degrees after repeated attempts, the deputy shall notify his/her Watch Sergeant and prepare a memorandum to the Watch Commander detailing the circumstances and actions taken.

G. STICK THERMOMETER CALIBRATION:

1. Every Sunday, B-team deputies shall calibrate the stick thermometer.
2. The deputy shall place the stick thermometer in a cup of ice water. After the stick thermometer has adjusted to the ice water, it will read 32 degrees. If the stick thermometer is not reading correctly, a nut at the base of the thermometer can be used to adjust the thermometer to 32 degrees. This calibrates the thermometer.
3. If the stick thermometer is inoperable, the deputy shall write a memorandum to the watch commander documenting the circumstances and requesting a new stick thermometer.
4. If the deputy does not perform the stick thermometer calibration, he/she shall prepare a memorandum to the watch commander documenting the reasons why the calibration was not done and the steps he/she has taken or will take to accomplish the necessary calibration of the respective stick thermometer.

5. The deputy's name and the time the calibration was completed shall be recorded in the housing control red book.

H. LAUNDRY, SUPPLY, AND FOOD CARTS: Deputies are responsible for ensuring all carts delivered to the housing unit are unloaded in a timely manner and all doors to the carts are immediately locked when emptied. All empty carts shall be staged for return as soon as possible.

EXHIBIT 2

ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE	NUMBER: 10.12	PAGES: 1 of 6
	RELATED ORDERS: ACA 4-ALDF-2A-01, 2A-11, 2A-45, 2A-55 PREA 115.15 P&P 8.05, 8.07, 9.02, 9.03, 10.01	
	ISSUED DATE: October 19, 1994	
	REVISION DATE: <i>March 1, 2020</i>	
CHAPTER: Post Orders	SUBJECT: Housing Control Post Order	

I. **PURPOSE:** To describe the duties of the Housing Control Sheriff's Technician.

II. **POLICY:** Housing controls are essential for integrating various security and communication functions. All inmate living areas are linked to housing control with an audio intercom system that permits two-way communication. The intercom system is intended to supplement direct staff supervision (e.g., to advise staff of emergency needs), not as a substitute for staff supervision. Housing controls will be staffed twenty-four (24) hours a day, seven (7) days a week, to maintain security and safety in the housing unit. The staff assigned to a housing control will ensure that permanent logs are maintained and that pertinent information regarding the housing unit is documented.

III. **PROCEDURE:**

A. **THE HOUSING CONTROL SHERIFF'S TECHNICIAN SHALL:**

1. Have a working knowledge of, and comply with, all existing post orders, policies, procedures and directives.
2. Never unlock or open the housing control security door when inmates or other unauthorized persons are in the corridor/back hall area.
3. Never allow inmates or other unauthorized persons into housing control.
4. Never leave housing control unless properly relieved by an authorized staff member.
5. At the beginning of each shift, conduct a check of all communication systems, surveillance systems, emergency signal systems, electronic security systems, safety equipment and security keys. Mark each system off, on the systems' check-off list maintained in housing control and immediately report any problems to the watch sergeant.
6. At the beginning of each shift, the sheriff's technician who is working in a housing unit comprised of inmates of the opposite sex shall make an announcement at the beginning of the shift, advising the inmates as such. After the announcement is made, the sheriff's technician will document the announcement in the housing control log book.
7. Deputies are instructed to notify their shift sergeants when they are detailed out of their housing units leaving the housing units empty of deputy presence. When leaving the house without a deputy, the deputy will place the Observation Logs in the Housing Control so the deputy

assuming the responsibility for the observation logs will be able to access them without delay.

8. Housing control sheriff's technicians shall notify a shift sergeant if there is no deputy in the housing unit to sign the General Observation Log. This notification shall take place at least ten minutes prior to when the next check is due. This will ensure the sergeant is able to detail a deputy to complete the observation logs.
9. At the end of each month, the systems' check-off list is to be routed to the watch sergeant to be reviewed, to correct discrepancies; and to forward the report to the Accreditation Unit.
10. Be thoroughly familiar with all electronic panels and emergency equipment. Monitor all communication, emergency systems and video surveillance equipment within housing control.
11. Visually observe the activities of the housing unit deputy.
12. Ensure that only one housing unit sally door is open at one time.
13. Ensure that no more than one pod door on a side is open at a time.
14. Ensure that a pod door and sally are not open at the same time.
15. Ensure that cell doors are not open unless an inmate is entering or exiting the cell.
16. Control entry and exit through the security doors into the backhouse and housing unit areas.
17. Control opening inmate cell doors as directed by the housing unit deputy.
18. Inform Control Point-1 of any unusual occurrence or emergency situation which the housing unit deputy is unable to communicate.
19. Keep supervisors informed of the status of any unusual occurrence.
20. Maintain the prescribed logs for housing control.
21. Make intercom announcements to the housing unit and/or individual cells as to:
 - a. Wake up time
 - b. Court appearances
 - c. Count times
 - d. Feeding times
 - e. Recreation times
 - f. Work assignment times
 - g. Lock down
 - h. Lights out
 - i. Visiting
 - j. Miscellaneous appointments (Medical, Inmate Services, etc.)
 - k. Whenever staff of the opposite gender enters the housing unit. These announcements must be logged in the Redbook. This includes other deputies, medical and *behavioral* health

staff members.

22. Maintain communication with the housing unit deputy as to deliveries.
23. Input the inmate counts into the Advanced Technology Information Management System (ATIMS).
24. Enter into ATIMS, all information relative to unit activities and/or inmate movement to and from the housing unit.
25. Maintain the manual custody card filing system.
26. Initiate observation reports for repairs.
27. Receive and process inmate outgoing mail and message requests.
28. Ensure the post is clean at all times.
29. Maintain supplies for housing control and order when necessary.
30. Coordinate housing activities schedule with housing unit deputies and visiting activities with the housing unit deputy and visiting staff.
31. Visually monitor inmate activities in the housing units, multipurpose rooms, exercise yards, and visiting booths.
32. Mark cell door release buttons where an inmate is out to a scheduled appointment or a cell is vacant. Depress the lock-out switch for these cells to override the group release switch, keeping the cells locked while vacant. This is the only time the lock-out switch shall be activated.
 - a. All calls via intercom shall be answered.
 - b. Cells shall not be "locked-out" because the inmate continuously presses the intercom button.
 - c. If an inmate is continuously pressing the intercom button and there is no emergency, the housing deputy shall be requested to check on the inmate and address the issue immediately.
 - d. In the event the inmate continues to abuse the intercom button, a supervisor shall be notified for further action.
33. Not allow video, audio, recreational, games or entertainment equipment in housing control.
34. If the housing control technician is going to be unavailable for any length of time (during inmates door check, meals etc.) the deputy will be advised and radio communication will be maintained.

35. Perform other duties as assigned.

B. HOUSING CONTROL LOG BOOKS:

1. Sheriff's technicians shall maintain a housing control log book in each housing unit. Logs are official records subject to the subpoena process. There will be no inappropriate or unprofessional comments written in log books.
2. Information to be included in the log books are:
 - a. Staff members, their locations and assignments.
 - b. Any equipment issued.
 - c. Times of occurrences, including when a staff member of the opposite sex enters the housing unit and the announcement made to the inmates advising them. The technician shall then log the occurrence in the log book using the PREA opposite gender stamp.
 - d. Deputy entry into housing control and the reason, (e.g., meal relief).
 - e. Inmate counts cleared with totals.
 - f. Employees entering or exiting the unit.
 - g. When any supervisor enters the housing unit. The technician shall then use the "Unannounced" stamp in the log book.
 - h. Unusual occurrences that may impact the safety of staff or inmates.
 - i. Start and completed time of mandatory housing functions: feeding, pill call, yard/pod times, chapel, recreation programs, mail, education programs, lights on/off, use of Single-Occupancy Cells and similar type events.
 - j. Issues wherein a report will be submitted naming participant inmates and their Personal File Numbers (PFN). This could include property damage and related incidents.
 - k. Equipment malfunctions and action taken.
 - l. Emergency responses or other incident/issue that incoming shifts need to be aware of.
 - m. Housing Control Sheriff's Technicians shall document in the log book whenever the PREA video is shown by use of the "PREA Video Shown" stamp. (Refer to Detention and Corrections (D&C) Policy and Procedure (P&P) 18.13 for current schedule.)
 - n. Housing control technician sign-off at the completion of his or her shift.
 - o. Sheriff's technicians in special management units shall log the name, PFN, housing

location (to and from), reason for placement into the unit, tentative release date from the assigned housing unit, and any special medical or psychiatric problems or needs of the inmates. Additionally, medical staff shall be notified immediately when an inmate is transferred to Administrative Separation or Protective Custody. This notification shall be documented in Attachment 1, "Special Management Medical Notifications."

- p. ATIMS records shall be maintained and updated with pertinent information as changes occur during their assigned shift. ATIMS includes but is not limited to:

- 1) Custody summary
- 2) Classification detail
- 3) Release date
- 4) Movement history
- 5) Disciplinary detail
- 6) Housing location
- 7) Scheduled appointments

3. If a housing unit closes during the year, the housing control log book shall remain in the unit. The sheriff's technician assigned to the unit upon its closing will indicate the date and time of closing and new location(s).
4. During the week proceeding December 31st of each year, the midnight shift sergeant for each area will issue a new log book to each housing control and control point. A log book will be placed in the vacant housing unit(s) so that it is available when the unit reopens.
5. During the week following January 1st of each year, the dayshift sergeant for each area will collect all housing control and control point, log books from the preceding year.
 - a. The dayshift sergeants will ensure that all log books have been collected, including those from vacant housing units. They will box and deliver all log books to the administrative sergeant.
 - b. The administrative sergeant will confirm that all log books are accounted for and store them in the Litigation Office.
 - c. On January 2nd of each year, log books previously stored in the administrative office will be sent to the archives by the Litigation Sergeant.

C. STICK THERMOMETER FOR FOOD TEMPERATURE TESTING PRIOR TO SERVING TO INMATES

1. Sheriff's technicians assigned to housing control shall ensure there is a stick thermometer in housing control at the start of the shift. The stick thermometer shall be maintained in housing control.
2. If there is no stick thermometer located in housing control, the sheriff's technician shall immediately notify the housing unit deputy and the watch sergeant to report the stick thermometer is missing.

3. If the stick thermometer cannot be located, the sheriff's technician shall prepare a memorandum to the watch commander documenting the missing stick thermometer and requesting a replacement stick thermometer.
4. The sheriff's technician shall record the name of the deputy who tested the food temperature and the temperature of the food in the red book.

Attachments:

Attachment 1 – Special Management Medical Notifications

EXHIBIT 3

ALAMEDA COUNTY SHERIFF'S OFFICE					
Santa Rita Jail Statistics					
March 24, 2020					
SRJ Inmate Population		Total	Contracts		Total
County Male		1398	Federal Inmate Population		
County CDC Male (2)(+F)		29	USM San Francisco		401
Local Prison Male (3 Nons) (3)(+F)		35	USM San Jose		55
PRCS Violation Male (4)(+F)		146	USM Oakland		17
Flash Incarceration Male		0	Probation Interview/OR	270/5	1654/81
Federal Male		462	1-247N		81/4
Total Male		2070	Total (6)		473
County Female		125	Housed Out (Hospitals/Facilities)		Total
County CDC Female (2)(+M)		0	Total Housed Out		106
Local Prison Female (3 Nons) (3)(+M)		9	Highland Hospital		1
PRCS Violation Female (4)(+M)		2	Other Hospital		2
Flash Incarceration Female		0	John George Psychiatric Hospital		1
Federal Female		11	Deputies at Hospitals (12)		6
Total Female		147	Inmates at Hospitals (12)		4
Total Realignment Inmates M/F		221	Santa Clara County Jail		0
Combined Total SRJ Inmates (1)		2217			120
SWAP M/F		347	Inmate Movement		Total
Combined Total SRJ and SWAP Inmates		2564	County Parole		0
			County Courts		63
			Rene C Davidson Court		0
			Federal Courts		5
Unsented Inmates		Total	Total Courts (7)		68
Unsented Inmates		1951	SRJ Transfers to State Prison		0
Total Population		2564	Pending State Prison Commitments (5)		20
SRJ Booking Statistics					
Over Counter Male		34	USM Intake		0
Over Counter Female		8	CDC Intake / Rollover		0
Over Counter Total (8)		42	Total Inmates Received		0
Felonies Received		33	GDJ to SRJ Transports (11)		0
Misdemeanors Received		9	Releases		Total
Total Received		42	SRJ Sentenced Releases		0
Cites ACSO		3	USM Releases		1
Cites Other Agencies		3	CDC Releases		0
Total SRJ Cites		6	Total SRJ Releases		1
SRJ Intake Summary					
Agency	ORI	Total	Agency	ORI	Total
ACSO (10)	00100	9	Hayward	00106	3
BART	00121	0	Livermore	00107	2
Berkeley	00103	3	Newark	00108	0
California Highway Patrol		0	Oakland (9)	00109	13
Dublin	0010D	4	Pleasanton	00111	0
East Bay Regional	00114	0	San Leandro	00112	2
Emeryville	00104	3	Union City	00113	1
Fremont	00105	2	Other Agencies		0
Turn Aways		0	Grand Total		42
Court Remands		0	ACSO Extraditions		0

1- Total inmate count

2217

2- County CDC

29

0

3- Local prison

35

9

EXHIBIT 4

BOOKINGS AND RELEASES

Actual 2019 Only						
<u>Anta Rita</u>	Males Booked	Females Booked	Total Booked	Males Released	Females Released	Total Released
January 2019	1,709	591	2,300	2,103	607	2,710
February 2019	1,405	497	1,902	1,728	529	2,257
March 2019	1,725	560	2,285	2,127	547	2,674
April 2019	1,659	578	2,237	2,080	568	2,648
May 2019	2,038	614	2,652	2,352	635	2,987
June 2019	2,567	617	3,184	2,595	614	3,209
July 2019	2,770	653	3,423	2,777	626	3,403
August 2019	2,757	659	3,416	2,677	644	3,321
September 2019	2,533	593	3,126	2,508	607	3,115
October 2019	2,761	574	3,335	2,479	585	3,064
November 2019	2,501	568	3,069	2,749	552	3,301
December 2019	2,529	658	3,187	2,571	661	3,232
Yearly Totals	26,954	7,162	34,116	28,746	7,175	35,921

Actual 2019 Only						
<u>Glenn E. Dyer</u>	Males Booked	Females Booked	Total Booked	Males Released	Females Released	Total Released
January 2019	803	0	803	422	0	422
February 2019	729	0	729	376	0	376
March 2019	838	0	838	505	0	505
April 2019	894	0	894	476	0	476
May 2019	682	0	682	340	0	340
June 2019	0	0	0	0	0	0
July 2019	0	0	0	0	0	0
August 2019	0	0	0	0	0	0
September 2019	0	0	0	0	0	0
October 2019	0	0	0	0	0	0
November 2019	0	0	0	0	0	0
December 2019	0	0	0	0	0	0
Yearly Totals	3,946	0	3,946	2,119	0	2,119

Actual 2020 Only						
<u>Anta Rita</u>	Males Booked	Females Booked	Total Booked	Males Released	Females Released	Total Released
January-2020	2,586	611	3,197	2,557	609	3,166
February-2020	1,885	454	2,339	1,866	471	2,337
March-2020			0			0
April-2020			0			0
May-2020			0			0
June-2020			0			0
July-2020			0			0
August-2020			0			0
September-2020			0			0
October-2020			0			0
November-2020			0			0
December-2020			0			0
Yearly Totals	4,471	1,065	5,536	4,423	1,080	5,503

Actual 2020 Only						
<u>Glenn E. Dyer</u>	Males Booked	Females Booked	Total Booked	Males Released	Females Released	Total Released
January-2020						
February-2020						
March-2020						
April-2020						
May-2020						
June-2020						
July-2020						
August-2020						
September-2020						
October-2020						
November-2020						
December-2020						
Yearly Totals	0	0	0	0	0	0

EXHIBIT 5

FILED UNDER SEAL

EXHIBIT 6

Housing Unit PROGRAM as of 06/22/19

All Units		150-INDEPENDENT STUDY	Days		HOURS	LOCATION
3	218-SUBSTANCE ABUSE MAX HU 3 08:00	Mon-Tue-Wed-Thu-Fri	13:00-14:45	LOCATION VARIES		
3	217-ART THERAPY MAX HU 3 10:00	Mon-Wed-Fri	08:00-09:45	03 W MULTI PURPOSE		
3	206-JRT MAX HU 3 13:00	Mon-Wed-Fri	10:00-11:45	03 W MULTI PURPOSE		
3	219-C.T.E. ROOTS MAX HU 3 08:00	Mon-Wed-Fri	13:00-14:45	03 W MULTI PURPOSE		
3	213-FINANCIAL LITERACY MAX HU 3 10:00	Tue-Thu	08:00-09:45	03 W MULTI PURPOSE		
3	216-ASE MAX HU 3 13:00	Tue-Thu	10:00-11:45	03 W MULTI PURPOSE		
4	201-SUBSTANCE ABUSE MAX HU 4 08:00	Tue-Thu	13:00-14:45	03 W MULTI PURPOSE		
4	203-7 HABITS MAX HU 4 10:00	Mon-Wed-Fri	08:00-09:45	04 W MULTI PURPOSE		
4	207-FINANCIAL LITERACY MAX HU 4 13:00	Mon-Wed-Fri	10:00-11:45	04 W MULTI PURPOSE		
4	210-ART THERAPY MAX HU 4 08:00	Mon-Wed-Fri	13:00-14:45	04 W MULTI PURPOSE		
4	212-PARENTING MAX HU 4 10:00	Tue-Thu	08:00-09:45	04 W MULTI PURPOSE		
4	215-CTE ROOTS MAX HU 4 13:00	Tue-Thu	10:00-11:45	04 W MULTI PURPOSE		
7	200-CTE - ROOTS MAX HU 7 08:00	Tue-Thu	13:00-14:45	04 W MULTI PURPOSE		
7	204-ASE MAX HU 7 10:00	Mon-Wed-Fri	08:00-09:45	07 W MULTI PURPOSE		
7	205-INTRO TO CONSTRUCTION MAX HU 7 13:00	Mon-Wed-Fri	10:00-11:45	07 W MULTI PURPOSE		
7	208-ESL MAX HU 7 08:00	Mon-Wed-Fri	13:00-14:45	07 W MULTI PURPOSE		
7	211-SUBSTANCE ABUSE MAX HU 7 10:00	Tue-Thu	08:00-09:45	07 W MULTI PURPOSE		
7	214-ANGER MGMT MAX HU 7 13:00	Tue-Thu	10:00-11:45	07 W MULTI PURPOSE		
9	153-A.S.E. MEN. MED/MAX HU 9 08:00	Tue-Thu	13:00-14:45	07 W MULTI PURPOSE		
9	152-C.T.E. MEN. MED/MAX HU 9 10:00	Tue-Thu	08:00-09:45	09 W MULTI PURPOSE		
9	151-SUBSTANCE ABUSE MEN. MED/MAX HU 9 13:00	Tue-Thu	10:00-11:45	09 W MULTI PURPOSE		
21	098-A.S.E. MED / MAX FEM HU21 08:00	Tue-Thu	13:00-14:45	09 W MULTI PURPOSE		
21	101-PARENTING MED / MAX FEM STEC I 08:00	Mon-Wed-Fri	08:00-09:45	21 E MULTI PURPOSE		
21	033-SERVE SAFE MED / MAX FEM HU21	Mon-Wed-Fri	08:00-09:45	STEC-I CLASS C		
21	100-BAKING MED / MAX FEM HU21 10:00	Mon-Wed-Fri	10:00-11:45	21 E MULTI PURPOSE		
21	035-HEALING TRAUMA MED/ MAX FEM H/U 21 13:00	Mon-Wed-Fri	10:00-11:45	25 F POD CLASS		
21	021-PARENTING SAT VISITS FEMALE 11:00 SRJTC	Mon-Wed-Fri	13:00-14:45	21 E MULTI PURPOSE		
21	099-SUB ABUSE MED / MAX FEM HU21 08:00	Sat	11:00-12:45	TRANSITION CENTER		
21	103-ART THERAPY MED / MAX FEM STEC I 08:00	Tue-Thu	08:00-09:45	21 E MULTI PURPOSE		
21	030-C.T.E. MED / MAX FEM HU21 10:00	Tue-Thu	08:00-09:45	STEC-I CLASS C		
21	031-INTRO TO CONSTRUCTION MED / MAX FEM STEC I 10:00	Tue-Thu	10:00-11:45	21 E MULTI PURPOSE		
21		Tue-Thu	10:00-11:45	STEC-I CLASS D		

21	032-HOSPITALITY MED / MAX FEM HU21 13:00	Tue-Thu	13:00-14:45	21 E MULTI PURPOSE
24	007-HEALING TRAUMA MIN FEM STEC I 10:00	Mon-Wed-Fri	10:00-11:45	STEC-I CLASS C
24	006-ASE MIN FEM STEC I 13:00	Mon-Wed-Fri	13:00-14:45	STEC-I CLASS C
31	041-BAKING MIN MALE HU 25 08:00	Mon-Wed-Fri	08:00-09:45	25 F POD CLASS
31	050-SERVE SAFE MIN MALE STEC I 08:00	Mon-Wed-Fri	08:00-09:45	STEC-I CLASS E
31	040-INTRO CONSTRUCTION MIN MALES STEC I 10:00	Mon-Wed-Fri	10:00-11:45	STEC-I CLASS B
31	053-ART THERAPY MIN MALE STEC I 10:00	Mon-Wed-Fri	10:00-11:45	STEC-I CLASS E
31	067-CTE MIN MALE STEC I 10:00	Mon-Wed-Fri	10:00-11:45	STEC CLASS B
31	048-PARENTING MIN MALE STEC I 13:00	Mon-Wed-Fri	13:00-14:45	STEC-I CLASS B
31	068-ENTREPRENEURSHIP MIN MALES STEC I 13:00	Mon-Wed-Fri	13:00-14:45	STEC CLASS E
31	148-PARENTING SAT. VISITS MIN MALE 08:00 TC	Sat	09:00-10:45	TRANSITION CENTER
31	062-ANGER MGMT MIN MALE STEC I 08:00	Tue-Thu	08:00-09:45	STEC-I CLASS B
31	046-7 HABITS MIN MALES STEC I 10:00	Tue-Thu	10:00-11:45	STEC-I CLASS E
31	065-ASE MIN MALE STEC I 10:00	Tue-Thu	10:00-11:45	STEC-I CLASS B
31	066-SUBSTANCE ABUSE MIN MALE STEC I 13:00	Tue-Thu	13:00-14:45	STEC-I CLASS B
32	112-PARENTING MED MALE 10:00	Fri	10:00-11:45	32 E MULTI PURPOSE
32	106-FINANCIAL LITERACY MED MALE 13:00	Mon-Wed-Fri	13:00-14:45	32 E MULTI PURPOSE
32	104-INTRO TO CONSTRUCTION MED MALE 08:00	Tue-Thu	08:00-09:45	32 E MULTI PURPOSE
32	108-HEALING TRAUMA MED MALES 0800	Tue-Thu	08:00-09:45	STEC-I CLASS E
32	109-ANGER MGMT MED MALE HU32 10:00	Tue-Thu	10:00-11:45	32 E MULTI PURPOSE
32	110-CTE MED MALE HU32 13:00	Tue-Thu	13:00-14:45	32 E MULTI PURPOSE
32	107-ASE MED MALE HU32 10:00	Wed	10:00-11:45	32 E MULTI PURPOSE
34	122-E.S.L. - BEGINNER P/C MALE STEC II 08:00	Mon-Wed-Fri	08:00-09:45	STEC-II CLASS 1
34	128-INTRO TO CONSTRUCTION P/C MALE STEC II 08:00	Mon-Wed-Fri	08:00-09:45	STEC-II CLASS 4
34	119-HEALING TRAUMA P/C MALE STEC II 10:00	Mon-Wed-Fri	10:00-11:45	STEC-II CLASS 2
34	124-COMPUTERS P/C MALE STEC II 10:00	Mon-Wed-Fri	10:00-11:45	STEC-II CLASS 3
34	129-E.S.L. - ADVANCED P/C MALE STEC II 10:00	Mon-Wed-Fri	10:00-11:45	STEC-II CLASS 1
34	111-CTE P/C MALE STEC II 13:00	Mon-Wed-Fri	13:00-14:45	STEC-II CLASS 1
34	120-SUBSTANCE ABUSE P/C MALE STEC II 13:00	Mon-Wed-Fri	13:00-14:45	STEC-II CLASS 2
34	114-JRT P/C MALE STEC II 08:00	Tue-Thu	08:00-09:45	STEC-II CLASS 2
34	116-ANGER MANAGEMENT P/C MALE STEC II 08:00	Tue-Thu	08:00-09:45	STEC-II CLASS 4
34	123-E.S.L. - A.S.E. P/C MALE STEC II 10:00	Tue-Thu	10:00-11:45	STEC-II CLASS 4
34	127-ART THERAPY P/C MALE STEC II 10:00	Tue-Thu	10:00-11:45	STEC-II CLASS 1
34	131-A.S.E. P/C MALE STEC II 10:00	Tue-Thu	10:00-11:45	STEC-II CLASS 4

34
34
34

121-PARENTING P/C MALE STEC II 13:00
125-FINANCIAL LITERACY P/C MALE STEC II 13:00
126-ART THERAPY P/C MALE STEC II 13:00

Tue-Thu
Tue-Thu
Tue-Thu

13:00-14:45 STEC-II CLASS 2
13:00-14:45 STEC-II CLASS 4
13:00-14:45 STEC-II CLASS 1

EXHIBIT 7

Santa Rita Jail Allocated Staffing
Dept. No. 290511
14 Housing Units

Handwritten: #1119

Biweekly Staffing Report
03/22/20 - 04/04/20

	C	D	E	F	G	H	I	J	K	L
	Positions Authorized	Positions Budgeted	Positions Budgeted On Site	On Loan to SRJ	Staff Physically On Site	On Extended Leave (900)	On Loan From SRJ (1000)	Total Position Count	SRJ Up+/Down- Positions	SRJ Funded Vacant Positions
BADGE:										
Captain (Capt)	1	1	1	0	1	0	0	1	0	0
Lieutenant (Lt)	11	11	11	3	14	4	0	18	3	4
Sergeant (Sgt)	33	33	24	1	25	11	2	38	-8	4
Deputy (Dep)	359	359	238	0	238	53	18	309	-121	-50
TOTAL BADGE:	404	404	274	4	278	68	20	366	-126	-42
NON-BADGE:										
Account Clerk II (A/CII)	8	8	6	0	6	0	0	6	-2	-2
Acct Specialist (A/Spc)	3	3	3	0	3	0	0	3	0	0
Acct Technician (A/Tec)	1	1	1	0	1	0	0	1	0	0
Clerk II (C/II)	3	3	3	0	3	0	0	3	0	0
Keeper	2	2	0	0	0	0	0	0	-2	-2
Mail Clerk	1	1	1	0	1	0	0	1	0	0
Secretary II (Sec/II)	1	1	1	0	1	0	0	1	0	0
Sheriff's Safety Aide (SSA)	8	8	7	0	7	2	0	9	-1	1
Sheriff's Tec (S/Tec)	182	182	159	0	159	9	8	176	-23	-6
Storekeeper	1	1	1	0	1	0	0	1	0	0
Supervising Clerk II (Spv/C)	1	1	0	0	0	0	0	0	-1	-1
TOTAL NON-BADGE:	211	211	182	0	182	11	8	201	-29	-10

TOTAL AUTHORIZED:
 BADGE: 404
 NON-BADGE: 211
615

TOTAL BUDGETED:
 BADGE: 404
 NON-BADGE: 211
615

TOTAL PHYSICAL ON SITE:
 BADGE: 278
 NON-BADGE: 182
460

TOTAL VACANT POSITIONS:
 BADGE: -42
 NON-BADGE: -10
-52

TOTAL SRJ DOWN POSITIONS:
 BADGE: -126
 NON-BADGE: -29
-155

E + F = G
 G + H + I = J
 D - G = K
 J - D - F = L

EXCEL ID: STATS

EXHIBIT 8

FILED UNDER SEAL

EXHIBIT 9

Time Code Description	Total	Average
Bereavement Leave	56.00	4.31
Comp Time B Taken	39.40	3.03
Comp Time B Tkn - FMLA		0.00
Floating Holiday	390.00	30.00
Floating Holiday - FMLA		0.00
Holiday	496.00	38.15
In-Lieu Taken (Expire)	370.00	28.46
In-lieu Taken (Non Expiring)	40.00	3.08
Leave without Pay		0.00
Leave without Pay (WC)		0.00
Leave Without Pay - Military		0.00
Military Leave (Paid)		0.00
Paid Leave - Used	819.60	63.05
Personal Leave		0.00
Sick Leave - Family (Combined)	147.00	11.31
Sick Leave - Med Appt (Self)	57.50	4.42
Sick Leave -Self Illness/Disab	331.00	25.46
Vacation	1,296.70	99.75
Vacation Used - FMLA		0.00
WC-Industrial Injury (Safety)	2,192.50	168.65
Training		
Breaks		
	6,235.70	479.67
Total Staff in Sample	13.00	
Total Hours / Year (52.14 X 40) 8's	2,086.00	
Average Total Hours Available	1,606.33	
Total Hours / Year (52.14 X 42) 12's	2,189.88	
Average Total Hours Available	1,710.21	

Time Code Description	Total	Average
Bereavement Leave	144.00	4.65
Comp Time B Taken	961.40	31.01
Comp Time B Tkn - FMLA	0.00	0.00
Floating Holiday	787.00	25.39
Floating Holiday - FMLA	0.00	0.00
Holiday	1,096.00	35.35
In-lieu Taken (Non Expiring)	677.00	21.84
Meet and Confer Leave	25.00	0.81
Leave without Pay	0.00	0.00
Leave without Pay (WC)	0.00	0.00
Leave Without Pay - Military	0.00	0.00
Military Leave (Paid)	0.00	0.00
Personal Leave	0.00	0.00
Sick Leave - Family (Combined)	287.50	9.27
Sick Leave - Med Appt (Self)	208.80	6.74
Sick Leave -Self Illness/Disab	2,222.40	71.69
Vacation	4,864.30	156.91
Vacation Used - FMLA	0.00	0.00
WC-Industrial Injury (Safety)	2,068.70	66.73
Training		
Breaks		
	13,342.10	430.39
Total Staff in Sample	31.00	
Total Hours / Year (52.14 X 40) 8's	2,086.00	
Average Total Hours Available	1,655.61	
Total Hours / Year (52.14 X 42) 12's	2,189.88	
Average Total Hours Available	1,759.49	

Time Code Description	Total	Average
Bereavement Leave	1,170.00	3.89
Comp Time B Taken	9,520.05	31.63
Comp Time B Tkn - FMLA	925.10	3.07
Comp Time Leave Taken	18.70	0.06
DSA In-Lieu Vacation-Used	27.50	0.09
Floating Holiday	6,937.60	23.05
Floating Holiday - FMLA	192.00	0.64
Holiday	8,649.20	28.73
Holiday - FMLA	92.40	0.31
In-lieu Taken (Non Expiring)	3,624.50	12.04
Inlieu Used NonExp - FMLA	424.20	1.41
Leave without Pay	1,891.00	6.28
Leave without Pay - FMLA	710.20	2.36
Leave without Pay Military	3,761.80	12.50
Leave without Pay - SDI	58.70	0.20
Leave Without Pay (WC)	7,639.90	25.38
Military Leave (Paid)	2,049.90	6.81
Personal Leave	864.70	2.87
Sick Leave - Family (Combined)	3,477.20	11.55
Sick Leave - Med Appt (Self)	1,822.40	6.05
Sick Leave -Self Illness/Disab	17,867.70	59.36
Sick Leave Used - FMLA	1,594.50	5.30
Vacation	35,191.35	116.91
Vacation Buy - Taken (NoBen)	16.00	0.05
Vacation Used - FMLA	1,258.80	4.18
WC-Industrial Injury (Safety)	41,683.90	138.48
Training		
Breaks		
	151,469.30	503.22
Total Staff in Sample	301.00	
Total Hours / Year (52.14 X 40) 8's	2,086.00	
Average Total Hours Available	1,582.78	
otal Hours / Year (52.14 X 42) 12's	2,189.88	
Average Total Hours Available	1,686.66	

Time Code Description	Total	Average
Bereavement Leave	810.50	4.24
Comp Time B Taken	9,547.85	49.99
Comp Time B Tkn - FMLA	202.30	1.06
Floating Holiday	6,563.20	34.36
Floating Holiday - FMLA	25.50	0.13
Holiday	4,358.90	22.82
Holiday - FMLA	35.10	0.18
Jury or Subpoena Leave	64.00	0.34
In-lieu Taken (Non Expiring)		0.00
Leave without Pay	5,511.40	28.86
Leave without Pay - FMLA	2,189.70	11.46
Leave without Pay - Military	3,942.90	20.64
Leave without Pay - SDI	706.70	3.70
Leave Without Pay (WC)	409.50	2.14
LWOP - Absence w/o Official Lv	26.50	0.14
Military Leave (Paid)	240.00	1.26
Personal Leave	1,180.20	6.18
Sick Leave - Family (Combined)	1,938.10	10.15
Sick Leave - Med Appt (Self)	1,205.80	6.31
Sick Leave -Self Illness/Disab	13,156.40	68.88
Sick Leave Used - FMLA	1,269.30	6.65
Vacation	21,633.45	113.26
Vacation Buy - Taken (No Ben)	384.80	2.01
Vacation Used - FMLA	279.30	1.46
WC - Industrial Injury (80%)	0.00	0.00
WC-Industrial Injury (Safety)		0.00
WC - Medical Appointment	220.20	1.15
Training		
Breaks		
	75,901.60	397.39
Total Staff in Sample	191.00	
Total Hours / Year (52.14 X 40) 8's	2,086.00	
Average Total Hours Available	1,688.61	
Total Hours / Year (52.14 X 42) 12's	2,189.88	
Average Total Hours Available	1,792.49	

EXHIBIT 10

FILED UNDER SEAL

EXHIBIT 11

FILED UNDER SEAL

EXHIBIT 12

FILED UNDER SEAL

EXHIBIT 13

11/26/19	B team	12	D team	12
11/27/19	A team	11	C team	8
11/28/19	A team	9	C team	11
11/29/19	A team	11	C team	18
11/30/19	A team	24	C team	23
12/01/19	B team	22	D team	23
12/02/19	B team	25	D team	22
12/03/19	B team	20	D team	15
12/04/19	B team	16	D team	16
12/05/19	A team	13	C team	18
12/06/19	A team	14	C team	19
12/07/19	A team	22	C team	18
12/08/19	B team	21	D team	25
12/09/19	B team	25	D team	28
12/10/19	B team	20	D team	16
12/11/19	A team	15	C team	15

1922

1542

Grand Total	3464
Average Hours per Trip	4
Number of Staff per Trip	2
Total Staff Hours	27712
NAWH 12 Hour Deputy	1636.66

of Deputies 16.93204453

are these hours or the number of hospital runs

07/17/19	D team	15		
07/18/19	A team	17		
07/17/19	D team	15		
07/18/19	C team	12		
07/19/19	A team	17		
07/20/19	C team	18		
07/21/19	C team	18		
07/22/19	B team	18		
07/22/19	D team	15		
07/23/19	B team	20		
07/23/19	D team	17		
07/24/19	A team	13		
07/24/19	C team	10		
07/25/19	A team	12		
07/25/19	C team	11		
07/26/19	A team	11		
07/26/19	C team	11		
07/27/19	A team	10		
07/27/19	C team	9		
07/28/19	D team	9		
07/28/19	D team	6		
07/29/19	B team	10		
07/29/19	D team	11		
07/30/19	B team	14		
07/30/19	D team	11		
07/31/19	B team	15		
07/31/19	D team	9		
08/01/19	A team	13	C team	9
08/02/19	A team	11	C team	10
08/03/19	A team		C team	10
08/04/19	B team	12	D team	15
08/05/19	B team	9	D team	12
08/06/19	B team	10	D team	14
08/07/19	A team	8	C team	7
08/08/19	A team	8	C team	6
08/09/19	A team	11	C team	9
08/10/19	A team	7	C team	8
08/11/19	B team	6	D team	6
08/12/19	B team	7	D team	6
08/13/19	B team	7	D team	4
08/14/19	B team	8	D team	8
08/15/19	A team	7	C team	
08/16/19	A team	10	C team	9
08/17/19	A team	8	C team	8
08/18/19	B team	12	D team	11
08/19/19	B team	11	D team	9
08/20/19	B team	14	D team	11
08/21/19	A team	9	C team	9

08/22/19	A team	9	C team	13
08/23/19	A team	11	C team	7
08/24/19	A team	8	C team	15
08/25/19	B team	10	D team	8
08/26/19	B team	11	D team	9
08/27/19	B team	12	D team	7
08/28/19	B team	9	D team	10
08/29/19	A team	9	C team	13
08/30/19	A team	8	C team	6
08/31/19	A team	6	C team	8
09/01/19	B team	10	D team	8
09/02/19	B team	9	D team	3
09/03/19	B team	6	D team	5
09/04/19	A team	4	C team	6
09/05/19	A team	4	C team	7
09/06/19	A team	6	C team	6
09/07/19	A team	5	C team	5
09/08/19	B team	6	D team	5
09/09/19	B team	9	D team	5
09/10/19	B team	5	D team	8
09/11/19	B team	10	D team	8
09/12/19	A team	5	C team	7
09/13/19	A team	5	C team	8
09/14/19	A team	7	C team	7
09/15/19	B team	9	D team	10
09/16/19	B team	11	D team	11
09/17/19	B team	12	D team	11
09/18/19	B team	7	D team	7
09/19/19	A team	9	C team	13
09/20/19	A team	15	C team	15
09/21/19	A team	17	C team	17
09/22/19	B team	17	D team	15
09/23/19	B team	18	D team	10
09/24/19	B team	12	D team	12
09/25/19	B team	10	D team	9
09/26/19	A team	10	C team	12
09/27/19	A team	10	C team	10
09/28/19	A team	10	C team	11
09/29/19	B team	15	D team	12
09/30/19	B team	11	D team	12
10/01/19	B team	15	D team	12
10/02/19	A team	9	C team	11
10/03/19	A team	9	C team	12
10/04/19	A team	9	C team	7
10/05/19	A team	6	C team	6
10/06/19	B team	6	D team	8
10/07/19	B team	10	D team	12
10/08/19	B team	10	D team	7

10/09/19	B team	10	D team	11
10/10/19	A team	9	C team	12
10/11/19	A team	10	C team	14
10/12/19	A team	8	C team	8
10/13/19	B team	11	D team	12
10/14/19	B team	14	D team	13
10/15/19	B team	15	D team	14
10/16/19	A team	13	C team	15
10/17/19	A team	13	C team	12
10/18/19	A team	12	C team	9
10/19/19	A team	7	C team	8
10/20/19	B team	12	D team	9
10/21/19	B team	11	D team	10
10/22/19	B team	13	D team	15
10/23/19	B team	18	D team	12
10/24/19	A team	10	C team	12
10/25/19	A team	14	C team	9
10/26/19	A team	10	C team	16
10/27/19	B team	15	D team	15
10/28/19	B team	19	D team	18
10/29/19	B team	22	D team	24
10/30/19	A team	21	C team	19
10/31/19	A team	17	C team	16
11/01/19	A team	16	C team	9
11/02/19	A team	8	C team	12
11/03/19	B team	15	D team	10
11/04/19	B team	12	D team	13
11/05/19	B team	11	D team	11
11/06/19	B team	16	D team	15
11/07/19	A team	17	C team	19
11/08/19	A team	18	C team	15
11/09/19	A team	16	C team	16
11/10/19	B team	19	D team	16
11/11/19	B team	15	D team	16
11/12/19	B team	19	D team	17
11/13/19	A team	9	C team	8
11/14/19	A team	8	C team	10
11/15/19	A team	8	C team	7
11/16/19	A team	7	C team	7
11/17/19	B team	11	D team	8
11/18/19	B team	10	D team	9
11/19/19	B team	13	D team	17
11/20/19	B team	19	D team	16
11/21/19	A team	11	C team	13
11/22/19	A team	14	C team	16
11/23/19	A team	16	C team	20
11/24/19	B team	19	D team	13
11/25/19	B team	18	D team	12

07/17/19	D team	15	
07/18/19	A team	17	
07/17/19	D team	15	
07/18/19	C team	12	
07/19/19	A team	17	
07/20/19	C team	18	
07/21/19	C team	18	
07/22/19	B team	18	
07/22/19	D team	15	
07/23/19	B team	20	
07/23/19	D team	17	
07/24/19	A team	13	
07/24/19	C team	10	
07/25/19	A team	12	
07/25/19	C team	11	
07/26/19	A team	11	
07/26/19	C team	11	
07/27/19	A team	10	
07/27/19	C team	9	
07/28/19	D team	9	
07/28/19	D team	6	
07/29/19	B team	10	
07/29/19	D team	11	
07/30/19	B team	14	
07/30/19	D team	11	
07/31/19	B team	15	
07/31/19	D team	9	

08/01/19	A team	13	C team	9	
08/02/19	A team	11	C team	10	
08/03/19	A team		C team	10	
08/04/19	B team	12	D team	15	
08/05/19	B team	9	D team	12	
08/06/19	B team	10	D team	14	
08/07/19	A team	8	C team	7	
08/08/19	A team	8	C team	6	
08/09/19	A team	11	C team	9	
08/10/19	A team	7	C team	8	
08/11/19	B team	6	D team	6	
08/12/19	B team	7	D team	6	
08/13/19	B team	7	D team	4	
08/14/19	B team	8	D team	8	
08/15/19	A team	7	C team		
08/16/19	A team	10	C team	9	
08/17/19	A team	8	C team	8	
08/18/19	B team	12	D team	11	
08/19/19	B team	11	D team	9	
08/20/19	B team	14	D team	11	
08/21/19	A team	9	C team	9	
08/22/19	A team	9	C team	13	
08/23/19	A team	11	C team	7	
08/24/19	A team	8	C team	15	
08/25/19	B team	10	D team	8	
08/26/19	B team	11	D team	9	
08/27/19	B team	12	D team	7	
08/28/19	B team	9	D team	10	
08/29/19	A team	9	C team	13	
08/30/19	A team	8	C team	6	
08/31/19	A team	6	C team	8	

09/01/19	B team	10	D team	8
09/02/19	B team	9	D team	3
09/03/19	B team	6	D team	5
09/04/19	A team	4	C team	6
09/05/19	A team	4	C team	7
09/06/19	A team	6	C team	6
09/07/19	A team	5	C team	5
09/08/19	B team	6	D team	5
09/09/19	B team	9	D team	5
09/10/19	B team	5	D team	8
09/11/19	B team	10	D team	8
09/12/19	A team	5	C team	7
09/13/19	A team	5	C team	8
09/14/19	A team	7	C team	7
09/15/19	B team	9	D team	10
09/16/19	B team	11	D team	11
09/17/19	B team	12	D team	11
09/18/19	B team	7	D team	7
09/19/19	A team	9	C team	13
09/20/19	A team	15	C team	15
09/21/19	A team	17	C team	17
09/22/19	B team	17	D team	15
09/23/19	B team	18	D team	10
09/24/19	B team	12	D team	12
09/25/19	B team	10	D team	9
09/26/19	A team	10	C team	12
09/27/19	A team	10	C team	10
09/28/19	A team	10	C team	11
09/29/19	B team	15	D team	12
09/30/19	B team	11	D team	12

10/01/19	B team	15	D team	12
10/02/19	A team	9	C team	11
10/03/19	A team	9	C team	12
10/04/19	A team	9	C team	7
10/05/19	A team	6	C team	6
10/06/19	B team	6	D team	8
10/07/19	B team	10	D team	12
10/08/19	B team	10	D team	7
10/09/19	B team	10	D team	11
10/10/19	A team	9	C team	12
10/11/19	A team	10	C team	14
10/12/19	A team	8	C team	8
10/13/19	B team	11	D team	12
10/14/19	B team	14	D team	13
10/15/19	B team	15	D team	14
10/16/19	A team	13	C team	15
10/17/19	A team	13	C team	12
10/18/19	A team	12	C team	9
10/19/19	A team	7	C team	8
10/20/19	B team	12	D team	9
10/21/19	B team	11	D team	10
10/22/19	B team	13	D team	15
10/23/19	B team	18	D team	12
10/24/19	A team	10	C team	12
10/25/19	A team	14	C team	9
10/26/19	A team	10	C team	16
10/27/19	B team	15	D team	15
10/28/19	B team	19	D team	18
10/29/19	B team	22	D team	24
10/30/19	A team	21	C team	19
10/31/19	A team	17	C team	16

11/01/19	A team	16	C team	9
11/02/19	A team	8	C team	12
11/03/19	B team	15	D team	10
11/04/19	B team	12	D team	13
11/05/19	B team	11	D team	11
11/06/19	B team	16	D team	15
11/07/19	A team	17	C team	19
11/08/19	A team	18	C team	15
11/09/19	A team	16	C team	16
11/10/19	B team	19	D team	16
11/11/19	B team	15	D team	16
11/12/19	B team	19	D team	17
11/13/19	A team	9	C team	8
11/14/19	A team	8	C team	10
11/15/19	A team	8	C team	7
11/16/19	A team	7	C team	7
11/17/19	B team	11	D team	8
11/18/19	B team	10	D team	9
11/19/19	B team	13	D team	17
11/20/19	B team	19	D team	16
11/21/19	A team	11	C team	13
11/22/19	A team	14	C team	16
11/23/19	A team	16	C team	20
11/24/19	B team	19	D team	13
11/25/19	B team	18	D team	12
11/26/19	B team	12	D team	12
11/27/19	A team	11	C team	8
11/28/19	A team	9	C team	11
11/29/19	A team	11	C team	18
11/30/19	A team	24	C team	23

12/01/19	B team	22	D team	23
12/02/19	B team	25	D team	22
12/03/19	B team	20	D team	15
12/04/19	B team	16	D team	16
12/05/19	A team	13	C team	18
12/06/19	A team	14	C team	19
12/07/19	A team	22	C team	18
12/08/19	B team	21	D team	25
12/09/19	B team	25	D team	28
12/10/19	B team	20	D team	16
12/11/19	A team	15	C team	15
12/12/19	A team		C team	
12/13/19	A team		C team	
12/14/19	A team		C team	
12/15/19	B team		D team	
12/16/19	B team		D team	
12/17/19	B team		D team	
12/18/19	B team		D team	
12/19/19	A team		C team	
12/20/19	A team		C team	
12/21/19	A team		C team	
12/22/19	B team		D team	
12/23/19	B team		D team	
12/24/19	B team		D team	
12/25/19	A team		C team	
12/26/19	A team		C team	
12/27/19	A team		C team	
12/28/19	A team		C team	
12/29/19	B team		D team	
12/30/19	B team		D team	
12/31/19	B team		D team	

Exhibit B



Alameda County Sheriff's Office Santa Rita Jail ADA Non-Mobility Program Assessment Final Report

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Executive Summary

In the matter of Babu v. County of Alameda, et.al. Case No. 5:18-cv-07677-NC, Sabot Consulting was retained as a joint ADA expert to conduct a comprehensive assessment of the Alameda County Sheriff's Office (ACSO), Detention and Corrections Division, Santa Rita Jail Facility (SRJ), as it relates to access to programs, services, and activities offered in the Santa Rita jail for prisoners with non-mobility disabilities (Serious Mental Illness, Developmental Disabilities and Learning Disabilities.)

The Sabot Subject Matter Expert conducted a total of five days of site visits at the SRJ during the months of June, July, and September 2019. As part of the review, he interviewed inmates, badge and non-badge employees of Alameda County, as well as contract staff who provide programs, services, and activities in the SRJ Facility, (e.g. Wellpath, Inc., Five Keys)

We commend the Alameda County Sheriff, as well as the management teams and all staff (both custody and non-custody) including contract employees for their welcoming, positive, cooperative and transparent interactions with our subject matter expert.

We fully recognize the quality time that staff spent in answering questions, showing or explaining processes to him. We were provided unfettered access, cooperation, and transparency for all applicable areas of the SRJ, which allowed us to maximize his time to conduct a comprehensive and meaningful assessment.

As a result, Sabot Consulting is pleased to provide this independent comprehensive assessment of the non-mobility ADA program at the Santa Rita County Jail.

The Santa Rita Jail is a local jail/detention facility used for the detention of pre-sentenced inmates and sentenced inmates. The SRJ facility is considered a "mega-jail" and designed to hold approximately 4,000 inmates/detainees. There were approximately 2,200 inmates/detainees housed at the facility at the time of the assessment. The facility is located at 5325 Broder Boulevard, Dublin, CA 94568.

The SRJ is the only jail/detention facility in the State of California to currently be accredited by the American Correctional Association (ACA). In fact, the facility very recently underwent through their three-year re-accreditation audit in August 2019, by the ACA Visiting Committee, and is expecting to be granted their ACA re-accreditation award at the upcoming ACA Winter Conference in January 2020.

The specific scope of the review was to conduct a comprehensive assessment of the jail programs, services, and activities with respect to access by inmates with non-mobility disabilities. The assessment consisted of a full review of policies/procedures, documentation and associated practices. Those areas examined included but were not limited to:



- Intake and Booking Process;
- Classification Process;
- Tracking System;
- Health Care Services (including Disability Identification);
- Housing Units;
- Orientation;
- Law Library/Library Services;
- Religious Services/Activities;
- Academic and Vocational Education;
- Work Assignments;
- Application of Reasonable Accommodations;
- Training;
- Out-of-Cell Time;
- Misconduct/Disciplinary Process (and other due process related events);
- Grievances Process;
- Clinical Encounters; and
- Custody and Mental Health Staffing.

The Subject Matter Expert interviewed staff (Badge, Non-Badge, Behavioral Health, and Contract) throughout the SRJ directly and indirectly involved in the processes and practices listed above. The majority of the staff interviews were done in a confidential manner. Confidential interviews were also conducted with randomly selected inmates from each housing unit including those that are designated to house those inmates with an "MEN" designation. In most cases, between two to three inmates were selected from each of the housing units.

In order to ensure that non-mobility inmates housed in the county jails have equal access to the jail's programs, services and activities the jail must have a process in place to identify the inmates with non-mobility disabilities, their accommodation needs, and provide the necessary accommodations to them in a timely fashion.

Under the ADA, a psychiatric disability is a mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment.

Accommodations for psychiatric disabilities include, but are not limited to; effective communication, designated housing, medications, counseling/therapy (group and individual), clinician input prior to disciplinary/misconduct hearings and other reasonable accommodations/modifications to ensure equal access to programs (work, vocation, education, religious, self-help groups, etc.).

Intellectual/Developmental disabilities includes limitations in both intellectual or cognitive functioning and adaptive behaviors. The disability originates prior to the age of 18 and will last indefinitely. Specific areas of adaptive deficits that an intellectual/developmental disabled prisoner may have could include any of the following: communication skills, academic skills, self-care or daily living activities,



socialization skills, self-advocacy or use of prisoner resources, work, health and safety, self-direction, and leisure activities. Each intellectual/developmental disabled inmate will have different and specific adaptive deficits. Some will have difficulty advocating for themselves, and some will have potential victimization concerns. Intellectual/developmental disabled inmates need monitoring, and prompting, and assistance, and many will need staff advocacy. Jail staff generally need to be proactive with this population.

Accommodations for intellectual/developmental disabled inmates may include, some or all of the following; designated housing, prompts/reasonable accommodations for adaptive supports needs, ensuring effective communication for events involving due process, healthcare encounters and other significant types of communications; staff speaking in simple terminology; staff rephrasing and/or repeating, and/or clarifying; staff ensuring the inmate understands the direction(s) or expectation(s) given by staff; reading and or writing (scribing) for the inmate (e.g., message requests, grievances, ADA reasonable accommodation requests, etc.); assistance with commissary (e.g., escorting to commissary or observing the inmate from afar, assistance filling out commissary slips, observing the inmate post commissary purchase [for possible victimization concerns]), assistance with completing laundry slips, assistance with personal hygiene (e.g., reminders to shower, brush teeth, wear clean clothes, clean cell/bed area, etc.), and clinician consult/input prior to disciplinary/misconduct hearings, as well as other assistance. Staff need to be aware as to what an intellectual/developmental disability prisoner's adaptive support needs are (when identified by a clinician).

Regional Centers (RCs) throughout the state of California are generally a great resource to determine whether an inmate is a previous consumer, and they can provide information regarding services available.

Prison and jail system disability programs should also include (for intellectual/developmental disabilities programs) inmates with dementia, as well as those with previous head trauma (resulting in significant limitations in cognitive and adaptive functioning), regardless of the age of onset of the condition.

A Learning Disability is a neurological disorder. Most people with Learning Disorders have average to above average intelligence. Learning disabilities cannot be cured or fixed. But those with Learning Disabilities often learn through different modalities, and so long as they receive the appropriate accommodations, they are generally able to perform all required functions. In fact, many people with Learning Disabilities may excel in other areas and/or have special talents. Inmates with Learning Disabilities may have difficulty with any of the following; reading, writing, spelling, speaking, listening, mathematics, remembering, sequencing, organizing, reasoning, time management, and social skills.

Accommodations for Learning Disabled inmates may include, but are not limited to; note-taking; allowing extra time for the inmate to gather his/her thoughts; read



and/or explain in lieu of relying on the inmate to read and understand (if necessary); write (scribe) for the inmate; proper lighting; rephrasing, repeating, and/or clarifying; and ensure inmate understands the encounter or directions given by staff, etc.

In order to comply with the Code of Federal Regulations and Title II of the ADA, the Jail must have processes in place to identify a qualified individual that is processed into the jail in a reasonably private setting, to identify the accommodation needs that staff must provide in order to ensure the inmate has equal access to the Jail programs, services and activities, and to track the disabled population (e.g., psychiatric disabled inmates [those categorized as 'MEN'], intellectually/developmentally disabled (DD), and Learning/Disabled (LD). In order for custody and non-custody staff to be aware of the aforementioned disabled population and their accommodation needs, the Jail must ensure the local policies and procedures are modified, ensure staff are trained on their responsibilities under the ADA as well as the rights of the disabled inmate population regarding equal access to the SRJ's programs, services, and activities, and to assure nondiscrimination.

This report details the Subject Matter Expert's review of the policies, procedures and staff practices regarding programs, services and activities provided to the SRJ psychiatric, intellectual/developmental, and learning disabled inmate population.

In addition, this detailed report outlines our expert opinions as to the non-compliant areas of the Santa Rita Jail Facility's Non-Mobility Inmate ADA Program, as well as general concerns, and best practices needed/recommended for an ADA compliant/comprehensive inmate non-mobility disability program.

To be clear, while the ADA does not specifically and explicitly require: 1) a comprehensive, networked ADA tracking system, or 2) a comprehensive training program for all staff who have any inmate contact, it is our expert opinion that with these best practice components being implemented, along with modifications to policies, practices and procedures, the defendants will have a significantly greater chance of coming into compliance with the mandates of the ADA in a far shorter timeframe than without them.

The report of findings for each area reviewed is contained within the various sections of this document.



Summary List of Findings

Listed below is a summary of the Subject Matter Expert's findings regarding the Santa Rita Jail Facility Non-Mobility Inmate Disability Program:

- Training
 - ADA training is not sufficient
 - Training for custody, healthcare and support staff needs to be specific to the SRJ processes, based on local policies/procedures, forms/documents used, etc., especially pertaining to psychiatric disabilities, intellectual/developmental disabilities, and Learning disabilities;
 - ADA Coordinator has not had comprehensive ADA training to perform their jobs effectively;
- Staffing
 - Severe custody staffing vacancies/shortages/re-directions cause or significantly contribute to negative impacts on the following:
 - 5150 cases do not get processed out to John George Hospital;
 - Restricts inmate programs/access;
 - Causes education classes to get cancelled, delayed, early shut-down, or delayed start of classes;
 - Restricts quasi-yard outside recreation time;
 - Restricts pod/dayroom out-of-cell time (including showers and telephones);
 - Puts inmates and staff at risk of harm from lack of Officer presence in living units and reduced staffing to inmate ratios
 - Lack of escorts to mental health appointments causes clinicians to conduct clinical appointments therapy through cell doors
 - Significantly increases risk of successful suicides and medical emergencies with bad outcomes.
 - Staff redirection for hospital runs creates an unsafe environment for staff and inmates.
 - Significant Alameda County Behavioral Health jail staffing shortages, vacancies, sick leave, cause or significantly contribute to the following:
 - High stress and burn-out
 - Failure to provide timely and confidential appointments to SMI, DD, and LD inmates especially in restrictive housing.



- Delays Intake, Transfer, and Release (ITR) operations; Inability to provide 24-hour coverage in ITR and other crisis response needs
 - Lack of appropriate clinical staff classifications and number of clinical staff prevents the creation of a robust screening program for suicide prevention, DD, and LD inmates.
 - There is no formal structured treatment model or treatment space which causes a misuse/overuse of safety cells.
- The Compliance Unit (ADA Unit) has staffing shortages;
 - Mentally, intellectually/developmentally, and LD inmates universally do not know who the ADA Coordinator is, and they are widely not being interviewed or communicated with by the ADA Coordinator or Compliance Unit staff;
 - Prevents ADA Unit Staff from walking the living units regularly to interact with disabled inmates to ensure their ADA accommodation needs are being met and to discover disabled inmates who have been missed in the screening process.
- Five Keys (education) staffing is reportedly sufficient to accommodate current contract obligations, but admittedly under-staffed to meet the actual academic needs of the jail population;
- Tracking System
 - There is no comprehensive, real time, networked ADA tracking system to identify non-mobility disabled inmates, their specific accommodations needs (to ensure that they are being provided), and to ensure they are provided equal access to the Jail programs, services, and activities;
 - ADA information received from the CDCR DAPO regarding disabled prisoners (particularly intellectual/developmental disabled [DD1/DD2/DD3]), and LD inmates are not being placed into any sort of tracking system for staff to know who the disabled inmates are, and more importantly as to what their reasonable accommodation needs are;
- Wellpath (Medical)
 - The current SRJ medical screening process is inadequate to identify intellectually/developmentally disabled and LD inmates, to determine if the inmate is a qualified individual, or to determine if the inmate has an impairment that requires a reasonable accommodation(s);



- The screening process lacks privacy/confidentiality, few questions are asked specific to intellectual/developmental disabilities, and there are no intake screening questions pertaining to Learning disabilities;
 - EC is not consistently being documented in the progress notes (or in any other documents) for medical encounters;
- ACBH (Mental Health)
 - Assessments are not always conducted in confidential settings;
 - Inmate-patient interviews/1-on-1s are conducted either at a cell door on the tier, or in a respective housing unit's multi-purpose/dining room (adjacent to the pod/dayroom area), which sometimes has multiple simultaneous interviews taking place (up to three at a time at adjacent tables) just several feet away from each other;
 - Other than the inmates classified as "MEN" (all inmates diagnosed as seriously mentally ill), there are no other levels of mental health designations other than those who are temporarily placed on Safety Cell/Intensive Observation status;
 - There is no group therapy, other than the "Breaking the Chains" program;
 - ACBH staff are not being contacted by the administration or custody personnel for consult regarding inmate disciplinary/misconduct reports or for the disciplinary hearing process;
 - EC is not consistently being documented in the progress notes (or in any other documents) for mental health encounters;
 - There is no formal or structured treatment program that includes different levels of treatment/housing needs and as a result safety cells are overused for inmates in crisis or with suicide ideation/attempts.
 - There are no suicide resistant cells
 - There is no validated suicide risk assessment tool or comprehensive suicide prevention training for custody staff (4-8 hours initial and 2-4 hour annual refresher training.)
- Intake Classification Process (in ITR)
 - Classification encounters are generally conducted in an open area, with staff and inmates in the vicinity, so there is no real level of confidentiality;
 - Includes general disability related questions, but nothing regarding Intellectual/Developmental Disabilities, or Learning Disabilities;
 - No confirmation of EC established during the process, and not all inmates are understanding the process and/or outcomes;



- No mental health clinician in ITR 24 hours a day
- Inmate Orientation
 - The Jail does not adequately provide inmate Orientation information or materials/information related to the ADA for mentally, intellectually/developmentally disabled or LD inmates;
 - Because there is no verbal orientation provided, and/or no follow-up with "MEN", I/DD, or LD inmates subsequent to them viewing the orientation video, there is no way to confirm that these inmates comprehended the orientation material, or whether they have any questions or need any clarification;
 - Handbook/orientation material does not contain information regarding some of the programs, services, and activities at the Jail;
- Housing Units
 - No current centralized or consistent scheduling process for outside recreational quasi-yard activities, or for pod/dayroom activities;
 - Results in a lack of consistency amongst the units to meet the minimum out-of-cell exercise time requirements;
 - Reportedly a centralized master schedule process will be implemented soon;
 - No formal or informal housing unit specific orientation or information provided to new arrivals or housing unit transfers;
 - Housing unit staff indicated that they would not scribe (e.g., grievances) for mentally, intellectually/developmentally, or learning disabled inmates if the inmate was unable to read and write;
 - When conducting general unit or inmate observations, staff admittedly do not examine the cells/bed areas for cleanliness/sanitation; Having said that, the SRJ Facility is very clean except for episodic issues in the Safety Cells which are handled by a contract hazmat team.
 - Lack of proper available space for confidential inmate-patient 1-on-1s by healthcare staff;
 - No logging or tracking of inmates who refuse or otherwise choose not to go to the quasi-yard or pod/dayroom activities;
 - This includes inmates on IOL status and those who are not;
 - Inmates are widely unaware of their rights, schedules, and available programs, classes, services, and activities;
 - Inmates do not know who the ADA Coordinator is, or that there is an ADA Coordinator;



- Lack of available programs for inmates housed on Ad/Sep status;
- Staff do not know who the intellectually/developmentally, or learning disabled inmates are, whether they have any in their housing units, or what their reasonable accommodation needs are;
- There are not any notices or posters in the pods/dayrooms, multi-purpose/dining area, or any other areas within the housing units to note the ADA Coordinator's name and contact information;
- Lack of equal opportunities for "MEN" inmates, e.g., employment, education, and other programs;
- Grievances
 - Grievance staff (like housing unit staff) indicated that they would not scribe (for the grievance process) for psychiatric, intellectually/developmentally, or learning disabled inmates if the inmate was unable to read and write;
 - Grievance staff do not interview (for possible clarification purposes) an inmate who "rambled" or was unclear in their grievance;
 - Even though "ADA" inmates are reportedly often interviewed as part of the grievance process, inmates categorized as "MEN" are generally not interviewed;
 - Medical and Use-of-Force are reportedly the most grieved categories, and Classification is highly grieved for Ad/Sep inmates;
 - There is no urgent or emergent expedited ADA grievance response timelines (except for PREA cases);
- Work/Work Assignment Process
 - Only general population inmates can be hired to work in the kitchen and laundry, which comprises the bulk of the jail inmate work positions
 - But inmates categorized as minimum "MEN" are not housed in the minimum general population, and therefore not being afforded an opportunity for these assignments;
 - There may be intellectually/developmentally, and learning disabled inmates living in the minimum security level housing units, but the SRJ is not identifying or tracking these inmates, therefore staff don't know who they are, or what their reasonable accommodation needs are;
 - Inmate worker positions do not have essential functions identified and listed;



- This is a concern for the disabled inmates, as they may need specific reasonable accommodations to enable them to meet any essential functions pertaining to a job assignment. But without documented essential functions, and without disability identification and reasonable accommodations needs, mentally, intellectually/developmentally, learning disabled inmates are unable to participate in these job assignments.
- ADA Coordinator and Compliance Accreditation Unit
 - The ADA Coordinator's role and responsibilities for managing the ADA program have not been clearly defined;
 - The ADA Coordinator has multiple duties, e.g., PREA ACA, and others;
 - ADA Coordinator (and Compliance Team) admittedly do not have much interaction with "MEN" inmates, and only occasionally deal with them;
 - There is no reference to the ADA Coordinator in the SRJ handbook/orientation material;
- Disciplinary Process
 - Hearing summaries do not indicate whether the inmates (e.g., mentally, intellectually/developmentally disabled, or learning disabled) understand the charges, process or proceedings. It is unclear if Staff make the distinction between behaviors that are an affect of the disability or willful misconduct. There appears to be at least basic EC information in most of the hearing summaries, but it is not consistent;
 - Staff must ensure all attempts are made to establish effective communication at all phases of the inmate disciplinary process, e.g., serving initial copy of the report, during the investigative process (if applicable), during the hearing, and upon issuance of any final copies of the report, after completion of the hearing.
 - Staff are inconsistent as to whether they consider an inmates mental or intellectual/developmental disability before choosing to write a disciplinary report;
- Inmate Programs
 - Five Keys (education) staff claim to have enough staff to fulfill their SRJ obligations based on the current contract with Alameda County, but admittedly do not have the staffing or



- resources to fulfill the actual needs of the SRJ inmate population;
- For the Five Keys Independent Study program, there does not appear to be any proof of practice documentation for what has been completed by the inmate;
- Five Keys staff are not forwarding general information (an inmate's learning or intellectual/developmental disability and specific accommodation needs information) to the ADA Coordinator or ACBH staff;
 - This would be helpful to better ensure that such inmates are seen by ACBH, placed in the disability program, and tracked to ensure the inmate receives accommodations in other SRJ processes;
- There is not equal programming amongst all units regarding inmate programs, including re-entry, education and other programs;
- Policies/Procedures
 - SRJ Alameda County Sheriff's Office, Detention and Corrections Policy and Procedures (custody) and Adult Forensic Behavioral Health (AFBH)/ACBH Policies and Procedures need to be revised/modified to incorporate ADA language related to inmates with intellectual/developmental disabilities, and learning disabilities (where applicable), and to include at least general EC related information (where applicable); It is recommended that the forms have a specific effective communication section that staff is required to fill out when effective communication is necessary.
- OPHU
 - Safety Cell 116A (although not currently being used at the time of the site visit) had not been flushed, and it smelled of urine. However, in fairness I do not know how long the Safety Cell was unoccupied/unclean.
 - Inmates housed in the OPHU are not being provided access to equivalent programs, services and activities consistent with their custody level as inmates who are housed in other units;
 - With the exception of the chaplain providing services, and the book cart, there are no programs for inmates housed in the OPHU;
 - Reportedly the inmates are permitted to attend quasi-yard if they ask, and if there are no overriding medical reason which would prevent it.



- Effective Communication Policy
 - There is no EC policy in place. The SRJ should have a comprehensive EC policy in place to ensure that reasonable accommodations are provided and EC is achieved (or all reasonable attempts are made) for disabled inmates during clinical encounters, due process events, and other types of significant communications.



List of Inmate Complaints/Concerns (via Confidential Interviews)

Listed below is a summary of some of the complaints or concerns identified by inmates during the interviews with the Subject Matter Expert. A majority of the listed complaints/concerns were each identified by multiple inmates from various housing units. However, it's fair to point out that some inmates either in the same or different housing units made statements contradictory to some of the identified concerns. The validity of some of these concerns could not be substantiated or refuted.

- Staff/Housing Units
 - Units are understaffed for Deputies;
 - No verbal orientation specific to assigned housing unit
 - Inmates claim they learn of their rights, expectations, program, services, and activities and general information from other inmates;
 - Forced to go to (participate in) assigned pod/dayroom time in order to access pill-call;
 - Breakfast served as early as 5:00 AM, and morning pod/dayroom ran as early as 6:00 AM, which is difficult for inmates on psychotropic medications
 - Inmates cited difficulty waking up that early then having to remain awake for pod/dayroom if they wanted out-of-cell recreation activities);
 - Deputies do not walk the unit pods/dayrooms or tiers enough;
 - Deputies do not check on the inmates in the cells enough;
 - Not all staff are helpful or approachable;
 - Inmates do not feel safe;
 - Inmates don't trust staff;
 - Inmates tease another inmate, but staff are aware and don't do anything about it;
 - Staff need sensitivity training;
 - Cell/toilet dirty, and have difficulty getting cleaning materials to clean cell, or to get assistance to have cell cleaned;
 - Showers are dirty;
 - Limited recreation activities available, e.g., no dominoes, no handballs, no cards, no board games;
 - Not enough yard or pod/dayroom time;
 - Inconsistencies in duration of yard and pod/dayroom time allotted;
 - Pod/dayroom television is never turned on;
 - Other inmates give him problems regarding commissary;
 - Am LD, but it's not acknowledged by staff, and no accommodations provided;
 - Trouble entering phone pin number, but nobody helps;



- **Grievances/Message Requests**
 - Takes too long for grievance responses (sometimes no response at all);
 - Takes too long for Message Request responses;
 - No substantive responses for grievances, often just 21-day extensions for further investigation;
 - Never heard of a grievance form or grievance process;
 - Instead of trying to solve grievances at the lowest level, Deputies just question us about filing grievances (makes me not want to submit grievances);
- **Healthcare**
 - Takes too long (and too many requests) to be seen by healthcare staff (ACBH clinicians, Wellpath doctors, and the dentist);
 - Issue with getting psychotropic medications;
 - Sometimes made to do my hormone injections in my cell;
 - No adequate treatment at John George Hospital;
 - No privacy or confidentiality for ACBH psychiatrists or clinicians for 1-on-1 appointments/sessions
 - Conducted at cell door, or in housing unit multi-purpose/dining area in the immediate area where other clinicians and inmates are meeting at adjacent tables just several feet away;
 - Don't like the medical triage process;
 - Medical line/pill-call processes are not confidential;
 - Didn't know about sick call process;
 - Didn't know about dental availability/process;
- **Inmate Programs**
 - Re-entry services not offered in Ad/Sep housing units;
 - Did not know that Independent Study or education services existed;
 - Only program available in the unit is Independent Study;
 - Didn't know that education opportunities existed;
 - Did not know that law library/legal services were available;
 - Law Library process does not have confidentiality, so I don't use
 - Need more reading books/newer books;
 - Didn't know about any available programs;
 - No programs available in unit;
 - Limited programs available in unit, and takes "forever" to get in;



- Classification
 - Did not understand the Intake Classification process/outcome;
 - Did not receive orientation material/jail handbook;
 - Put in a request to be considered for a work assignment, but was told I was ineligible because I am classified as mentally ill;
 - Have never been seen by a Classification Deputy except at intake;
- Miscellaneous
 - Food complaints;
 - Do not know who the ADA Coordinator is;
 - Note: 100 percent of the inmates interviewed from all housing units said the same thing;
 - Video-visiting could be more private (monitor is out in the open in the pod).



Intake/Booking/Classification (Disability Identification)

The following Alameda County Sheriff's Office Detention and Corrections Policies/Procedures outline staff responsibilities relative to the Intake/Booking/Classification processes regarding mentally, intellectually/developmentally, and learning disabled inmates: 1.14 Americans with Disabilities Act; 11.02 Intake Procedure; Intake Classification; 11.40 Scope of Intake, Classification, and Medical Screening Procedures; 12.01 Intake Classification; and 13.02 Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Disease, Quarantines, and Terminally Ill Inmates.

Policy/Procedure 12.01 Intake Classification, Section G.4, states in part, "Classification staff will classify disabled inmates with the inmate's disability given consideration when making a housing assignment, placing the inmate's safety at the forefront. Being disabled in any way is not justification for a higher security classification."

Policy/Procedure 1.14 Americans with Disabilities Act, Section IV. A (Forms), states in part, "Intake and medical staff shall use the Inmate Disability Evaluation Form report to verify an inmate's disability." Section IV. B., states in part, "The Disability Tracking Form will be used by Booking staff to track inmates who have a physical impairment or disability and to ensure the appropriate accommodations are provided. This form will be forwarded to medical staff and the ADA Coordinator." Section IV. G., states in part, "The Pre-Booking Medical/Mental Health Screening Form will be used to evaluate a medical condition, mental health status, and to evaluate an arrestee's need for any special accommodations as a result of a disability,"

In order to identify inmates that are processed into the SRJ that have a qualified psychiatric, intellectual/developmental, or learning disabilities, there must be a comprehensive screening process in place. The disability screening must be part of the Intake/Booking process (or at least begin there) and must identify any applicable reasonable accommodation needs. Without a comprehensive disability screening process, Staff (both custody and non-custody) may not be aware of all psychiatric, intellectual/developmental, and LD inmates being processed and/or housed in the jail. Likewise, staff may not in-turn be aware of accommodation needs they are required to provide to ensure that the disabled inmates are afforded equal access to the jail programs, services and activities as required pursuant to ADA as well as local jail policies.

Currently at the SRJ, it is the responsibility of Booking/Intake staff and healthcare staff to assess inmates for evidence of a disability or any special management needs. The jail healthcare (medical/mental health) Intake process includes a fairly comprehensive evaluation for psychiatric disabilities to identify specific mental health care, programming, and housing needs. However, with regard to



intellectual/developmental and learning disabilities, currently there are only cursory attempts to ascertain such information via a medical intake questionnaire.

The current Alameda County Behavioral Healthcare staff is inadequate in number and classification to appropriately conduct secondary testing for intellectual/development and learning disabilities. Currently there are no Clinical Psychologists assigned to the SRJ that are working in that capacity, and there are no evidenced based screening tools for intellectual/developmental disabilities or learning disabilities being utilized. The result is a significant number of disabled inmates are not being provided the accommodations to which they are entitled, and they are being denied equal access to the programs, services, and activities at the Santa Rita County Jail Facility.

Observations

The Subject Matter Expert observed the Intake/Booking processes in the ITR area (for male inmates). This included the initial arrival of inmates by outside law enforcement officers, the jail pre-booking process, completion of the medical pre-screening process, custody booking process and the intake classification process. With regard to utilizing the required intake medical and classification screening forms, Intake, Transfer, and Release (ITR) staff followed the requirements pursuant to the aforementioned policies/procedures.

Custody (booking and classification) and medical staff complied with the Alameda County policies and procedures (e.g., 11.02 Intake Procedure, 11.40 Scope of Intake, Classification and Medical Screening Procedures, 12.01 Intake classification, 13.02 Inmate Medical/Health Appraisal Screening, and 1.14 Americans with Disabilities Act [ADA]).

The pre-booking Intake process is initiated in the law enforcement lobby area or at one of the front windows at the booking counter. A custody deputy was assigned to the ITR area for the Intake/Booking process and to ensure a completed Consolidated Arrest Report (CAR) and an Intake Medical Review Form accompanied each inmate through the process.

Initially, law enforcement personnel from the arresting agencies conducted searches of the arrestee's persons. The arrestee's surrendered their personal belongings to the ITR custody staff member. Staff performed clothed body searches of the arrestees, some basic pre-screening questions were asked, and the arrestees were subsequently escorted inside ITR to respective holding cells pending processing. The inmates were then removed and processed for booking a short time later.

The inmates were seen by a Classification Deputy for Intake Classification. The Classification Deputy completed Classification Reports (via the Advanced Technology Information Management System [ATIMS]) for each respective new arrival. The Classification Deputy asked the following general questions or discussed information relative to: specific charges, prior prison/jail incarceration,



prior custody/security levels, history of prison/jail violence, gang status, enemies, victimization concerns, mental or physical disabilities, medications, Prison Rape Elimination Act (PREA), prior housing history (e.g., general population or special housing), and housing to be assigned to. Notably there was a stack of jail information packets (e.g., handbook/jail orientation material) sitting next to the podium where the Classification Deputy conducted his Classification interviews. However, none of the two inmates observed received or were asked if they wanted a packet.

Although the Classification Deputy asked about physical or mental disabilities, it appeared as the emphasis was solely on psychiatric (those that would potentially be categorized as "MEN" status), and not necessarily inquiring about intellectual/developmental disabilities or learning disabilities. Likewise, this appeared to be the case throughout the entire Intake screening processes for both custody and medical. The observed inmates who were interviewed did not have any apparent cognitive disabilities, so there did not appear to be any effective communication concerns. But when asked by this Subject Matter Expert, the Classification Deputy indicated that he asks (at the end of each Classification interview) if the inmate has any questions, and that he would repeat or rephrase any information if needed, and answer any questions to help ensure the inmate understands the information.

The inmates also received their Intake medical screening from an ITR Nurse. Prior to specific questions being asked, vitals were taken and assessed, and pupils were examined. Questions asked and/or information discussed during the Intake medical screening process included: allergies to medications, eye glasses, Tuberculosis (TB), Human Immunodeficiency Virus (HIV), diabetes, steroids, nurse read the PREA package, explained sick call and sick call slip/request processes, prior incarceration history (including at SRJ), injuries, illness/sick, prior hospitalization, medications, trauma, hypertension, substance abuse or drug/alcohol addictions, prior mental health hospitalization or out-patient care, violence, suicidal thoughts or attempts, family suicide history, homicidal thoughts, current state of mind (e.g., worried), hopelessness, depression, anxiety, hallucination history, hearing voices, and assistive devices (e.g., reading glasses).

This Subject Matter Expert observed during the Intake Medical screening process that the inmates were seated with a nurse who was asking health care related questions. However, the inmates were in a small office with one, and sometimes two other inmates present, as simultaneous Intake Medical screenings were being conducted by other nurses. As a result, the inmates were able hear the questions being asked to the other inmates, as well as their responses. There was certainly no privacy or confidentiality afforded to any of them. Not only is this a HIPPA non-compliant, but inmates historically will not provide forthcoming answers to sensitive questions that may subject themselves to ridicule or victimization by other inmates in this non-confidential setting.



Moreover, while the nurses who conducted the intake medical screenings appeared very knowledgeable with the process, not all of them appeared to be reading from the Medical Intake Questionnaire Forms or the Inmate Disability Evaluation Form.

New arrivals are seen by ITR Behavioral Health clinicians if applicable, based on custody or medical referrals via the aforementioned Intake screening processes. This Subject Matter Expert observed one of the interviews conducted by a Licensed Clinical Social Worker (LCSW). For this specific inmate, he had been housed at the SRJ previously and had been referred to the Behavioral Health staff by custody staff at Intake.

The clinician didn't appear to have a specific list of standardized questions. Questions that were asked to the inmate included: where are you, who is the President, suicidal, thoughts of hurting others, hearing voices, are they telling you to hurt anyone, depression, do you see things, and any recent drug use. The inmate acknowledged that he hears voices, but that he was not suicidal. The interview was conducted in the hallway outside of the holding cells. The clinician's decision was to not place the inmate in an Isolation or safety cell. When asked by this Subject Matter Expert, the clinician indicated that safety cell placement is a joint decision between the Behavioral Health and Custody personnel. The lack of an appropriate treatment model with different levels of care and specialized housing for inmates in varying states of crisis results in the over reliance on and misuse of Safety Cells. This Subject Matter Expert observed another inmate waiting in a temporary holding cell to be interviewed by a clinician for mental health concerns as well.

It is important to note here that there are no Clinical Behavioral Health Staff assigned to the ITR from 2300hrs to 0700hrs each day. While there are clinicians on call, there are no clinical staff available to conduct these secondary screenings during these hours. This results in inmates with serious mental health issues, drug/alcohol induced psychosis, and other non-mobility disabilities remaining in holding cells/safety cells until Clinical Behavioral Health staff arrive for work up to 8 hours longer than non-disabled inmates.

Policy/Procedure 11.40 Scope of Intake, Classification and Medical Screening require Booking staff to notify the ADA Coordinator and Classification staff, when an ADA inmate is going to be housed in the SRJ via the Disability Tracking Form. Notations to the ADA Coordinator shall be made within 24 hours.

Policy/Procedure 13.02 Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Disease, Quarantines and Terminally Ill inmates, states in part (for new admissions); "Inmates who have or are suspected of having developmental disabilities shall be separated from the general population pending assessment, to prevent them being victimized by predators. The health authority or designee shall contact the Regional Center of East Bay regarding any suspected or confirmed to be developmentally disabled, for diagnosis and/or



treatment within 24 hours of such determination, excluding holidays and weekends.”

Intake Wellpath (Medical) staff are required to complete an Intake Medical Review Form, and an Inmate Disability Evaluation Form (to verify an inmate's disability) during the Intake screening process. A Disability Tracking Form is used by Booking staff to track inmates who have a physical impairment or disability and to ensure that the appropriate accommodations are provided. This form is to be forwarded to medical staff and the ADA Coordinator. The Pre-Booking Medical/Mental Health Screening Form is used to evaluate a medical condition, mental health status, and to evaluate need for any special accommodations as a result of a disability.

Alameda County Behavioral Health Care Services Criminal Justice Mental Health Policy/Procedure B5c Disabled Inmates, states in part, “At any time that a ACBH clinician suspects that an inmate may be developmentally disabled, the clinician must contact the Regional Center of East Bay to determine eligibility and/or current status of the patient's case.” With no testing processes in place for intellectual/developmental disabilities, or learning disabilities, it is essential that a comprehensive screening questionnaire be used by healthcare staff at ITR during the intake process. However, this is not taking place. Custody and medical staff are not identifying intellectual/developmental disabilities or learning disabilities. Thus, they are not aware of who the qualified intellectual/developmental or learning disabled inmates are and their accommodation needs. Such disabilities, without accommodations being provided, would likely limit an inmate's ability to understand the Intake Medical and Classification processes, as well as other important processes. It may also subject these disabled inmates to victimization by other inmates.

Between the Intake Medical Review Form, Inmate Disability Evaluation Form, Pre-Booking Medical/Mental Health Screening Form, Disability Tracking Form, and the Request for Mental Health Triage Form, the disability related questions focused heavily on mental illness. There were not any questions pertaining to intellectual/developmental disabilities, or learning disabilities. The Inmate Disability Evaluation Form had an “Other” check box for categories of disabilities. The remainder of the boxes were, “Vision, Mobility, Hearing, and Speech.” Under the “Disabilities Affecting Placement” section, there was also an “Other” check box. The remainder of the check boxes were, Wheelchair User, Non-Ambulatory, Mobility, Mentally Impaired, Hearing, and Vision.”

The only form that had any intellectual/developmental disabled questions was the Classification Assessment Supplemental PREA Worksheet. One question on the form that was asked is “Do you have any mental, physical or developmental disabilities? A second question on the form is, “Does the Inmate exhibit any signs of mental, physical, or developmental disabilities?”



After completion of the Intake Medical, Mental Health, and Classification processes, this Subject Matter Expert observed the Transfer area and related processes. After all Intake screening was completed, the new arrivals were escorted to the Transfer area where they were either placed in a temporary holding cell, or were seated on a bench in a large “tank” dress-out area (dependent upon their custody/security level or other possible special handling concerns). Inmates were given unclothed body searches (by appropriate gender staff) and dressed in appropriate colored clothing (commensurate with their classified custody/security level as well as other status [e.g., gang status, protective custody, etc.]). Lastly, before being escorted to their new assigned housing units, the new arrivals received their “bed-rolls”, inclusive of basic hygiene items. This Subject Matter Expert was observing this process to see if the new arrivals would receive their jail information packet (jail handbook/orientation material) in this area because they had not previously received anything during the Intake or Classification processes (as mentioned above). The jail handbook/orientation material was not disseminated in this area either.

Although it was not a designated Behavioral Health housing unit, or a unit designated to house inmates with psychiatric (“MEN”) concerns, in order to observe the entire Intake and housing processes, this Subject Matter Expert observed new arrivals being escorted and housed to Unit 31 (minimum security level, general population). Upon arrival to the housing unit, there was no jail or housing unit specific orientation information provided to the new arrivals. Again, there were no jail information pamphlets or jail handbook/inmate orientation materials provided (although one of the housing unit Deputies indicated that they have them in stock in the event an inmate asks for one). Overall, the timeliness of the entire Intake process through the eventual housing process was very timely and without delay.

Staff Interviews

The Subject Matter Expert interviewed custody and healthcare (medical and mental health) staff assigned to work the ITR Booking and Intake areas. Staff explained that Intake assessments are done 24 hours per day, seven days per week as needed on all incoming inmates within the ITR area. There are three nurse stations, and a separate office for mental health clinicians where complete mental health screenings are completed as needed except from 2300hrs to 0700hrs when no Behavioral Health staff are on duty.

Staff stated that outside law enforcement personnel bring the new arrivals to the SRJ Bubble or front desk area for processing. An ITR Deputy or Technician processes the new arrival's personal items and takes their photo. Intake nurses conduct a brief medical screening on each new arrival. If the Nurse or Deputy is concerned about any possible mental health concerns, they will ask an ITR Behavioral Health clinician to assess the inmate. The clinician will assess an inmate's suicide risk, mental stability, safety, drug and alcohol usage, etc.



Healthcare staff have the medical and clinical authority to refuse to accept an inmate for medical or psychiatric reasons, (e.g., conditions may warrant outside hospital placement or treatment).

The custody and healthcare screening processes include medical and mental health related questions, but admittedly not much regarding intellectual/developmental disabilities or learning disabilities, but mental health referrals are done if necessary. This Subject Matter Expert was told that there is a supplemental Intake screening form for that has specific questions to ascertain whether there is a possible intellectual/developmental disability. But if such document exists, it was not used, provided, nor included in the mass document production received.

Staff admitted that there are some confidentiality concerns with the Intake screening process at times due to the high volume of new arrivals and lack of available private office space.

Healthcare staff informed this Subject Matter Expert that the ITR area is normally staffed with one or two mental health clinicians on-duty, but there have been occasions where there were no staff on duty.

With regard to Inmate Orientation, pursuant to Policy 18.03 Inmate Orientation,

ITR and numerous other staff indicated that a video is shown on the televisions in the ITR holding cells/areas on a continuous loop (including English, Spanish, and in closed captioning).

Inmate Interviews

During the inmate interviews, one hundred percent of all inmates interviewed indicated that they never received a jail handbook/orientation material during the Intake/Booking/Classification processes. Several inmates complained or acknowledged that there was no privacy/confidentiality during the medical screening portion of the Intake process. There were at least two inmates who indicated that they had some trouble understanding the Intake Classification process.

Conclusions

Although the SRJ staff appear to do a good job identifying inmates with mental illness, the current jail Intake/Medical/Classification screening processes do not effectively identify qualified intellectually/developmental disabled, or learning disabled inmates, or whether they require reasonable accommodations to ensure they have equal access to the jail's programs, services and activities. As such, these types of inmates are not being identified, and therefore not placed on a tracking list. As a result, key staff are not aware of their disabilities or accommodation needs (e.g., housing staff, disciplinary staff, education staff, healthcare staff, religious services staff, Inmate Services staff, etc.). As such, staff are likely going to be unable to provide or ensure effective communication



for these inmates. This is especially important for healthcare encounters as well as events where due process may be involved, or other types of significant communications. Lastly, as stated above, custody and medical screenings are sometimes being conducted in non-confidential settings. In some studies, experts estimate jail and prison populations have between two and four percent (2-4%) who are intellectually/developmentally disabled. Thus the Alameda County, SRJ Facility likely houses between forty four and eighty eight (2-4% of 2200 inmates = 44-88) intellectually/developmentally disabled inmates at any point in time that have not been identified or provided the necessary accommodations to have equal access to the jail program, services, and activities. Additionally, some of these inmates may have victimization concerns.

The Intake questionnaires need to include at least some basic questions pertaining to intellectual/developmental disabilities and learning disabilities. Some inmates who are intellectually/developmentally or learning disabled may not be aware of that or know exactly what that means. So, asking them directly in and of itself may not truly answer the question. Short of using cognitive and adaptive support screening tools at intake, a Registered Nurse (RN) can ask several basic questions of the inmate during Intake Medical screening.

The RN should ask the following recommended questions or similar questions during the Intake Medical screening related to a possible intellectual/developmental disability:

1. What is the highest grade completed in school?
2. Were you ever in special education classes in school?
3. Did you have an IEP in school?
4. Did you ever receive services from a Regional Center growing up as a kid or as a teenager?
5. Do you have any problems with reading or writing?
6. Do you have any problems with understanding or following instructions?
7. Do you sometimes need to be reminded to do stuff?
 - a. To be somewhere where you are supposed to be at?
 - b. To get someplace on time?
 - c. To do something you were supposed to do?
8. Have you ever had any problems with people taking things from you?
9. Have you ever had any problems with people fighting you?
10. Have you ever had problems with people asking for sexual favors?



11. Can you read this paragraph for me and tell me in your own words what it means?

I am in the Santa Rita Jail Facility. I have the right to have equal access to all the programs, services and activities provided in this jail. If I need help understanding what programs, services and activities are offered here, someone will explain it to me.

12. Were you ever in state prison (in the California Department of Corrections and Rehabilitation [CDCR])?

- a. If so, what prison were you last housed at?
- b. If so, when did you parole or discharge from prison?
- c. If so, were you in the Clark/Developmental Disability Program (DDP)?
- d. If so, were you a DD1, DD2, or DD3 (DDP category)?

Based on the inmate's responses to the questions, if the RN has reason to believe that the inmate being interviewed is likely to have an intellectual/developmental or learning disability, he/she should refer the inmate for more extensive evaluation by a psychologist who has been trained in the intellectual/developmental and learning disability screening/testing processes. Again, due in large part to AB 109 and the fact that inmates on average are doing longer county jail stays, and there are now more programs and services opportunities, strong consideration should be given to evaluating/testing inmates who are not cited and released/cannot make bail and are expected to be housed at the jail pending disposition of their cases. It is for the parties to decide the length of time an inmate is to be housed in the jail for them to be tested. Both cognitive and adaptive support testing/evaluations should be performed. Behavioral Health staff will need to research to determine what screening/testing tools are available and are most cost effective for Alameda County. There are several validated testing instruments designed to measure cognitive levels (TONI-3rd, WAIS-III, WAIS-IV), and there are Correctional Adaptive Support Evaluations and similar screening instruments available to identify specific adaptive support deficits and needs. As addressed earlier, within a jail environment, examples of areas in which adaptive deficits may exist, include: communication skills, academic skills, self-care skills, socialization skills, self-advocacy/use of inmate resources, work, health and safety, self-direction, and leisure activities.

Ultimately what is important is that an intellectual/developmental disability be identified if it exists, including any reasonable accommodations required (e.g., coaching, assistance, monitoring, and prompting), for all or any aspects of jail life. This includes accommodations that may need to be provided during housing unit activities, work, education, inmate programs (e.g., self-help groups, re-entry



services, religious services, commissary, electronic tablet usage, clothing exchange, etc.), recreational activities, reading and/or writing, and personal hygiene, etc. They may also generally need assistance (EC to be provided) for processes such as disciplinary, grievances, message requests, ADA accommodation requests, healthcare encounters, and possibly re-entry services, etc.

Each intellectually/developmentally disabled inmate will be different, and any adaptive deficit and adaptive support needs (reasonable accommodations) will be unique to each individual.

For example, Inmate X #12345 may have a moderate level of cognitive impairment and adaptive support needs. Specifically, he or she may have victimization concerns, may need semi-frequent assistance. He or she may have time-management issues and needs to be reminded to report to activities on time (e.g. work, school, appointments, etc.); needs assistance with commissary activities (e.g., filling out a commissary slip and being escorted to and from the commissary, and/or staff need to keep an eye on him to ensure he or she is not being “pressured” to give away his or her commissary items); reminders to shower, brush his teeth, and clean his or her cell; needs assistance with reading and writing; and staff need to advocate for him or her (as he or she is mentally unable to do so).

Inmate Y #54321 may have mild cognitive deficits and adaptive support needs and may only need occasional assistance. Specifically, he may only need help reading and writing, and may only need other types of assistance or monitoring if he is under unusual stress or unfamiliar situations (e.g., he was just transferred to a new unit, a family member recently passed-away, etc.).

Regardless of the level of intellectual/developmental disability, or the amount or types of prompting and assistance needed, staff must always be pro-active with this population as was indicated. Most of these types of inmates may be hesitant to approach staff or to advocate for themselves. This population also widely has a tendency to try to please others. With regard to staff, this population may tend to tell staff what they think staff want to hear, rather than being truthful. Staff also have to watch out for “Parroting”. When asking an intellectual/developmental disabled inmate whether he/she understood the staff directions, or requirements, or process, etc., the inmate may reply “yes.” But knowing this population, staff should properly take it to the next step (to ensure effective communication) and ask the inmate to briefly explain (in his/her own words) what they just discussed. Some intellectually/developmentally disabled inmates may “Parrot” back almost word for word as to what the staff member said. Staff need to be aware of this. Staff need to ensure the inmate understood. But again, each inmate will be different.

With regard to intellectually/developmentally disabled inmates and them dealing with other inmates, an intellectually/developmentally disabled inmate may do or



say whatever they think the other inmates want them to say or do, without fully understanding any possible consequences.

Regarding learning disabled inmates, Intake Medical staff can ask some of the same questions as outlined above (for intellectually/developmentally disabled inmates). Although it should still be asked, the highest grade completed may not be completely indicative of a LD, as most learning-disabled people have average to above average intelligence. So long as they had the proper reasonable accommodations, they may have graduated high school or even college. Other questions that should be asked include; special education and IEP history, and what specific accommodations have been provided in the past. Inmates should be able to have their education transcripts or Special Education/IEP information sent to the jail if desired, and have the material examined at the jail for confirmation of a specific learning disability. There are also literacy tests available like Tests of Adult Basic Education (TABE) that the Santa Rita Behavioral Health staff or Five Keys program staff could administer to determine an inmate's reading level. In the absence of having a specific learning disability testing process, utilizing TABE test results for reading level could serve as a trigger for staff to query an inmate during a healthcare encounter, due process event, or other type of significant communication. For example, inmates who test at a 4.0 or below reading level could be placed on a list. Staff who conduct healthcare encounters, due process events, and other types of significant communications could simply ask the inmate (during the proceeding) whether he or she understands the proceeding, process, and dialogue. If the inmate is able to read and understand the proceeding or information on his or her own, then no assistance would be required. But for inmates who are unable to read or understand, then the respective staff member would work with the inmate to ensure the inmate understands, e.g., read, explain, re-phrase, simplify, give the inmate more time to process the information, etc. For the SRJ staff, the purpose of having this information or otherwise confirming that a specific learning disability exists is not solely for possible education purposes through Five Keys, but also for many other aspects of jail activities and processes, such as the inmate disciplinary process, grievance process, message requests, ADA Accommodation requests, healthcare encounters, re-entry services, etc., in order to ensure effective communication is achieved.



TRACKING

To ensure that the SRJ is not excluding non-mobility disabled inmates from participating in or denying them equal access to the services, programs, or activities offered in the SRJ, there must be a comprehensive, real time, networked tracking system to alert staff of qualified individuals and their accommodation needs. In addition, this tracking system will allow the jail staff to store historical information regarding disabled inmates and their accommodation needs in case the inmate returns to custody multiple times over the years.

Staff Interviews

The Subject Matter Expert interviewed custody staff (including housing unit Deputies), as well as staff from the medical (Wellpath), mental health (ACBH), education (Five Keys), Inmate Services, food services (Aramark), work supervisors, and other staff. Most of the custody staff members interviewed indicated they would be able to identify the mentally disabled inmates ("MEN") primarily by their assigned housing unit. To the contrary, the staff admitted that they did not know who the intellectual/developmental or learning disabled inmates are and would not know what reasonable accommodations may be required to provide to them. Nearly all of the staff interviewed acknowledged that there is not a single electronic or hard copy list that indicates the disabled inmates' disabilities along with their accommodation needs, and none of them were able to produce a copy of one.

Most of the staff interviewed stated that Intake at ITR has a built-in process to screen for these types of disabilities as well as for others. Staff indicated that the process includes Intake Medical screening, Intake Mental Health screening (if referred by medical or custody), and Intake Classification screening. Most of the staff added that the ITR Classification Deputy assigns housing for new arrivals based on their respective medical and mental health factors (including disabilities), as well as for security/classification reasons. Staff differed on how they would become aware of an inmate's disability and accommodation needs once an inmate is housed. Some cited classification or bed cards, and others cited the electronic Jail Management System (JMS) as containing needed information. A couple of the staff members admitted that they would not know unless an inmate informed them. One of the staff members interviewed stated that intellectually/developmentally disabled inmates were all housed in the "clinic."

On the first scheduled visit at the SRJ Facility of five-day on-site schedule, and per request, the jail administrative staff were able to produce two separate lists of inmates categorized as "MEN". One of the lists is titled, "Mental Flag", which lists (as applicable) inmates assigned to housing units 1, 2, 8, 9, 21, 22, and 24. This particular list identifies the inmate names, PFN numbers, housing unit (including assigned bed number), and any special alerts, e.g., out-to-court, ITR, or other. The second list was titled, "Alameda County Sheriff's Office Active Roster – Inmate." This list provided the inmate names, dates of birth, units and assigned



bed numbers, sex, race, custody/security classifications, in-dates, days housed at SRJ, and any special alerts, e.g., out-to-court, ITR, or other. The administrative staff acknowledged that they do not track intellectually/developmentally or learning disabled inmates. However, healthcare staff explained that although Behavioral Healthcare staff do not test for intellectual/developmental or learning disabilities, if they believe an inmate has such a disability, they contact the East Bay Regional Center (or other Regional Centers) if the inmate was a past Regional Center consumer. Health care staff attempt to obtain accommodation and resource information that would be helpful for jail staff and for the inmate upon release to the community.

Education staff acknowledged dealing with learning disabled inmates in the classrooms. However, it doesn't appear that either healthcare, education, classification, the ADA Coordinator, or any other entities exchange disability related information with each other with respect to intellectual/developmental disabilities or learning disabilities. As a result, these inmates are not being tracked, which means key staff are unaware as to who these inmates are and are not aware of their accommodation needs. However, it must be noted that later documents that were produced had several learning disabled inmates listed along with their reasonable accommodation needs.

The CDCR DAPO provides inmate disability notification to the jail in compliance with the August 28, 2012 Federal court order (County Jail Plan for addressing Armstrong Class Members housed in county jails). But administrative staff were unable to produce a tracking list of their CDCR Armstrong class members that are housed at the jail. When custody management staff receives the notification from CDCR DAPO, the notification is reportedly sent to the Compliance Unit. Compliance Unit staff and other staff admitted that they were not sure as to what some of the CDCR Armstrong codes meant, and what exactly they are supposed to do with that information.

Regarding the intellectually/developmentally disabled inmates, Developmental Disability Program (DDP) codes would include NCF, DD1, DD2, and DD3. NCF is a code which in essence means the inmate is not intellectually/developmentally disabled (no cognitive deficits). DD1, which is the highest functioning of the intellectually/developmentally disabled inmates, includes cognitive deficits and mild adaptive support needs. DD2, which is a moderate functioning level of the intellectually/developmentally disabled inmates, includes cognitive deficits and moderate adaptive support needs, and they may have victimization concerns. DD3, which is the lowest functioning level of the intellectually/developmentally disabled inmates, includes cognitive deficits and severe adaptive support needs, and has an even higher likelihood of victimization concerns. The documentation that CDCR DAPO provides should include one of the aforementioned DDP codes as well specific adaptive support needs. However, if the specific adaptive support needs are not included then the code alone should serve as a trigger to obtain more information from CDCR DAPO.



With regard to specific learning disabilities, the documentation from CDCR may include specific accommodation needs that are required to be provided to the inmate, particularly pertaining to healthcare encounters and events where due process may be involved, as well as other processes. If the specific accommodation needs are not included, then the code alone should serve as a trigger to obtain more information from CDCR DAPO.

Conclusions

The SRJ Facility staff must ensure that mentally, intellectually/developmentally, and learning disabled inmates are properly identified in order for staff to effectively provide reasonable accommodations as required by the ADA. Because regulations implementing the ADA requires a public entity to accommodate persons identified as disabled, a real-time networked tracking system is a necessary part of compliance.

The SRJ does not have a comprehensive networked ADA tracking system to track mentally, intellectually/developmentally, or learning disabled inmates, or their specific accommodation needs in order to ensure that their identified accommodation needs are provided, and to ensure they are afforded equal access to the jail programs, services, and activities.

As a result of not having a tracking system in place, healthcare staff, housing unit staff, disciplinary hearing officers and investigators, education staff, grievance staff, work supervisors, parole/probation staff, and other key personnel are unable to identify these types of disabled inmates. As a result, effective communication is not being consistently provided for these types of important events.

The healthcare and custody administrative staff (e.g., Compliance Unit, and ADA Coordinator) must monitor and follow-up more closely regarding the CDCR Armstrong disability information and better use that information to include the inmates into the current tracking system, whether via JMS, or CorEMR, etc. Additional outside information may also be used to aid in ensuring better assessments, (e.g., education information through Five Keys, outside school districts if available, and Regional Center information.



HOUSING PLACEMENTS

The housing placement policy for disabled inmates is outlined in Policy/Procedures 1.14, 12.01, 12.04, and 13.02.

Policy/Procedure 12.01 Intake Classification, Section III, states in part, "Upon an inmate being assessed by mental health personnel while in ITR, mental health personnel will complete the mental health assessment form and provide a copy to the Classification Deputy." It also states, "Classification staff will classify disabled inmates with the inmate's disability given consideration when making housing assignments and placing the inmate's safety at the forefront. Being disabled in any way is not justification for a higher security classification."

Policy/Procedure 12.04 The Santa Rita Jail – Housing Unit Classification. The policy states in part, "Inmates will be assigned to housing units based on existing laws and regulations, the facility classification plan, and the needs of the facility pursuant to Minimum Jail Standards 1050." The procedure states in part, "A Housing Classification Detail document shall be updated and distributed on at least a monthly basis, or as necessary to accurately reflect the actual housing configuration of the Santa Rita Jail." The procedure also makes reference to Attachment 1: Santa Rita Housing Classification.

Policy/Procedures 1.14 Americans with Disabilities Act (ADA), and 13.02 Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Disease, Quarantines and Terminally Ill Inmates also addressed housing for disabled inmates. However, it appears that in both policies/procedures, the references to housing disabled inmates primarily centers around those inmates with physical disabilities. However, Policy/procedure 1.14, Section V. C., Housing Disabled Inmates, sub-section 12., states, "Disabled inmates who need assistance performing basic life functions on a daily basis will be housed in the Outpatient Housing Unit (OPHU). These inmates shall be given access to all programs and services available to inmates of the same classification." However, none of the policies/procedures specifically address the housing of inmates with intellectual/developmental or LD.

At the time of the Subject Matter Expert's site visits, nearly 400 "MEN" inmates were housed in designated behavioral health housing units. There was one inmate who was housed in a different unit (housing unit 34).

There is also an Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health Policy/procedure – Disabled Inmates.

Section III sites that "inmates with serious mental impairments are referred to Adult Forensic Behavioral Health (AFBH) for access to mental health services.

At any time that an AFBH clinician suspects that an inmate may be developmentally disabled, the clinician must contact the Regional Center of East



Bay to determine eligibility and/or current status of the patient's case. Contact is for the purpose of diagnosis and/or treatment."

Observations

The aforementioned Santa Rita Housing Classification attachment denotes the following housing designations and classifications for the housing units/pods:

- 1 A Ad/Sep (Males)
- 1 B Ad/Sep (Males)
- 1 C Ad/Sep (Males)
- 1 D Ad/Sep (Males)
- 1 E Ad/Sep (Males)
- 1 F Ad/Sep (Males)

- 2 A Ad/Sep (Males)
- 2 B Ad/Sep (Males)
- 2 C Ad/Sep (Males)
- 2 D Ad/Sep (Males)
- 2 E Ad/Sep/IOL (Males)
- 2 F Ad/Sep/IOL (Males)

- 8 A Special Overflow (Males)
- 8 B Ad/Sep (Males)
- 8 C Ad/Sep (Males)
- 8 D Ad/Sep (Males)
- 8 E Ad/Sep (Males)
- 8 F Ad/Sep (Males)

- 9 A Mental/IOL (Males)
- 9 B Mental/Min (Males)
- 9 C Mental/Med/Max (Males)
- 9 D Mental/Med/Max (Males)
- 9 E Mental/Min (Males)
- 9 F Mental/Med/Max (Males)

Note: Unit 9 (Males) categorized as "MEN" (IOL, Min, Med, Max,) houses the more seriously mentally ill (SMI) who are not otherwise housed elsewhere due to other overriding security classification factors.

- 21 A Med/Max (Males)
- 21 B Special Overflow (Males)
- 21 C Med/Max (Males)
- 21 D Max/Sep (Males)
- 21 E Border Brothers (Males)
- 21 F Max/Sep (Males)



22 A Protective Custody (PC)/Max (Males)
 22 B PC/Max/ and PC/Mental (Males)

24 A Min (Females)
 24 B Min (Females)
 24 C Min (Females)
 24 D Mental/IOL (Females)
 24 E Ad/Sep and Max/Sep (Females)
 24 F Ad/Sep and Max/Sep (Females)

Out-Patient Housing Unit (as assigned per healthcare needs)

The Subject Matter Expert toured all of the aforementioned housing units where “MEN” inmates are housed, and also conducted staff interviews of medical, mental health, custody and classification staff, and reviewed applicable policies/procedures, and other relative documentation. This Subject Matter Expert did not review each “MEN” inmates classification to determine if they were appropriately housed. However, based on my review, there is serious concern that some “MEN” inmates are being inappropriately housed in higher classifications based solely on their disability. Inmates with an “MEN” designation are not generally housed in minimum security housing units. At the time of the onsite review only one inmate with an “MEN” designation was housed in a minimum security housing unit.

There are no designated housing units or pods for intellectually/developmentally disabled or learning disabled inmates. Even if there were, they are not being identified or tracked.

When the Subject Matter Expert observed the ITR Intake processes, it was noted that Classification Deputies appropriately used and followed the ACSO Classification Report when interviewing the new arrivals. However, the form only asked about receiving prior treatment at mental institutions. The form and questioning did not include anything relative to intellectual/developmental disabilities.

Staff also appropriately used and followed the Classification Assessment Supplemental PREA Worksheet. The form and questioning covered whether the inmate has a mental, physical or developmental disability, whether the inmate exhibits any signs of mental, physical or developmental disability, and whether the inmate would like to speak to a mental health counselor.

Healthcare staff appropriately used and followed the Request for Mental Health Triage form, which covered history of psychiatric treatment, bizarre behavior, psychiatric medications, sign/symptoms of depression, safety cell, and IOL.

Medical staff also used the Inmate Disability Evaluation form, which asks about mental impairment, Assistance with Daily Living (ADL), and how identification is



made, e.g., inmate self-identifies, third part request, etc. There is also a Mental Health Referral form that was used.

Lastly, medical staff used and followed the Initial Health History and Physical Exam form. This includes mental health questions, as well as physical disabilities. When checkboxes are electronically marked on the form, it automatically generates an alert to obtain any related CDCR Armstrong disability information. However, the checkboxes only include physical disabilities and does not include those inmates with intellectual/developmental or learning disabilities.

The Subject Matter Expert did not note that any healthcare or custody staff violated or worked outside the scope of the aforementioned Intake screening and housing policies/procedures and forms, or housed inmates outside the above-mentioned housing matrix.

Staff Interviews

The Subject Matter Expert conducted interviews of healthcare staff as well as numerous Deputies, including those assigned to housing units, ITR (intake and classification), and other areas. Staff acknowledged that inmates are all housed based on classification and various security factors, including medical, mental health and disability concerns. Intake medical, mental health, custody, and classification staff all provided that disability information is gathered from the interview questionnaires (medical intake, custody intake, and classification intake) and prior Santa Rita Jail history, inmate self-identification, and on occasion a third-party referral, e.g., family member or attorney.

Inmate Interviews

The Subject Matter Expert conducted numerous inmate interviews. However, there were no identified concerns specific to housing placements. A couple of the inmates stated that they did not understand the Classification interview and subsequent housing decisions. This appears to be more of an effective communication issue, or lack of effective communication provided during the encounters.



Conclusions

The Santa Rita Jail staff must establish policies/procedures and protocols to ensure that intellectually/developmentally and learning disabled inmates are properly identified, added into an electronic tracking system (list), and subsequently housed appropriately. But this is not being done.

The local policies/procedures should also include housing designations for these inmates. Intellectually/developmentally disabled inmates with high adaptive support needs and victimization concerns (if properly identified) are often clustered in to designated units or pods, in large part for closer monitoring, and for housing unit staff to be better equipped to provide required or needed assistance and prompting. However, the jail must monitor any clustering very carefully as this population should be clustered to a degree, but generally should not be exclusively clustered away from other general population inmates. In fact, unless there are other security or safety reasons to prevent it, intellectually/developmentally disabled inmates are generally often celled with or reside in the same housing units as non-disabled inmates. Although their Intelligence Quotient (IQ) or cognitive levels will not increase, these inmates can often improve on their everyday life-skills through observations of other inmates and positive interactions with them on an everyday basis. An ideal clustering situation could be a pod(s) mixed with intellectually/developmentally disabled inmates as well as non-disabled inmates. However, the SRJ administration must ensure that Classification staff carefully screen all inmates (non-disabled inmates as well as intellectual/developmental disabled inmates) for potential victimization, vulnerability, and predatory concerns as well as other factors when considering housing placement.

Ultimately, staff would need to be trained to best work with this population. Staff must be aware of their respective adaptive support needs (accommodation needs), and to be very proactive with this population in term of monitoring them and checking in on them on a regular basis.



ACCESS TO OUT-OF-CELL TIME (OUTSIDE YARD – POD / DAYROOM)

ACSO Detention and Corrections Policy and Procedure, Section III. C., Access to Recreation and Activity Programs at the Santa Rita Jail (SRJ) outlines the out-of-cell recreation activities requirements. Regarding Indoor Recreation, the policy/procedures states in part, "Inmates incarcerated at the SRJ shall have access to a variety of small games (chess, checkers, cards, etc.) which have been supplied to each housing unit. The Inmate Services Programs Supervisor will order games when needed." With regard to Quasi-Outdoor Recreation, the policy/procedure states in part, "All housing units have an outdoor security yard. Max-med and special handling units will utilize for outdoor recreation.

Outdoor Recreation: Minimum-security inmates are provided with a large open yard adjacent to minimum-security housing units."

Mentally, intellectually/developmentally, and learning disabled inmates are required to have equal access to SRJ's Recreation Yards and pods/dayrooms.

Observations

The Subject Matter Expert toured the SRJ grounds. There is a large outdoor yard designated for minimum security level general population inmates. The yard contains a baseball/softball field, exercise equipment/apparatus, as well as other activities, e.g., soccer, etc. As indicated earlier in this report, with the exception of one inmate, "MEN" inmates are not housed in the minimum housing units. Behavioral Health staff are not identifying intellectually/developmentally disabled or learning disabled inmates so it is unknown where these disabled inmates are being housed.

All other housing units have quasi-yards that are semi-covered, but nevertheless offer outside sunlight. Activities on the quasi-yards include basketball, handball, and soccer. There is no other recreation equipment. Access to the yards is through the rear of the respective housing units. Depending on unit designs, and classification/security level designations, e.g. "MEN", Ad/Sep, PC, max, med, min, etc., inmates either attend yard alone (e.g., walk-alone status), with their assigned cellmate only (if applicable), or with their assigned yard or pod/dayroom group (such as their assigned group or by tier, e.g., lower tier or upper tier).

The housing units have pods/dayrooms for inside recreational activities. The same process generally applies regarding either walk-alone status, pod time with a cellmate, or pod time with a group or tier of inmates. Available activities include; television, cards, dominoes, chess, checkers, board games, books, showers, and phones. However, each unit had different activities available, and there was no consistency. Most of the units had paperback books, but not all of them.



The biggest and most obvious concern is that the SRJ currently does not have a standardized yard or pod/dayroom scheduling process. Reportedly, the SRJ is preparing to implement a new scheduling system which will produce an SRJ Master Schedule for yard and pod/dayroom activities. At the present time, housing unit Deputies or Sheriff's Technicians currently make out the monthly or weekly schedules for their respective units. There is no central authority reviewing the schedules to make sure that yard and pod/dayroom activities are equitable and in compliance with local policies/procedures.

Staff Interviews

During the Subject Matter Expert's interviews, housing unit Deputies and Technicians indicated that all inmates have access to their respective outside quasi-yard and pod/dayroom. But based on the dialogue with staff, there is no consistency amongst the housing units as to how much yard or pod/dayroom time is allotted within a given week or month. Each unit sets their own schedules.

One staff member reported that they provide one-hour per week yard time (Ad/Sep), but usually allow for more. Some of the staff admittedly reported that they can't keep up or come into compliance with yard time requirements (even with refusals) because there are not enough hours to provide for the various yard groups, walk-alones, etc.

When asked, staff provided that yard and pod/dayroom refusals are not logged (unless staff notices a pattern). Likewise, they admitted they generally do not ascertain as to why, unless there is a noticeable pattern. The overall yard time (for the yard times operated as-a-whole) are logged. There is an exception to the above logging of refusals for Ad/Sep inmates with regard to both yard and pod/dayroom. The refusals are logged, and the information is reportedly turned in to a Sergeant on a daily basis.

Another housing Deputy stated that his unit also provides one-hour of quasi-yard per week (Ad/Sep) and also acknowledged that if everyone elected to go to the yard, that "it would be difficult" to comply with yard mandates. To compound this problem, the Deputy admitted that they "yell yard", and the first ones to respond get to go. The Deputy acknowledged that most inmates tend to refuse yard call.

Of interesting note is the ACA Audit Report from the ACA Visiting Committee audit conducted in 2016. For ACA Standard 4-ALDF-5C-01 – Recreation, the ACA Visiting Committee report stated the following: "During this audit period the Santa Rita Jail has continued to have difficulty ensuring all inmates have at least one hour of daily physical exercise outside their cell and outdoor when weather permits. The Santa Rita Jail is found to be non-compliant with ACA Standard 4-ALDF-5C-01"



In 2016, SRJ filed a waiver request to ACA for this ACA Standard, due to:

- 1) "...nature of these inmate's classification, they are housed, transported, and recreate individually and separately from other inmates";
- 2) "Outdoor recreation for all inmate security classifications above minimum security is performed in a partially enclosed quasi-yard accessed from inside the housing unit. This quasi-yard is not subdivided into smaller yards, and can only accommodate one A/I inmate at a time;"
- 3) "As of this writing, there are 255 A/I inmates, which is consistent with the average number of A/I inmates held at this facility at any particular time; and
- 4) "Given these numbers it is numerically impossible to provide every A/I inmate with their hour outside each day."

The waiver request was denied by ACA.

Staff also reported that special events such as sports and holiday activities are conducted throughout the year in the Transition Center (minimum yard area) and are approved through the Inmate Services Programs and custody administration.

Special events that was scheduled for May and June 2019, included:

- Inmate Services
 - May 12, 2019 – Mother's Day Chapel Services
 - May 19, 2019 – Softball game with Temple De La Cruz Church
 - Scheduled June 2019 events:
 - June 8, 2019 – Softball game with The Well Church
 - June 9, 2019 – Father's Day themed services, Chapel
 - June 19, 2019 – Inmate Programs Graduation Ceremonies

However, most of these events are geared for the minimum security level inmates. Inmates categorized as "MEN" who would otherwise be minimum level if they were not "MEN" status, would be able to participate. Again, they appear to be discriminated against pursuant to ADA, due to their disabilities.

Regarding reading material, Inmate Services staff as well as housing Deputies indicated that book carts consisting of paperback books and magazines are brought to the housing units each month. This is consistent with local policy/procedure.

Inmate Interviews

An unusually high number on inmates who were interviewed stated that they never (or rarely) go to yard. Reasons for this varied, but included inconsistent yard schedules; being too tired (for inmates on psychotropic medications) based on unusually early morning yard calls immediately following early breakfast call;



having to hurry to get to yard before it's called off due to too many inmates going to yard; and nothing to do on the yard except basketball.

From the inmate interviews, allotted quasi-yard time ranged from a high of two-four times weekly (one hour each), to a low of one-two times per month (one hour each). Pod/dayroom time ranged from a high of two times daily (six or more hours total), to a low of one time every other day (one hour). One inmate reported that the unit does not open pod/dayroom at all.

Some of the inmates indicated that the book carts are brought to their unit monthly (as indicated in the policy/procedure), but numerous inmates stated that the book cart is brought to their respective housing units every two months. Some of the inmates indicated that over the last two or three months that Inmate Services staff stopped bringing the book carts. Others complained that there are not any (or enough) new books. A few inmates mentioned that they have to ask for books or magazines, as there are none in the unit. With regard to cards and board games, some of the inmates said that there are cards in their unit, while others stated that they had to purchase cards from the commissary. At least two inmates indicated that it is confusing to check out board games.

Conclusions

There are some real concerns regarding the system in which yard and pod/dayroom times and allotted timeframes are scheduled. As indicated above, the jail staff represented that they will soon be implementing a centralized Master Schedule. The schedules currently are not fair or equitable, and mentally, intellectually/developmentally, and learning disabled inmates are not being afforded equal access to recreation time, both indoor and especially outdoor. To ensure non-discrimination under the ADA, the jail staff must ensure that mentally, intellectually/developmentally, and learning disabled inmates receive equivalent yard and dayroom exercise and recreation time. Simply put, many of these inmates are not getting enough quasi-yard time in Title 15 and local policy/procedure. Also, as mentioned above, the quasi-yards due not have exercise equipment/apparatus as the minimum security level yard has.

For non-mobility disabled inmates it is important for housing deputies to ascertain why individual inmates are refusing or not attending yard or pod/dayroom activities, and to log and track such information. Although this tracking appears to be happening for Ad/Sep inmates, it should be the case for all of the aforementioned disabled inmates. There could be reasons such as decompensation, victimization, or other reasons as to why they are not participating.

Access to games and activities needs to be equitable and in accordance with the local policy/procedure. Lastly, staff from the Inmate Services Unit do not appear to be consistent with making their monthly rounds with the book cart and should be required to do so.



ACCESS TO PROGRAMS

The SRJ is required to make all programs, services and activities accessible to non-mobility disabled inmates. These inmates shall not be excluded from participation in, or be denied the benefits of the SRJ's programs, services and activities. The SRJ is required to make reasonable modifications in policies, practices or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the SRJ can demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity. Programs, services and activities include but are not limited to, self-help programs/groups, work assignments, vocational assignments, academic education assignments, religious services/activities, re-entry programs, visiting (social and attorney), exercise, showers, and dining, etc.

Observations

The Subject Matter Expert toured all applicable housing units at SRJ including areas where re-entry services, educational classes, and religious programs, and other activities are often conducted.

The Subject Matter Expert reviewed the current inmate program schedules for religious services and other non-religious programs, services and activities. The following is a breakdown of the listed schedules:

Inmate Programs Schedules (Education, Religious and Non-Religious Programs)

Monday	Independent Study	1300-1445	Multiple Locations
	Substance Abuse	0800-0945	HU 3 Max (MP)
	Art Therapy	1000-1145	HU 3 Max (MP)
	JRT Max	1300-1445	HU 3 Max (MP)
	Substance Abuse	0800-0945	HU 4 Max (MP)
	Habits	1000-1145	HU 4 Max (MP)
	Financial Literacy	1300-1445	HU 4 Max (MP)
	CTE Roots	0800-0945	HU 7 Max (MP)
	CTE Roots	0800-0945	HU 7 Max (MP)
	A.S.E.	1000-1145	HU 7 Max (MP)
	Intro Construction	1300-1445	HU 7 (MP)
	A.S.E.	0800-0945	HU 21 F/Max
	Parenting	0800-0945	HU F/Max
	Serve Safe	1000-1145	HU 21 F/Max
	Baking	1000-1145	HU 21 F/Max
	Healing Trauma	1300-1445	HU 21 F/Med-Max
	Healing Trauma	1000-1145	Min Female
	A.S.E.	1300-1445	Min Female
	Baking	0800-0945	HU 25 Min
	Serve Safe	0800-0945	Min Male



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	Intro Construction	1000-1145	Min Male
	Art Therapy	1000-1145	Min Male
	CTE	1000-1145	Min Male
	Parenting	1300-1445	Min Male
	Entrepreneurship	1300-1445	Min Male
	Financial Literacy	1300-1445	Med Male
	ESL Beginner	0800-0945	PC Male
	Intro to Construction	0800-0945	PC Male
	Healing Trauma	1000-1145	PC Male
	Computers	1000-1145	PC Male
	E.S.L. Advanced	1000-1145	PC Male
	CTE	1300-1445	PC Male
	Substance Abuse	1300-1445	PC Male
	Islamic Service	1300-1400	HU 24E
	Chaplain Nobles	0700-1230	
	Chaplain Rosales	1300-2130	
Tuesday	Independent Study	1300-1445	Multiple Locations
	CTE Roots	0800-0945	HU 3 Max
	Financial Literacy	1000-1145	HU 3 Max
	ASE	1300-1445	HU 3 Max
	Art Therapy	0800-0945	HU 4 Max
	Parenting	1000-1145	HU 4 Max
	CTE Roots	1300-1445	HU 4 Max
	ESL	0800-0945	HU 7 Max
	Substance Abuse	1000-1145	HU 7 Max
	Anger Management	1300-1445	HU 7 Max
	ASE	0800-0945	HU 9 MEN Med/Max
	CTE	1000-1145	HU 9 MEN Med/Max
	Substance Abuse	1300-1445	HU 9 MEN Med/Max
	Substance Abuse	0800-0945	HU 21 F Med/Max
	Art Therapy	0800-0945	HU 9 F Med/Max
	CTE	1000-1145	HU 21 F Med/Max
	Intro to Construction	1000-1145	HU 21 F Med/Max
	Hospitality	1300-1445	HU 21 F Med/Max
	Anger Management	0800-0945	Min Male
	Habits	1000-1145	Min Male
	ASE	1000-1145	Min Male
	Anger Management	0800-0945	Min Male
	Substance Abuse	1300-1445	Min Male
	Intro to Construction	0800-0945	Med Male
	Healing Trauma	0800-0945	Med Male
	Anger Management	1000-1145	Med Male
	CTE	1300-1445	Med Male
	JRT	0800-0945	PC Male



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	Anger Management	0800-0945	PC Male
	ESL - ASE	1000-1145	PC Male
	Art Therapy	1000-1145	PC Male
	ASE	1000-1145	PC Male
	Parenting	1300-1445	PC Male
	Financial Literacy	1300-1445	PC Male
	Art Therapy	1300-1445	PC Male
	Christian Service	1930-2100	HU 24E
	Bible Study (& 1on1s)	1000-1200	HU 9
	Various Chaplains	0700-2100	
	AA	1900-2030	
	Library	Varies	Varies
Wednesday	Independent Study	1300-1445	Multiple Locations
	Substance Abuse	0800-0945	HU 3 Max (MP)
	Art Therapy	1000-1145	HU 3 Max (MP)
	JRT Max	1300-1445	HU 3 Max (MP)
	Substance Abuse	0800-0945	HU 4 Max (MP)
	Habits	1000-1145	HU 4 Max (MP)
	Financial Literacy	1300-1445	HU 4 Max (MP)
	CTE Roots	0800-0945	HU 7 Max (MP)
	CTE Roots	0800-0945	HU 7 Max (MP)
	A.S.E.	1000-1145	HU 7 Max (MP)
	Intro Construction	1300-1445	HU 7 (MP)
	A.S.E.	0800-0945	HU 21 F/Max
	Parenting	0800-0945	HU F/Max
	Serve Safe	1000-1145	HU 21 F/Max
	Baking	1000-1145	HU 21 F/Max
	Healing Trauma	1300-1445	HU 21 F/Med-Max
	Healing Trauma	1000-1145	Min Female
	A.S.E.	1300-1445	Min Female
	Baking	0800-0945	HU 25 Min
	Serve Safe	0800-0945	Min Male
	Intro Construction	1000-1145	Min Male
	Art Therapy	1000-1145	Min Male
	CTE	1000-1145	Min Male
	Parenting	1300-1445	Min Male
	Entrepreneurship	1300-1445	Min Male
	Financial Literacy	1300-1445	Med Male
	ESL Beginner	0800-0945	PC Male
	Intro to Construction	0800-0945	PC Male
	Healing Trauma	1000-1145	PC Male
	Computers	1000-1145	PC Male
	E.S.L. Advanced	1000-1145	PC Male
	CTE	1300-1445	PC Male



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	Substance Abuse	1300-1445	PC Male
	Various Chaplains	0700-2100	
Thursday	Independent Study	1300-1445	Multiple Locations
	CTE Roots	0800-0945	HU 3 Max
	Financial Literacy	1000-1145	HU 3 Max
	ASE	1300-1445	HU 3 Max
	Art Therapy	0800-0945	HU 4 Max
	Parenting	1000-1145	HU 4 Max
	CTE Roots	1300-1445	HU 4 Max
	ESL	0800-0945	HU 7 Max
	Substance Abuse	1000-1145	HU 7 Max
	Anger Management	1300-1445	HU 7 Max
	ASE	0800-0945	HU 9 MEN Med/Max
	CTE	1000-1145	HU 9 MEN Med/Max
	Substance Abuse	1300-1445	HU 9 MEN Med/Max
	Substance Abuse	0800-0945	HU 21 F Med/Max
	Art Therapy	0800-0945	HU 9 F Med/Max
	CTE	1000-1145	HU 21 F Med/Max
	Intro to Construction	1000-1145	HU 21 F Med/Max
	Hospitality	1300-1445	HU 21 F Med/Max
	Anger Management	0800-0945	Min Male
	Habits	1000-1145	Min Male
	ASE	1000-1145	Min Male
	Anger Management	0800-0945	Min Male
	Substance Abuse	1300-1445	Min Male
	Intro to Construction	0800-0945	Med Male
	Healing Trauma	0800-0945	Med Male
	Anger Management	1000-1145	Med Male
	CTE	1300-1445	Med Male
	JRT	0800-0945	PC Male
	Anger Management	0800-0945	PC Male
	ESL - ASE	1000-1145	PC Male
	Art Therapy	1000-1145	PC Male
	ASE	1000-1145	PC Male
	Parenting	1300-1445	PC Male
	Financial Literacy	1300-1445	PC Male
	Art Therapy	1300-1445	PC Male
	Christian Service	1930-2100	HU 24E
	Bible Study (& 1on1s)	1000-1200	HU 9
	Various Chaplains	0700-2100	
	NA	1930-2030	HU 24 & 34
	Library	Varies	Varies



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Friday	Independent Study	1300-1445	Multiple Locations
	Substance Abuse	0800-0945	HU 3 Max (MP)
	Art Therapy	1000-1145	HU 3 Max (MP)
	JRT Max	1300-1445	HU 3 Max (MP)
	Substance Abuse	0800-0945	HU 4 Max (MP)
	Habits	1000-1145	HU 4 Max (MP)
	Financial Literacy	1300-1445	HU 4 Max (MP)
	CTE Roots	0800-0945	HU 7 Max (MP)
	CTE Roots	0800-0945	HU 7 Max (MP)
	A.S.E.	1000-1145	HU 7 Max (MP)
	Intro Construction	1300-1445	HU 7 (MP)
	A.S.E.	0800-0945	HU 21 F/Max
	Parenting	0800-0945	HU F/Max
	Serve Safe	1000-1145	HU 21 F/Max
	Baking	1000-1145	HU 21 F/Max
	Healing Trauma	1300-1445	HU 21 F/Med-Max
	Healing Trauma	1000-1145	Min Female
	A.S.E.	1300-1445	Min Female
	Baking	0800-0945	HU 25 Min
	Serve Safe	0800-0945	Min Male
	Intro Construction	1000-1145	Min Male
	Art Therapy	1000-1145	Min Male
	CTE	1000-1145	Min Male
	Parenting	1300-1445	Min Male
	Entrepreneurship	1300-1445	Min Male
	Financial Literacy	1300-1445	Med Male
	ESL Beginner	0800-0945	PC Male
	Intro to Construction	0800-0945	PC Male
	Healing Trauma	1000-1145	PC Male
	Computers	1000-1145	PC Male
	E.S.L. Advanced	1000-1145	PC Male
	CTE	1300-1445	PC Male
	Parenting	1000-1145	Med Male (MP)
	Substance Abuse	1300-1445	PC Male
	Various Chaplains	0700-2100	
Saturday	Parenting	1100-1245	Fem SRJTC
	Parenting	0900-1045	Min Male SRJTC
	Various Religious Serv	Varies	HU 31, 34
	Various Chaplains	0700-1500	
	Start w/ a Story & AA	Varies	HU 21, 24
Sunday	Various Religious Serv	Varies	HU 31, 34
	Various Religious Serv	Varies	HU 9
	Various Chaplains	0700-2130	



Religious Services

The Catholic Chaplain makes all religious activity/service schedules (e.g., Catholic, Protestant, and all others). There are seven Chaplains, one administrative staff member, and two volunteer Rabbi's for Jewish services, as well as other volunteers.

Chapel services are held in the Chapel (on the minimum side, next to the Transition Center). Minimum custody inmates can go to the chapel once per week, where English & Spanish services are available. Chapel for minimum security level inmates is conducted on Saturday morning, Sunday afternoon, and Tuesday afternoon. Catholic services are held either 3 or 4 Sundays per month, and each unit has at least one service per week. Non-Catholic Christians and other faiths can receive services (SRJ Chaplaincy will contact community volunteers as necessary).

Other services include: Television channel 3 plays religious services video, 1-on-1 counseling is available, related notices/posters in each living area, and the Message Request slip process is used for religious services requests. Chaplains usually conduct the 1-on-1s in the housing unit multi-purpose rooms. The multi-purpose rooms can accommodate up to 20 inmates at a time for services. Religious artifacts are provided. All religious services information will soon be in the electronic tablets.

Inmates can fill-out and submit Message Request forms for the following religious services/activities or other requests. Special activities include: spiritual and grief counseling, providing inspiration and encouragement during difficult times, prayer and resources, assisting all faiths with spiritual material relating to their beliefs, Baptism (offer Baptismal services and certificates to Christian faiths), communion, Bible study, chapel worship service, and re-entry support upon release.

Chaplaincy staff reportedly conduct Needs Assessments twice annually for religious services, and monthly statistics reports are completed. When asked, chaplaincy staff indicated that chaplaincy or custody staffing shortages and emergencies can cause cancellations or delays in religious programs.

The Intake/Booking video as well as the Title 15 contain information on religious services/activities at SRJ. The SRJ has contracts with the Acts Full Gospel and with the Oakland Diocese. There is also a Muslim Imam on contract.

SRJ provided a spreadsheet listing religious services for Ad/Sep and special handling Units: One-on-one Counseling, Correspondence Course – Religious Studies, Special Events (Baptisms, Reconciliation Services, Religious Artifacts, Religious Diets, etc.) are all offered in Housing units 1, 2, 9, 21, 24, and OPHU.



Education

The "Five keys Schools and Programs" operates education programs at SRJ. Class Availability varies based upon the housing unit that a student resides in. The length of classes are one hour and 45 minutes (within a Five Keys semester).

Classes vary, as some classes meet once a week, some meet twice a week (T/TH or M/W), some convene three days per week (M/W/F), and others are in session five days a week (M-F).

Five Keys uses an open enrollment process, with new students starting each week. Some classes have pre-requisites, and the enrollment process includes students requesting a class and being cleared by Inmate Services and Classification. Prospective students must fill-out a Five Keys Programs form, which lists current classes available for students living in their respective housing units. It also lists other classes not currently available for their respective housing units but allows the students to list other classes that they have an interest in, so that Five Keys could consider adding in the future (assuming there is enough interest from other inmates). The form asks if they are covered under the ADA (yes or no), whether they have a high school diploma, to select class(es) desired, and it describes the programs. Students reportedly can earn certificates in all classes.

Programs following programs are available at SRJ:

- Adult Basic Education/Independent Study
- Anger Management Art Therapy
- Baking/Serve Safe
- Computer Technology (CPU)
- Employment/Job Readiness
- ESL
- Financial Literacy
- 7 Habits of Highly Effective People
- Hospitality / Catering
- Intro to Construction
- Math for the Trades
- Parenting Inside out
- Restorative Justice
- Roots to Success – Environment Literacy & Job Readiness (CTE)
- Substance Abuse

The following is a breakdown of classes offered in specific housing units (as listed in the class information form):

Five - Keys Education Schedules (by housing units)

- **1, 2, 8, 21 (Pods D, E, F), 22**
 - Independent Study Program (ISP)/High School Diploma and/or GED



- **3**
 - Roots of Success
 - Substance Abuse
 - Art
 - High School Diploma/Independent Study (A.S.E./HiSet/ESL)
 - Financial Literacy
 - Job Readiness Training
- **4**
 - Roots of Success
 - Substance Abuse
 - Financial Literacy
 - Parenting
 - 7 Habits of highly Effective People
 - Art
- **6**
 - Roots of Success
 - Substance Abuse
 - Art Therapy
 - High School Diploma/Independent Study (A.S.E./HiSet/ESL)
 - Job Readiness Training
- **7**
 - Roots of Success
 - Introduction to Construction
 - Substance Abuse
 - High School Diploma/Independent Study (A.S.E./HiSet/ESL)
 - English as a Second language (ESL)
 - Anger Management
- **9 (Maximum Men)**
 - Roots of Success
 - Substance Abuse
 - High School Diploma/Independent Study (A.S.E./HiSet/ESL)
- **21 (Medium/Maximum Women)**
 - Roots of Success
 - Parenting
 - Substance Abuse
 - Introduction to Construction
 - Baking
 - Healing Trauma
 - High School Diploma/Independent Study (A.S.E./HiSet/ESL)
 - Financial Literacy
 - Serve Safe
 - Art Therapy
 - Hospitality
- **24**
 - High School Diploma/Independent Study Program



- Healing Trauma
- 31 (Minimum Men's)
 - Serve Safe
 - Substance Abuse
 - High School Diploma (A.S.E./HiSet/GED)
 - Roots of Success
 - Art
 - Entrepreneurship
 - Parenting
 - Anger Management
 - Intro to Construction
 - Baking
 - 7 Habits of highly Effective People
- 32 (Medium Men's)
 - Roots of Success
 - Anger Management
 - Substance Abuse
 - Intro to Construction
 - High School Diploma/Independent Study (A.S.E./HiSet/GED/ESL)
 - Parenting
 - Financial Literacy
 - Healing Trauma
- 34 (Men's Protective Custody)
 - Roots of Success
 - Anger Management
 - Substance Abuse
 - Employment Readiness
 - Computers
 - Art Therapy
 - Serve Safe (Food Handlers Certification)
 - High School Diploma/Independent Study (A.S.E./HiSet/GED/ESL)
 - Parenting
 - ESL
 - Financial Literacy
 - Entrepreneurship
 - Intro to Construction
 - Building Resilience/Exploring Trauma

For the month of May, 35 students received certificates in the following subjects:

- Anger Management: 6
- Art Therapy: 3



- Computers: 3
- Entrepreneurship: 11
- Financial literacy: 1
- Habits: 4
- Roots: 6
- Substance Abuse: 1

To qualify for any class, the inmate's release date must be more than 30 days, except for "Parenting Inside Out."

Commissary

Many of the inmates who were interviewed indicated that they utilize the commissary weekly. Nearly all inmates provided nothing but positive feedback relative commissary processes.

Visiting

The following visiting rules apply to all three custody/security classifications (maximum, medium, and minimum); three non-contact visits per week, and three video visits per week. No computer expertise is needed to operate the video visiting capability (just an on/off switch), to which staff actually operate the equipment. Video visits are monitored equally amongst all classifications of inmates, and the families charged \$6.25 for 25 minutes. Video visiting info is included in the Orientation materials. Inmates are not authorized to participate in visits while on Safety Cell status. Visitors who are felons, may only participate in video visiting. Visiting is closed on Mondays and Tuesdays. The following is a breakdown of the SRJ Visiting schedule:

Visiting Schedule (by Housing Unit)

- **1, 2, 3, 4**
 - Wednesday (0800 – 1100)
 - Thursday (1800 – 2100)
 - Saturday (0800 – 1100)



- **6, 7, 8, 9**
 - Wednesday (1200 – 1500)
 - Friday (0800 – 1100)
 - Saturday (1800 – 2100)
- **21 (Pods A, B, C), 22, 24**
 - Sunday (0800 – 1100)
 - Thursday (0800 – 1100)
 - Friday (1800 – 2100)
- **21 (Pods D, E, F) 31, 34 (Pods A, B, C), OPHU**
 - Sunday (1200 – 1500)
 - Wednesday (1800 – 2100)
 - Friday (1200 – 1500)
- **32, 34 (Pods D, E, F)**
 - Sunday (1800 – 2100)
 - Thursday (1200 – 1500)
 - Saturday (1200 – 1500)

Visiting is equitable amongst all custody levels and housing units.

Re-entry Programs/Transition Center

The SRJ operates a Transition Center (SRJTC) for re-entry programming, per AB 109. The Mission is to bridge the gap between prerelease and post release services that are managed through intensive case management in collaboration with the Alameda County Probation Department. In the month of May 2019, reportedly 544 inmates were seen in the SRJTC. The SRJTC has partnered with a wide range of services, community-based organizations, non-profits and other county offices that continues to move forward and grow in collaboration with its partners to reduce recidivism by helping the offender to facilitate a smooth successful transition from jail back into the community. The Subject Matter Expert toured the SRJTC. There were two inmates using computers and actively, participating in some of the programs. The following is a list of re-entry service providers:

Re-Entry Service Providers

Adobe Services, Alameda County Probation Department, ACSO Youth and Family Services Bureau, Birth Justice Project, Center for Employment Opportunities (CEO), Center Point, East Oakland Community Project (EOCP), Men of Valor Academy, Chabot College Open Gate, Oakland Private Industry Council, Inc., Leaders in Community Alternatives (LCA), Metrix Learning, Roots Community Health Center, Tri-Valley Haven, Tri-Valley Haven (Men's Class), California Forensic Medical Group (CFMG), Alameda County Behavioral Health Care Services (BHCS), Alameda County Community Development Agency, Alameda County Public Defender's Office, Alameda County Workforce Investment Board, Axis Community Health, A Safe Place, Refocus, Five Keys Charter School, and American Job Center of California.



Alameda County Re-Entry Resources include but are not limited to: Legal assistance, primary care services, substance use, behavioral/mental health, benefit enrollment services (Medi-Cal), career vocational education, crisis line, education, employment, family reunification, food, and housing (emergency/transitional/permanent).

Library

For library and literacy services, there is a current Memorandum of Understanding (MOU) between the Alameda County Sheriff's Office and the Alameda County Library to meet the objectives and requirements of the California Code of Regulations, Title 15, Minimum Jail Standards. The library's responsibilities include the following: all housing units will be minimally visited once every four weeks, book carts will be filled with materials appropriate to each unit (e.g., security), there is an aggressive donation program, there are multiple language books (e.g., Spanish, Chinese and other languages), staff and inmate literacy volunteers are required to attend a civilian jail orientation class, library staff must spend at approximately 60 percent of their time at SRJ, there is a Literacy Specialist position, and a part-time Clerk II, Librarian, and Senior Program Specialist. There is also a requirement to produce Literacy Program Reports to include inmates name and PFN numbers who receive tutoring from an instructor, class start date, and time and location. There is reported inconsistencies with the delivery of the book carts. The local policy/procedure dictates monthly service to each unit, but this isn't always being done.

Sanitation/Cleanliness/Showers/Hygiene

The Subject Matter Expert's overall impression is that the jail appeared to be very neat, clean and orderly. It is apparent that staff and inmates take pride in their living environment. There were isolated areas that needed attention, such as the OPHU safety cell as mentioned earlier in this report. There was at least one other safety cell that was not being used that contained cobwebs and was dusty.

The reviews from the inmates who were interviewed were mixed. Some of the inmates reported that their assigned cells and living areas were in need of cleaning, as well as the showers. But a majority of the inmates interviewed indicated that their cells were clean, and that staff do a good job to offer them cleaning supplies once per week, and even assign unit workers to help clean the cells or areas if needed. There were virtually no complaints regarding laundry and exchange and linens.

Inmates have the opportunity to receive haircuts as well as receive facial grooming.

Staff Interviews

The Subject Matter Expert interviewed a multitude of staff who provide program services to inmates housed at the SRJ. This included Deputies from the housing units as well as numerous other badge staff. The Subject Matter Expert also



interviewed additional staff members, including Inmate Services staff, which included those responsible for religious services, re-entry programs, education, visiting, and library, as well as others. Staff admitted that they have the resources to facilitate all classes in accordance with the contract, but do not have the resources to fulfill the needs of the entire SRJ inmate population.

The Subject Matter Expert toured the Sandy Turner education building, but all classes were in session, therefore was unable to interview any Five Keys (education) staff or inmates. However, separate confidential interviews of education staff were conducted. Classes are held in the Sandy Turner Building as well as in the multi-purpose rooms in the respective housing units. Multi-purpose rooms can hold up to 12 students, while the classrooms in the Sandy Turner Building can accommodate between 18-20 students each. Five Keys has 12-13 Career Technical Education (CTE) instructors, four Academic teachers, one Student Services Specialist, and administrators, e.g., Principal and Assistant Principal. Staff indicated that there is not any CTE programs in Ad/Sep or special housing units. Instructors reportedly conduct 1-on-1 sessions at least once per week. Students can earn high school units and can take the GED. Attendance records are kept in the electronic "Oasis" system. The Assistant Principal oversees day-to-day scheduling and enrollment. Students can earn their diploma, GED, take ESL, participate as an in-class student, and they offer an Independent Study option. Staff indicated that Five Keys is working to provide college classes in the future.

Five Keys reportedly has a Special Education Teacher on staff. Depending on an inmate's Individualized Education Program (IEP) requirements (if there is one on file from an outside school district), an inmate may be provided extra time, 1-on-1 help, or other accommodations. The IEPs are reevaluated once per year.

A school psychologist comes to the SRJ periodically to provide emotional support for the inmates. Currently there are five active IEP cases.

When asked, Five Keys staff indicated that the intellectual/developmental and learning disabled information they have is not shared with custody or healthcare administrators or staff.

The Subject Matter Expert interviewed three custody staff members regarding the Transition Center. Deputy Baughman was very passionate about the program, which was great to see.

Staff indicated that grant money funds the programs, and the specific grants received is what determines the target or group that SRJ re-entry staff attempt to secure. There are 21 community-based organizations that offer everything from housing, healthcare, education, employment, drug treatment, and more. The organizations generally send staff to SRJ at least once per month. Ad/Sep inmates or those in specialized housing are unable to access the Transition



Center, but contracted re-entry organizations staff go to them via their assigned housing units.

Re-entry staff use a scheduling system for the service providers. For inmate eligibility, their date, age, and qualifications are all determining factors. Inmates have to be AB 109 qualified to participate. Otherwise, nobody is excluded, and Deputies interview each inmate candidate. Re-entry staff reportedly recruit when they are in the various housing units. Classes and services that are offered are posted in the housing units. Re-entry/Transition Center staff also stated that they attend meetings around California and are able to see what other jails/detention centers are doing for their re-entry programs.

Two custody staff members were also interviewed regarding the piloted electronic tablets. The tablets were piloted in early 2019, for all interested inmates in Unit 24. The target date for jail-wide implementation was reportedly Sept 2019. There is free software (for now), and eventually inmates will be able to purchase programs. Programs that can be accessed include; medical requests, mental health requests, dental requests, optometry requests, inmate services, commissary, Title 15, grievances pending, message requests, 5 Keys information, and more. The inmates will also be able to access movies, music, websites, photos, emails, and text messages in future. When asked, staff admitted that there has not been any training or information provided to the inmates for operation of the equipment. As applicable, inmates will continue to have to option of either using the tablet system or paper, e.g., grievances, inmate programs, etc.

The Subject Matter Expert interviewed three Deputies regarding inmate transportation. Inmates are transferred to and from state or federal courthouse, to outside medical appointments, and to the San Quentin State Prison – Reception Center. Transport staff normally have documents, including Court disposition paperwork (each inmate has), sometimes they have red hazard flags (e.g., violent behavior, wheelchair user, housed in Ad/Sep, etc.). Transport information is logged in to Automated Integrations Time Management System (ATIMS) System. But the staff acknowledged that they do not always have any specific disability or accommodation information, e.g., EC needs.

The Subject Matter Expert interviewed three staff members regarding library services. They indicated that the control booth Technicians have a "Red Book", for all logged out-of-cell activities, e.g., visits, classes, etc. There is no actual law library per se, but legal services can be requested through Inmate Services via the Message Request process. The requested information is provided to the Legal Research Association.

Inmate Interviews

The major complaints from inmates regarding programs is that there are not enough of them. Inmates were complaining that they didn't know what programs



are available. This ties back into a lack of orientation materials/handbook being provided.

Conclusions

The SRJ handbook/orientation materials does not include any ADA/Disability program information or ADA Coordinator position and contact information. The materials need to be updated and must be provided to all new arrivals.

Inmates categorized as "MEN" status who are housed in units 1, 2, 8, 9, 21, and 22 clearly are not being afforded the similar or equal Inmate Services programming (e.g., self-help groups/classes) to that of other units. Inmates who are classified as "MEN", Administrative Segregation, or inmates who fail to meet the criteria for general population classes, are only eligible for Independent Study and Literacy.

Some inmates have reported inconsistencies with the delivery of the book carts. The local policy/procedure dictates monthly service to each unit, but this allegedly isn't always being done. Jail management staff should look at this issue more closely to ensure policy is being followed.

Five Keys staff represented that they have the resources to facilitate all classes in accordance with the current contract, but do not have the resources to fulfill the needs of the entire inmate population. Inmates on AD/Sep status and "MEN" inmates are not being afforded the same educational opportunities as other inmates housed in other areas. This is a complicated issue that needs to be addressed consistent with the safety and security of the jail facility.

The major complaints from inmates regarding programs is that there are not enough of them. Inmates were also complaining that they didn't know what programs are available. Again, this ties back into a lack of orientation materials/handbook being provided to inmates.

Transportation staff are not provided with disability and accommodation needs information.

Mentally, intellectually/developmentally disabled, and learning disabled inmates must be trained on the electronic tablets upon jail-wide roll-out.



ACCESS TO WORK ASSIGNMENTS

The SRJ must ensure that mentally, intellectually/developmentally, and LD disabled inmates have the opportunity to participate in the SRJ work assignments.

Observations

The Inmate Worker Program policy/procedure is outlined in Alameda County Sheriff's Office Detention and Corrections Policy and Procedure 12.08.

All sentenced minimum-security level inmates are allowed to participate in the work program unless already assigned to education or prohibited by classification. The policy/procedure also states that SRJ provides opportunities for "developmentally disabled" inmates. Along with other selection criteria, the policy/procedure states that inmates with disabilities who wish to participate in the inmate worker programs, who, with reasonable accommodations can perform the essential functions or duties of the work program, shall be allowed to participate.

If qualified, maximum and medium security inmates may be assigned to: pod worker, quasi-yard worker, housing unit back-house area worker, dining room worker, laundry exchange, or meal distribution. Sentenced minimum security workers may be assigned to laundry or the kitchen.

The policy/procedure also states that utilization of persons with disabilities in the work programs is mandatory.

Staff Interviews

The Subject Matter Expert interviewed two kitchen staff from (Aramark). When asked, staff indicated that all inmates are general population inmates, and they do not hire inmates categorized as "MEN", or intellectually/developmentally disabled inmates, and they don't believe they have any learning disabled inmates. One of the staff members doesn't believe they have ever had a worker with mental health concerns. One of the staff said she would not have a problem supervising an intellectually/developmentally disabled inmate, or one with mental illness. Aramark Corporation reportedly has about 60 workers for each shift.

Staff stated that breakfast is served weekdays at 5 AM or later, and on weekends at 6 AM or later. Bag lunches are sent out to the housing units starting at about 9 AM. Dinner is generally dispatched to the units prior to 3 PM (in cart warmers), and unit staff usually serve the food in the units between 1600-1630 hours. There are meals for different diets provided.

Male inmates work the morning through early evening time periods, and female inmate workers work the late-night shift (cleaning crew).



The Subject Matter Expert interviewed two laundry staff Deputies. The laundry has a minimum of 9-17 inmate workers (average about 13 at any time), and there were 14 assigned on the day of the walkthrough. Inmate worker positions include; washers, sorters, off-loading from dryers to laundry carts, dryers, and folders (in the pit). As is also the case for kitchen workers, Classification staff determine eligibility (in accordance with the aforementioned policy/procedure) for laundry workers. Staff indicated that laundry exchange is one day per week in each unit. Some units do on-site 1-for-1 exchange in unit, and other units do laundry slips.

When asked about “Mentally, intellectually/developmentally, and learning disabled inmates, staff indicated that they don’t have any of those inmates employed. They also admitted that they don’t have a tracking list of disabled inmates or accommodation needs. One of the staff indicted that staff would only know an inmate’s accommodation needs if an inmate were to tell them, otherwise they would “figure it out.” They said they would accommodate but would refer the inmate back to medical or mental health.

Inmate Interviews

There were no mentally, or intellectually/developmentally disabled inmates assigned to the laundry, and no tracking list, so there was no way to know whether a non-mobility inmate was assigned. However, I asked one of the assigned laundry Deputies if he had any assigned inmates who he thought might possibly be intellectually/developmentally or learning disabled. As a result, I interviewed an inmate who had been assigned to the laundry for a short period of time. The inmate was a general population inmate and stated that he used to work in the kitchen. He said he was in special education in school while growing up, and had IEPs in school, and had been diagnosed years earlier as having a learning disability. He said that informal 1-on-1s with work supervisors helps him understand his job. He said that nobody at SRJ has ever asked him about his learning disability or accommodation needs.

Conclusions

The SRJ currently does not track (or adequately track) inmates with intellectual/developmental disabilities, or learning disabilities. The SRJ is violating ADA and their own policy/procedure by not providing opportunities for non-mobility disabled inmates. Along with other selection criteria, the aforementioned policy/procedure states that inmates with disabilities who wish to participate in the inmate worker programs, who, with reasonable accommodations can perform the essential functions or duties of the work program, shall be allowed to participate.

Inmates categorized as “MEN” who otherwise have (or would have) minimum security classification level are not being afforded the opportunity to participate in kitchen or laundry jobs, which comprise the bulk of available positions. In essence, they are being discriminated against because of their disability.



With the exception of a few “MEN” inmates assigned as housing unit workers, these inmates are widely not being hired. Until an adequate identification and tracking process is implemented, mentally, intellectually/developmentally, and learning disabled inmates will likely continue to be discriminated against.

The SRJ provided a current list of Workers with “MEN” Flag (as of 9/27/19). There were only seven inmates on the list for all of SRJ. It is most certain that each of these positions are housing unit worker positions.

The work positions that do exist do not have corresponding essential functions identified. This is problematic as non-mobility disabled inmates may need a reasonable accommodation(s) in order to be able to perform the essential functions of a given position. But without any clear essential functions listed, it is more difficult for a disabled inmate to obtain and or retain a position.

The aforementioned inmate who was interviewed appears to have a learning disability, but the SRJ did not identify it. The SRJ administration must ensure that adequate Intake screening questions are asked in ITR Intake, the Compliance unit or ADA Coordinator (or other appropriate staff) identifies any applicable disabilities from the CDCR DAPO information regularly provided, ensure the information is placed on an SRJ tracking system, and ensure that Five Keys administration shares any applicable disability related information with appropriate SRJ custody and Behavioral Health personnel.

The SRJ must do a better job of identifying mentally, intellectually/developmentally, and LD inmates, and ensuring they have equal access to work assignments. The SRJ must ensure there are detailed job duties, or duty statements for inmate worker positions; the essential functions associated with each position must be contained; and SRJ must utilize specific approved hiring criteria which will not automatically screen-out or tend to screen out any disabled inmates. Staff must also ensure that mentally, intellectually/developmentally, and learning disabled inmates receive reasonable accommodations during their work hours, even if the accommodations are necessary to ensure an inmate meets the essential functions of the job.



INMATE ADA GRIEVANCES

One of the best tools for any jail/detention center to best monitor “the pulse of the jail” is through the grievance process. A grievance system enables inmates to file complaints regarding conditions as well as events in the jail where the inmate believes their rights are violated, including being denied ADA accommodations and requests for accommodations. In essence, it's an effective and proven avenue they have to know that their voices are heard, and their issues will be taken seriously and addressed as appropriate.

To comply with the August 28, 2012, federal court order (County Jail Plan for addressing Armstrong Class Members housed in county jails), issued by Judge Claudia Wilkins, in the matter of Armstrong vs. Brown, Case Number 94-2307CW, the SCSJ detention facilities received CDCR 2275-CJ Forms-Requests for Reasonable Modification or Accommodation for Access to Housing and/or Program(s) in a County Jail from CDCR. Armstrong class members housed in county jails must have ready access to disability grievance forms. This can be either the CDCR's Reasonable Modification or Accommodation Request form (CDC 1824) or a separate county jail grievance form. The county jail grievance form must be;

- Readily available to all class members housed in that county's jail facilities;
- Have an initial response deadline of no later than fifteen calendar days from receipt by the designated jail staff member;
- Contain a provision for expediting a response if the appeal alleges a condition, which is a threat to the parolee's health or safety, or is necessary for participation or effective communication in a parole revocation proceeding;
- Include a provision for review of the parolee's request by medical staff, if necessary;
- Provides a right to appeal denials; and
- Requires that a copy of each and every grievance and response be provided to Armstrong Defendants at the same time it is provided to the *Armstrong* class member.

The SRJ grievance process is outlined in the Alameda County Sheriff's Office Detention and Corrections Policy and Procedure 16.03 Inmate Grievance Procedure. It describes the Inmate Grievance Form (ML-51), the Inmate Grievance Response Supplemental Information Form (ML-53), Informal Resolution Process, Grievance Filing Process, Emergency Grievance Process, Standard Grievance Filing Process, Grievances Pertaining to ADA, and other topics. The policy/procedure requires that staff provide assistance to those in need to understand and complete the grievance process (e.g., “developmentally delayed”).



The policy/procedure requires that staff shall provide assistance to inmates who require assistance in understanding and completing the process. This is especially true if the inmate requires assistance in writing or if the inmate is physically impaired or “developmentally delayed.”

Observations

The aforementioned policy/procedure does not contain any language pertaining to expedited timeframes for emergent or urgent issues (only for PREA issues). Likewise, there is no language regarding interviewing for clarification in the event grievance unit staff (or other staff) are unable to discern what the inmate is claiming and/or requesting.

Grievance forms are located in all housing units. However, inmates must ask the housing Deputies for the grievance forms. There are no associated timelines for inmates to submit grievances. Inmates must check the ADA Check box on the grievance form (at the top right-hand portion of the form). Inmates can give their completed grievance to staff, or they can place it in the grievance box in the unit (multi-purpose/dining area). Sergeants check the grievance boxes at least twice daily (once each shift). Other methods for submitting include; via TTY, purple tablet and foreign language forms.

Housing unit Deputies attempt to solve the issues at the lowest possible level (informally) if possible. If successful, the grieving inmate signs the bottom of the grievance form, and the Deputy writes a supplemental report. There will not be a tracking number for these grievances.

If unresolved, the Deputy calls for a tracking number. The Deputy then submits the grievance to grievance unit, where it is assigned to one of three Deputies to try to resolve, by investigating the issue and reaching a finding. Disability related grievances are also routed to the ADA Compliance Office and investigative Deputy. The official decision is rendered by the Grievance Sergeant. The Sergeant signs off on the decision.

Inmates have a right to appeal the grievance decision. A Lieutenant then administers the appeal findings. However, the final authority rests with the Commanding Officer.

The SRJ Grievance Office can produce point-in-time list of ADA grievances. A monthly report is produced.

Staff Interviews

When interviewing a staff member about the grievance process, and when asked about scribing or providing assistance to a mentally, intellectually/developmentally, or learning disabled inmate, the Deputy said “DD” inmates are housed in “medical”, and that he would contact Behavioral Health for any assistance if an inmate needed it. Although the policy/procedure does not specifically indicate who has to provide the accommodations to “developmentally



delayed” or other inmates, housing unit staff should not have resort to reaching out to Behavioral Health staff to provide the assistance.

With regard to grievance interviews, If the grievance is missing information, or staff need clarification from the inmate, staff told the Subject Matter Expert that they don't interview inmates solely because the inmate is unable to read or write effectively (e.g., mental health inmate rambling in his/her grievance), but staff try to address the main issue of the grievance the best they can. A grievance response denial also does not constitute a requirement to interview the inmate. However, the Deputies who were interviewed indicated that the ADA Deputies often interview ADA inmates, even if the assigned grievance office Deputies did not.

Even through there are no urgent or emergent expedited timeframes for responses per policy/procedure (except for PREA related issues), staff indicated that emergency grievances are handled immediately. For all other grievances, they shall be responded to in no more than 21 days, or, the grievance unit will issue an extension if they need more time to investigate the grievance.

Inmate Interviews

Several of the inmates interviewed were not aware of the grievance process, or their rights under ADA to receive reasonable accommodations to have staff assist in the grievance process, e.g., scribe, explain the process, etc. Several inmates were not even aware that there was a reasonable accommodation request process. This affirms the major concern regarding staff failure to abide by local policy/procedure to provide the jail handbook/orientation materials at ITR (to which it contains grievance information). Some inmates are relying on other inmates learn about the grievance process as well as other types of available programs and services.

Several inmates complained that when asking for a grievance form from a housing unit Deputy, staff question them to the point that they feel uncomfortable and no longer want to approach Deputies to ask for the grievance forms.

Conclusions

A grievance process is a vital tool for jail administration to monitor and resolve claims or issues within the facility. Monitoring and being proactive can reduce problems before they arise and help to avert future litigation. But SRJ staff (e.g., Intake Classification staff) must do a better job to ensure new arrivals are provided the jail handbook/orientation materials in order for the process to be effective. the Minimum Standards for Local Detention Facilities Title 15 - Crime Prevention and Corrections Division 1, Chapter 1, Subchapter 42010 Regulations requires that information regarding the grievance process be made available during inmate orientation.



Staff need to be trained that they must provide assistance to mentally, intellectually/developmentally, and learning disabled inmates as required or needed, to help them understand and participate in the grievance process. This may come in the form of explaining the process, scribing, etc. Housing staff are generally best equipped to provide this assistance and should not seek out Behavioral Health staff to provide the assistance for them.

Although the policy/procedure is silent on the issue, the SRJ administration should consider updating the local policy/procedure to have staff interview mentally, intellectually/developmentally, or learning disabled inmates who submit a grievance that may be difficult to discern what they are claiming or seeking. This is especially important for grievances that are denied.

This Subject Matter Expert recommends that SRJ staff revise the policy/procedure to include expedited timeframes for urgent or emergent grievances or ADA accommodation requests from ADA inmates (including mentally, intellectually/developmentally, and learning disabled inmates).

The SRJ should examine other alternatives to having inmates approach housing unit Deputies to obtain grievance forms (or message requests, reasonable accommodation requests, etc.). Staff are required per the grievance policy/procedure to attempt to resolve the situation at the lowest level (if possible). As stated above, some inmates are not comfortable approaching staff, and sometimes feel harassed and no longer feel comfortable with the process. This is especially true with inmates with mental and intellectual/developmental disabilities, as they may have advocacy concerns or just don't feel comfortable approaching staff. Other options that could be considered could include having the forms readily available or having a pod worker hand out blank forms once a day, or a couple of times per week. It is our understanding that the grievance and ADA forms will be available in electronic form on tablets that are issued to inmates at some point in the future. If this comes to pass it will resolve this issue.



INMATE ORIENTATION

The SRJ Inmate Orientation process is outlined in the Alameda County Sheriff's Office Detention and Corrections Policy and Procedure 18.03 Inmate Orientation.

Inmate orientation is essential in advising inmates of programs, services, and activities that are available, whether self-help groups, re-entry programs, education, grievances, disciplinary process, religious activities, general rules of the jail, etc. The absence of an orientation process is problematic for many disabled inmates (whether they have been identified or not through disability evaluation/screening processes). It is important that inmates receive the necessary information that would enable them to know what services are available, to know how to seek assistance, and to learn what accommodations they may have access to and how to request accommodations they need.

Observations

Policy/Procedure 18.03 Inmate Orientation provides detail regarding the orientation video to be shown in ITR 24-hours per day. It also states in part, "In addition to the orientation video, inmates will receive the inmate Rules and Regulations booklet (handbook/orientation materials) which has written information contained in the video on inmate programs, services, and activities. The booklets are available in Spanish, English, and Braille.

Some of the contents contained in the Rules and Regulations booklet (handbook/orientation information) includes: PREA information; Classification Interview; Assaulting Another Inmate; Emergency Procedures; Information for Pregnant Female Inmates; Americans with Disabilities Act (ADA); Suicide Prevention Information; Message Request/Inmate Services Programs; Inmate Rules and Regulations and Disciplinary Violations. Other general information includes: Conduct; Hygiene; Announcements; Personal Property; Court Movement Information; Clothing/laundry Exchange; Ordering Commissary; Religious Services; Inmate Services Unit; Education Services; Notary Services; Child Support; Mail Procedures; Books, Newspaper, and Subscriptions; Library Services; Medical Services; Family Planning Services; Sign Language interpreters and Telecommunications; Santa Rita Jail Visiting Schedule; Services for Hearing and Visually Impaired Visitors; Visiting Rules; Video Visiting; Grievance Procedure; Demands for a Speedy Trial; Petitions for Habeas Corpus; Law Library – Legal Assistance; Inmate Telephone Usage; Inmate Telephones – Dialing Procedures; Community Health Care Requests and Resource Info; Mental Health Drug Rehabilitation; and Other Clinics and Community Resources. There are many additional topics contained as well.

There is also an Inmate Orientation Video with much of the same information, including: Rights to treatment; informed of rules; religious services; nutritious meals; clothing; medical/dental; exercise; court/attorneys; law library services; legal assistance (LRA); library services; recreational reading materials/book



carts; will receive inmate handbook; disciplinary rule violations (major, moderate, minor); no tobacco; contraband; phones; correspondence; communicating with staff; message request forms; inmate services unit; education; special events (e.g., re-entry exposition); religious programs; food and nutrition; housing unit clean-up; robotic cart system (delivers food and laundry); minimum five hours out-of-cell time; must be fully clothed; showers; responsible for cleaning cell; lights out time; and clothing exchange once per week (1-for-1 exchange). There are other topics contained as well.

The Subject Matter Expert observed the orientation video playing while observing the ITR area. At least one inmate interviewed confirmed that the video is played on television on a specific channel as well. But during the Subject Matter Expert's observation of ITR, it was noted that the orientation materials were sitting out in the open next to the podium where the Classification Deputy conducted his Classification interviews. However, no orientation information was ever offered to the inmates going through the process.

Staff Interviews

The Subject Matter Expert interviewed Deputies assigned to the ITR Booking and Classification processes, as well as Deputies from some of the housing units, and Deputies from other assignments.

Universally, all staff interviewed indicated that inmates are being provided the inmate orientation materials during the classification process at Intake. Staff also mentioned the orientation video plays continuously at intake and is played at intervals throughout the week on one of the television channels. Some of the staff indicated that they provide orientation materials to inmates in the housing units, if they ask for it.

Inmate Interviews

As mentioned earlier in this report, every inmate interviewed indicated that they never received any handbook/orientation materials when they went through ITR (Intake/Booking/Classification). A few inmates acknowledged seeing the orientation video, and a few others stated that they asked their housing unit staff at some point after they were housed. But several inmates stated that they had to learn from other inmates. A few others mentioned that they have been at SRJ for a prior incarceration and therefore didn't need the materials. A couple of inmates provided that they had difficulty understanding the classification portion of Intake.

Conclusions

Although the SRJ has a quality orientation video, PREA video, and handbook/orientation materials, it is meaningless to have written orientation materials if the information is not provided to inmates as they enter the SRJ at ITR. This information is vital to help ensure that inmates understand the SRJ expectations; and to also have knowledge as to their ADA program as well as their rights under ADA; Title 15 expectations, available programs, services, and



activities; e.g., disciplinary process; grievances; healthcare; message request process; inmate services; etc. The SRJ staff simply are not following the aforementioned policy/procedure.

The following information should be incorporated as part of the inmate orientation materials:

- The purpose of the ADA or disability program and ADA Coordinator contact information;
- Availability of the Title 15 and any pertinent existing and future disability-related forms or materials (in accessible formats as necessary); and
- Reference to any specific forms otherwise not included, e.g., ADA Reasonable Accommodation Request form, etc.

The SRJ should also have a process in place to either provide verbal orientation to inmates with psychiatric, intellectual/developmental, and learning disabilities, or to conduct individual 1-on-1 follow-ups with them to ensure they understood the orientation information provided.



TRAINING

The SRJ must develop and incorporate a comprehensive ADA training component for custody and non-custody staff. The ADA or inmate disability program/plan must have a comprehensive training regimen consisting of: formalized lesson plans; certified or otherwise qualified ADA expert trainers; close monitoring of the training program; and curriculum consisting of all major aspects of the ADA; including but not limited to: disability identification/verification; tracking system; housing, reasonable accommodations; effective communication; equal access; transportation; inmate grievances; message requests; ADA requests for reasonable accommodations process/form; orientation; work assignments; vocational and academic education; inmate programs, including religious services; and visiting. Simply put, a quality ADA training program must be in place to ensure staff are appropriately trained to perform their job duties and to help ensure mentally, intellectually/developmentally, and learning disabled inmates are provided equal access to programs, services and activities provided at the jail facilities, and thus are not be discriminated against.

The SRJ Training Requirements (for custody staff) is outlined in the Alameda County Sheriff's Office Detention and Corrections Policy and Procedure 20.02 Training Requirements.

The SRJ ADA training program must ensure staff are knowledgeable with respect to mentally, intellectually/developmentally, and learning disabled inmate accommodation needs. The training should help foster an understanding that providing accommodations or modifications does not deter staff from accomplishing their job duties and does not create an additional workload, but rather puts the mentally, intellectually/developmentally disabled, and learning disabled inmates on a level playing field and provides equal access to that of non-disabled inmates in accordance with the ADA.

Observations

The ACSO provided several lesson plans or course outlines for review.

The 7-Day Training Core Class does not include any ADA training.

The Persons with Disabilities LD#37 – Recruit Basic Academy class is taught to academy cadets. The course outline that was provided shows the following material as being covered: ADA, equal access (to not be excluded from) and participation in services, programs, and activities; discrimination; Lanterman Developmental Disabilities Services Act; Lanterman-Petris-Short Act; disability definitions; specific procedures that of the law which apply to persons with disabilities; role of peace officers when interacting with a disabled person; and information regarding other disabilities.



The ADA Inmates Auxiliary CORE Course Outline includes the following information: ADA 1990; definitions; equal opportunities; types of disabilities; physical (hearing, visual, neurological, amputations); developmental (mental, cerebral palsy, autism, Down's Syndrome); mental (thought disorders, mood disorders); ADA applies to law enforcement facilities; accessibility; accommodations; sign Language Interpreters; video Relay Service/Videophones; Braille material; Disability Accommodation Requests; transportation of disabled inmates; protection of disabled inmates; physical harm; exploitation; specific procedures for emergency evacuation; providing special accommodations; ADA liaison/compliance; and peace officer interaction.

The ADA Inmate Services Auxiliary CORE Course Outline does not include any ADA information.

The Classification of Inmates Supplemental CORE Course Outline does not include any ADA information, except for general information indicating that new arrivals will not receive a disciplinary report for failure to answer questions related to disabilities; and housing assignments are based on disabilities and security classifications/factors. There is some information regarding screening for vulnerabilities.

The Booking and Receiving Supplemental CORE Course Outline contains information regarding hearing impaired and speech impaired inmates only.

The Releasing Supplemental CORE Course Outline does not contain any ADA or EC information.

The Supervising Inmates - Supplemental CORE Course Outline does not contain any information regarding "MEN", or intellectually/developmentally disabled inmates.

The Distribution of Supplies and Commissary Supplemental CORE Course Outline contains information relative to inmates who cannot use the phone ordering system because of an ADA issue, that inmate will report this to the facility ADA Coordinator via message request who will work with Inmate Services to facilitate the ADA inmate's commissary order. There is nothing specific regarding "MEN", or intellectually disabled inmates. There is material regarding Distribution of commissary goods, but nothing pertaining to "MEN", or intellectually/developmentally disabled inmates.

The Management of Inmate Workers Supplemental CORE Course Outline mentions physical ability of inmate workers, and mentions the message request form and classification process, but not specific to "MEN", or intellectually disabled inmates.

The Crisis Intervention Team Training course outline includes the following material: psychotic disorders; medical and mental health services; state hospitals, jail today; veterans; mental illness; mood disorders; depressive disorders; bipolar



disorders; anxiety disorders; substance abuse; co-occurring disorders; prevalence in custody; drug use and abuse; communication and de-escalation; use of force; transportation; officer safety; post-traumatic stress disorder; suicidal evaluations; intervention; and more.

The AFBH Training Manual provides info regarding mental health, safety cells, IOLs, 5150s, and many other topics. There is no information regarding intellectual/developmental disabilities, or learning disabilities.

Staff Interviews

Staff who were interviewed varied on what types of ADA training they had received. Some staff cited they have only received ADA training within their eight-hour orientation. Others cited annual training included portions ADA, as well as mental health and CIT training, as well as random training throughout the year.

Conclusions

There are multiple training courses that include components of mental illness as well as other disabilities. Some of the curriculum is very good, such as the Commission on Peace Officer's Standards and Training – Basic Course Domain 37 People with Disabilities. But other curriculum is not sufficient. The SRJ needs to establish a comprehensive formalized training curriculum relative to an SRJ disability program, which first must include updating local policies/procedures and training materials. As cited throughout this report, the SRJ must first greatly improve the disability identification and tracking processes.

Any new training materials must capture any specific forms processes, and include essential disability related information such as identification, tracking, housing, programs, work, grievances, ADA requests for accommodations, effective communication, equal access to programs, services, and activities, non-discrimination, etc. Training materials should also include reasonable accommodations including examples, and specific topics relative to mentally, intellectually/developmentally, and learning disabled inmates (as applicable to each). For example, for intellectually/developmentally disabled inmates; victimization, adaptive supports, monitoring, providing assistance, etc.

The SRJ should ensure that ADA instructors receive appropriate ADA training and provide the level of subject matter expertise needed to effectively provide formalized classroom ADA training to staff.



EFFECTIVE COMMUNICATION

Observations

The SRJ does not have a written Effective Communication Policy (EC). Specifically, there is no EC policy for daily encounters or interactions, nor is there an EC policy for clinical encounters (e.g., mental health, medical, or dental), due process events (e.g., classification process, inmate disciplinary process, pre-release process, conditions of release process, Notice of Charges, or probation encounters/meetings), or other specific activities such as self-help groups e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or other events such as religious activities. Likewise, there is no comprehensive policy relative to providing reasonable accommodations for mentally, intellectually/developmentally disabled or learning disabled inmates to ensure equally effective communication during the aforementioned types of events or processes.

While most of the local policies (of those that are applicable) are silent with respect to EC, some of the policies have brief but incomplete language regarding the subject. Whether the SRJ develops a stand-alone EC policy, or incorporates and/or strengthens existing EC language in appropriate policies/procedures, SRJ must decide whether documenting EC is going to be mandatory for due process related events as well as clinical encounters. Applicable policies/procedures should define EC, address the events or circumstances when EC is required, address how staff ensure that the inmate understood the encounter or process, and how to document the information.

The Subject Matter Expert observed a number of processes at various sites throughout the SRJ to examine for the establishment of EC. Specific processes that were examined included but were not limited to: Intake/Booking/Classification (including medical screening and mental health screening); inmate follow-up classification; and reviewed inmate disciplinary reports/hearing summaries, as well as other processes. There are additional processes whereas EC must be established as well; including education, library services, religious services, and various programs and self-help groups, e.g., AA, NA, etc.

The Subject Matter Expert examined to determine whether staff were making all reasonable attempts to communicate with mentally/ intellectually/developmentally disabled inmates as well as learning disabled inmates, for all contacts, including normal daily interactions. The Subject Matter Expert also examined whether staff made all reasonable attempts to achieve EC while applying a higher threshold or standard for due process events (e.g., classification process, disciplinary related processes, and clinical encounters).

The higher standard of EC includes: identifying an inmate's disability whereas there may be a barrier to comprehension or communication and therefore a



reasonable accommodation(s) may be necessary; providing a reasonable accommodation(s) that is effective to overcome the communication barrier; and documenting the EC, including the method used to achieve EC and how the staff person determined that the inmate understood the encounter, process, and/or proceeding.

The biggest hurdle for staff to overcome (e.g., grievance staff, housing staff, disciplinary staff, academic, healthcare staff, religious services staff, and inmate programs staff, etc.) is that they don't know what the accommodation needs are, and in the case of intellectual/developmental disabled inmates and learning disabled inmates, staff do not know who they are, as they are not being identified or tracked.

Staff Interviews

Through interviewing housing unit Deputies, programs staff, and others, the Subject Matter Expert concluded the following: none of the staff appear to have received adequate ADA training regarding EC and reasonable accommodations. Again, staff widely do not know which inmates have disabilities whereas communication barriers exist or may exist, therefore staff are not aware of specific EC needs for the inmates in the housing units or in their work areas.

Staff have not been trained on how to provide EC. Some staff (e.g., some clinicians and some disciplinary hearing staff) are documenting EC (or documenting to a certain degree), but it is not consistent. It is common for non-healthcare staff to not understand the difference between inmates with mental illness, intellectual/developmental disabilities, and learning disabilities, or at minimum, do not understand the types of accommodations that are necessary to ensure EC for these types of inmates.

Most staff when asked, indicated that they would use patience with mentally, intellectually/developmentally disabled inmates, as well as those with learning disabilities. Possible accommodations to achieve EC may include; speak slowly, use simple phrases/words, and allow more time for the inmate to process information, etc.

Inmate Interviews

At least a couple of the inmates interviewed acknowledged being in special education in public school and/or having a learning disability. A couple of other inmates indicated that they did not understand the Intake Classification process.

Conclusions

The SRJ should have a comprehensive EC policy in place to ensure that reasonable accommodations are provided and EC is achieved (or all reasonable attempts are made) for disabled inmates during clinical encounters (medical, mental health and dental), due process events (e.g., classification process, inmate disciplinary processes, pre-release or re-entry services processes, parole



or probation encounters/meetings), or other specific activities such as self-help groups e.g., AA/NA or other events such as religious activities. The SRJ can opt to have one comprehensive EC policy, or incorporate necessary language within the numerous local policies as cited above.



STAFFING

Observations

All staff seemed to have a good working knowledge of and comply with all existing operations orders, post orders, policies, procedures and directives. Virtually all staff who were observed and/or interviewed were very transparent and helpful. However, it was abundantly clear from this Subject Matter Expert's observations during my five days onsite that Custody and Behavioral Health are not adequately staffed.

Staff Interviews

With the exception of Wellpath (medical) personnel (who did not believe they were short-staffed), most of the staff who were interviewed acknowledged staffing shortages. However, this was most prevalent amongst Custody and Behavioral Health staff. Custody staffing shortages affect Custody operations compliance, Wellpath healthcare appointments, and Behavioral Health operations. Custody staff are regularly redirected from their posted positions to transport inmates to outside hospitals and other appointments. During the interviews, information was provided that staff who are on Worker's Compensation status, or otherwise are not physically working the unit are sometimes placed on the staff roster, so it appears on the staff rosters that positions are filled, when they are actually vacant. Moreover, Custody carries enforcement officers out on 4850s on their staffing rosters which exacerbates custody staffing shortages.

Moreover, it was also very apparent to this Subject Matter Expert that Behavioral Health is inadequately resourced, including inadequate office and treatment space, to provide the necessary treatment program services to the inmate population in a timely and competent manner. The staff shortages are exacerbated when the already significantly under-resourced behavioral health clinical staff are out (sick, medical leave, vacation).

Custody and mental health staff shortages have created significant safety, security, and program concerns. Also as reported throughout this report, some of the results of staffing shortages have caused or contributed to: stress/staff burnout, inconsistent ITR Behavioral Health staffing (which affects overall ITR operations), no mental health clinicians in the ITR from 2300hrs -0700hrs, IOL patients are not seen by clinicians in a timely fashion, clinical appointments are not conducted in a confidential setting (through the cell door or in the open inmate living unit day rooms) staff IOL and GOL checks and logging get missed, critical clinical 72-hour and 7-day required IOL assessments are missed, healthcare appointments are cancelled or delayed because no custody staff are available to escort inmates to and from their appointments, there are staff shortages in the control booths which put officers and inmate at risk of harm, 5150 transfers to John George get delayed sometimes for longer than 24 hours,



housing unit yard/dayroom activities gets cancelled or delayed, religious services get cancelled or delayed, re-entry services get cancelled or delayed, and various inmate programs get cancelled or delayed. Housing unit officers are stretched thin and as a result oftentimes do not have time to do timely inmate safety and welfare checks.

Inmate Interviews

A few inmates indicated that sometime several hours elapse before they see staff. In all fairness, this was not the norm, but was raised by quite a few inmates. Some of the inmates reported that they do not feel safe. A larger number of inmates interviewed didn't extend that far, but many indicated that would feel more comfortable if staff were in the units and walking the pods/dayrooms more often.

Conclusions

Staffing levels in Custody and Behavioral Health must be such whereas safety and security protocols, and the treatment needs of the inmate population are being consistently met., and the non-mobility disabled (Seriously Mentally Ill, Intellectually/Developmentally and Learning disabled) inmates are receiving equal access to all programs, services, and activities while they are housed in the Santa Rita Jail Facility.

It is strongly recommended that the Alameda County Sheriff's Department and the Alameda County Behavioral Health Department conduct an independent comprehensive staffing analysis of both Custody and Behavioral Health operations in order to address the significant staffing shortages that exist today. It is Sabot Consulting's opinion that adequately resourcing Custody and Behavioral Health operations will significantly reduce the risk of harm to staff and inmate's alike.

From media accounts, Sabot Consulting is aware of the very public tension that exist between the Alameda County Community Advocates and the Alameda County Sheriff's Department over the Sheriff's Department' operations and funding. However, it is Sabot Consulting's opinion, based on decades of corrections operations experience, that if additional staffing and resources are not provided to the Sheriff's Department Detention and Correction Division, there is little hope of them curing the deficiencies identified in this report, and there will continue to be a significant risk of harm to the staff and inmates at the Santa Rita Jail Facility.



ADA COORDINATOR

Staff Interviews

A Sergeant from the Compliance Unit was identified as being in the role of ADA Coordinator. During the interview there was actually a Lieutenant who was experienced working for Alameda County but was new in the unit. The Sergeant has assumed responsibility over ADA. The Sergeant has additional duties, e.g. ACA, and SRJ compliance duties.

It was not clear whether the ADA Coordinator is involved in the tracking of the mentally, intellectually/developmentally disabled or learning disabled inmates, or their accommodation needs. But the ADA Coordinator/Compliance Unit receives copies of ADA grievances. The ADA Coordinator admittedly does not interview mentally, intellectually/developmentally, or learning disabled inmates, with some exceptions.

Inmate Interviews

As indicated earlier in this report, none of the approximately 28 inmates interviewed knew who the ADA Coordinator is, or that there is an ADA Coordinator. None of the pods/dayrooms had any contact information posted for the ADA Coordinator either.

Conclusions

The ADA Coordinator has multiple duties besides ADA. The SRJ should consider having a dedicated ADA Coordinator. Whether the SRJ opts to keep the ADA Coordinator duties as they currently are, or assign a dedicated ADA Coordinator, the ADA Coordinator must have a clearly defined role (as needs to be defined in a set of post orders or a duty statement). The ADA Coordinator must take a hands-on approach to train staff and work to ensure compliance with ADA and local policies/procedures. The ADA Coordinator needs to be directly or indirectly involved with all aspects of an SRJ disability program. Duties should include, but not be limited to: training, tracking system (after identification); daily monitoring of the ADA or disability program, including; grievances, disciplinary reports, message requests, ADA requests for accommodations, classification actions, orientation, touring all relative housing units, interviewing inmates, interviewing staff (e.g., housing Deputies, medical staff, mental health staff, dental staff, education staff, re-entry services staff, inmate program staff, library staff, religious services staff, etc.), monitor CDCR DAPO Armstrong email notifications, and a myriad of other ADA related responsibilities. Ultimately, the ADA Coordinator must work with staff to help ensure that disabled inmates are afforded equal access to programs, service, and activities of SRJ, receive reasonable accommodations as required or necessary, and help to ensure that disabled inmates are not discriminated against.



The ADA Coordinator must also be a trainer and help ensure local policies/procedures are compliant with ADA Title II Requirements.



USE OF FORCE / CELL EXTRACTIONS

The Subject Matter Expert did not have access to the Alameda County Sheriff's Office Detention and Corrections Policies/Procedure for cell extractions.

Observations

The Subject Matter Expert reviewed video footage of numerous calculated/planned Use-of-Force/cell extractions performed by custody staff on various inmates. Each of the cell extractions were conducted due to the respective inmates "covering up" their cell windows so that staff could not see inside the cell. For safety reasons, staff must be able to see inside the cell window at all times.

The video footage in all cases showed the assigned Sergeant informing the inmate that he was violating SRJ rules and regulations. In each case the video footage then showed the Sergeant asking the respective inmates if they would remove the window coverings from the cell, or otherwise staff would perform a cell extraction. The respective Sergeant then asked the inmate's if they understood, and whether they wanted to comply. It was difficult to hear in most of the cases whether the inmates acknowledged understanding or not. But in all cases, the inmates chose to not remove their cell coverings. The cell extraction teams were present and ready to perform a cell extraction at the time that the Sergeant gave the order for each respective inmate to remove the cell window coverings.

Each case resulted in a calculated/planned use of force incident. There didn't appear to be any excessive or unnecessary use of force by staff. There wasn't any higher level than the Sergeant to attempt to talk the inmate into voluntarily removing the window coverings. There were no mental health clinicians consulted during any of the extractions or time frame leading up to the extractions. Without having had the opportunity to review the Cell Extraction policy/procedure, it is impossible to determine whether staff acted pursuant to policy. There was also no way to determine whether any of the inmates were "MEN" status. Without having reviewed the policy/procedure, best practice is always to have a mental health clinician attempt to talk with any inmate who has mental illness. There should also be a reasonable cooling-off period between the time that staff attempted to talk with the respective inmates, and the actual time of the respective cell extractions. In some of the extraction videos, it appeared that there was ample "cooling-off" time, but videos of other extractions the cooling-off period was questionable.



POLICIES AND PROCEDURES

The Subject Matter Expert reviewed the Alameda County Sheriff's Office Detention and Corrections Policies and Procedures, and the Alameda County Behavioral Health Care Services Criminal Justice Mental Health Policy and Procedures, that specifically pertain to, or should pertain to inmates with mental, intellectual/developmental disabilities, and learning disabilities. The following list details the Custody and healthcare policies and procedures that require or may require revisions with ADA specific requirements for mentally, intellectually/developmentally disabled, and/or learning disabled inmates.

Alameda County Sheriff's Office, Detention and Corrections Policy and Procedures

Policy #1.12	Unit Specific Forms
Policy #1.14	Americans with Disabilities Act
Policy #3.29	Special Management Unit Staffing
Policy #8.09	Transportation/Movement and Use of Restraints
Policy #8.11	Emergency Medical Inmate Transportation
Policy #8.13	Safety Cells, Special Use Cells and Multi-Use Cells
Policy #9.01	Disciplinary Separation
Policy #9.02	Administrative Separation
Policy #9.03	Protective Custody Inmates/Gang Drop-Out inmates
Policy #9.04	Mentally Disordered Inmates
Policy #9.10	Maximum Separation Inmates
Policy #10.05	Housing Floor/Unit Deputy Post Order
Policy #11.02	Intake Procedure
Policy #11.40	Scope of Intake, Classification and Medical Screening Procedures
Policy #12.01	Intake Classification
Policy #12.02	Re-Classification
Policy #12.04	The Santa Rita Jail – Housing Unit Classification
Policy #12.08	Inmate Work Program
Policy #13.01	Medical and Mental Health Care
Policy #13.02	Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Disease, Quarantines and Terminally Ill Inmates
Policy #13.12	Mental Health Referral Form
Policy #15.01	Sanitation Schedule
Policy #15.02	Safety and Sanitation Inspections
Policy #15.03	Inmate Hygiene
Policy #15.04	Linen/Clothing Issue and Exchange
Policy #16.01	Disciplinary Procedure
Policy #16.02	Inmate Rules and Information
Policy #16.03	Inmate Grievance Procedure



Policy #17.03	Inmate Visiting
Policy #17.05	Inmate Message Requests
Policy #18.01	Introduction to Inmate Services
Policy #18.02	Inmate Operational Programs and Services
Policy #18.03	Inmate Orientation
Policy #18.06	Commissary Procedure
Policy #18.07	Religious Programming
Policy #18.08	Library Services
Policy #18.09	Educational Program Planning
Policy #18.10	Vocational Training Programs
Policy #18.11	Social Service Programs
Policy #18.12	Recreation and Inmate Activity Program and Planning
Policy #18.13	Inmate Entertainment Systems
Policy #18.17	Parenting Program
Policy #18.18	Notary Public Services
Policy #18.21	Legal Assistance Program
Policy #18.24	Sandy Turner Educational Center Emergency Evacuation Plan

Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health Policies and Procedures

Policy #B2	Health Services Staff – Mental Health Services
Policy #B5a	Special Management Inmates
Policy #B5 b1	Access to Mental Health Care Services
Policy #B5b 15a	Access to Care Pre-Screening / Screening Triage
Policy #B5b 15b	Access to Care ITR Screener Duties
Policy #B5c	Disabled Inmates
Policy #B6a	Safety Cells
Policy #B12	State CDCR Parolees
Policy #B14	Clinician's Progress Notes
Policy #B14a	Electronic Record: Clinician's Gateway
Policy #B20	Outpatient Housing Unit (OPHU)
Policy #B22	Inmate Grievance Process
Policy #B25	BHCS Intra-Agency Client Messages



LIST OF FORMS, NOTICES AND DOCUMENTS REVIEWED

The Subject Matter Expert conducted an exhaustive review of the following SRJ forms, notices and documents as part of the assessment. Some of the items listed below are mentioned throughout the report as related to the review. Many of the forms, notices and documents reviewed were applicable to inmates with mental, intellectual/developmental, and/or learning disabilities and/or were relevant to the overall assessment, while others were found not to be pertinent.

- Mental Health Referrals
- Disciplinary Reports
- Alameda County Sheriff's Office Medical Request Form
- Santa Rita Housing Classification Chart
- Classification Operations Manual
- Inmate Disciplinary Notification Report
- Request for Mental Health Triage Form
- Re-Classification Sheet
- Classification Assessment PREA Worksheet
- Alameda County Sheriff's Office Classification Report
- Protective Custody Form (Questionnaire)
- Alameda County Sheriff's Office Security Site Clearance Form
- Alameda County Sheriff's Office Inmate Disciplinary Notification Report
- Request for Mental Health Triage Form
- Maximum Separation (Max-Sep) Compatibility Waiver
- Alameda County Reclassification Sheet
- Inmate Grievance Form
- Inmate Disciplinary Hearing Record
- Notice of Pending Disciplinary Action
- Psych Referral
- Disciplinary Report
- Inmate Disciplinary Interview
- General Observation Log
- Intensive Observation Log
- Loss of Privilege
- Inmate Transfer Notification
- Re-Class Ad/Seg
- Re-Class Inmates
- Mental Health Referral
- Dental Consent
- Screening Form
- Consent to Medical
- Pod Time Log



- Request for Health Care
- Message Request Form
- Job Responsibility Acknowledgment
- Inmate Disability Evaluation Form
- Disability Tracking Form
- Disability Request for Accommodations
- ADA Coordinator Review Form
- ADA Coordinator Record of Contact
- Explanation of the Booking Process
- Video Tablet Check-Out Log
- General Observation Log
- 30 Minute Staff Observation Log
- Inmate Observation Log
- Intensive Observation Log
- Special Event Video Script
- Cell Extraction Log
- Mental Health Referral Form
- ITR Holding Cell Cleaning Log
- Alameda County Sheriff's Office Disciplinary Report
- Alameda County Sheriff's Office Notice of Disciplinary Action Pending
- Alameda County Sheriff's Office Inmate Disciplinary Interview
- Alameda County Sheriff's Office Inmate Disciplinary Hearing Record
- Inmate Grievance Response
- Scope of Service (for Legal Assistance Program)
- Miscellaneous Lesson Plans
- Inmate Rules and General Information



ABBREVIATIONS AND ACRONYMS USED

AA – Alcoholics Anonymous
AB – Assembly Bill
ABE – Adult Basic Education
ACA – American Correctional Association
ACBH – Alameda County Behavioral Health
ACSO – Alameda County Sheriff's Office
ADA – Americans with Disabilities Act
Ad-Sep – Administrative Separation
AFBH – Adult Forensic Behavioral Health
ATIMS - Advanced Technology Information Management System
BHCS – Behavioral Health Care Services
BPH – Board of Parole Hearings
BTB – Breaking Through Barriers
CAR - Consolidated Arrest Report
CDCR – California Department of Corrections and Rehabilitation
CEO – Center for Employment Opportunities
CorEMR – Corrections Electronic Medical Record (System)
CFMG – California Forensic Medical Group
CG - Clinician's Gateway
CIT – Crisis Intervention Training
CTE – Career Technical Education
DDP – Developmental Disability Program
DD1 - Code for DDP Inmate (Cognitive Impairment/Mild Adaptive Support Needs)
DD2 - Code for DDP Inmate (Cognitive Impairment/Moderate Adaptive Support Needs)
DD3 - Code for DDP Inmate (Cognitive Impairment/Severe Adaptive Support Needs)
DOJ – Department of Justice
EC – Effective Communication
EEOC – Equal Employment Opportunity Commission
EOCP – East Oakland Community Project
ESL – English as a Second Language



GOL – General Observation Log
ICC – Immediate Care Clinic
IEP - Individualized Education Program
IOL - Intensive Observation Log
ITR – Intake, Transfer, & Release
GED – General Education Diploma
HU – Housing Unit
JMS – Jail Management System
LCA – Leaders in Community Alternatives
LCSW – Licensed Clinical Social Worker
LD – Learning Disability
MEN – Mental Health Designation
MI – Mental Illness
MOU – Memorandum of Understanding
NA – Narcotics Anonymous
OPHU – Out-Patient Housing Unit
PC – Protective Custody
PREA – Prison Rape Elimination Act
RC – Regional Center
SMI – Serious Mental Illness
SWAP – Sheriff's Work Alternative Program
SRJ – Santa Rita Jail
SRJTC - Santa Rita Jail Transition Center
TB – Tuberculosis



ALAMEDA COUNTY SHERIFF'S OFFICE – SANTA RITA JAIL
ADA NON-MOBILITY PROGRAM ASSESSMENT FINAL REPORT
DECEMBER 2, 2019

Signature

Submitted on behalf of Sabot Technologies, Inc. dba Sabot Consulting to the
County of Alameda



Mike Brady
Director
Sabot Consulting

12-6-19

Date

Exhibit C

**EVALUATION OF MENTAL HEALTH
DELIVERY AT THE
ALAMEDA COUNTY SHERIFF'S
OFFICE
SANTA RITA JAIL**

**BY
KERRY HUGHES, M.D.**

February 2020

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- **APPENDIX I**

- **REDACTED LIST OF INMATES INTERVIEWED**

- **APPENDIX II**

- **REDACTED CASE REVIEWS**

Introduction

At the request of the parties in the matter of Ashok Babu, et al. v. County of Alameda, et al. Case No. 5:18-cv-07677-NC, a review was conducted regarding the provision of mental health services at the Alameda County Sheriff's Office (ACSO), Detention and Corrections Division, Santa Rita Jail Facility (SRJ).

The SRJ was visited on the following dates: July 11, 2019; September 25, 2019 and September 26, 2019. The initial visit included tours of the facility. The subsequent visits included interviews with 26 inmates housed in various locations in the facility, including the mental health units, max custody, administrative segregation, the outpatient housing unit (OPHU), mixed units and safety cells. In addition, custody, medical and mental health supervisory and line staff were also interviewed in group and individual sessions. Healthcare records reviews were conducted for a subset of interviewed inmates, inmates who committed suicide, and inmate deaths.

This report will include findings regarding the mental health services provided at the SRJ based upon those tours and provided documents, including healthcare records. The report also provides this reviewer's recommendations regarding areas of needed improvement.

Staffing

The Alameda County Behavioral Health Care Services – Adult Forensic Behavioral Health (AFBH) staffing allocation at the time of the September 2019 monitoring visit was as follows:

Supervisory Staff

- AFBH Director – filled
- Behavioral Health (BH) Clinical Manager – 2.0 FTE, 1.0 FTE vacant

- BH Clinical Supervisor – 4.0 FTE, 1 FTE vacant

Clinical Staff

- Clinician I/II – 17 FTE, 5 FTE vacant
- Marriage & Family Therapist II – 1 FTE, filled
- Rehabilitation Counselor II – 2 FTE
- Mental Health Specialist – 3 FTE, 2 FTE vacant

Medical Staff

- Employed Psychiatrists – 5.75 FTE, 1 on extended leave
- Retiree Annuitant – 0.5 FTE
- Employed Pharmacist – 1 FTE
- Locum Tenens Psychiatrists – .85 FTE
- Locum Tenens PMHNP – 1.5 FTE
- Locum Tenens LVN - .75 FTE
- Lead Psychiatrist – 1.0 FTE, filled

Clerical staff

- Program Specialist – 1.0 FTE
- Administrative Assistant – 1.0 FTE
- Administrative Support Managers – 1.0 FTE filled, 1.0 FTE on loan to another clinic
- Supervising Clerk I – 1.0 FTE
- Specialist Clerk I/II – 6.0 FTE filled, 2.0 FTE vacant

At the time of the visit, there were two vacant specialist clerk I/II positions, one psychiatrist on extended leave, one BH Clinical Manager, one BH Clinical Supervisor, two mental health specialists and five clinician I/II vacancies. Psychiatry utilized contract/locum tenens positions to cover staffing shortages. Caseloads for clinicians ranged from 60 to 100 patients. Staff and supervisors, patient interviews, and records reviews indicated that the current staffing levels were insufficient in light of the high patient turnover, as well as the very high clinical treatment demands. These staffing levels resulted in brief, superficial clinical contacts, delayed response to referrals, and patients not seen in the frequency required. Additionally, clerical staffing allocations and vacancies also resulted in very high workloads and turnover of staff which negatively impacted patient care. It appeared that the mental health clinical, supervisory and clerical staffing levels were insufficient for the program demands.

Healthcare records reviews confirmed the onsite observations, and staff and inmate interviews regarding insufficient staffing. Multiple entries in the healthcare records noted that appointments were not completed and had to be rescheduled due to insufficient time related to workload issues and overbooking.

Additionally, it should be noted that the healthcare records also often mentioned inability to complete scheduled mental health contacts due to insufficient custody staffing. Insufficient custody staff frequently resulted in cell-front contacts or cancelled contacts as the inmate was not allowed out of cell. The practice of cell-front contacts was concerning due to the lack of confidentiality and the inability to conduct an adequate evaluation at cell-front.

Cell-front mental health contacts did occur if an inmate refused to attend a scheduled appointment. These brief check-ins were performed to ensure that the inmate was not in crisis and to encourage the inmate to attend his/her appointment or the next scheduled appointment.

The policies for psychiatric credentialing and peer review were reviewed. The policy outlined a process for annual internal peer review and external peer review by the Behavioral Health Care Services (BHCS) Medical Director's office at least every two years. The county contracted with a Credentialing Agency (currently MedVersant) to provide psychiatric credentialing.

Intake Screening

A pre-intake screening was conducted by custody staff during which inmates were searched and fingerprinted. The Intake Transfer Release (ITR) team evaluated incoming inmates to the jail. At the time of the SRJ visit, the team was comprised of one psychologist, one licensed marriage and family therapist (LMFT) and a social worker. This staff was responsible for assessing new intakes; their responsibilities also included responding to suicide referrals, evaluating new safety cell placements and general population coverage. This staff also evaluated returns from the psychiatric inpatient unit at John George Psychiatric Hospital (JGPH). These duties were covered by on-call staff when ITR staff was not on duty. Both clinical and supervisor staff provided support to ITR staff when there were coverage issues. Inmates presenting with uncooperative behavior, in restraints, or with known severe illness or recent motor vehicle accidents may not be accepted into the jail prior to medical clearance. This also included inmates with active suicide plans or intent and those presenting with active psychotic symptoms. Positive screenings were referred for further mental health assessment and treatment.

RNs performed nursing screenings in the booking/intake area. These screenings were observed during the tour. Of concern was the lack of confidentiality during the nursing intake screenings.

During the tour, two screenings were in process which was not uncommon. Screenings occurred in partitioned spaces with clear partitions between, allowing anyone in the area to see and hear the assessments. The monitor was also shown an area under construction which will be the new nurse screening area. This area included four rooms. The new area would address the poor confidentiality as the screenings would occur in a confidential setting.

Staff also reported issues with timely verification of medications on arrival for patients arriving to the jail. Further, there were reported problems with obtaining information regarding the last dosage of medications taken, which resulted in psychiatrists not providing bridge medication orders until the patient was scheduled to be seen. Healthcare records reviews verified delays in the ordering of psychotropic medications upon arrival to the facility.

Mental Health Services

During the monitoring visit, inmates were interviewed in a confidential setting from the mental health housing units, segregation units and general population housing units. Additionally, clinical, clerical and supervisory mental health staff were also interviewed in individual and group settings. The information provided in these interviews was consistent with the document and healthcare records reviews.

Issues of concern were noted regarding the provision of mental health services at the jail. Based upon the information obtained, it appeared that mental health, clerical and custody staffing shortages and vacancies negatively affected the provision of mental health services.

Clinical contacts

Mental health clinicians

Inmates reported that the frequency of clinical contacts with mental health clinicians varied widely. Some inmates reported that they were seen infrequently (less than monthly); inmates on

IOL reported at least weekly contacts, which was consistent with institutional policy. Healthcare records reviews indicated that the frequency of clinical contacts was generally appropriate with some few exceptions noted.

Healthcare records reviews revealed poor continuity of care, with inmates seen by different mental health clinicians at each visit. Although changes in clinicians typically occurred with housing units, the reviews indicated that such changes were not always associated with housing moves. It appeared that insufficient mental health staffing with staff turnover and coverage may have resulted in the problems with continuity of care.

Of concern was the consistent report of very brief, superficial clinical encounters. Inmates consistently reported that sessions generally lasted approximately five to ten minutes or less.

Clinical contacts generally occurred at cell-front or at the tables in the housing pods. This information was reported by staff and inmates, and was confirmed by onsite observations as well as healthcare records documentation. Cell-front contacts do not allow adequate assessment of inmates and are particularly concerning for evaluation of suicide risk. Inmates may be reluctant to discuss personal or potentially embarrassing information at cell-front where that information may be overhead by neighboring inmates or staff. Additionally, information provided at cell-front may be of a sensitive nature that may pose a risk to inmates if overhead by others. Further, contacts that occurred at the housing pod tables was also not confidential as custody officers were present within hearing distance of the interviews. Neither of these settings afforded needed confidentiality for clinical contacts.

Psychiatry¹

Inmates reported similar frequency and quality of psychiatric contacts. Sessions generally occurred at cell-front, with some occurring at the tables in the housing pod. They also reported that sessions were brief and superficial in content. Interviewed inmates also expressed concern regarding seeing different psychiatrists routinely. Healthcare records reviews confirmed these reports. Although some psychiatric notes were very detailed and included important clinical information, others included cut and pasted information that was forwarded for each clinical session.

As was reported with mental health clinician contacts, the lack of confidentiality for psychiatric clinical contacts was concerning and impaired the provision of adequate mental health services.

Telepsychiatry was reportedly not utilized at the SRJ at the time of the visit; however, telepsychiatry was recently implemented at the SRJ in late February 2020.

Programming

Of concern was the lack of programming provided to inmates housed in the mental health and segregation units. Inmates in segregation reported that no groups or out of cell programming were offered. Inmates in the mental health unit reported that one group “Breaking the Chains” was offered; however, it was nearly impossible to access the group.

Interviewed inmates consistently reported that they would be interested in participating in group therapy and other activities if offered.

¹ This section pertains to psychiatric services delivered in the housing units only. Additional mental health services were delivered in the clinic at SRJ.

Staff reported that other programming was provided by outside groups for inmates, as well as by education; however, it appeared that access to these activities was limited and generally unavailable for the majority of mental health inmates.

Healthcare records reviews documented the provision of limited groups for individuals housed in the segregation units and general population. One instance of referral and acceptance into the Breaking the Chains program was noted.

The records also documented the provision of materials, including self-help and other reading materials and activities for in-cell use by mental health clinicians. Such activities should be strongly encouraged as they help to mitigate against the lack of out of cell activities and programming.

Out of cell activities

Of additional concern was the lack of out of cell time for inmates interviewed in the segregation and mental health units. Inmates consistently reported that they received a maximum of one to two hours of “pod time” out of cell per day. During this time, inmates had to use the phone, watch television, and shower.

Inmates in the mental health units also reported infrequent laundry exchange, and several were observed with soiled clothing.

Inmates also reported very infrequent yard time; most reported less than one hour per week of yard time, which was inconsistently provided.

The lack of out of cell time with no programming was very problematic, as there were severely mentally ill inmates housed in the segregation and mental health units. It was not surprising that these inmates without adequate programming, out of cell time and inadequate clinical contacts

had increased symptoms with decompensation, increased suicidality and the need for inpatient referrals.

Treatment Planning and Treatment Team Meetings

No formal treatment team meetings were conducted at the SRJ. Additionally, healthcare records indicated that treatment planning was poorly documented and required improvement. The lack of formal treatment team meetings, especially considering the limited clinical contacts, made it difficult for staff to provide adequate treatment planning and to communicate necessary clinical information to treatment providers. Examples were noted in the healthcare records reviews of problems with communication between mental health clinicians and psychiatrists. This was another area of needed improvement.

Referrals/Emergency Response

Most of the inmates interviewed reported delayed or no response to emergency and routine requests for mental health services, and that they frequently remained in the safety cell for prolonged periods while awaiting mental health assessment. Instances were noted in the healthcare records reviews that referrals to mental health and to psychiatry were not made when indicated.

The custody and medical/mental health policies and procedures regarding referrals were reviewed. The reviewer was unable to locate timelines for completion of requests for mental health services. Clear guidelines for timely completion and response to referrals was indicated.

Four and five point restraints were not authorized for use at the SRJ; however, the custody policy outlined the use of restraints with inmate movement as well as the use of the WRAP and Pro-Straint Restraint Chair, restraint devices. A station order at the SRJ prohibited the use of the WRAP restraint device at the SRJ. Additionally, provided documents included a Restraint

Observation Log which included an area for medical/mental health documentation. The policy appropriately instructed staff to initiate involuntary acute psychiatric hospitalization per WIC 5150 when an inmate met the criteria for a 72-hour psychiatric emergency evaluation.

Documentation in the healthcare records revealed one very troubling instance of the use of the WRAP in the transport of an agitated inmate that ultimately resulted in his death. Documentation of appropriate medical monitoring was absent. While the WRAP device is currently no longer in use at SRJ, additional training regarding the appropriate use of restraints with monitoring and guidelines for release should be instituted.

In another case reviewed, an inmate was found hanging; however, the arriving custody officer did not have access to a cut down tool timely. This lapse in emergency response should be immediately addressed.

Order for Mental Health Care Forms were noted in some healthcare records. These forms were used by the Superior Court of Alameda County to order the SRJ to provide mental health care for specific individual inmates. In the examples noted in the healthcare records, the inmates were already receiving mental health services, or they were seen subsequently after receiving the forms. It appeared that the SRJ mental health staff were responsive to these court requests for services.

Suicide Prevention

Inmates were monitored at the SRJ for suicidality by various means. Jail policy indicated that male inmates were re-housed in a special handling unit, but they may be moved to a special handling pod within the housing unit. Female inmates remained in their housing units. This housing sometimes included housing in a double capacity cell if approved by classification.

Inmates in administrative segregation were placed in single cells. Depending upon the severity of the condition, inmates were frequently placed into safety cells or isolation cells. Policy outlined the use of housing unit isolation cells on a temporary basis only with the approval of an on-duty supervisor; they were intended for the transitional movement needs of inmates or the prevention of destructive/disruptive behavior. Policy outlined the use of safety cells for inmates who were deemed to be a danger to themselves, others, or revealed an intent to cause self-inflicted physical harm or destruction of property; this placement should only occur with the approval of a Watch Commander. Inmates returned from psychiatric hospitals were generally placed into the outpatient housing unit (OPHU) upon return for up to three days for observation and stabilization.

Safety Cells

Inmates with an active suicide plan and means, or who were actively engaging in self-injurious behavior were placed into safety cells. Placement into the safety cells was initiated by custody, medical or AFBH staff. Discontinuation from the safety cells may only be recommended by the AFBH staff. When an inmate was placed into the cells, the AFBH ITR (booking) screener was notified, and between 7:30 am to 3:00 pm, the ITR clinician would notify the housing unit clinicians regarding placement. Housing unit clinicians were responsible for evaluating new safety cell placements and ongoing assessments Monday to Friday, 7:30 am to 3:00 pm, within eight hours of placement. ITR staff were responsible for those duties Monday to Friday 3:00 pm to 10:00 pm, and from 7:30 am to 11:00 pm on weekends and holidays, within eight hours of placement. When notification was received by the on-call clinician, they were required to make arrangements to have the inmate evaluated within eight hours with the ITR or housing unit staff.

Ongoing rechecks were required every 24 hours. Policy prohibited maintaining an inmate in a safety cell for more than 72 hours.

All clothing and personal property was removed, and inmates were only provided a “modesty garment” and “security blanket”. Inmates were not provided mattresses.

The use of the safety cells as the primary mechanism of suicide prevention was problematic. As the AFBH Training Manual stated the safety cell is a “specially padded cell, which is called “the Safety Cell” or S/C for short.” It further stated “The Safety Cell does not have a toilet fixture, instead it has a grated hole in the floor and the inmate does not get toilet paper. All food is served on floppy tray. The S/C is a very inhospitable place to do time in.”

The placement of suicidal inmates into the safety cells where they were required to utilize a hole in the floor for toileting, with no toilet paper, no eating utensils or means to clean their hands at meals, and the lack of adequate clothing/covering and mattresses was alarming. These interventions are perceived as punitive and inhumane by inmates, and such conditions will frequently result in inmates not conveying true suicidal intent to avoid safety cell placement.

Inmates and staff also reported that women were not provided with sanitary products during menses. This was of significant concern.

Documentation of the use of the safety cell indicated that inmates were generally placed into the cells for less than 72 hours according to policy.

Inmate Observation Logs (IOLs)/Close Observation

IOL was utilized for inmates with current suicidal ideation, but no specific plan or means to harm themselves. It was also utilized for those with a history of suicide attempts with current risk until assessed by a mental health clinician, as well as for those who arrived at booking with a

history of suicide attempts with current risk, and those who had been booked from John George Psychiatric Emergency Services/Pavilion. Inmates also were placed on IOL after removal from the safety cell, or when chronic suicidal ideation was present. Monitoring usually occurred in the inmate's cell. Certain items of bedding, clothing and razors were removed. Mental health staff were required to assess inmates within eight hours of placement, and every seven days thereafter with recommendations regarding continuation of this monitoring. Custody checks were required at staggered and random intervals every 15 minutes. Inmates could remain on this status for an indefinite period.

Although contacts for inmates on IOL was performed weekly by policy, instances were noted in which the weekly frequency of contact for a potentially suicidal inmate was insufficient. The facility should develop an adequate means of suicide risk assessment to determine the appropriate interval for clinical contacts for these inmates that is individualized based upon actual suicide risk.

Documentation of contacts for inmates on IOL indicated that they were seen weekly according to policy.

Suicide Risk Assessment

Documents were reviewed in the AFBH training materials that described a form that included criteria regarding suicide assessment. Despite the presence of this form, there was little information included that provided guidance to staff regarding the appropriate assessment of suicide risk. The use of an adequate suicide risk assessment may be beneficial in appropriately determining suicide risk and allow for the removal of indefinite placement on the restrictive IOL, and to better tailor clinical contacts based upon actual suicide risk. Appropriate suicide risk

assessment may also allow for more timely removal of suicide precautions and minimizing the use of the safety cell.

Healthcare records reviews did not identify the presence or use of an adequate suicide risk assessment tool.

Safety Planning and Post-Suicide Monitoring Follow-Up

A blank copy of the safety plan was provided. This form was adequate for the development of a safety plan to address suicidality. Healthcare records indicated that this plan was generally utilized when clinically appropriate; however, exceptions were noted in which safety planning was not developed when indicated. Clinicians documented their efforts to work with inmates to understand and to utilize their safety plans; however, the content of the safety plans required improvement. Further training was required to assist clinicians in the development of more effective safety plans.

Clinical follow-up after the discontinuation of suicide monitoring was reviewed in the healthcare records. Healthcare records noted variability in the frequency of contacts, with some cases noted for timely and clinically appropriate post-suicide monitoring follow up and some with insufficient follow up.

Suicide Contracts

Mental health staff reported, and healthcare records reviews documented the use of “safety contracts” to prevent self-injurious behavior and suicide. These measures have been proven to be ineffective, and they can result in a false sense of comfort for staff without preventing suicide attempts and behavior. An example was noted in which the clinician “contracted for safety” with a potentially suicidal inmate, with discontinuation of suicide monitoring; the inmate subsequently required resumption of suicide monitoring despite the presence of this “contract”.

Such contracts should not be utilized and are not a substitute for adequate mental health evaluation, suicide risk assessment and appropriate treatment planning.

Completed Suicides and Deaths of Mental Health Inmates

There were six completed suicides that occurred from January 2017 to the time of this report.

Additionally, there were several deaths for which the cause of death was pending. Five of those cases were reviewed, and the findings are included in Appendix II.

Max Custody/Administrative Segregation

Clinical contacts for inmates housed in Administrative Segregation or on max custody status were similar to those housed in other units. Clinical contacts by the psychiatrist and mental health clinicians usually occurred at cell-front. During the visit, some contacts were observed out of cell at tables in the dayroom; however, an officer was present very close to the interview which provided no confidentiality for the clinical encounter.

Out of cell activities for inmates housed on these units was limited. Staff and inmates reported that two programs, Five Keys and Breaking the Chains, were available for max custody inmates. Additionally, inmates had limited access to pastoral and re-entry services. Inmates housed on those units reported poor access to those programs.

Inmates housed on these units also reported poor access to yard.

Inmates housed in segregation units in jails and prisons are at increased risk for suicide. Due to the increased isolation inherent in housing in a segregation unit and the increased risk of suicide with inmates housed in segregation units, daily rounds are recommended. In addition, many jails and prisons also provide weekly mental health rounds to assist in decreased isolation and increased monitoring for those units. Neither of those practices were in place at the SRJ. In light of the limited out of cell programming, poor confidentiality of clinical encounters and inadequate

clinical encounters, daily rounding by nursing or mental health staff with weekly clinical contacts or rounding are recommended. This would also allow for observation and monitoring of non-mental health inmates, who were only seen in response to mental health referral and who also present with increased risk for suicide due to their segregated status. Additionally, inmates should continue to be provided with in-cell activities such as reading materials, therapeutic documentation, puzzles and other items to decrease boredom and isolation.

The maximum security units at SRJ functioned as a de facto mental health unit. This was of concern as the risk of suicide is elevated for inmates housed in segregation units. This risk is further compounded by the lack of out of cell time, lack of programming, limited and insufficient clinical contacts and poor confidentiality with clinical contacts.

Medications

Interviewed inmates reported few issues with lapses in medication continuity with medication refills. There were, however, several reports of delays in continuity of medications upon arrival to the facility, and the reasons for this may be related to problems with medication verification.

Fourteen-day bridge orders were utilized for new arrivals, and orders were received from the on-call psychiatrist during off hours. Review of healthcare records indicated that there were some lapses in continuity of medications upon arrival to the jail.

The AFBH Santa Rita Jail Formulary was provided and reviewed. The formulary was comprehensive, and it included representatives for the various medication classifications. It was inclusive of a reasonable range of psychotropic medications, including clozapine. First and second generation long-acting injectable antipsychotic medications were available with prior

approval. The formulary also provided guidance to prescribers regarding dosage, medication side-effects, monitoring and laboratory studies.

Upon discharge, inmates were provided a ten-day supply of medications which were sent to a local pharmacy for patient pick-up or provided directly to the inmate. This system worked well with planned releases; however, inmates were not infrequently released unplanned, and the system for medication provision at the time of release from the jail was inadequate in those circumstances. Documentation of the provision of discharge medications was noted in the healthcare records.

Forced psychotropic medications were authorized by AFBH in psychiatric emergencies as defined by California Welfare and Institutions Code Sections 5008(m) and 5332(e).

Examples were noted in which inmates hoarded medications which were taken in suicide attempts. The facility should review medication management procedures and ensure that medication administration is performed appropriately.

Space Issues

Adequate treatment space for group therapy sessions was cited by the staff as one of the reasons for the lack of provision of group therapy. The lack of appropriate space was noted during the visit when space had to be identified for the monitor's confidential inmate interviews. The lack of appropriate space not only negatively affected the provision of group therapy, but it was also a factor in the lack of confidential clinical contacts for mental health clinicians; insufficient staffing levels also played a role in these limitations.

Discharge planning

Interviewed inmates reported that there were problems with re-entry planning and coordination of services upon discharge.

A clinician was assigned to act as the discharge planner and received referrals from other staff. Additionally, Bay Area Community Support (BACS) was tasked with assisting in re-entry planning, meeting with inmates prior to release. It was reported that despite these interventions, review after re-incarceration indicated that most of the patients never made their initial appointments after release.

The facility had a process in place for planned releases from the jail; those records were flagged by clerical staff, and discharge medications were provided when noted by the release deputy.

However, for those inmates released from court or with unplanned release from jail, this system did not work. This is an area of needed improvement, and the supervisory staff discussed some possible options to address this issue. These options included the placement of a full-time nurse practitioner in the booking area who could oversee releases and ensure medication provision.

The facility was also investigating methods of improved communication to the release deputies to inform them if an inmate required discharge medications; this could be accomplished by some type of computer notification or flag to alert release deputies. Better communication was also needed for those individuals who were released at court, as well as those who did not show for follow-up appointments with community agencies, such as Bay Area Community Support (BACS).

There was documentation that staff worked with inmates with known release dates from the jail in the healthcare records.

Access to Inpatient Mental Health Treatment

One of the most difficult issues facing the jail was the lack of access to inpatient mental health care. Inmates and staff reported poor access to adequate inpatient services. Inmates were frequently returned quickly, prior to stabilization from John George Psychiatric Hospital (JGPH);

these inmates were subsequently placed into a safety cell or IOL. Review of some provided documents indicated that severely mentally ill inmates remained at the facility who were in need of inpatient mental health treatment.

Healthcare records indicated that staff frequently sent inmates to JGPH on WIC 5150 commitment for inpatient stabilization; these referrals were usually returned to SRJ within 24 hours, and their symptoms were unchanged. Examples were noted in which inmates were repeatedly referred for inpatient treatment and subsequently returned to the jail. An example of delay in referral for inpatient treatment was also noted. Despite the obstacles in obtaining inpatient treatment for referred inmates, the facility should continue to refer when clinically indicated.

Training

Training materials and lesson plans were reviewed. The 16-hour Crisis Intervention Team (CIT) Detention and Corrections (D&C) Course included training regarding persons with mental illness in crisis in custody, overviews regarding mental disorders, crisis management conducting suicidal evaluations and suicide prevention, working with mental health staff at the facility and services available, treatment of veterans, substance abuse, inpatient treatment and treatment of persons with disabilities.

The AFBH Training Manual was reviewed. This training manual provided instruction to staff regarding various aspects of jail functioning and mental health treatment in a very detailed, instructive manner, including intake screening, suicide assessment, prevention and treatment, malingering, referrals, emergency response, countertransference and other important areas. The training also included real-life scenarios.

The materials provided were comprehensive and detailed, covering necessary aspects of jail functioning and mental health treatment. The materials appeared to be directed at custody, medical and mental health staff. The monitor was unable to determine what percentage of staff received this valuable training from the information provided.

Information provided the following required training requirements:

- Required American Correctional Association Training for All Staff
 - Clinical Staff – 40 hours annually
 - Clerical Staff – 16 hours annually
- Required Biennial Training for All Staff with Clinical Licenses of LCSW, MFT or LPCC
 - 36 hours of Continuing Education Units (CEUs)
- Required Biennial Training for Psychiatrists
 - 50 hours of Continuing Medical Education (CME)
- Required Biennial Training for Pharmacists
 - 30 hours of Continuing Medical Education (CME)

A recommendation would include providing specialized treatment for correctional staff working in mental health and segregated units to address some of the complaints from inmates during interviews regarding inappropriate and insensitive behavior toward mentally ill inmates.

Additional areas of recommended training and supervision are included in the Summary and Recommendations sections of this report.

Quality Assurance

The minutes of the Suicide Prevention Committee for 2017 to 2019 were reviewed. The minutes reflected discussion and analysis that included completed suicides, serious suicide attempts, inmates of concern, updates of prior attempts last period, and other follow-ups. This committee met monthly.

No information was provided regarding mortality reviews for completed suicides or serious suicide attempts, nor was information provided regarding ongoing audits and corrective action as a result of findings noted in mortality reviews with corrective action.

Summary and Recommendations

I would like to thank the staff at SRJ, as well as the parties for assisting in the development and completion of this report. During the onsite visits, the staff at the facility were helpful, cooperative and provided needed assistance and access for inmate and staff interviews and tours. Additionally, needed documents and healthcare records were provided that greatly informed the development of this report.

The following are recommendations to address the issues of concern identified in this report.

1. Mental health staffing appeared to be insufficient. A staffing analysis is indicated to determine the appropriate staffing levels for staff and supervisory clinicians, clerical and psychiatric staff. Additionally, custody staffing levels appeared to negatively impact the provision of mental health services.
2. The facility should work to improve the timely verification of medications for newly arriving inmates at SRJ to prevent delays in medication continuity upon arrival to the facility.

3. Issues of confidentiality for clinical contacts with mental health clinicians and psychiatrists should be addressed. Appropriate space for clinical interviews and sufficient escort staff should be made available to ensure that clinical contacts occur in a confidential setting.
4. The facility should work to ensure that continuity of care is achieved for mental health clinician and psychiatric contacts. This would require having sufficient staff to ensure consistency and to provide coverage for absent staff.
5. The facility should work to ensure that mental health clinical encounters are of sufficient duration and content and occur in a confidential setting.
6. The facility should work to provide out of cell programming, such as group therapy, education and other activities for inmates housed in mental health and segregation units, as well as sufficient out of cell time for showering, phone use and socialization.
7. The facility should work to ensure that adequate yard time is provided.
8. Staff should be encouraged to continue to provide in-cell activities, such as therapeutic and self-help materials to decrease boredom and to mitigate against isolation.
9. Formal, individualized treatment plans should be developed for inmates receiving mental health services.
10. The development of consistent treatment team meetings would help to increase communication between treating clinicians, provide a forum for the discussion of difficult or high-risk individuals, and assist in the development of appropriate treatment planning. Information discussed in treatment team meetings could also be provided with medical providers when indicated to ensure communication of relevant findings and issues of concern.

11. The facility should work to improve the process of referral for mental health services. A system of tracking to determine if referrals are timely addressed is indicated. Policy should address timelines for the timely completion of routine and emergency mental health referrals. Additional training may be necessary to ensure that psychiatric referrals are submitted as clinically indicated.
12. Additional training, if not already provided, should include the appropriate use of the WRAP, including appropriate medical monitoring and guidelines for release.
13. Cutdown tools should be securely located and accessible to custody staff in all inmate areas, especially in the housing units.
14. The facility should consider the discontinuation of the use of safety cells as the primary means of suicide prevention. The use of these cells may prevent inmates from conveying true suicidal intent due to the nature of the conditions. In the interim, safety mattresses, safety eating utensils and feminine hygiene products should be made available for inmates housed in the safety cells.
15. The facility should examine the use of IOL and consider amending clinical contacts based upon actual suicide risk rather than weekly for all inmates under observation.
16. The facility should utilize an accepted suicide risk assessment tool which can assist staff in the appropriate determination of suicide risk.
17. The use of suicide or safety contacts should be discontinued.
18. Additional training regarding the appropriate use and development of safety plans should be provided on an ongoing basis with supervisory monitoring and feedback regarding the adequacy of safety plans developed.

19. The facility should ensure a system for the appropriate follow-up for inmates after the discontinuation of suicide monitoring.
20. If not already in place, a system for mortality review for serious suicide attempts and completed suicides should be developed.
21. Daily nursing or mental health rounds for segregated inmates is recommended.
22. Weekly clinical contacts for segregated mental health inmates is recommended.
23. Increased programming for segregated inmates is recommended. This might be achieved by group or individual therapy, as well as in-cell activities to decrease the isolation inherent with housing in those units. The County should review the placement of persons with serious mental illness in segregated settings and reduce overreliance on segregation.
24. The facility should work to address the difficulties in the provision of discharge medications and re-entry planning for those individuals for whom discharge is uncertain. Discharge planning should include coordination with community services to prevent persons with serious mental illness from returning to the jail.
25. The facility should work to identify appropriate space for the provision of group and individual therapy.
26. The County should work to provide access to appropriate inpatient psychiatric care for SRJ inmates. Inmates should be referred for inpatient care without delay, regardless of concerns of malingering or behaviors due to secondary gain.
27. Additional training, supervision and monitoring is indicated to ensure that medication administration is performed appropriately to prevent medication hoarding.

Please contact me should you have any questions regarding this report.

Respectfully submitted,

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Exhibit D

Evaluation of the Alameda County Jail System

Prepared by Terri McDonald

December 2019

Version 2

Introduction

In June 2019, I was asked to serve as a neutral expert to review conditions of confinement and access to care in the Alameda County jail system.¹ The following findings are based on a review of the original complaint filed against Alameda County (County); two site visits that included tours of housing units, random interviews of inmates and random interviews of staff; and a review of over 18,000 pages of document production provided by the County.² The findings below were verbally shared with counsel and representatives from the Alameda County Sheriff's Department.

As a general impression, I found the facilities clean and orderly and generally well maintained. The population in the facility appeared in line with the rated capacity and no significant overcrowding conditions were apparent. The staff were committed to continuous improvement and open and responsive on both tours, whether it was management or a randomly selected staff member questioned during the tours. I was given full access to any inmate I requested to speak with and any document I requested to review. I sensed an earnest commitment to improve the system and a desire to operate the jail consistent with modern correctional standards.

While there is much positive to build upon, I did observe areas that require improvement and attention, and this document will describe those findings and examples related to the findings. Additionally, the document will provide a variety of recommendations for sustained improvement. These findings and recommendations are not listed in priority order and often intersect or are dependent upon one another. The recommendations for improvement are not exhaustive but hopefully provide ideas about how to continue to address many of the areas of concern. To avoid redundancy, this document does not restate a recommendation in various areas but many recommendations will support improvements in more than one area.

Mental Health Services and Capacity

Though I am not a licensed clinician, the impact of insufficient mental health clinical personnel and mental health treatment capacity are evident in virtually every problem area observed. During both tours and in reviewing copious documents, it is clear that mental health clinical personnel are spread thin, are not running sufficient groups in mental health units, are not called upon to support in crisis situations and are not present for overnight shifts. The strain on mental health resources manifest in several ways:

Inmates in the mental health restricted housing units may not be receiving sufficient out of cell time and were not consistently observed in group counseling or individual counseling during the

¹ The only operating jail at the time of the review was the Santa Rita jail.

² Deep analysis of the classification system, clinical reviews and American with Disability Act (ADA) were not conducted by this writer as other experts had greater depth of knowledge. However, additional feedback can be provided as requested.

tours. I defer to clinical personnel on whether the frequency and quality of engagements meets clinical standards. While on tours, this writer did observe inmates out for group activities in mental health program and did observe clinical contacts but did not observe clinically run mental health groups or individual counseling in all mental health units. It also did not appear that there was an interdisciplinary team in the mental health units of clinical and custody personnel working together to create the most therapeutic environment possible.

There did not appear to be extensive educational or life skills programming in the restricted mental health units. In fact, the program policy for the agency appears to inhibit mentally ill inmates from full program by restricting who is eligible to receive programming either through their housing location or through restrictions due to behavioral issues.³

There appears there may be limitations in collaboration and clinical staff availability, which misses the opportunity to reduce incidents. For example, in reviewing pre-planned use of force incidents, clinical personnel were not routinely called to assist with seeking compliance prior to use of force. There were several incidents reviewed where a clinician was requested, which is excellent, but it was not routine or a mandate and would be difficult with current clinical limitations.

Lack of clinical staffing during graveyard shifts manifested itself in several use of force incidents reviewed that occurred in the intake areas. In these cases, inmates in apparent need of mental health housing were languishing in the intake area for too long while awaiting evaluation and housing. While one cannot know for certain, perhaps some of those incidents may not have occurred had the inmate been assessed and housed in a timely manner. The lack of mental health staff overnight does not support the complex needs of large jail intake processes or meet the crisis needs that inmates have during graveyard hours.

Custody personnel may also be leaving inmates in cells who have made a suicidal statement, or they are moving those inmates to a safety cell or other environment without a timely mental health assessment. This appears to be due largely to a lack of mental health clinical personnel to assist with assessment.

The large span of time between clinical evaluation of inmates placed in a safety cell, for example within 8 hours and then every 24 hours thereafter, reflects insufficient clinical personnel to transition inmates in need of behavioral health services to and from an isolative environment. There are also limited mental health rounds in the restricted housing units and no mandate that mental health personnel provide input prior to placement of an inmate into administrative separation⁴.

³ County 001191-001192 – 5th Production

⁴ For purposes of this report, the term administrative separation refers to placement in a celled unit in which removal from the cell generally is in restraints and the inmates in the unit are not permitted to mix unrestrained other than with an approved cellmate.

When clinical encounters occur, they appear to occur in settings that do not afford adequate privacy, which may inhibit an inmate's willingness to be candid. It is understood that clinical capacity is planned with renovations in the intake area and the construction of additional program capacity as funded by Senate Bill 863. These enhancements may prove critical to overall access to care.

There may also exist the opportunity to improve continuity of care in medication administration between the community and custody as it does not appear that electronic unit health record databases speak to each other between services provided in the community and the jail. It also did not appear that information technology systems linked between medical, mental health and custody. This is a concern that should be referred to a clinical expert for review.

It also does not appear that the unit health or jail information databases have a "flag" that alerts clinical and custody personnel when inmates have mental health histories, or histories of suicidal behavior or ideation. It appears that each time an inmate enters the system, the inmate is treated as a new intake without the benefit of prior medical or mental health records including those related to medication needs, or self-harming or other behavioral issues.

Recommendations

1. *Conduct a staffing analysis and needs assessment for clinical personnel to identify needs and address the opportunities for improvement detailed above. The National Commission on Correctional Health Care Standards may be able to assist.*
 - a. *In the interim, recommend increasing mental health clinical staffing to provide for 24-hour coverage, seven days per week.*
2. *Increase clinical groups in behavior health units and identify methods to provide for privacy during clinical contacts, including during intake and individual and group clinical encounters.*
3. *Evaluate the ability to integrate electronic unit health records systems in order to share information between jail medical and mental health providers and community providers.*
4. *Create alerts in the unit health and custody databases for prior suicidal or self-harming behavior and/or ideation.*
5. *Create interdisciplinary teams in the behavioral health units and include mental health clinical personnel in pre-planned use of force incidents, prior to placement of an inmate in a segregated setting, when an inmate is making a suicidal statement and prior to rehousing an inmate released from suicide observation in any unit.*
6. *Create an information technology solution or other reporting system that advises the watch commander and clinical leadership when an inmate is being held in the intake area for more than 4 hours.*

Out of Cell Time in Restricted Units

Based upon on-site observations, discussions with employees, interviews of inmates and review of paper logs, it is evident that inmates in restricted and controlled housing units, including the medical housing unit, are not receiving appropriate out of cell time. This includes dayroom activities, outdoor recreation activities, programming and showers. The staff interviewed appear committed to meeting the mandates and understand the importance of out of cell opportunities but often did not appear to have sufficient staff in the units to meet the mandates.

Evidence of inadequate out of cell time was visible in units during the tour. While several units did have inmates out individually and in groups, it was not consistent. In most living units toured, inmates were not observed using housing unit recreation yards and only general population female inmates were observed using the large facility yard.

Many units I entered had no inmates in the dayroom for activities because there was insufficient staff in the unit to meet the competing priorities in the unit. Units may have had individual inmates in dayrooms for showers, phone and out of cell time, but there were often no deputy personnel in the units directly supervising them. It appeared that unit supervision became the responsibility of the control booth technician.

A review of the medical unit logs⁵ showed daily lack of out of cell time for showers and other activities. Out of cell “refusals” were also noted routinely on all restricted housing logs. Refusals can be an easy way to document that out of cell time was offered in efforts to meet minimum out of cell mandates, but such frequent refusals raise questions about whether out of cell time is being offered consistently. Routine refusals of inmates to utilize the yard and dayroom does not absolve a correctional system of its responsibility to try to mitigate well documented damage associated with inmates isolating in their cells, particularly those who require mental health services. If all inmates utilized out of cell and yard time, it might be mathematically impossible for the County to provide adequate out of cell opportunities with the current configuration of the yards and dayrooms. The inability to meet the current out of cell requirements was recognized both by sheriff’s managers and deputies working in the units and has been a documented and recognized challenge.⁶

Ensuring that inmates are receiving adequate out of cell time, clinical contacts and programming will require a significant commitment from the County, but the reforms are critical.

⁵ County 003685-003718 – 12th Production

⁶ Refer to American Correctional Association audit – County 001235 - 5th Production

Recommendations:

1. *In addition to clinical staffing analysis recommended above, conduct an analysis of custody and programmatic personnel as well. The National Institute of Corrections (NIC) may be able to provide technical assistance. The staffing analysis should consider the various recommendations from this and other expert reports and develop a comprehensive approach.*
2. *The current paper logs tracking out of cell time should be replaced with an information technology system. In the interim, another format, perhaps a single page for each inmate in restricted housing units should be developed to show each individual inmate's out of cell time, including program hours, showers, dayroom time, outdoor recreation times, and visiting for a period no less than one week. Logs will assist custody and clinical personnel in evaluating socialization needs and identify inmates who are isolating or at risk for mental health decompensation. The current paper system was difficult to quickly assess which inmates were and were not routinely receiving out of cell time.*
3. *The yards should be evaluated to determine if they can be reconfigured to increase outdoor recreation opportunities. Outdoor recreation hours should be encouraged and expanded, which may require additional lighting and dedicated recreation officers. Use of recreational therapists should be considered in behavior health units.*
4. *Policies and training should be updated to create an expectation that custody personnel notify supervisors and clinicians when inmates are refusing activities, meals, medications, or other activities for a designated period.*
 - a. *A policy should be created that requires that a supervisor review programming logs in restricted housing units on a daily basis to determine whether any inmate is not being afforded out of cell time opportunities pursuant to policy or whether routine refusals are occurring.*
 - b. *The policy and training should be updated to include the requirement that staff do not simply accept a single refusal for out of cell time in the behavior health units and to require more than one attempt to meaningfully communicate to the inmate the importance of out of cell time.*
5. *Consideration to increase out of cell time to a minimum 10 hours per week should occur and the staffing and out of cell options of dayroom, yard and programming outside of the unit will likely require enhancement to meet this target.*
6. *Supervisors must have a more pronounced role in monitoring out of cell and program activities and have a more visible presence in living units. It is anticipated this will require an augmentation to the current sergeant and lieutenant resources.*

Programming

The Sheriff's Department commitment to provide a range of rehabilitative programming is commendable. The staff assigned to the program unit are proud of the work that they do and are committed to reducing recidivism through providing quality care and programming. There were clearly program opportunities occurring in the general population and restricted housing units. Use of tablets for technology solutions is also an important innovation and commitment to engaging inmates while in custody.

Unfortunately, the programming options did not appear to be sufficient to accommodate all inmates and it appears that some groups of inmates have greater access to programming than others. Inmates in restricted and closed housing units have less opportunity for programming, even if they were not in an administrative separation setting. The path of travel challenges to the classrooms, inability to mix inmates in the classroom space and lack of escort and housing unit staff may contribute to this disparity. Programming schedules exist and were provided during tours of the units. Staff and inmates are aware of the schedules, but it appears that the reality of the daily program does not mirror program schedules.

Recommendation

1. *Re-evaluate policy and practice related to program eligibility and distribute limited program provider hours for more equitable access to programs.*
2. *Evaluate and address path of travel issues into classroom for mobility impaired inmates and staff.*
3. *Expand program provision in closed and restricted housing units with charter schools, community based and faith-based providers, volunteers and mental health personnel.*
4. *Establish easily deciphered daily tracking system for programs provided and inmates who attended.*
5. *Consider revising the program schedule consistent with realistic program expectations and adhere to the revised schedule absent extenuating circumstances.*
6. *Seek options for alternative to custody community-based drug treatment and mental health services.*
7. *Re-evaluate and validate classification system to program inmates in the least restrictive environment consistent with safety needs. The National Institute for Corrections can assist with this effort.*
8. *Seek opportunities to add classroom capacity through modular construction or the construction of the SB 863 building.*

Security Checks

The timeliness and quality of security checks is insufficient. In reviewing dozens of documents, observing staff in housing units and speaking to deputies in the housing units, it is clear that staff understand the importance and expectation for conducting security checks, but those checks are both untimely and cursory at times. In reviewing safety logs provided by the County, there are numerous missing entries or entries that are so exact on time (i.e. 0700, 0715, 0730, 0745) that it raises questions about their accuracy.⁷

In observing staff working in the units, I watched for more than 45 minutes as staff either did not complete the mandated safety checks or hurriedly passed by cells that were darkened without shining a flashlight or turning on a light. I had previously observed several of these cells and could not see with clarity in the cell without the aid of additional lighting. I observed safety check logs outside of safety cells that were incomplete and observed two safety cells with inmates in them that did not have a safety log on the outside of the cell.

Staff were candid in stating that they are unable to complete quality security checks within established timeframes and that they simply leave the security check logs blank if they are unable to meet the mandate. In one attempted suicide review, it appeared the staff may have left the unit for over an hour and missed a mandated check during which time an inmate attempted suicide in the unsupervised dorm.⁸

In more than one suicide review, the timeliness and quality of security checks is in question.⁹ The County's inability to meet timeliness of security checks is referenced in Policy 8.18 (Section B.2) as well as in the American Correctional Association (ACA) audit in 2016, referencing lack of timely security checks.¹⁰ It appears that the lack of timeliness is likely driven primarily by staff vacancies as I did not observe staff simply sitting idle. On the contrary, staff appear busy, moving hurriedly from one task to the next.

Recommendations

1. *Regarding the staffing review of custodial positions recommended above, the consider the following:*
 - a. *Consider use of alternative classification other than deputy sheriffs to assist with security checks, such as providing a safety bonus for technicians. The Los Angeles County Sheriff's department has experience with this model or the National Institute of Corrections may be able to provide assistance as well.*

⁷ Examples include: County 10053-10058 and County 10103-10105 – 21st Production (1 of 2)

⁸ Incident number 19-11080

⁹ Refer to Morbidity and Suicide Review section for further discussion on failure to address this issue in critical incident reviews.

¹⁰ County 001235 - 5th production

- b. The County could review and expand the role of clinical personnel to include additional assistance, particularly with inmates on 15-minute checks and in converting housing pods to a more clinical mission.*
 - c. Work with the county executive office to move long term sick deputies from their budget position number into a “blanket” position to allow backfilling or create as needed or on-call deputy item to reduce critical staff vacancies.*
 - d. Conduct a review of transportation and consider creating a medical transportation team to discontinue pulling deputies from the housing units to conduct emergency transportation details.*
- 2. Consider using an inmate work assignment position to assist with security checks in high risk mental health areas to enhance, not supplant, staff security checks. The Federal Bureau of Prison has experience with this model.*
- 3. Evaluate the use of information technology systems to track completion of security checks and include the ability to notify a supervisor and watch commander when security checks are not being completed. There are several systems available and tested but recommend a system that does not create the sound of metal striking metal (i.e. the “pipe”), and one which will allow staff to note the inmate’s status at the time of the security check (i.e. sleeping, eating, pacing, etc).*
- 4. Review policy and training on conducting quality security checks, including the creation of a video to model appropriate security check observations. Increase supervisory oversight in reviewing quality and timeliness of security checks.*
- 5. All suicide and suicide attempt reviews should review timeliness and quality of security checks as an aspect of the after-action review.*

Use of Safety Cells

The use of safety cells is troubling. These conclusions are drawn from observing the cells, reviewing log books, talking to inmates in the cells, reviewing use of force incidents and interviews with staff. While staff advised readily and knowingly what the policies were concerning placement, documentation, cleanliness of the cells, etc. I observed several violations of stated and written policies during both tours.

While it is recognized the staff may feel they have limited options other than to use safety cells when an inmate engages in self-injurious behavior or makes serious threats, the location of the cells, isolative and stark nature of the cells, lack of significant oversight prior to placement in the cells, lack of mental health intervention and consistent engagement of inmates in the cells, inconsistent security checks, apparent inadequate service provision while inmates are in the cells and cleanliness of the cells are problematic.

There is also potential to misuse the cells and miss opportunities for clinical personnel to develop a treatment and behavioral plan when inmates are placed in the cell. Just this year, it appears

Inmate Tiffany M spent extended periods in a safety cell and it is not clear whether clinical personnel developed strong behavioral plans, in partnership with custody, to address the behaviors or clinical needs that lead to Inmate Tiffany M ending up in a safety cell.¹¹ While on my first tour, there was also an inmate who had been in the cell for what I believe may have been more than a week and that should have raised a red flag to clinical personnel and custody leadership.¹²

Recommendations:

1. *Develop a plan to discontinue the use of safety cells. In the interim:*
 - a. *Significantly enhance service provision to inmates placed in the cells*
 - b. *Place greater restrictions and controls on who is permitted to place an inmate in the cell*
 - c. *Assign clinical personnel to work in the area where the cells are utilized and increase their rounding and engagement with inmates in those cells.*
 - d. *Deep clean the cells immediately and between each use*
 - e. *Reconfigure the security check log system to a single shift report with greater detail of service provision during the shift to assist with ensuring inmates are receiving services.*
 - f. *Require at least once per shift sergeant and lieutenant rounds to interact with inmates in the cells and require documentation of those rounds.*
 - g. *Increase executive approval requirements of both mental health and sheriff personnel to require on-going approval for placement in a safety cell every 4 hours the cells must be utilized.*
2. *Seek opportunities to increase clinical housing capacity within the existing system and though contracted capacity in the community.*
 - a. *It appears several of the housing unit pods can be converted to create a stepdown mental health program and create units that increase observation and reduce opportunity for self-harm. By removing the upper bunk in the cells and utilizing a suicide reduction auditing tool to reduce ligature opportunities (i.e. breakaway fire sprinklers and security lighting), the jail can eliminate the need for safety cells.*
 - b. *In creating such a unit, the county should increase clinical personnel working directly in the units in partnership with custody and should evaluate if this unit could also support an involuntary medication program.*
 - c. *Perhaps the newly designed construction plan could consider the placement of specialized cells within the new building if option 2.a is unrealistic.*
3. *Evaluate expansion of mental health diversion by working with justice partners and mental health to find alternative placements for low to medium risk inmates whose*

¹¹ County 104293-10473. 21st Production (1 of 2)

¹² Unfortunately, I did not record the name of the inmate or the location where the inmate was housed. This observation occurred on June 25, 2019.

behavior appears more associated with behavioral health issues than violent criminality. This will reduce pressure on limited clinical beds in the jail.

4. *Evaluate wait list for State Hospitals pursuant to court order to determine competency and create a strategy to reduce the waitlist or seek a contract with the State to develop a restoration program within the jail.*

Administrative Separation

This feedback is based on tours of the restricted housing units, review of documentation, review of policies and discussions with staff and inmates in those units. The County has a commitment to staffing a classification unit and is committed to routine reclassification. The classification staff are actively involved in reviewing housing placements and there are policies guiding their decisions. The classification team was also open to discussing current practices and continuing to refine systems and could benefit from support from the National Institution of Corrections and classification experts to refine policies and training of the team.

In general, the jail appears to be over reliant on segregation, and inmates in administrative separation are not being afforded ample access to out of cell opportunities and programming. It appears inmates are too easily placed into administrative separation and there may be some hesitance to remove the inmate when they do not present a known serious risk to institutional safety. Additionally, based on the classification practices, once in maximum custody administrative separation, inmates are not permitted to work their way to minimum or medium classification.

As mentioned, the lack of mental health involvement prior to an inmate being placed in the unit or routinely assessing inmates through rounds, groups and individual counseling should be addressed. The methods and policies for double celling in maximum custody and restricted housing should also be considered.

Recommendations

1. *Work with consultant to update policies and training on placement criteria, approvals needed and reclassification from restricted housing units.*
2. *Update policy to require mental health evaluation prior to placement of inmates into restricted housing, daily mental health rounds of maximum administrative separation housing and routine clinical engagement with inmates in restricted housing.*
3. *As with the above recommendation regarding privacy, identify methods to create privacy in clinical contact in the restricted housing units.*
4. *Create an updated policy on double celling in restricted housing/administrative separation that takes into consideration criminal history/sophistication, willingness to accept a*

cellmate, size and age of the inmates in comparison to each other and reason for placement.

5. *Increase supervisory presence and rounds in restricted housing units.*
6. *Update classification policies and training that creates greater scrutiny prior to placement of inmates into restricted housing, more meaningful review for continued placement and the ability for an inmate to work their way through positive behavior from a restricted housing unit to a minimum custody unit if their behavior and case factors support such placement.*
7. *Create a step-down protocol from the maximum administrative separation housing unit that begins integration and increases programming opportunities with the goal to safely transition inmates to the least restrictive environment while maintaining safety.*
 - a. *Continue current concepts to create integrated yards, dayroom activities and programming as an aspect of the step-down protocol. The National Institute of Corrections has significant information to assist jurisdictions with the reduction of reliance on restricted and segregated housing units.*

Use of Force

This section is based on review of dozens of use of force reports and videos on pre-planned physical interventions. As a result, it is recommended that the Sheriff's Department review the tactics used in physical interventions (emergent and pre-planned) as well as update the use of force policies and training. It also recommended the Sheriff's Department improve the intensity of the review process for use of force.

Generally the use of force reports were well written and provided a clear description of the circumstances giving rise to force and the force used. Clearly much work has gone into training staff on report writing, collecting reports from all involved, utilization of body worn cameras and layers of review post incident. These are all best practices in use of force in correctional settings.

However, I believe that increased training in de-escalation techniques, close review of the pattern of hand and knee strikes in all circumstances, a review of the use of less lethal options during pre-planned operations and the quality and willingness to continue address what appear to be unnecessary or excessive force in post incident reviews are critical. Although I did not review completed use of force reviews with all force reports provided, of completed review packages reviewed, I found insufficient critical analysis of tactical decisions that I believe was warranted in those cases.

For example, in more than 50% of use of force incidents reflected in the last two quarters of 2018, staff are reported to have engaged in striking or kneeling inmates.¹³ This is an unusually high percentage of use of hands and knees as weapons when physical strengths and holds generally

¹³ County 009315-009316 – 20th Production (1 of 2)

may be more appropriate. There were a variety of reports where staff appear to justify striking inmates in the face when they feared they might be spit on, which should have been questioned and addressed in a meaningful use of force review. In several cases, staff in the intake center entered holding cells and engaged in force incidents when it appears based on reports that time permitted staff to simply secure a door and wait for the situation to de-escalate, or to call for a supervisor.¹⁴ Admittedly I did not review each of the completed use of force reviews but the prevalence of these cases reflect that there may be insufficient analysis of tactics used in use of force incident.

In none of the completed force reviews provided were any questions from supervisors or managers reviewing the force address any policy or training issues or a review of an employee's prior use of force history. I am told that in the last year, the agency has been addressing what appear to be unnecessary or excessive striking contacts through the internal affairs process but I did not seek additional information or statics to review that contention and have no reason to disbelieve that comment.

Addressing unnecessary striking, waiting for a supervisor and driving towards de-escalation as a tool of first resort can be a difficult cultural and tactical issue. Based, however, on the Sheriff's Department's own reports, 50%-60% of use of force incidents involve staff striking or kneeling inmates this change is a necessary step. This frequency of striking appears inconsistent with correctional use of force practices and is an urgent area that must be addressed.

Recommendations

1. *Revamp use of force policy and training to increase de-escalation training and address over-reliance on striking and kneeling during force scenarios.*
 - a. *The policy should reiterate supervisor and managerial responsibility to address tactical mistakes or unnecessary or excessive force in a steadfast and unapologetic manner.*
 - b. *Policy should require consistent use of early warning system review on staff prevalence rates in use of force and types of force.*
 - c. *Policy should require clinical engagement where appropriate in developing behavior plans with inmates who are engaged in multiple force incidents.*
 - d. *Meet with labor and employees to better understand why they are relying on strikes and knees and what tactics or tools need to be developed or provided to reduce reliance on striking and kneeling.*
 - e. *Policy should be clear that inmates will not be hit in the head/face or kneed/kicked absent life threatening or other extenuating circumstances.*

¹⁴ Examples include but are not limited to Incident Reports: 18-9920; 18-13720; 18-15010; 18-15089; 18-17550; 18-17624; 18-18757; 18-8876; 18-0903; 18-2508; 18-2861; 18-3297; 18-3919; 18-5014; 18-5555; 18-6163; 18-6433; 18-7239; 18-7049; 18-8171

2. *Increase the number of supervisors and clinical personnel in the living units to assist with de-escalating crisis situations.*
3. *In addition to body cameras, explore updating fixed cameras with priority placed in the intake areas and areas with highest prevalence of force. It is noted that there has been the addition of a lieutenant in the area to assist and oversee the unit.*
4. *Consider the creation an independent use of force review team to create a second review process, looking for systems and training issues for continuous quality improvement.*
5. *The agency should review the circumstances when less lethal impact weapons, such as the 37mm or FN 303 are warranted, and determine when chemical agents may be more appropriate in cell extractions.*
6. *Mental health personnel should be contacted for support for all pre-planned force incidents in the jail.*
7. *Control booth technicians and other staff should author their own supplemental reports when they witness force.*

Grievances and Inmate Discipline

Information was provided on inmate grievances and inmate discipline, particularly the role of mental health clinicians in the disciplinary process of mentally ill inmates. It is commendable that the system has developed and implemented a disciplinary system that is more refined than many jail systems. It is also commendable that of the reports reviewed, clinicians provided input on the majority of disciplinary reports for inmates receiving mental health services. The grievance information was not presented in a manner that easily assisted in reviewing access to the systems, timeliness or quality of responses or trends in grievances. Staff and inmates were aware of the grievance system but grievance forms were not readily available in all housing units without an inmate needing to request one from the staff. It is noted that the electronic tablets will help with ensuring access, timeliness in response to grievances and generating reports on trends.

Recommendations:

1. *Continue process of inclusion of clinicians in disciplinary system and track when the clinicians make a recommendation to consider the mental health of the inmate in the process as the feedback from clinicians did not appear to impact the decision in the majority of reports reviewed.*
2. *Consider discontinuing seeking an opinion on the level of discipline that should be assessed from the deputy authoring the report. This is inconsistent with normal correctional practices and inconsistent with arresting officers writing a report on an alleged crime.*
3. *Consider replacing disciplinary diets with practices more consistent with restorative justice principles for all inmates, and particularly for mentally ill inmates. Food related disciplinary actions should generally be related to food related incidents.*

4. *Evaluate the tracking and metrics system for inmate grievances to seek formats that better inform management on timeliness, trends, problem areas, etc. Again, the use of the electronic tablets are an excellent tool to assist in this area.*
 - a. *It is understood the tablet program will support access to grievances but ensure a system is in available and responsive for inmates who do not have access to the tablets.*
5. *Ensure supervisors are conducting daily rounds in housing units to ensure access to grievance systems.*

Morbidity and Suicide Reviews

This section feedback is based on review of all morbidity reviews provided as well as discussions with Sheriff's Department personnel. While it is promising and commendable that there is a death review process in effect, the depth of the reviews should be enhanced. For example, of all suicide reviews provided, all were determined to be within policy. However, on virtually all paper reviews, it appears that opportunities for system improvements would have been identified with more thorough reviews. Some examples of areas that seem the reviews could have assessed more thoroughly are addressed below.

In commenting on the below deaths, I did not seek follow up response to the areas that caused concern and recognize that in seeking additional information, it may have satisfied a concern. However, the lack of a deep analysis is itself a problem and a missed opportunity for system improvement and increased accountability. These comments do not imply purposeful inaction but highlight a sentinel event review system that would benefit from increased training and support. Examples of issues that should have been evaluated in various death review that are not documented as being considered in the reviews provided:

Inmate [REDACTED]¹⁵ - As with all death reviews, any video availability of the event was not mentioned and no mention of review of either the unit camera or body worn cameras. There was no mention if security checks were timely and thorough. Neither the Unit Health Record or Custody record spoke to prior incarceration and mental health history, including suicide attempts. There was no mention on the lack of a mechanism to connect prior incarceration history and community health care with the jail unit health record. Nor is there a mention of the lack of an integrated jail medical record and mental health record. It does not appear there was a continuity of medication upon intake but that is not listed as evaluated. Appears the inmate flooded his cell earlier in the shift but record was silent as to whether he was removed from the cell to clean the cell and does not appear mental health was notified of his behavioral issues. The security check log has

¹⁵ Incident Report 18-6033 – 8th Production

troubling entries that are too routine to be considered reliable. The medical/mental health review appeared less than thorough but will defer to clinical expert to comment.

Inmate [REDACTED]¹⁶ – No review of video or body worn cameras. No mention of security checks. Appears he had been in two separate fights the night before, but no mention if he received any medical treatment after the fights. With two prior fights, had mental health or a supervisor spoken with him? Appears that according to the unit logbook that the ambulance may have taken up to 50 minutes to arrive. Discrepancy in documentation is not noted or explained. The medical/mental health review appeared less than thorough but will defer to clinical expert to comment.

Inmate [REDACTED]¹⁷ – While the investigation may have cleared staff relative to the death, there is no discussion on administrative policies compliance. Was the equipment applied according to manufacturer recommendations? Were the staff trained in the use of the wrap and did they follow that training? Was policy up to date and provided appropriate direction on the use of the wrap? Where the tactics during the use of force consistent with the threat?

Inmate [REDACTED]¹⁸ – No discussion on age, size and criminal sophistication difference between the two inmates in this in-cell homicide. No discussion on double celling policy or need to evaluate current practices of double celling.

Inmate [REDACTED]¹⁹ – While cause of death appears natural, there are issues that should have been addressed in the summary. For example, there appears to have been a delay in transport to the hospital (appears a 4.5 hour delay). There were facial injuries noted in autopsy and reported by treating clinician which suggests the use of force reports/videos should have been included and evaluated in the death review. Coroner report indicates inmate was seen banging the back of his head in his cell but autopsy shows facial injuries. Report should have noted and addressed discrepancy, particularly when the treating physician at the hospital had concerns. Appears Mr. [REDACTED] may have died from pneumonia but had he recently been to hospital and whether he was assessed for pneumonia during the prior hospital stay is silent. Refer to clinical and peer review but lack of questioning in review is noted.

These are examples on five death reviews but these are only examples as this author had critical unaddressed questions from virtually all morbidity reviews provided. The lack of documentation of a complex and reflective interdisciplinary analysis of these deaths does not allow the system

¹⁶ Incident Report 18-11115 – 15th Production

¹⁷ Incident Report 18-10962 – 18th Production

¹⁸ Incident Report 19-9513 – 23rd Production

¹⁹ Incident Report 17-6991 – 21st Production (2 of 2)

to engage in continuous improvement and reduce future critical incidents. These types of critical questions should not go unanswered or unaddressed.

Recommendations

1. *Work with outside consultant to build internal capacity to conduct intensive morbidly reviews and develop sustainable corrective action process for each sentinel event.*
2. *Capture all stationary video and body camera footage in all death and critical incidents and include review of available video in the package and subsequent report.*
3. *Any use of force reports and reviews should be assessed in the death review package.*
4. *Review all training and policies (or lack thereof) associated with the incident and include in the package and subsequent report.*
5. *Reassess deaths from determine period (i.e. last three years) to seek opportunities for system improvement and develop a comprehensive corrective action plan from those reviews.*
6. *Review current structure for sentinel review and determine if staffing and experience support comprehensive post incident analysis.*
 - a. *If this does not already occur, consider including risk management, county counsel and/or and inspector general in all future morbidly reviews.*
7. *Consider the purchase of and installation of portable gurneys (i.e. stokes litters) in units for ease of removing injured staff/inmates from upper tiers in emergency situations.*
8. *Purchase and maintain industrial grade cut down tools in all housing unit control booths in the event staff encounter a suicide by ligature.*
9. *Consider consulting with a suicide prevention expert, such as Lyndsey Hayes, to assist with suicide prevention, training and harm reduction strategies.*

Policies and Training

The agency has an abundance of policies, which is excellent. Additionally, the updated Prison Rape Elimination Act (PREA) policy can serve as a model for other agencies as a thorough and complete policy and shows the capacity and commitment to develop comprehensive policies. Because policy is the framework for quality operations, the foundation of thorough and updated policies supported by targeted training, quality sentinel event review and routine auditing cannot be overstated.

Unfortunately, other than the PREA policy, many of the other policies appear in need of updating, may lack necessary clarity or use language that is ill-advised and may lend to the use of language by staff that is not appropriate (i.e. “mentally disordered” or “isolation”). The following are examples and not exhaustive.

The most critical behavioral health policies regarding the use of Intensive Observation and safety cells have not been updated since 2009.²⁰ The American with Disability Act (ADA) policy²¹ is in need of significant revision. The transportation policy does not mandate that a clinician be contacted if an inmate who is developmentally disabled or in need of mental health services refuses transportation and that should be rectified in both policy and practice.²² Fortunately, during discussions on the restraint policy, as an example of an area of concern, the Sheriff's department provided an updated policy, demonstrating a commitment to update policies as time and resources permit.

In addition to requiring a commitment to review and update existing policies, the training lesson plans provided are due for an update and inclusion of evolving correctional best practices. The mental health policies, while plentiful, appeared at times to provide more guidance about use of computer equipment and billing then informing how service provisions should occur in the various living units and intake.²³

To be a continuously improving organization, a constant interplay between policy, training, auditing and critical incident review must occur. Absent that continued feedback and process improvement loop, the same critical incidents reoccur and organizations struggle to understand the reasons why.

Continuous Quality Improvement



²⁰ County 001460-001465 – 6th Production

²¹ Policy 8.14 – 3rd Production

²² Policy 13.08 – 3rd Production

²³ County 001302-001424 – 5th Production

Recommendations

- 1. Develop a strategy to review and update all policies and lesson plans based on findings from feedback from the various experts and critical incident reviews (including use of force reviews).*
- 2. Going forward, evaluate policies and lesson plans associated with every use of force and critical incident review to determine if updates or revisions are necessary as a result of those reviews. Ensure the documentation process for critical incidents and use of force reviews documents reflects that a review of policies and training has occurred.*
- 3. Evaluate current critical incident review teams, policy units, training resources and auditing functions to determine if they are sufficient to develop a highly functioning process improvement system.*
- 4. Be inclusive, to the extent possible based on security needs, of the policy revisions so that they are well understood by staff and inmates alike.*

Correctional Expertise

The managers and supervisors encountered during the tours presented as intelligent, professional and committed to overseeing excellent corrections. However, they had limited supervisory and managerial experience in managing a large jail and suffer from a rotational schedule that does not develop well rounded correctional leaders. As with many sheriff's departments, the value of correctional experience may take a second seat to patrol operations and the top tier talent may desire to work in patrol. As a result, the ability to learn from experience erodes as supervisors and managers rotate from custody operations out to patrol.

Recommendations

- 1. Consider developing a career pathway for supervisors and managers to remain in the jail and incentivize a career in corrections as a valuable pathway in the county.*
- 2. Ensure involvement with the NIC Large Jail Network, American Jail Association, American Correctional Association and encourage and incentivize correctional training and certifications available from those organizations and others.*

Miscellaneous Comments and Recommendations

The previous sections of the report addressed larger segments of jail operations but during the review, the following issues were noted or opportunities were apparent:

- 1. There are insufficient Sergeants and Lieutenants to support daily activities, much less train and adequately evaluate staff. Far too many use of force incidents reviewed occurred*

without a supervisor present. No unit lieutenants or sergeants were observed in the living units during the tours and there appears to be little assurance that sergeants are conducting spot reviews in the housing units, looking at cleanliness, compliance with daily programming requirements, review of documentation such as security check and out of cell logs.

- 2. The silo nature of the provision of medical and behavior health is problematic. The county should seek a governance structure to improve collaboration between community behavior health, medical treatment providers and the Department of Mental Health.*
- 3. It is recommended the County evaluate inmate work assignments to determine how inmate workers, particularly AB 109 sentenced inmates, can be used to assist with facility improvements and programming. Areas discussed with Sheriff's team include certification program for deep cleaning²⁴, wellness check support (security checks),²⁵ student tutors/merit masters²⁶ and access to program support aides²⁷. There are literally hundreds of inmate programs and assignments that can assist with improving daily jail operations while training inmates on a skill that is transferable upon release.*
- 4. Create a daily check and auditing sheet for supervisors to use in conducting rounds to ensure security checks, out of cell opportunities, grievances and sick call slips are available, etc. are occurring.*
- 5. While overall the facility was clean and in good order, there were some units that needed support. Evaluate maintenance staffing levels to assist with maintaining the cells/dorms/living units in appropriate order and cleanliness. Staff report having challenges with inmates entering the cells when they were not as clean or maintained as the staff would like.*
 - a. Consider increased use of inmate porters*
 - b. Purchase pressure washers and water shop vacuums for all housing units for quick clean up.*

Conclusion

There is much to build upon in the system. Namely that there is a commitment to improve and a willing and transparent approach from the leadership to allow an evaluation of the system in a transparent and collaborative manner. The facilities are in generally good order and there is a commitment to providing services above the minimum, including education and rehabilitative programming. The managers and the staff in the jail were candid and engaging, both willing to listen to new ideas and share where they see opportunity to improve. The system is utilizing

²⁴ Program provided by California Department of Corrections and Rehabilitation (CDCR)

²⁵ Program available in the Federal Bureau of Prisons

²⁶ Program currently offered by Los Angeles County Sheriff's Department

²⁷ Refer to CDCR Gold Coat program

evolving technologies, such as body worn cameras and electronic tablets, to show a commitment to being a correctional leader.

I appreciate the opportunity to assist in this important review and believe given the resources and support, the areas of concern can be rectified and the Alameda County Jail system can be one of the most effective large jails in America.

Exhibit E

Evaluation of the Alameda County Jail Population, Restricted Populations and Inmate Classification System

Prepared by

James Austin, Ph.D.

November 2019

Introduction

In June 2019, I was retained by Alameda County to conduct an evaluation of the County Jail's inmate classification system. For clarification, a jail classification system is the formal process by which all inmates are admitted, objectively assessed, monitored, housed and released while in the custody of the correctional agency. As such all inmate housing and programmatic decisions are under the direction of the classification system.

The basis for the study is related to a complaint filed by the law firm of Rosen Bien Galvan & Grunfeld, LLP on December 12, 2018 (*Babu v. County of Alameda*). The complaint claims that inmates housed in the Alameda County jail are experiencing excessive amounts of time in isolation cells, inadequate care for inmates with "psychiatric disabilities", unnecessary placement in administrative segregation, and improper care for inmates who are suicidal.¹

In conducting this study, three key data files were requested and provided by the Alameda County Sheriff's Office (ACSO) that captured the individual attributes of people housed in the ACSO's jail system. Two were snapshots of the jail populations as of June 7, 2019 and September 8, 2019. These data files provide me with detailed information on the inmates who were housed in the jail system on those two days. The third data file consisted of all people who were released from the jail between September 1, 2018 and August 31, 2019. This data file shows the average length of stay (LOS) for released inmates, the methods of the released and other relevant inmate attributes.

In addition to the three data files, two site visits were conducted. The first visit was designed to get an orientation to the jail's architecture, housing units, and its current classification system. Based on that visit, a second visit was made to conduct interviews with a randomly selected number of inmates who were classified and assigned to the restricted housing units. While on site, the preliminary findings and recommendations were presented to all of the parties based on the data received to date. Some additional data were requested and were provided by the ACSO.

The report that follows is based on the data listed above. It focuses on the ACSO classification system and how inmates are assigned to general population and restricted housing units. Edits or additions to the report can be made based on comments or additional information received the involved parties.

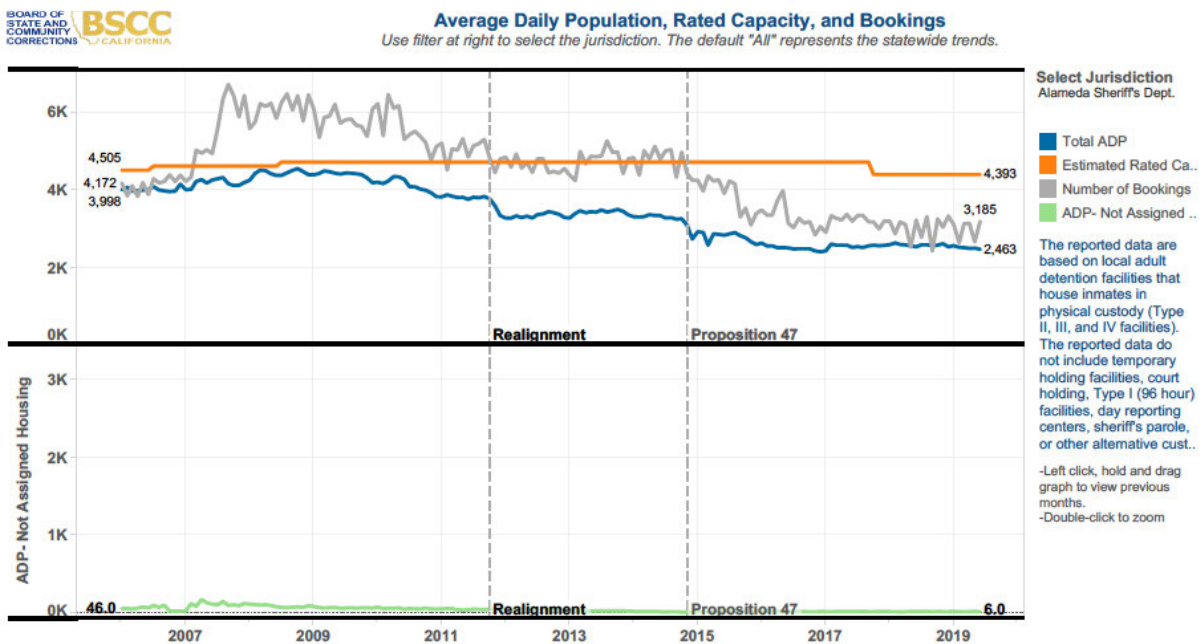
Major Jail Population Trends

¹ Babu, Ashok et al., v. County of Alameda; Gregory J. Ahern; Carol Burton

In assessing the Alameda jail system, it's important to first examine the major jail trends that have been occurring over the past few years. Significantly, the average daily inmate population has been declining over the past several years. In 2007, the ACSO jail population was approximately 4,600. Beginning in 2009, the population began to decline and reached 2,463 as of June 2019. The two data snapshots received from the ACSO in June (2,213 inmates) and September (2,422 inmates), showed about the same jail population (Table 1).

The size of a jail population is the product of bookings times the length of stay (LOS). In Alameda, the major reason for the decline seems to be a decline in bookings that actually predates the passage of re-alignment (2012) and Proposition 47 (2015) although both of those legislative reforms seem to have accelerated the long term downward trend. Similarly, the decline in bookings is related to decline in adult arrests (Figure 2).

Figure 1



In terms of incarceration rates (inmates per 100,000 county population), Alameda County currently has a rate of incarceration that is below the California and U.S. (Table 1). This is relevant to the issues of crowding, lack of staffing/supervision and services, as jurisdictions seek to safely lower their jail populations. With an already low incarceration rate, it may be more difficult to develop and implement jail population reduction strategies than a jurisdiction that has a higher incarceration rate.

In terms of bed capacity, the BSCC website reports a bed capacity of over 4,000 beds but that figure does not take into account the large number of beds that have been taken off line as the jail population has declined. Internally, the ACSO reported the Santa Rita Jail capacity at 3,717 beds. However, there are four units that are closed which lowers the jail's presently bed capacity to 2,676.

It's important that an operational capacity be established that accounts for seasonal, monthly, weekly and even daily fluctuations in the jail population. The operational capacity lows the jail to retain some level of constant vacancy so that inmates can be moved as needed into the appropriate housing units.

Typically, the operational capacity is set at 85-90% the bed capacity. That would mean that the jail population should not exceed 2,408 using the 90% range or 2,275 at the 85% range. This assumes that the closed beds remain closed. The recent actual jail population has been below the 90% range but slightly above the 85% range. To split the difference at 87.5% operational capacity, the jail population should stay below 2,342 inmates (Table 1).

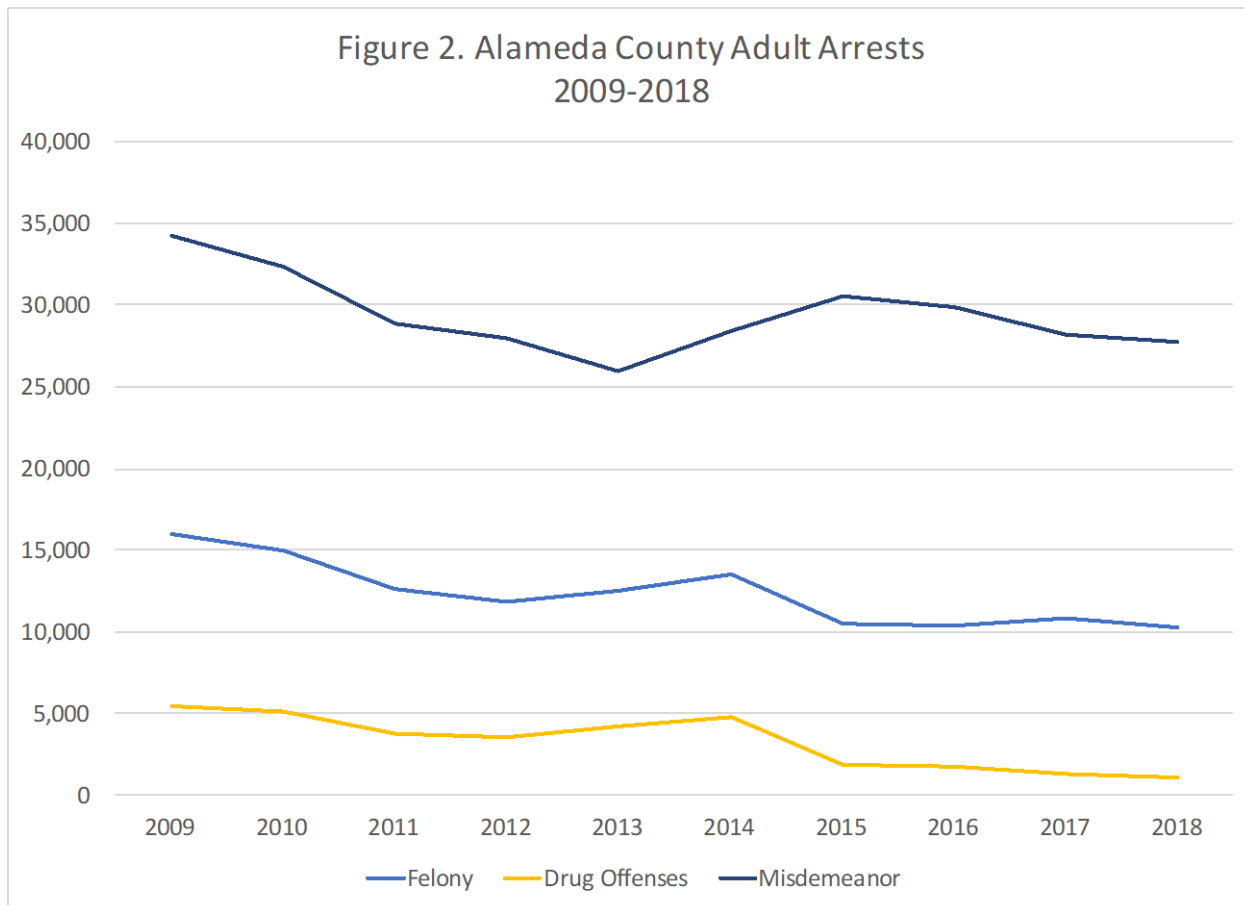


Table 1. Alameda County Jail Populations, Incarceration Rates, and Bed Capacity

Population as of July 2009	4,600
Population as of June 7, 2019	2,213
Population of September 8, 2019	2,422
Alameda Jail Incarceration Rate Per 100,000 Population	144
California Jail Incarceration Rate (2019)	188
U.S. Jail Incarceration Rate (2017)	233
ACSO Rated Bed Capacity	3,717 beds
With Four Closed Units	2,676 beds
At 87.5% Operational Capacity	2,342 beds

Table 2 provides a more precise analysis of the principle drivers of the jail population and is based on the jail release data file. It represents the number of releases in year and shows the method of release and the average LOS for each release method. By knowing those two factors (releases and LOS), one can also compute the amount of jail beds being occupied by each method of release. The release file was formatted to so that it was person based and only recorded one unique booking and release by a single individual in a year.

The overall LOS is 30 days for these 22,271 people which is above the national average of 23 days but is low compared to most California jails due to realignment. Of note is that 13,133 people were released within 3 days or less and typically by bail or citation release. By contrast, for the 9,338 people who do not get out in 3 days, their average LOS is 72 days with the people who are eventually sentenced to state prison having both the longest LOS and occupy the greatest number of beds.

The point of this analysis is that the inmates who are housed on a daily basis are most likely to be convicted of their crimes (mostly felony charges) and will have a length of stay of 2-3 months prior to release. As will be shown later in the report, it is these people who are most likely to be housed in those restricted populations for substantial periods of time that are the subjects of the litigation.

The attributes of the jail population as of September 8, 2019 are summarized in Table 3. On that date, the population was 2,442 with the vast majority of the inmates being male (91%), Black (48%), with an average age of 35 (lowest age of 18 years and maximum of 85 years). Overall this population had been in custody *thus far* an average of 198 days with males and Hispanics having a longer average LOS to date.

**Table 2. Alameda County Jail Releases
September 1, 2018 to August 31, 2019**

Release Reason	Average LOS (Days)	Releases	Estimated ADP
Total	30 days	22,471	1,874 inmates
State Prison Term Prescribed	420	398	457
Picked Up Out of Agency	60	2,125	349
Released (Un-coded Reason)	66	1,168	213
Probation (Formal)	57	1,331	209
No Complaint Filed	17	3,460	158
Time Served	72	913	148
Dismissed	68	670	125
Own Recognizance	17	1,383	65
Bail	4	3,660	40
Own Recognizance to Program	101	122	34
Citation in Jail After Booking	2	6,471	33
Ordered Released	19	459	24
Released Probation Terminated	82	60	13
Event Booked in Error	23	153	9
Died While in Custody	200	2	1
Other	1	95	0

Table 4 shows the current classification status of the jail population and their associated average LOS to date. About 60% are in the general population while 40% are in some type of restrictive status which is a relatively high percent. By restricted housing I mean inmates who are unable to be placed in the general population. These are commonly defined in any jail or prison classification system to include protective custody, administrative segregation, disciplinary segregation, acute, sub-acute and step down mental health units, and medical care (infirmary, disability) housing units. The general population designations are restricted only by the assessed classification custody levels.

The largest restricted populations are people assigned to Protective Custody (PC), Administrative Separation, Mental Health, and the segregated Sureno Gang statuses. While constituting a small percent of the jail population the Max-Separation inmates have a very long average LOS to date (over 400 days). Within the general population there is a progressive increase in the average LOS as one moves up the three classification levels as one would expect in a classification system that is heavily driven by the inmate's current offense(s) and prior record.

**Table 3. Attributes of the Alameda County Jail Population
September 8, 2019**

Attribute	Inmates	%	LOS to Date (days)
Total	2,442	100%	198
Gender			
Male	2,220	91%	205
Female	118	5%	118
Race			
Black	1170	48%	199
White	383	16%	150
Hispanic	675	28%	236
Age	Min = 18	Ave. 35	Max = 85

Table 4. Current Jail Population as of September 8, 2019

Class Level	Inmates	%	LOS to Date (days)
Unclassified	31	1%	264
General Population	1,432	59%	174
Max	651	27%	291
Medium	232	10%	93
Minimum	549	23%	69
Restricted	957	40%	227
Protective Custody	305	13%	262
Ad Sep	286	12%	247
Max-Sep	57	2%	442
Mental Health	237	10%	88
Sureno Gang	51	2%	402
Border Brothers Gang	21	1%	234
Total	2,420	100%	198

Table 5 provides even a more detailed breakdown of the various classification populations for both the June 7 and September 8 snapshot data files along with their average LOS to date. Of note there are 23 discrete categories many of which are linked to the time in each status. This is

**Table 5. Current Classification Levels and Average LOS to Date
June 7, 2019 and September 8, 2019**

Classification	June 7, 2019		September 8, 2019	
	LOS	Inmates	LOS	Inmates
Unclassified	74.7	170	263.9	31
General Population				
Max	309.6	613	291.2	651
Medium	121.7	192	92.9	232
Minimum	87.9	422	69.3	549
Restricted Populations				
Ad Sep	471.7	92	409.2	130
Ad Sep 7 Day	151.1	140	127.6	133
Ad Sep 72 Hr.	102.0	3	25.7	23
Max Sep	718.9	19	630.9	31
Max Sep 7 Day	263.9	23	224.5	25
Max Sep 72 Hr.	201.0	2	0.2	1
Mental Max	156.8	97	119.0	116
Mental Med	137.0	37	55.4	53
Mental Min	94.2	54	59.8	68
P/C Max	477.4	89	424.5	96
P/C Max 14 Day	63.9	14	50.2	9
P/C Max 72 Hr.	20.5	2	1.4	5
P/C Med	280.8	78	291.2	79
P/C Med 14 Day	18.1	14	44.9	9
P/C Mental	246.2	22	200.1	28
P/C Mental 14 Day	64.8	6	32.3	6
P/C Min	222.0	36	184.3	50
P/C Min 14 Day	47.8	12	22.0	14
P/C Med 72 Hr.	N/A	N/A	0.8	2
P/C Mental 72 Hr.	N/A	N/A	2.5	4
P/C Min 72 Hr.	2.7	3	2.7	3
Sureno	339.9	56	402.4	51
Border Brothers	292.8	19	233.7	21
Civil	8.0	1	107.4	2
Total	215.9	2213	198.1	2422

purposely done by the ACSO to make sure there is a timely review of those who were recently assigned to a restricted status are reviewed again within 3-7 days to verify that the status is valid.

On both snapshot dates, inmates assigned to Administrative Separation, Max Separation, Protective Custody Max, and the segregated Sureno gang unit have significantly longer lengths of stay (well over a year in custody to date).

The country also provided the number of assaults occurring the jail over a 13-month period from June 2018 thru June 2019. A total of 297 assaults were recorded which computes to an annual assault rate of 12 per 100 inmate population. This rate is within the range one typically sees in a local jail or state prison system.

In terms of jail mortalities, there were 19 mortalities reported by the ACSO between January 1, 2017 and October 2019. This computes to a mortality rate of .56 per month or 6.7 per year. Based on an average jail population of approximately 2,300, the annual mortality rate per 100,000 inmate population is 292 which compares to the national jail mortality rate of 137 per 100,000 (Bureau of Justice Statistics. 2016. *Mortality in Local Jails, 2000-2014 - Statistical Tables*, Washington, DC: BJS, DOJ). Caution must be made in interpreting any metrics with such low base rates as they can fluctuate significantly from year to year. Nonetheless the ACSO rate is about twice the national rate.

The Classification System

There are a number of positive attributes regarding the current inmate classification system which can be summarized as follows:

1. There are detailed policies that determine how the system functions;
2. There are dedicated classification deputies who are well trained in the current classification process;
3. All inmates are interviewed by the classification staff within 72 hours of booking to determine the inmate's initial classification level;
4. The factors used to assess an inmate's classification level are those used in other jail classification systems;
5. The classification level can be changed and over-ridden by the Deputy Classification officer with the approval of a supervisor (Sgt. or higher level);
6. There is a PREA assessment process that seeks to determine the inmate's risk for sexual assault or being a possible predator;

7. There is a detailed housing plan that is being adhered to by ACSO with no inter-pod transfers being allowed without approval of the Classification Unit; and,
8. There is good documentation on the basis for inmate transfers and changes in the inmate's classification level.

There are some aspects of the current system that need to be addressed. These can be summarized as follows:

1. The scoring system is an antiquated process that was developed by the data system vendor and does not meet industry standards as promulgated by the National Institute of Corrections Jail Center in areas as described below.
2. The scoring process is a series of "yes" and "no" questions that are used by Classification Deputies to determine the classification level (minimum, medium and maximum) using their review of the current offense, prior record and other factors. Acceptable classification systems generally use an additive point system that computes a total point score and is then scaled to three classification levels (also minimum, medium and maximum). The one exception to the additive point system is the decision tree model of which the NIC has not formally endorsed and can only be used with the permission of its developer Northpointe.
3. A major part of the NIC jail classification system is a range of over-rides (discretionary and non-discretionary) factors that can be used to alter the classification designation. Under the ACSO system there is no formal set of over-ride reasons.
4. There is no formal re-classification system for all inmates. The Minimum Jail Standards 1050 states that an inmate may request a review of his/her status if sentenced to more than 60 days, and that such requests are to be honored every 30 days. There should be a proactive policy that requires a reclassification review every 60 days for all inmates with a formal interview with the inmate.
5. There is not a reclassification scoring form that allows the inmate's classification level to be adjusted based on the inmate's conduct the past 60 days.
6. There should be tighter controls on the intra-unit cell transfers. Inmates cannot be transferred from one pod to another unless approved by the Classification Unit but deputies assigned to the pod can make cell transfers. They should not be allowed to make such transfers unless there is an emergency and only to temporally place an inmate in an unoccupied cell.

Restricted Housing Placements

As noted above and compared to most jails, there is a large percentage of the inmate population in non-general population status. In particular, the percentages in the administrative segregation and protective custody statuses are high. The 10% assigned to one of three mental health statuses seems high if these inmates reflect acute and sub-acute SMI status. There does not appear to be a stepdown program for the mental health populations.

The process for being admitted and released from these statuses is controlled by the Classification Unit. It seems to be a somewhat informal process in terms of the criteria and process for admitting and releasing a person from restricted housing. The primary method for ensuring proper assignment to and release from restricted housing is a system of checks and balances among the staff assigned to the classification unit.

To better assess this population 35 inmates assigned to these units were randomly selected off of the September 8, 2019 snapshot data file. An attempt was made to interview each person who were in custody as the time of the September 11-12, 2019 site visit. Of the 35 inmates selected 25 were interviewed. The ten that were not interviewed were either no longer in custody or declined to be interviewed.

In the general the following trends emerged from these interviews separated by the Mental Health/PC and Max-Separation Units:

Administrative Separation Interviews

1. Most stated they had voluntarily requested placement in the restricted unit and needed protection from other inmates;
2. All of them were either getting out of their cells every other day (per ACSO policy) or at least being offered the opportunity to do so;
3. All were on some type of psychotropic drugs due to their diagnosed mental illness(es);
4. None stated that they were receiving regular non-medication treatment services (e.g., counseling, structured recreation therapy, etc.);
5. Most have been incarcerated either in the ACSO jail system or another county jail/state prison time before but were not placed in restricted housing;
6. Most have good conduct records while assigned to the restricted unit (e.g., no major disciplinary incidents, no complaints from staff, etc.);

Protective Custody Interviews

7. Most were voluntary commitments meaning that they had initiated the request and was approved by the Classification unit;
8. A large percentage were on psychotropic drugs prescribed by the psychiatrist who visit the unit on a weekly basis; and,
9. None on such medication or assigned to the mental health units were receiving structured non-medication mental health treatment.

Max-Separation Interviews

10. There are a wide variety of reasons for placement in this status such as protection due to bad debts with other inmates, inmates desiring to drop-out of a gang, being a high-profile inmates due to nature of crime or law enforcement officials, and fights with other inmates;
11. As noted above, most have been incarcerated at the ACSO jail, other county jail systems or state prison but did not require restricted housing;
12. All had good conduct records since being assigned to the Max-Sep units;
13. They are receiving daily and long amounts of out of cell time;
14. There are very few programs being made available to them except for the GED program;
15. None have major or minor mental health issues; and,
16. All wanted to remain in the unit but want enhance privileges which would in effect make it a general population environment.

PC-Max Interviews

17. These inmates need protection from other inmates for variety of security issues such as conviction of a sex crime, prior gang involvement, snitch or sexual orientation;
18. As noted above, most have been incarcerated at the ACSO jail, other county jail systems or state prison but did not require restricted housing;
19. All but a few were double celled;

20. All had good conduct records; and,

21. None reported having major mental health issues.

Other Observations

During the course of the two site visits, there were other observations that are relevant to this assessment. First, was the lack of security staff in the units visited. Generally, there was only one officer in the unit which precluded the ability to escort inmates to and from program areas or other out of cell activities as needed.

Second, there were few if any structured activities taking place in the units during the visits to the restricted housing units. The restricted housing units are designed so that a single deputy can visually observed inmate conduct in each internal pad but it was rarely. Collectively these observations suggest a chronic shortage of security staff.

Third, on one site visit there was one inmate who had been held in a temporary isolation cell for what appeared to have been for several weeks. While the cell-check log had been properly completed for the past few days, it was clear that staff had not taken the opportunity to actually open the cell to verify the mental health and medical status of the inmate. While this may be an isolated incident, it is concerning that it even existed.

Finally, one of the inmates who had been transferred from the general population to protective custody due to his sexual orientation had, in my opinion, manipulated the ASCO classification staff to arrange a questionable cell transfer. Staff expressed the frustration that they feel they have no legal basis to deny any inmate request to be transferred to PC and/or a request for a cell transfer.

Summary of Recommendations

1. Design and implement a formal reclassification instrument and policies so that all inmates are formally interviewed and re-classed every 60 days;
2. Develop a formal process for the admission, review and release of inmates to and from the various restricted housing units;
3. The restricted housing process would include sufficient due process and transparency so the inmate would have a written basis for the admission, conditions of confinement in the unit, a 30 day review process, and the basis for release to the general population;
4. If a policy does not exist that does not permit Housing Unit Deputies to make cell changes without the approval of the classification unit, one should be developed and implemented.

5. Replace the antiquated classification scoring system with an updated additive point system that mirrors the requirements of the NIC Objective Jail Classification system;
6. Develop a re-entry process for those inmates who are SMI and have spent a significant amount of time in restricted housing.² Such a process would ensure a referral is made to a community based behavioral health provider and that the continuation of psychotropic medication can continue. The process would require the ACSO to daily develop a list of people who are on the mental health caseload and are about to be released in the next 12-36 hours and ensure there is a smooth transition to community based behavioral health providers.
7. Develop a tighter policy on Protective Custody that discourages the manipulation of inmates to seek PC status when in fact it is not required. In particular, implement a procedure to release such inmates to certain general population units on a controlled basis.
8. It appears there are insufficient custody staff to adequately supervise and escort inmates to needed services within and outside of the housing units. It's beyond the scope of this assignment to specify how many staff are required but such a staffing study should be completed.
9. If it is found that more staff (both custody and behavioral health) are required, one option other than trying to fund, recruit and retain additional staff is to develop a strategic plan to lower the jail population and close further housing units so that existing staff will be sufficient.³
10. Further reductions in the jail population could be achieved (as it has in several large jails such as New York City, Cook County, Philadelphia, and Lucas County) by implementing a of administrative reforms (reducing court continuances) for detained defendants, greater use of split sentencing, and usage of the milestone credits for sentenced inmates.⁴ The

² Defendant's counsel has objected to this recommendation stating that is beyond my scope of evaluating the jail classification system. Plaintiff's counsel has objected to the Defendant's counsel objection. In my experience, the process by which inmates are released from restricted housing units to the community is part of the formal classification system.

³ Defendant's counsel has objected to this recommendation stating that is beyond my scope of evaluating the jail classification system. Plaintiff's counsel has objected to the Defendant's counsel objection. In my experience, the lack of security staff adversely impacts the ability of the classification system to function properly. Specifically, the housing which is a key part of the classification system details privileges, out of cell time, and access to programs that are commensurate with the inmate's classification designation. An inability to deliver such services and privileges on a consistent basis will adversely impact the overall classification system.

⁴ Defendant's counsel has objected to this recommendation stating that is beyond my scope of evaluating the jail classification system. Plaintiff's counsel has objected to the Defendant's counsel objection. In my experience, safely reducing a jail population will have a positive impact on a jail system in terms of staff, inmate and public safety. This is especially true in a jail system such as Alameda where staff shortages and the availability of mental health, rehabilitative and structured recreational services for the restricted housing populations exist.

Appendix contains several concrete ideas that have been successfully implemented in other large jails that would serve to safely lower the ACSO jail population.

Appendix – Suggestions for Safely Reducing Jail Populations

A. Enhanced Sheriff Screening/Risk and Referral Capability

This recommendation would create a dedicated position (Jail Population Navigator (JPN) or Jail Population Manager(JPM)) within the Sheriff's Department whose sole function is to daily screen the current jail population for inmates who a) should be released to the community under the Sheriff's supervision and b) pretrial defendants whose LOS, offenses, and risk assessment indicate immediate action(s) by the court to dispose of the pending charges.

In addition to the creating the position, there are a number of technical requirements. First, there needs to be a daily Inmate Census Report (ICR) written in excel that contains the same information that were produced by the Sheriff for this report. The programming work has already been accomplished so the only remaining task would be to institutionalize the process.

Second, the person assigned to this position must have or needs to develop analytic skills so that a number of complicated filters can be applied to the daily ICR. This will produce an interactive dashboard capability that can be applied to one of the commonly available dashboard applications like MS Power BI.

For example, one can now identify those inmates currently incarcerated who meet the following conditions:

1. Are assigned to minimum security;
2. Are charged with non-violent crimes;
3. Are eligible for 10% bond;
4. Are in pretrial status; and
5. Have been in custody for 7 days or more.

This final point underscores the need to address the issue of unnecessary court delays for case processing for people who are in pretrial status. Such excessive delays are often linked to unnecessary use of continuances by both the defense counsel and the prosecutors. It is possible to further enhance the analytic capabilities of the JPN to measure the number of court appearances that have occurred thus far for these defendants.

B. Develop a Supervised Release Program (SPR) for Felony Defendants

This concept was rigorously tested by the U.S. Department of Justice in an experimental field study in three jurisdictions (Austin et al., 1985) that showed people charged with felony level crimes and who have not been released within 3-7 days of booking had significantly lower re-

arrest and FTA rates than defendants released on bails or non-supervised own recognizance (OR).⁵

There are two major benefits to his recommendation. First, the SPR would focus more directly on defendants who are suitable for release but are spending excessive periods in pretrial detention status. This is achieved by focusing on defendants who have been charged with felony level crimes, are eligible for bail, but have been unable to secure release within the first 3-7 days of booking.

The second benefit is that these defendants would be supervised by the Alameda County Probation Department (ACPD) which already has an effective supervision capability. ACPD can also tap into its texting and the EMU capabilities to provide that form of supervision to the SPR caseload. It should be noted that expanding EMU has been a very successful component in other large jails such as Lucas County (Ohio), Cook-Chicago and Clark-Las Vegas. The research is clear that EMU reduces recidivism rates and costs of incarceration for pretrial defendants and sentenced offenders.⁶

C. Expedite Case Processing for Detained Defendants

While not under the control of the Sheriff, the courts could implement case processing reforms that would reduce the number of unnecessary and lengthy court continuances. Other jurisdictions have found that these events are a major driver of their pretrial populations. In Cook County dropped its jail population from 8,346 to 5,744 by to expanding EMU, requiring bail to be set at a level that is affordable to defendants, and reducing the number of continuances (see following page). Significantly it was the number of continuances requested by Judges that were reduced. Some suggestions for reducing unnecessary continuances would be as follows:

1. The request for a continuance must be submitted in writing to the court at least 24 hours prior to the scheduled court appearance;
2. Prosecution, Defense, and the Court would be allocated one continuance after charges have been filed;
3. The continuance request can only be submitted for the following three reasons:
 - a. Discovery issue
 - b. Availability of witness(es)
 - c. Conflict of representation;
4. If granted, the continuance shall only be for 14 calendar days; and,
5. Additional continuances will only be granted if the defendant is no longer in pretrial detention.

⁵ Austin, James, Barry Krisberg, and Paul Litsky. *The Effectiveness of Supervised Pretrial Release*. October 1, 1985. Crime and Delinquency: <https://doi.org/10.1177/0011128785031004004>

⁶ <https://www.wsipp.wa.gov/BenefitCost?topicId=2>

Minimizing Delays in Case Processing by Limiting Continuances

Indicator 3.5

Theme: **Capacity & Efficiency**

Topic 3: Timeliness of Case Processing

How it's measured	Average number of continuances in disposed felony cases
Data elements needed	1. Continuance granted 2. Party requesting continuance 3. Date of continuance request
Frequency	Quarterly
Rationale for measuring this indicator	Continuances extend the time to case disposition and should be used sparingly because of possible negative effects to the defendant and to limited prosecutorial resources.

RESULTS

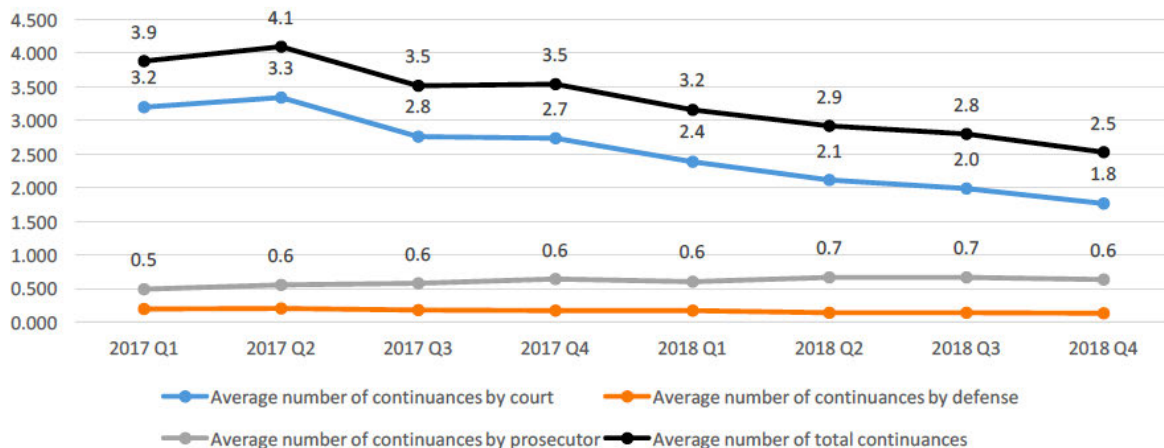
Cook County, Illinois

January 1, 2017– December 31, 2018

Description of the results

The average number of continuances in felony cases decreased steadily over the 30-month period, from roughly 4 continuances per case disposed in Quarter 1 of 2017 to 2.5 continuances per case disposed in Quarter 2 of 2019. The large majority of continuances (roughly 76%) were requested by the court; however, the number of such continuance decreased over the 30-month period. The number of continuances requested by the prosecutor or defense remained steady during the 30-month period, with prosecutors granted slightly more continuances than defense attorneys.

Total Number of Continuances in Disposed Felony Cases



What we found

There was a clear downward trend in the total number of continuances requested and the number of continuances requested by the court during the 30-month period examined; the number of continuances requested by the prosecutor or defense remained stable.