INSPECTION REPORT FOR SAN LUIS OBISPO COUNTY LAW ENFORCEMENT AND DETENTION FACILITIES

This report documents the results of the San Luis Obispo Civil Grand Jury's inspections of the County's detention facilities and select public safety facilities as described in the following summary.

SUMMARY

The 2021-2022 San Luis Obispo County Civil Grand Jury inspected the Coroner's Facility, the Sheriff's Crime Lab, Evidence Room, County Jail, and Juvenile Hall as well as the County Psychiatric Health Facility (PHF), all city and county detention facilities, and the California Men's Colony State Prison (CMC). During those inspections, Grand Jury questions were addressed by supervisory staff. The County Jail has completed a remodel designed to improve rehabilitative and educational programs as well as enhanced mental health programs. Some of these efforts have been complicated by the ongoing COVID-19 Pandemic. The Grand Jury found issues of concern related to the safety and security of both clients and staff at the PHF. Overall, the Grand Jury was satisfied with both the management of the facilities and the professionalism of the staff in their day-to-day operations.

INTRODUCTION/PURPOSE

The State of California requires county grand juries to inspect all jails, holding cells, and state prisons within their respective counties on a yearly basis. This report combines the results of inspecting city, county, and state detention facilities, including the County's PHF. Additionally, and while not required, the San Luis Obispo Civil Grand Jury inspected the County Sheriff's Crime Lab, Property Room, Dispatch Center, and the Coroner's Facility and we include findings and recommendations from those inspections in this report.

AUTHORITY

The issuance of this report is authorized under investigative powers of the Grand Jury pursuant to California Penal Code Sections 919, 921, and 925.

METHOD/PROCEDURE

This report documents the observations, findings, and recommendations resulting from the Grand Jury inspections at the following sites:

- California Men's Colony (CMC)
- County Jail, including:
    - Main Jail
    - West Jail Facility
    - Men's Honor Farm
    - Women's Jail (Kansas Facility)
    - Medical Programs Unit
- Juvenile Hall
- Holding cells
    - San Luis Obispo
    - Pismo Beach
    - Paso Robles
    - Grover Beach
    - San Luis Obispo County Courthouse Holding Facility
    - The cities of Arroyo Grande, Atascadero, and Morro Bay do not operate holding cells
- San Luis Obispo County Coroner's Facility
- San Luis Obispo County Crime Lab Facility
- San Luis Obispo County Sheriff's Dispatch Facility
- San Luis Obispo County Psychiatric Health Facility

The data for this report came from inspections conducted at each of the listed facilities. Grand Jurors interviewed various officials before, during, and after the inspections. Jurors also reviewed policies, procedures, and statistics from facility records.

The Appendix to this report contains inspection guidelines that were utilized during the site inspections to gather relevant information. A list of written questions was provided to the Command Staff of the County Jail prior to the inspection. All functional area leaders of the County Jail met with the Grand Jury prior to the inspection to provide answers and discussion regarding all questions posed by Jurors. Additional questions arose following the various inspections and all were answered in a timely and complete manner.

Additionally, the Grand Jury reviewed written documents including:

- Inspection Reports and Records
- Applicable written policies and procedures
- Web-based reports and documents posted by inspected agencies
- Local media coverage of the referenced facilities during this time period

NARRATIVE

CALIFORNIA MEN'S COLONY STATE PRISON

The general organization of the CMC and its governing regulations has been documented in prior Grand Jury reports. No significant variance was observed during this year's inspection. CMC continues to offer a wide range of educational and vocational study and work opportunities for the inmate population. In addition, CMC has made a significant investment in mental health services and stands as one of only five prisons in the state designated as a Mental Health Hub (MHH) and qualified to receive inmates requiring ongoing, in-depth mental health treatment. Short-term stays in the MHH can last up to ten days. Acute cases can stay 30 to 45 days, after which inmates may be transferred to Atascadero State Hospital. Mental health professional staff are present every day from 7AM to 5PM and are available on-call after hours. There is a Crisis Intervention Technician on call until 9PM every day except Saturday. Correctional officers make security rounds every 15 minutes. Medical staff and correctional officers meet twice each day to discuss any potential

security concerns. The holding cells in this facility are large and benefit from abundant natural light.

CMC's maximum inmate headcount is 4,000. During the Grand Jury's visit, CMC's inmate population was 3,175 prisoners. They are supervised by a staff of 900 correctional officers, 100 correctional sergeants, 60 correctional lieutenants, and 9 correctional captains who are overseen by the warden and an executive/administrative staff.

CMC consists of two, side-by-side facilities. The East facility is more than 60 years old and it shows its age. It is home to 1,200 inmates. Ongoing maintenance keeps essential systems in good operating order. Four connected rectangular wings of cells surround a central prison yard which is used for outdoor recreation. In one corner of the yard, there is a sectioned-off set of screened outdoor cells where inmates classified as high risk are able to exercise for up to 3 ½ hours per day without interacting with those in the general population.

CMC is a medium security prison. Upon arrival, inmates are classified on a rating system with Level 1 being the lowest risk and Level 4 being the highest risk. High risk prisoners are assigned to the Administrative Segregation Unit (ASU). Inmates committing serious violations of prison rules and those desiring to leave gangs may also be housed in the ASU.

A new hospital is being built in the East Facility. It will have 30 beds, several clinics, and office space.

The psychiatric care facility employs two full-time psychiatrists and two full-time psychologists. This facility is licensed by the State of California to support 50 beds (patients). In addition to in-person care, professional staff also provide video teleconference-based mental health services.

In addition to educational and vocational opportunities, inmates in the East Facility are also, based on good behavior, able to participate in ongoing art projects in the form of massive murals painted on the yard-facing walls of the prison wings.

Inmates rated at a Level 1 or 2 classification are housed in the West Facility of CMC, where less security is required. Many of the buildings in the West Facility were part of the World War II era Camp San Luis Obispo and they, too, show their age. Maintenance is ongoing and significant. Inmates are offered opportunities to learn and perform maintenance skills. Vocational and educational programs are the hallmark of the West Facility. Grand Jurors observed the following programs:

- Fire Camp – Qualified inmates (based on behavior and willingness to participate) are trained in wildfire suppression and once trained, are deployed under the auspices of CalFire to assist with firefighting efforts during California's fire season.
- New Life K9s – Twenty Qualified inmates (based on behavior and willingness to participate) are selected and trained to work for two years with puppies destined to become service dogs. At the end of training, the dogs are given to Veterans and first responders suffering from PTSD and other conditions that would benefit from a service dog. Recidivism rates for inmates participating in this program are less than ten percent.
- Culinary Arts – Qualified inmates (based on behavior and willingness to participate) are trained in proper food safety handling procedures, food preparation, and cooking skills. The program is taught by a chef from nearby Cuesta College. Inmates who successfully complete the nine-week training program earn State certification in safe food handling and are equipped with the skills needed to work in the commercial food service industry.

Inmate participation in educational and vocational programs offered by CMC are strictly voluntary and require that inmates meet articulated behavioral standards. Those who volunteer and qualify for participation in the California Prison Industries Authority (CALPIA) work programs earn a small salary as well as potential reductions in their sentences. Recidivism rates for inmates participating in CALPIA programs is reported to be on the order of ten times lower than for non-participating inmates.

During discussions with correctional staff at the West Facility, it was noted that contraband in the form of cell phones and drugs are sometimes thrown over the north fence to be retrieved by inmates. The north fence faces remote meadows and hills and is not observable by guard towers

or fixed security posts. While random security patrols are conducted, they are not able to prevent all incursions from outside the prison. As technology continues to advance, drone drops of contraband within the prison have also become a concern. In response to these concerns, additional lighting was installed along the north fence of the West Facility.

Grand Jurors noted that all inspected spaces appeared exceptionally clean and well organized. This included randomly selected cells and common areas in the East Facility as well as randomly selected barracks and buildings in the West Facility.

SAN LUIS OBISPO COUNTY JAIL

Prior to commencing the facilities inspection, the Sheriff and the leaders of all corrections-related functional areas met with the Grand Jury to address questions that had been provided in advance. All questions were fully answered, and Jurors noted both the professionalism and depth of knowledge exhibited by the Sheriff's Office correctional leadership team. It is important to note that, unlike many other California counties, the San Luis Obispo County Sheriff's Office opted for a non-traditional approach to staffing its detention facilities and services. Historically, in many counties, all sworn peace officers were hired as deputies and their first assignment was working the main jail, typically for a minimum of four years. After that time, deputies could bid for assignments in other bureaus, such as patrol, investigations, courts, marine, motors, etc. One result of that construct was that there were no promotional opportunities or incentives for deputies to stay in corrections for the time necessary to develop true expertise in the many and complex laws, regulations, policies and practices involved in a correctional setting. The SLO County Sheriff's Office, by contrast, established two separate and distinct career paths; one for law enforcement and the other for corrections. A newly hired correctional officer now enters a field filled with opportunities to develop specialized skills and knowledge that will equip him or her to build a rewarding career with the potential to promote all the way to a senior leadership position. One byproduct of this approach is that the County's inmate population are served by people who have self-selected a role in corrections as opposed to being required to work in a "temporary" assignment before becoming eligible to transfer to assignments outside of corrections where the promotional opportunities were. Indeed, the Grand Jury noted that all the senior correctional

leaders who provided briefs during the Question-and-Answer session appeared genuinely passionate about and deeply engaged with their mission and their roles.

Past Grand Jury reports have addressed issues such as the tragic death of an inmate that occurred in the years before the Sheriff's Office assumed responsibility for providing mental health services in the custodial setting. While a recently released Department of Justice report raised these issues, the Grand Jury found that the Sheriff's Office has, in the ensuring years, already addressed and resolved them and, in some cases, gone above and beyond what could be considered reasonable and customary responses resulting in significant recognition including two awards that were bestowed on the department for their treatment of inmates experiencing mental health issues.

Evidence of progress made in dealing with mental health issues can be found in the fact that the San Luis Obispo County Sheriff's Office was selected to receive the 2020 Challenge Award from the California State Association of Counties (CSAC) for its Behavioral Health Incentive Program, which is designed to reduce the amount of time persons with severe mental health issues are in jail. It also helps them develop skills to improve their social interactions with others and contributes to a reduction in recidivism rates. The SLO County Sheriff's Office was selected from among entrants representing all 58 of California's counties. Additionally, in 2019, the SLO County Sheriff's Office was named a Stepping Up Innovator for their approach to reducing the number of people with mental illness in the County Jail. In order to receive this distinction, the Sheriff's Office had to meet three key criteria:

1. Designated County subject matter experts had to agree on a shared definition on the definition of what it means to be "seriously mentally ill." Having this common understanding means that all service providers involved with the continuum of care, both inside and outside of the custodial setting, are working with a common, shared understanding.
2. Correctional staff adopted and began using a nationally validated instrument to screen for mental illness on all persons who are booked into County Jail. Use of this tool ensures timely treatment for inmates experiencing mental illness issues from the moment they enter the facility.

3. All relevant data pertaining to inmate mental health issues is collected and reviewed in a way that enables the County to monitor the effectiveness of its efforts.

These proactive steps taken by the SLO County Sheriff's Office are timely, given that approximately 42% of inmates in the County Jail are categorized with some form of mental illness and the backlog of patients awaiting admission to Atascadero State Hospital stands at approximately 2,000 patients.

Question and Answer Session at the Main Jail

The questions asked during the Q&A session and the answers provided by the Sheriff's Office leadership team are presented herein.

Q1. What kind of mental health services and programs are provided for the inmate population?
Sheriff's Office Response:

Reentry Services: Coordinated multi-agency individualized reentry and discharge planning services, Forensic Reentry Team referrals and pre-release access, coordinated pre-release telehealth appointments, Medication Assisted treatment options, NARCAN packs upon release, coordinated, no-cost housing with Prado Shelter and with contracted sober living environments, ID cards, bus tickets, coordinated transportation for housing placements, Basic Care packs containing hygiene essentials and cold weather items.

In Custody Programs & Activities: Alcoholics & Narcotics Anonymous meetings, Mood Management course, Activities of Daily Living class, Interactive Journaling (individual work), Individual & Group Substance Abuse Treatment, Library Book Exchange, Edovo tablets education and entertainment, Ministry Pen Pal program, Bridging the Gap Correspondence Program, Food Handler card course, OSHA 10 Class, High School Diploma program (individual & class).

Direct Toll-free Contact in Custody for Inmates: Prado Homeless Case Manager, Veterans Assistance, America's Job Center Employment Case Manager, Forensic Reentry Services Case

Managers, Department of Social Services, Liberty Tattoo Removal Program Coordinator, Restorative Partners Mentoring Program.

Mental Health Services are provided by Wellpath staff and are outlined in the contract between SLO County and Wellpath. In addition, a summary of the status of the Jail's health care is provided in the response document to the Department of Justice's CRIP investigation.

Q2. Where do you house severely mentally ill inmates?

Sheriff's Office Response:
Seriously mental ill inmates are not solely housed in a particular area. Housing decisions are made based on a variety of factors. Behavior, compliance with medication and treatment, composition of the entire inmate population, and available space may affect housing assignments. Inmates can be housed within a dormitory setting such as Main Jail Dorm or West Dorm, small groups, or single and double occupancy cells in West Housing. Kansas Max Incentive Program housing is a goal for all SMI inmates but may not always be appropriate based on the factors above. The inmate's most recent behavior and ability to participate in programming with others is a strongly weighted factor in housing decisions. Reviews of inmate housing are continuously made by both Classification and Behavioral Health Unit Staff to move an inmate from one housing assignment to another in the most beneficial way. The goal being to house an individual in the least restrictive location balanced with the safety of inmates and staff alike.

Q3. What criteria are used to send inmates from the jail to the Psychiatric Health Facility (PHF)?

Sheriff's Office Response:
Inmates are sent from the Jail to the PHF in two circumstances: (1) if the patient meets criteria for a Welfare and Institutions Code section 5150, also known as a "5150 hold", for being danger to self, danger to others, or gravely disabled; or (2) if the patient has been deemed "incompetent to stand trial" per Penal Code 1370 and has been charged with a misdemeanor crime, the patient will go to the PHF for restoration to competency treatment. Once restored, the inmate is returned to the jail to resume their court proceedings.

Q4. How would you describe the relationship between County Mental Health Services and the Jail staff?

Sheriff's Office Response:

It would be difficult to simplify a relationship into a simple answer. The Jail and MH departments are multi-faceted. There are topics we agree on and differences of opinion. We may agree philosophically but disagree on the direction to get there. Over the years we have continually worked through challenges to improve communication and delivery of services. At times there are competing priorities that are equally valuable to both sides. We (Jail staff) will continue to work through those challenges. I think it would be short sighted to narrow this down to a single definition of the relationship.

Q5. What is the annualized trend for the number of inmates requiring mental health services?

Sheriff's Office Response:
The annualized trend both in 2020 and in 2021 through November 1, 2021 is a 42% increase in the population of the Seriously Mentally Ill (SMI) population which require mental health services in the San Luis Obispo County Jail. This percentage is annualized considering the inmate population calculated monthly. This percentage equates to an increase of an additional 27 individuals per month when annualized in 2020 and 36 additional individuals per month when annualized in 2021. In general, the percentage of patients in the Jail with SMI has doubled since the beginning of the pandemic.

Q6. How does the Sheriff's Office ensure the safety of all parties when a violent inmate requires transport to the PHF? Does a deputy stay with the inmate until the threat of violence has been resolved?

Sheriff's Office Response:
The Sheriff's Office has policy related to the restraint of violent inmates and use of emergency medication. If an inmate is actively violent and resisting, they can either be placed in the WRAP

restraint or in leg irons, waist chains and handcuffs, depending on the level of violence and other mitigating factors. An inmate in an acute mental crisis and actively engaging in violence toward others or self-harm may be given emergency medication. Depending on the circumstances, the inmate would be transported to a hospital in a custody vehicle or by ambulance. Regardless of transportation method, two deputies would be present with the inmate to ensure the safety of the inmate and public. The deputies would stay with the inmate until he is cleared medically at the hospital, is no longer actively violent, and turned over to PHF staff.

Q7. What is the Sheriff's Office policy regarding interactions with ICE? Are serious offenders with immigration status released into the community without ICE notification?

Receipt of a Department of Homeland Security (DHS) Voluntary Notification of Release of Suspected Priority Alien (Form I-247N) or Immigration Detainer - Notice of Action (Form I-247A) provided by Immigration Customs Enforcement (ICE), shall be treated as a request to inform DHS/ICE when a person is imminently going to be released from custody. Such information may be provided to DHS/ICE if made available to the public on the Sheriff's Office web page and/or is public information. If the information has not been made publicly available, the information may only be released to DHS/ICE if in compliance with the California Values Act, which requires a conviction for the crimes and under the criteria set forth in California Government Code section 7282.5.

Inmate release date information and/or other information requested by DHS/ICE may also be provided in cases in which the individual is arrested and taken before a magistrate on a charge involving a serious or violent felony, as identified in subdivision (c) of Section 1192.7 or subdivision (c) of Section 667.5 of the Penal Code, respectively, or a felony that is punishable by imprisonment in state prison, and the magistrate makes a finding of probable cause as to that charge pursuant to Section 872 of the Penal Code.

Information cannot be provided to DHS/ICE for individuals arrested, detained, or convicted of misdemeanors that were previously felonies, or were previously crimes punishable as either misdemeanors or felonies, prior to passage of the Safe Neighborhoods and Schools Act of 2014 as

it amended the Penal Code, unless that information has been made available on the Sheriff's Office web page "Who's in Custody?" and/or is public information.

(NOTE: The Sheriff's Office referenced the Serious Felonies List and ICE Notification Policy 541)

Q8. What trends have you seen since 2014 and the enactment of Props. 47, 57, and Realignment?

With AB109 realignment the county jail saw a steep increase in the inmate population. Also Increased was the length of stay, criminal sophistication levels and the need for additional programs, medical and mental health care.

Both Prop 47 and 57 have decreased the lower-level population in the jail by reducing many drug-related offenses from felonies to misdemeanors along with offering milestone credits to shorten longer term sentences. However, the criminal sophistication level in the jail remains high because the types of crimes that inmates remain in custody for are of a more serious nature. Prop 57 has also increased the number of inmates participating in programs to receive milestone credits to shorten their sentence.

Q9. What was the impact of COVID on Jail operations and what policies and procedures have you implemented as a result?

Sheriff's Office Response:
The COVID-19 pandemic has impacted almost every aspect of jail operation, including housing, court, cleaning, discharge, health care delivery, programs, visiting, and more. Please see attached document for more details. (Attachment 3 - Reopening activities)

Q10. Has PREA (The Prison Rape Elimination Act) caused any changes to jail operations, policy & procedures?

Sheriff's Office Response:

When PREA was initiated in 2016, changes to operations, policies and procedures were significant. Increased training, informational literature, investigations of allegations and documentation, upgrades to camera surveillance systems, data storage, and data analysis have all created increased workloads. Supervisors visit each post irregularly on each shift to monitor activity and keep lines of communication open.

Data collection and record storage have been a significant change. These records must be stored in a confidential manner, separate from other jail records. Training in Medical and Mental Health Response, Specialized Investigations, training and education of supervisors, staff, and inmates is significantly more than prior training mandates. Training continues to be a focus in the upcoming years with additions to cross-gender/transgender search tactics, screening for risk sexual victimization and abusiveness, and communication and housing of LGBTQIA population in confinement.

Q11. What kind of vocational training and re-entry programs are offered at the Honor Farm or elsewhere within the correctional system?

Sheriff's Office Response:

The Jail Programs Unit provides a variety of evidenced based programs and services to the inmate population. Currently inmates housed in the County Jail have access to the following programs:

- Drug and Alcohol Treatment Groups (conducted by DAS Clinicians stationed at the jail)
- Interactive Journaling (Drug and Alcohol treatment conducted via one-on-one session.)
- High School Diploma (partnership with San Luis Costal Unified School District)
- Food Handler/Food Management Certification (collaboration with Sheriff's Office Food
- Services)
- OSHA 10 (conducted by Construction Maintenance Program Manager)
- Mood Management (collaboration with Wellpath)
- Activities of Daily Living (collaboration with Wellpath)
- Medication Management (collaboration with Wellpath)

In addition to the above programs, inmates at the Men's and Women's Honor Farms have access to participate in the following Vocational Training experiences:

- Construction Maintenance Vocational Training Program
- Graphic Arts Program
- Bicycle Repair
- Trades Unions Apprenticeship

Aside from developing and implementing programing, the Jail Programs Unit is also currently providing the following services:

- Mentorship Services (partnership with Restorative Partners)
- Narcotics Anonymous/Alcoholics Anonymous
- Books Behind Bars (Library Service in collaboration with County Library)

In 2021 the Jail Programs Unit was excited to implement a Tablet Program. The Tablet Program provides inmates with a self-directed learning experience where they have access to over 800 pieces of content and work via a "Learn to Earn" model. Inmates complete educational courses at their own pace and are rewarded for their educational work with entertainment content such as books, movies, games, and radio.

2021 has also brought an increased focus on re-entry services and case management for the inmate population. The Jail Programs Unit directs two collaborative team meetings: Inmate Re-entry Planning and the Jail to Community Meeting. The focus of these collaborations is to identify and initiate contact with high-risk inmates that would not typically reach out for services. The JPU aims to connect inmates with services both inside and outside of the facility. Team members include Custody Staff, Wellpath, Drug and Alcohol Services, Probation, Parole, THMA, CAPSLO, CAT and local shelters. These teams come together weekly to collaborate on how we can best serve the inmates in their transition back to the community.

Q12. Do you employ electronic monitoring and, if so, what are the parameters of its use?

Sheriff's Office Response:
The Sheriff's Office has an Alternative Sentencing Unit that is comprised of three Correctional Deputies. The ASU manages the Alternative Work Program, Home Detention Program, and the ASU Coordinator position.

These programs offer offenders sentenced to the County Jail an opportunity to serve their court ordered sentence in a program as an alternative to physical custody. The program allows eligible inmates an opportunity to maintain employment, support families, and facilitate a successful return to the community.

To be eligible for the Alternative Sentencing Program, an inmate or applicant must apply and meet the following minimum qualifications:

- Sentenced by the courts.
- Classified as minimum security/low risk inmate as determined by the Alternative
- Sentencing Coordinator after a background investigation and, if necessary, an in-person interview.
- No outstanding warrants, wants or detainers.

Applicants who are sentenced to 20 days or less are eligible for the Alternative Work Program where they work eight hours/day at a designated county site in lieu of a 24 hour period in jail. Applicants sentenced to 20 to 365 days are suitable for the Home Detention Program. Based off their charges, the applicants will be placed on a GPS or alcohol monitoring device.

SB190 and AB1869 have changed these programs from a fee supported program to a Sheriff's Office funded program in 2021.

Q13. How is the relationship between the Sheriff's Office and the Probation Department in terms of coordination and collaboration?

Sheriff's Office Response:

The Sheriff's Office and Probation are also multi-faceted and have a wide range of services interconnected. Over recent years with multidisciplinary teams, shared data projects and other mutual challenges (i.e. COVID and others), a lot of energy has been put into coordination and collaboration.

Q14. What are the annualized historical trends regarding inmate-on-inmate assault and inmate-on-staff assault?

Sheriff's Office Response:

The 4-year historical annualized change is a 66% decrease for inmate-on-inmate assaults and a 0% change for inmate on staff assaults. During that same period there was a 24% reduction for the average daily population. These annualized percentages benchmark from 2018 compared to 2021 through November 15, 2021. These percentages equate to 53 less inmate- on- inmate assaults in 2021 and an average daily population reduction of 134.

Q15. What is the Jail policy regarding transgenders? Do you house men identifying as females with female inmates and females identifying as males with male inmates and, if so, are any protections afforded to non-transgender inmates who express fear for their safety? Do you know if the policy is the same for juveniles as it is for adults?

Sheriff's Office Response:

Transgender Housing in Policy 516:

"Housing and program assignments of a transgender or an intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility security concerns (15 CCR 1050). A transgender or an intersex inmate's views with respect to his/her own safety shall be given serious consideration. Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement, or legal judgment (28 CFR 115.42)."

Classification and housing decisions are made on a case-by-case basis. Identifying as a transgender person is a factor which is considered in the Classification Plan along with many other factors. If a transgender person requested to be housed with people the same gender as the inmate's gender presentation, much consideration would be given to the safety of all people prior to that housing arrangement being implemented. The County Jail does not house juveniles or keep a policy on this topic.

Q16. Please describe the booking process related to classification (gang affiliation, violent vs. non-violent offender, gender, etc.) and clearance (medical, mental health, suicidal, etc.).

Sheriff's Office Response:

Arrestees are brought into the Intake Release Center (IRC) by arresting officers. Information which is used in the Classification process is gathered from verbal reports from the arresting officer, Intake Correctional Deputies, and the Pre-Booking Form. This information may include self-admitting gang affiliation, associating or arrested with gang members, and gang related tattoos. Arrestees with particularly heinous charges or high-profile arrestees are separated from other arrestees until a determination of appropriate housing can be made by a Classification Deputy. Inmates are separated in the Intake Release Center by gender, initial classification, and intoxication level, if necessary. Wellpath RNs complete an assessment for each arrestee for medical, mental health, and risk of suicide. Arresting officers also have a formal process of requesting a mental health evaluation prior to release of an arrestee, "MEHE hold." Classification deputies also make referrals to Wellpath for inmates to be cleared by a mental health professional prior to housing within the Jail.

Q17. What percentage of the Jail population is classified as homeless and do those inmates get referred to any programs or services upon release?

Sheriff's Office Response:

At the time this report was prepared in November of 2021, 38% of the jail population self-reported that they were unhoused. This equated to 170 individuals in the jail. While in custody, inmates have several resources in which they can request re-entry services and programs, while at the same

time, high-need individuals, which include some of the homeless population, have case managers assigned to assist with referrals upon release. Homeless inmates can receive coordinated re-entry services that include housing at either the Prado Shelter or with contracted sober living providers, as well as coordinated transitional services with several community providers including Behavioral Health, Veterans Services, 5 Cities Homeless Coalition, and Transitions Mental Health Association.

Q18. How much does the Jail spend on prescribed medications annually and how are they controlled, inventoried and dispensed?

Sheriff's Office Response:
The Sheriff's Office pays for medications for HIV, AIDS, Hepatitis C, or Biological Immunological treatment more than $30,000 per year. The costs of these medications are between $5,000 and $10,000 per month, so the Sheriff's Office pays about $100,000 per fiscal year on these medications. All other prescribed medications are included in the Wellpath contract, and the costs are not itemized.

(NOTE: The Sheriff's Office provided a copy of the Wellpath contract.)

Q19. What is the current status of the Department of Justice investigation into Jail operations?

Sheriff's Office Response:
(NOTE: The Sheriff's Office provided a copy of its response to the Department of Justice. It is attached hereto as Attachment 1.)

Q20. Are the County detention facilities fully staffed?

Sheriff's Office Response:
As of this writing there are seven vacancies and six overfill positions that are not filled. All duty posts are staffed daily, voluntary and some mandatory coverage is required to complete training and cover leaves. Recruitments are completed regularly to develop eligibility lists. There are

approximately six people in their initial facility training at any given time. The six overfill positions are intended to allow us to hire for future vacancies, knowing that retirements, resignations, and/or transfers occur frequently. It allows us to have a fully trained person ready to fill a vacancy rather than filling on an overtime basis for extended periods of time. Hiring and training a new person can take up to a year. There is a lot of competition for eligible workers within law enforcement and in the community.

Q21. Does the Sheriff's Office have any issues related to detention staff retention?

Sheriff's Office Response:
The workforce changes frequently. There are a variety of reasons for staff turnover such as attrition, pay, cost of living in SLO County, promotional opportunities to patrol, regular Monday-Friday schedules, moving out of the area to name a few. These reasons are often as unique as individual employees.

Q22. Do you have a vaccine mandate for Jail staff and, if so, what happens to those who request a waiver or refuse the vaccine?

Sheriff's Office Response:
According to the most recent state order, staff may choose to test weekly or show proof of vaccination.

(NOTE: The Sheriff's Office provided a copy of the related State Public Health Order.)

Q23. Have any detention facilities improvement projects been undertaken since the last Grand Jury inspection? If not, are there any pending plans?

Sheriff's Office Response:
The Sheriff's Office has made several improvements to the detention facilities. The Men's Honor Farm Barracks had a new roof and flooring installed to avoid weathering damage. The bathrooms were completely renovated with all new plumbing and solid surface floor and shower coating. The

Sheriff's Office Administration and Jail parking lots both had major revisions and are now fully ADA complaint. ADA modifications were also made throughout the jail including grab bars, door handles, toilet facilities adjustments, etc.

A dry storage facility was completed, including a new walk-in freezer, expanding much needed storage space in the jail kitchen area that provides food for not only the jail but Juvenile Hall and the Psychiatric Health Facility (PHF). In this project, improvements to the electrical system and emergency back-up power will be upgraded to ensure limited interruption during a power outage.

The Sheriff's Office also has several large improvement projects pending for starting or completion by the end of fiscal 21/22. These include the modification of storage space to be turned into an ADA compliant holding cell, addition of a toilet-sink combination unit so that an additional exercise yard would be available, the splitting of two exercise yards to double the number of inmates that can have access, and the addition of two toilet-sink combination units in the MPU waiting area so more inmates can be staged to receive medical treatment.

Q24. Are there any issues related to custodial practice, inmate transportation, mental health services, court procedures, etc. that you think the Grand Jury should examine?

Sheriff's Office Response:
People continue to be brought to Jail for issues related to homelessness and serious mental illness. Many of these people's arrests could be prevented by intervening prior to contact with law enforcement. We need to continue to focus on effective treatment and services in the community to prevent the arrest of our community members with serious mental illness.

End Of Q&A

The San Luis Obispo County Jail has four main sections: the Main Jail, the West Jail, the Men's Honor Farm, and the Kansas Jail (Women's Jail). As noted in past Grand Jury reports, the County jail facilities have had to undergo significant expansion of both facilities and services offered since AB109 was enacted into law.

Past Grand Jury reports have commented extensively and accurately on the construct and layout of the Main Jail, the West Jail, the Men's Honor Farm, and the Kansas Jail.

During this inspection, it was noted that the proposed Behavioral Health Unit (BHU) had been completed using funds which included generous donations from community members. The result is a quiet, calming environment where mental health professionals can provide counseling, educational, and other services to inmates experiencing mental health issues. The space includes several offices and treatment rooms, a spacious classroom, and a comfortable common area complete with a water feature and peaceful artwork adorning the walls. Staff advised that the original intent was to accommodate inmates experiencing mental health issues in the BHU. Inmates were to notify correctional staff when they needed help with a mental health issue and the affected inmate would be escorted to the BHU for treatment. Due to the impact of the COVID Pandemic, however, implementation of that treatment model has been delayed. Currently, when an inmate requests assistance with a mental health issue, they notify a correctional officer and a mental health professional from the BHU is dispatched to the inmate's cell or to an available area in proximity to the cell. It is not known when COVID restrictions will be reduced to the point where inmates will be able to make use of the BHU facility. With a reported 42% increase over the past year of inmates experiencing some level of mental illness, the BHU represents a vital resource that should be employed to the fullest extent possible.

In addition to the BHU, the Jail houses a State run, Jail Based Competency Treatment (JBCT) program which is located in the Kansas Max facility. It is reserved for inmates deemed too mentally ill to stand trial. Up to five inmates can be held in the JBCT program for up to 90 days. Those deemed competent at or before 90 days are returned to the Jail population and continue with their court process. Those deemed persistently or severely mentally ill after 90 days are remanded to Atascadero State Hospital.

Security checks are conducted on all inmates every 30 minutes. Inmates deemed at high risk are security checked every 15 minutes. The aggregate cost to maintain an inmate in the Jail is $175 per day.

At the time of the Grand Jury inspection, there were zero COVID cases within the Main Jail. Staff attributes this to the fact that all incoming inmates are quarantined for 14 days prior to joining the general population.

The Main Jail medical clinic is staffed by a full-time former Emergency Room physician who is on premise all day, Monday through Thursday, and is assisted by a full medical staff of nurses and medical technicians. Additionally, there are two Registered Nurses and one Licensed Vocational Nurse in the Main Jail around the clock every day. There is always a Registered Nurse stationed at the intake center.

When inmates require general hospitalization, they are transported to Sierra Vista Hospital. Inmates with heart issues are transported to French Hospital. When inmates are taken to one of the area hospitals, a SLO County Sheriff's deputy is assigned as security. Inmate escort shifts are twelve hours.

The current inmate population is 400 persons, down from 700 prior to the enactment of AB109, the Prison Realignment legislation. The net effect of this legislation was to reduce the number of people in jails and prisons, but those who remain are in for more serious crimes and are more criminally sophisticated.

The Honor Farm is located in close proximity to the Main Jail. It represents a critical component in the County's correctional system as inmates assigned to the Honor Farm food service program prepare 2,000 meals per day. Meals are provided to the Main Jail, Juvenile Hall, the Honor Farm, and the Psychiatric Health Facility. Hot meals are served for breakfast and dinner with a box meal for lunch. Female Honor Farm inmates are housed in the Main Jail and are transported to the Honor Farm daily after they have completed housekeeping tasks elsewhere. At the Honor Farm they launder 400 sets of clothes twice each week. All of this work is performed by 21 inmates who are supervised by three correctional officers during the day and two at night. Honor Farm inmates who are sentenced for more than 90 days can also make use of a graphic arts shop and programs to create printed materials, art, and signage for use throughout the County correctional

system. Eligible women are also able to work with pets at the Animal Shelter, which is located next to the Honor Farm.

Each year Honor Farm inmates help to refurbish approximately 250 bicycles that are given away to children in need throughout the County at Christmas in a program that has been running for 32 years.

The Grand Jury noted that the County's designated Safe Parking Area for homeless persons is located immediately outside and next to the east fence of the Honor Farm. Correctional staff reports that this proximity has created issues with contraband being passed into the Honor Farm.

JUVENILE HALL

San Luis Obispo County Juvenile Hall is a 50 bed facility housing males and females who are 18 years of age or younger. In certain cases, the facility can house persons up to 21 years of age. Youth are remanded to Juvenile Hall for minor criminal acts and/or for probation violations.

Upon admittance, juveniles are administered a rapid COVID test and then are quarantined for a period of 10 days. The rapid test is then repeated before the juvenile joins the general population. Juveniles are given the opportunity to receive a voluntary COVID vaccine.

At the time of the Grand Jury inspection, there were nine youths in custody. Five were housed in the detention wing and four were enrolled in the Coastal Valley Academy (CVA), an in-house school, located in a separate wing within the facility.

Juvenile Hall is managed by the SLO County Probation Department in close collaboration with the County departments of Behavioral Health, Medical Services, Education, and Social Services. The CVA is staffed by teachers from the SLO County Office of Education. There is a registered nurse and a nurse practitioner on duty at Juvenile Hall seven days a week from 7:30AM until 10:30PM. A nurse practitioner is on duty from 10:30PM until 7:30AM.

The facility has its own courtroom staffed by a Juvenile Court Judge, a Court Reporter, and a Court Assistant. The Juvenile Court handles detention hearings and sentencing for incarcerated youth.

Juveniles who complete an educational assessment and who exhibited required behavioral characteristics are eligible to attend the Coastal Valley Academy. The Academy has its own housing, dining, and classroom facilities. Enrolled juveniles are able to pursue a high school diploma or equivalent as well as select college coursework. There is also a work study program which allows qualified juveniles to spend the day working at an off-site employer's location, returning to the Academy at the end of each day.

Juvenile Hall staff reports that the average stay in the Detention Wing is 30 days. The average stay in the CVA is between six months and one year.

The Grand Jury noted that the facility was clean and well organized. Youth have access to a basketball court, a well-equipped gym, and other spaces for recreation. Plans are in progress to convert one of the available spaces into a vocational welding shop. There is also a plan under review to remodel a commercial kitchen at the facility and turn it into a learning environment where youth can be taught food handling and preparation skills.

Juvenile Hall staff have implemented a program called Positive Behavior Intervention Strategies (PBIS) which is designed to encourage development of the skills that will help incarcerated youth re-enter society with a greater appreciation for the upside potential of socially constructive behaviors. Juveniles are issued a Fitbit-type device equipped with data related to their behavior record. Staff can scan the device and use the data to reward the wearer with such things as additional commissary benefits and extra time for phone calls.

SLO County does not have any youth group homes, and with the SB 823 mandated closure of the California Youth Authority staff at Juvenile Hall expect to see a rise in the number of incarcerated youths both from our own county and from other counties on a fee-for-service basis.

HOLDING CELL INSPECTIONS

Holding cells maintained by the police departments in the cities of Paso Robles, Pismo Beach, Grover Beach, and San Luis Obispo along with the Sheriff's Office holding cells at the County Courthouse were inspected by the Grand Jury. No other cities within the County maintain holding cells. All holding cell facilities were found to be clean, well-organized, and in good order. No deferred maintenance or unacceptable conditions were noted. It should be noted that the cities of Paso Robles, Pismo Beach, Grover Beach, and San Luis Obispo make very sparing use of their holding cells. When they are used, it is generally only briefly to accommodate pre-processing activities prior to either releasing the arrested party on a citation or to transport the arrested party to the County Jail for booking. Juveniles are kept in the presence of officers until released to their parents or, in serious cases, booked into Juvenile Hall.

The busiest holding cell facility in the County is located at the County Courthouse and is operated by the SLO County Sheriff's Office. The County Courthouse Holding Facility consists of three cells with a maximum capacity of 74 inmates. It operates from 8AM to 5PM on days when court is in session and may stay open longer if a judge is conducting court proceedings past 5PM. Inmates are transported back and forth between the Courthouse Holding Facility and the Main Jail, Atascadero State Hospital, and the CMC.

Inmates are segregated by a number of criteria including gender, gang affiliation, and risk assessment. COVID tests are performed on all inmates prior to leaving their point of departure and upon arrival at the Courthouse Holding Facility and are processed according to results of the tests.

The facility consists of holding cells, interview rooms, attorney-client rooms, and a Sallyport used for arriving and departing inmates. The COVID Pandemic has prompted increased use of Video Teleconference-based court proceedings. This is expected to continue in the future.

The holding cells are equipped with restrooms and drinking water. The Courthouse Holding Facility is operated by 30 sworn personnel from the Sheriff's Office. Deputies assigned holding cell duty permit inmates to leave their cells (while still in restraints) every four hours for exercise.

Deputies also conduct physical security checks on all holding cells every 30 minutes. All deputies working the Courthouse Holding Facility are CPR qualified, trained in first aid, and are certified to administer NARCAN in response to drug overdoses. Deputies will summon fire and ambulance services for any inmate requiring immediate medical care. The facility is equipped with self-contained breathing apparatus in the event of a fire emergency.

Transportation between the Courthouse Holding Facility and the Main Jail is accomplished using one 19-person van, three 12-passenger vehicles, and one wheelchair accessible vehicle that are kept in the Sallyport, a large attached garage with a roll-up security door.

Staff advised that they are in the process of migrating from paper and pencil documentation to a new tablet-based digital information system and that new Wi-Fi hotspots are being installed throughout the facility. Staff expressed appreciation for last year's Grand Jury report which identified the need for additional lighting and security cameras in the facility stairwells. The new lighting and cameras have been installed and are operational, contributing to upgraded safety and security for both staff and inmates.

Staff noted a year-over-year increase in the number of inmates experiencing mental health issues and indicated that classification and risk-mitigation issues are creating a need for more space available for use by the facility.

SAN LUIS OBISPO COUNTY CORONER'S FACILITY

The Coroner's Facility is located near the SLO Airport in relatively cramped spaces that include an autopsy room, a break room that doubles as the corpse viewing room, a conference room and break area, evidence room cubicles, a Medical Examiner's office, and a refrigerator that has capacity for 60 bodies.

Staffing for the Coroner's Facility consists of 6.5 full-time employees one full-time Medical Examiner (M.D.). There is a Sheriff's Office sergeant and four deputies who serve as coroner's investigators. The facility has a legal clerk and a half-time autopsy assistant.

The need for additional space and staff is evidenced by the numbers of bodies processed. At the time of the Grand Jury's inspection, August of 2021, there had already been 300 bodies examined. In 2020 they examined 340 bodies. Approximately 250 were examined in 2019. Staff reported that the biggest common denominator in the rising number of death cases is the presence of fentanyl which has been identified in more than half of all bodies examined. Of all bodies examined 60 to 70 percent contained some mixture of drugs. Conducting the analysis of those drugs cannot be accomplished in SLO County due to lack of required testing equipment. As a result, the Coroner's Office sends samples to a lab in Santa Rosa and must wait three to four weeks for results.

Concurrent with the COVID Pandemic, a new HVAC system (with HEPA filters) was installed six months prior to the Grand Jury inspection.

Staff reports that a full autopsy requires approximately 30 to 40 hours of work.

The facility stores boxes of medical records dating back to the middle of the last century. As time permits, paper records are scanned and digitized. There is no onsite back-up generator supporting the emergency power needs of the facility in the event of a local power outage. In that event, a portable generator would be transported to the facility from the Sheriff's Office.

There is no means for the rapid identification of unidentified bodies as the Coroner's Facility does not possess a Livescan fingerprinting system that would interface with national databases.

The Grand Jury noted that despite the cramped nature of the facility, all spaces inspected were clean and orderly and appeared to be in proper operating condition.

PSYCHIATRIC HEALTH FACILITY

The PHF is a hospital facility located on the grounds of the former SLO County General Hospital, near French Hospital. The PHF is licensed by the California State Department of Health Care Services (DHCS) to treat up to 16 patients in a secure facility. Patients can be held at the PHF from 72 hours to 14 days. Admittance to the PHF requires that patients are either:

- On MediCal
- Misdemeanor prisoners in the custody of the SLO Sheriff's Office
- Indigent

The PHF serves:

- Individuals who, according to the provisions of California Welfare & Institutions Code (W&I) Section 5150, are deemed to be a danger to themselves or to others or are gravely disabled as the result of a mental health issue.
- Individuals who are in the custody of the SLO County Sheriff's Office on misdemeanor charges and have been determined by the court to be incompetent to stand trial per California Penal Code Section 1370. These individuals are treated at the PHF in an effort to restore them to competency in order for them to be able to participate in their legal proceedings.
- Conserved individuals who are housed elsewhere but need stabilization for mental health reasons.

The PHF does not serve juveniles. In all cases juveniles experiencing mental health issues are transported for treatment outside of SLO County.

The PHF has one full-time doctor on staff along with six available contract doctors who rotate work schedules around 16-hour shifts. They are supported by nurses and psychiatric workers under the guidance of the PHF supervisor.

While the PHF is a locked and secure facility, patients are free to walk the halls and common areas without restraint. The environment caused concern among Grand Jurors as they were followed throughout much of the inspection by a person experiencing mental health issues who constantly verbalized physical threats of violence. Staff explained that they were monitoring the individual, but that assurance did little to assuage the feeling of discomfort experienced by Grand Jurors who were concerned more for the safety of the patients who were co-mingling with the individual within the open area confines of the PHF.

Staff reported that the PHF retains the services of a private security company that is required to provide a guard on a 24/7 basis, however, the company has (at the time of the Grand Jury inspection) been unable to provide more than 16 hours per day of coverage. During lunch breaks there is no security guard present. Indeed, during the Grand Jury's inspection the assigned security guard was on his lunch break and was not at the facility.

Patient rooms for the 16-bed facility are unlocked and contain two beds per room. Males and females are segregated while in the patient sleeping quarters but not in the common areas. There is a small central nursing station that also serves as a security monitoring station with monitors that display real time video from cameras installed throughout the facility. There is a fully stocked medical treatment room, a break room and a kitchen/dining area as well as a large meeting room where court appearances by Zoom are conducted. Meals are prepared by Honor Farm inmates and transported to the PHF twice each day.

City police no longer deliver individuals on 5150 W&I holds directly to the PHF. Instead, they are transported to the nearest hospital emergency room where an evaluation is conducted prior to a determination being made on where they should be treated. If the decision is made to treat them at the PHF or the CSU, a PHF or MHET (Mental Health Evaluation Team) staff member will often drive to the emergency room to transport the individual back to the PHF or the CSU. When transportation is provided by a PHF staff member, it often means that individual is leaving their regularly assigned duties in order to serve as a driver.

When the SLO County Sheriff's Office has an inmate in the Main Jail requiring admission to the PHF for mental health issues, two deputies will transport the individual to the PHF. Deputies leave the individual at the PHF and return to their normal duties leaving PHF staff to deal with any safety and security issues related to the inmate's presence at the facility. The inmate is housed in the same spaces as all other patients unless or until the inmate exhibits violent behavior at which point he or she is physical controlled and secured in a locked room.

When questioned about issues related to safety and security at the PHF, staff expressed concern for the physical and psychological safety of both themselves and for the patients in their care. On

a broader level staff expressed concern across the spectrum of care for persons experiencing mental health issues in SLO County, citing instances of violent patient behavior resulting in injuries to staff and destruction of County property and of difficulty in recruiting and retaining qualified people to work in the facility.

SLO COUNTY CRIME LAB

The Crime Lab is located at the SLO County Sheriff's Office complex. It is staffed by five personnel representing a mix of sworn deputies and civilian County employees. At the time of the Grand Jury's inspection, there were two open positions that were in the process of being filled. Crime Lab personnel conduct crime scene investigations for the Sheriff's Office and for any County law enforcement agency that requests their help.

The Crime Lab consists of the following units:

- A Forensic Lab Unit which includes:
    - Forensic Alcohol Unit
        - Analyzes biological samples supporting DUI investigations
        - Maintains and calibrates the County's alcohol breathalyzers calibrated every 10 days
        - Trains County Sheriff's deputies in breathalyzer use
        - Analyzes liquids for alcohol content using a gas chromatograph
- Chemistry/Toxicology Unit
    - Analyzes narcotics and controlled substances using gas chromatograph
    - About 400 samples analyzed each month
- Forensic Services Crime Scene Unit:
    - Collects and analyzes crime scene evidence in criminal cases
    - Fingerprints
    - Biological fluids
    - Hair and fibers
    - Tire and footprint impressions
    - Processes physical evidence submitted to the unit

- CAL-ID Program:
    - Operates the County's new automated fingerprint identification system
    - Maintains mobile fingerprint identification devices

Sheriff's deputies transport DNA samples to the Department of Justice Crime Lab in Goleta or to a private lab in Richmond, CA. The time it takes for analysis with the DOJ lab is lengthy. Using the private lab costs approximately $1,000 per sample.

DNA samples collected by Crime Lab staff are sent to the California Department of Justice Lab located in Goleta. Blood, breath, and urine samples are processed for blood-alcohol levels in the lab. A new system has been installed that facilitates the rapid scan of DNA for preliminary identification of unknown persons before samples are sent to an out-of-county lab for formal processing. This aids in the initial and early possible identification of both suspects and victims in cases under investigation.

The Grand Jury noted that all Crime Lab offices, spaces, and equipment appeared clean, orderly, and in good operating condition.

SLO COUNTY SHERIFF'S DISPATCH CENTER

The SLO County Sheriff's Office Dispatch Center is located on the Sheriff's Office complex off Highway 1 on Kansas Avenue. It is staffed on a 24/7 basis by 20 dispatchers, three supervisors, five sergeants, and four watch commanders. The building housing the facility is owned by PG&E and is shared with the SLO County Office of Emergency Services (OES). Much of the OES space sits empty but ready to be employed in the event of a major emergency. A recent retrofit of the building to comply with ADA requirements resulted in a reallocation of restroom spaces which significantly decreased the size of the women's restroom and increased the size of the men's restroom. The Grand Jury noted that women comprise a larger percentage of the Dispatch Center workforce than men.

The facility's retrofit also eliminated the facility's locker room, requiring the Sheriff's Office to purchase and park a large trailer in the adjacent parking lot in order to provide locker spaces and

changing areas for both male and female employees. The trailer takes up parking spaces previously used to support the Dispatch Center, the Crime Lab, and the nearby Firing Range.

The Dispatch Center operates four radio channels and provides dispatch services for the SLO County Sheriff's Office, the police departments in Morro Bay and Arroyo Grande, and for ambulance service throughout the County. They also handle dispatch for SLO County Probation, rescue helicopters, and the Sheriff's Special Enforcement Detail.

In addition to handling 911 calls, dispatchers answer business lines and emergency lines while also managing their assigned primary radio channel throughout their shifts. At the time of the Grand Jury inspection, the Dispatch Center was averaging 4,600 911 and 20,819 emergency and business calls per month. Those calls generated 11,300 calls for service requiring either a law enforcement or medical response. In addition, the Dispatch Center employs Reverse 911 and Smart911 (an app available to County residents for use on their smart phones). Smart911 enables users to pre-populate a database with information of value to first responders, such as descriptions of family member's medical conditions or mental health issues.

County Dispatchers receive training in Emergency Medical Dispatch and in CPR. The training enables them to offer limited medical assistance over the phone, providing emergency instruction for issues such as CPR, choking, major bleeding and other situations to help stabilize patients prior to the arrival of emergency medical service providers.

Dispatch Center staff participate in a program designed to bring information on emergency communications services to SLO County schools, helping children learn how to appropriately use the 911 system, and building dialog and trust around issues of public safety and service.

Staff reported that a new Computer Aided Dispatch system will be deployed within the next four months replacing the current outdated system.

SLO COUNTY SHERIFF'S OFFICE PROPERTY ROOM

The Property Room is in a warehouse facility at the SLO County Sheriff's complex off Highway 1 on Kansas Avenue. The space allocated to the facility is limited and is filled 95% of capacity with items stored as evidence in criminal or other cases. All items booked into the property room are tagged with a bar code and indexed in a computer database. Items related to homicides are held in perpetuity. Other items are held for 90 days following case disposition and then are disposed of according to policy. All firearms are held until cleared by the California Department of Justice.

The Property Room is housed in a secure building that is further protected by an internal cage that surrounds the interior of the building. Entry is controlled via two secure doors with an isolation space between them. The doors are operated remotely by staff.

The Property Room employs two full-time and one part-time civilian employees. While the full-time employees are not sworn peace officers, they are firearms trained and certified as they must be armed while transporting evidence.

CONCLUSIONS

Public safety personnel in SLO County involved in detention and other essential services are doing laudable work under often trying circumstances. Aging, small and, in some instances, inadequate facilities and staffing issues make their jobs even more difficult. Against these challenges, there exist a number of opportunities for improvement that are presenting in the Findings and Recommendations sections of this report.

FINDINGS

CALIFORNIA MEN'S COLONY

F1. CMC offers a broad range of educational, vocational, and rehabilitative services for inmates.

F2. Recent significant investments by the State of California in both facilities and in specialized services make it unlikely that CMC will be on the list of California correctional facilities slated for closure in the coming years.

SAN LUIS OBISPO COUNTY JAIL

F3. The San Luis Obispo County Sheriff's Office Main Jail and other detention facilities are staffed by sworn personnel who have self-selected for a career in corrections.

F4. The Main Jail has experienced a 42% increase in the number of inmates categorized as having serious mental health issues (for both 2020 and YTD 2021). The percentage of inmates in the Jail with serious mental health issues has doubled since the onset of the COVID-19 Pandemic.

F5. The Sheriff's Office conducts regular assessments and reassessments of inmate behavior to ensure that individual inmates are housed appropriately and in the least restrictive environment consistent with their current risk profile.

F6. A discernable dynamic tension exists between staff at the SLO County Main Jail and staff at the SLO County PHF around issues related to PHF staff safety and security when an inmate is transferred from the Main Jail to the PHF.

F7. The reduction of inmates eligible for assignment to the Honor Farm means fewer inmates are eligible to do more work related to food, laundry, maintenance, and other essential services.

F8. Proximity of the SLO County Safe Parking Area immediately adjacent to the Honor Farm fence creates safety and security concerns for staff and inmates.

F9. Nearly every aspect of Jail operations has been affected and changed in some way due to the many and varied impacts of the COVID-19 Pandemic.

JUVENILE HALL

F10. Juvenile Hall is currently operating well below its capacity.

F11. There is space available within the Juvenile Hall facility for new rehabilitative programs.

HOLDING CELLS

F12. As inmate populations continue to grow, additional space will likely be needed at the SLO County Courthouse holding cells.

SAN LUIS OBISPO COUNTY CORONER'S FACILITY

F13. The Coroner's facility appears to be operating at maximum capacity while the caseload appears to be growing year-over-year. Current spaces are likely not sufficient if current trends continue.

PSYCHIATRIC HEALTH FACILITY (PHF)

F14. SLO County has been unable to meet its commitment to providing around-the-clock security at the PHF.[1]

F15. Although well-trained and competent in the discharge of their duties, staff at the PHF do not feel safe and secure in their work environment.

F16. The required co-mingling of jail inmates with non-justice system involved individuals creates safety and security risks for PHF staff and patients.

[1] Subsequent to this Finding, SLO County Behavioral Health advised the Grand Jury that a second security company was engaged to fill open shifts and that the County is in the process of changing contractors.

SAN LUIS OBISPO COUNTY DISPATCH CENTER

F17. Despite comprising the majority of the workforce, women assigned to the SLO County Dispatch Center are provided with restroom facilities significantly smaller than their male counterparts.

F18. A lack of available facilities necessitates the parking of a large travel trailer converted into a locker room that occupies needed parking spaces in a lot shared by several departments.

F19. The vast majority of the facility housing the Dispatch Center is occupied by the County Office of Emergency Services, a tenant only in residence during major emergencies.

SLO COUNTY SHERIFF'S OFFICE PROPERTY ROOM

F20. The Property Room is at 95% capacity.

COMMENDATION

The Grand Jury commends the San Luis Obispo County Sheriff's Office for taking the initiative to create the Behavioral Health Unit within the Main Jail in response to the challenge of providing services for inmates experiencing mental health issues. In particular, we commend the Sheriff for securing more than $290K in private donations which covered the total cost of construction for this very worthwhile project.

RECOMMENDATIONS

SAN LUIS OBISPO COUNTY JAIL

R1. Work collaboratively with the PHF and the County Administrative Officer to ensure staff and patient safety and security when inmates are released into the care of the PHF and explore the possibility of having the Jail designated as a PHF (with appropriate staff) so that inmates with a high potential for violence who are experiencing mental health issues can be treated at the Jail.

R2. Articulate and publish data on what constitutes a reasonable workload for Honor Farm inmates who provide essential services such as food service, laundry service and maintenance, along with a plan to provide supplemental employees when such workloads are exceeded due to lack of eligible inmates.

R3. Move the SLO County Safe Parking Area to a location that is not near the Honor Farm or other areas where incarcerated persons live and work.

SAN LUIS OBISPO COUNTY JUVENILE HALL

R4. Actively promote SLO County Juvenile Hall as a resource for other California Counties on a fee-for-service basis.

R5. Proceed with plans and secure funding to create a welding studio and a teaching kitchen to provide educational and vocational opportunities for incarcerated youth.

HOLDING CELLS

R6. Explore options for additional or reconfigured space to support the SLO County Courthouse holding cells and related functions.

SAN LUIS OBISPO COUNTY CORONER'S FACILITY

R7. Complete the recommendations of the prior Grand Jury related to facilities expansion and add a standby or backup generator to protect the refrigeration system in case of power outage.

SAN LUIS OBISPO COUNTY PSYCHIATRIC HEALTH FACILITY (PHF)

R8. Require contract security to meet its obligation to provide 24/7 security guard presence, to include during meal breaks.

R9. Develop and implement a plan to segregate inmates from non-justice system involved persons in the care of the PHF and to provide better security for inmates while at the PHF.

R10. Develop and implement a plan to relieve PHF staff of the collateral duty to transport patients from area hospitals to the PHF or to out of County locations.

SAN LUIS OBISPO COUNTY DISPATCH CENTER

R11. Develop a plan to remediate the gender equity issue deriving from the facility retrofit that reduced the size of the women's restroom facilities.

R12. Develop a plan to incorporate locker room facilities into the main building occupied by the Dispatch Center so available parking areas are restored and so staff is not exposed to inclement weather between the locker room and the workplace.

SAN LUIS OBISPO COUNTY SHERIFF'S OFFICE PROPERTY ROOM

R13. Develop a plan to expand the capacity of the Property Room, possibly by annexing the contiguous Marine Division spaces.

REQUIRED RESPONSES

The San Luis Obispo County Sheriff's Office is required to respond to: R1, R2, R3, R6, R7, R9, R11, R12, and R13.

The San Luis Obispo County Chief Probation Officer is required to respond to: R4, and R5.

The San Luis Obispo County Chief Medical Officer is required to respond to: R1, R8, R9, and R10.

The San Luis Obispo County Board of Supervisors is required to respond to: R1, R3, R6, R7, R8, R9, R10, R11, R12, and R13.

All responses shall be submitted to the Presiding Judge of the San Luis Obispo County Superior Court. A paper copy and an electronic version of all responses shall be provided to the Grand Jury.

AGENCY RESPONSE REQUIREMENTS

The Penal Code Section 933.05 that specifies the format and methodology for agency responses is listed below. All agency respondents are required to respond to all findings and recommendations in the following manner:

- If the respondent disagrees wholly or partially with an item, the respondent must elaborate on the portion of the item that they disagree with and provide an explanation.
- If a respondent notes that an item will be implemented in the future, the response must include a timeframe for implementation.
- If a respondent notes that an item requires further analysis, the agency must include in the response an explanation of and the scope of what will be studied, and the timeframe needed for the study. The timeframe for follow-up from the agency cannot exceed six months.
- If the item will not be implemented or is not reasonable, the respondent is required to provide a detailed explanation.

933.05 Findings and Recommendations

(a) For purposes of subdivision (b) of Section 933, as to each Grand Jury finding, the responding person or entity shall indicate one of the following:
  (1) The respondent agrees with the finding.
  (2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefore.

(b) For purposes of subdivision (b) of Section 9ss, as to each Grand Jury recommendation, the responding person or entity shall report one of the following actions:
  (1) The recommendation has been implemented, with a summary regarding the implemented action.
  (2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
  (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This

timeframe shall not exceed six months from the date of publication of the Grand Jury Report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefore.

Presiding Judge	Grand Jury
Presiding Judge Craig van Rooyen Superior Court of California 1035 Palm Street Room 355 San Luis Obispo, CA 93408	San Luis Obispo County Grand Jury P.O. Box 4910 San Luis Obispo, CA 93403

APPENDICES

INSPECTION GUIDELINES

The following summarizes (but is not limited to) the data examined by the Grand Jury prior to or during each inspection:

- Population
    - Current census
    - Average daily census
    - Capacity
    - Average time a person is held
    - Are people ever held without charges
    - Significant changes in inmate population
- Disciplinary actions taken against staff for inmate-related issues
- Escapes
    - Details
    - Remedial actions
- Use of force incidents
- Health Services
    - How delivered
    - Common medical problems
    - Public health concerns
- Injuries
    - Injuries to inmates due to aggression/agitation
    - Accidental injuries to inmates requiring medical attention greater than first aid
    - Injuries to staff by inmates due to assault or managing inmate aggression/agitation
- Suicide
    - Suicide attempts/deaths
    - Serious self-injury requiring medical attention beyond first aid
- Drugs

    - Drug overdoses
    - Drug deaths by overdose
- Deaths
    - Other deaths
- Training (title, hours, and instructor credentials for each type)
    - Managing inmate violence
    - Handling mental health behaviors
    - Responding to drug/alcohol related problems

Attachment 1

COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE
Ian Parkinson *Sheriff-Coroner*

COUNTY OF SAN LUIS OBISPO
SUPPLEMENTAL DOCUMENT
REPLY TO
DOJ INVESTIGATION OF THE
SAN LUIS OBISPO COUNTY JAIL

October 8, 2021

CUSTODY DIVISION ACCOMPLISHMENTS FROM 2017 TO 2021

- **SHERIFF'S MENTAL HEALTH TASK FORCE- (2017)**
  (Currently Stepping up Planning team)

- **STEPPING UP INITIATIVE (August 2017)**
  - Collaboration with various county departments.
  - Considered an "Innovator County" (July 2019)
  - National recognition regarding improvements to date

- **CHIEF MEDICAL OFFICER POSITION ADDED (2018)**

- **NALOXONE PROGRAM**
  - In-Custody Naloxone Training to inmates (2018)
  - Naloxone kit distribution upon release
  - Training to all staff on Naloxone (2018)
  - Naloxone kits implemented in the Jail (2019)

- **TRAINING INCREASES**
  - CIT Training for all- Custody specific topics also (2018)
  - Suicide Prevention training for all (2018)
  - CAT assigned in the jail- collaboration efforts & cross-training (2017)
  - Trauma Informed Response- TTT course (October 2019)
  - Use of Force Training per new legal changes (2021)

- **JUSTICE MENTAL HEALTH COLLABORATION PROGRAM GRANT- (BEGAN 2019)**
  - Added Business Analyst position
  - Workflow review and auditing
  - Collaboration and Data Sharing across multi-systems (Prob., BH, Med., Justice)
  - Data dashboard initiated- (October 2020)

- **WELLPATH CONTRACT – Executed Feb 1, 2019**
  - Enhanced medical and behavioral health offerings
  - On site dental care – preventative
  - Optometric care
  - Clinical practices and procedure meet current NCCHC standards. These standards are based on the basic principles established by the US Supreme Court in the 1976 landmark case Estelle v Gamble.
  - Est. NCCHC Accreditation within 1-year of the Wellpath contract (Feb 2020)
  - -Accreditation delayed due to the COVID pandemic travel restrictions.

- **COMPLIANCE UNIT ADDED- Effective Feb 10, 2019**
    - Dedicated unit ensuring policies and procedures within the Custody Division meet and exceed minimum standards set forth in the following;
        - Prison Rape Elimination Act (PREA)
        - Religious Land Use and Institutionalized Persons Act (RLUIPA)
        - Americans with Disabilities Act (ADA)
        - Title 15 & 24
        - Compliance Officer also assumes the ADA Coordinator role

- **KANSAS JAIL MAX – INNOVATIVE HOUSING CONCEPT- (May 2019)**

Part of a major move within the jail facility to significantly reduce restrictive housing.

- Dedicated BHU Sergeant: liaison with Med/ MH services/ CAT team
- 4 Dedicated Deputies added to the 2 already added in 2016.
- Custodial liaison to medical and mental health staff
- Benefits include more natural light, additional time out of cells and increased social interaction.
- Incentive based programming, KJ 400-500 & WH 600
- Integrated housing/mixed classifications
- Received CSAC Award for Excellence- (November 2020)

- **JBCT CONTRACT WITH DEPARTMENT OF STATE HOSPITALS– (July 2019)**
    - 5 beds allocated for 1368/1370 restoration-
    - Females included

- **MENTAL HEALTH DIVERSION PROGRAM (AB1810) (2019)**
    - Intensive court referred program for mental health treatment
    - Eligible if crime committed because of mental illness
    - 30 screened, 9 awaiting court process
    - Assigned by court into program after screening
    - Extension of Behavioral Health Treatment Program

- **BEHAVIORAL HEALTH UNIT (BHU)- (September 2019)**
    - MH Treatment conducted in a “soft” environment
    - Programming room for “high security risk” inmates

- **COVID-19 (March 2020- present)**
    - Dramatic reduction in population
    - Discharge Planning increased
    - Release housing/ supplies/ food etc.
    - Operations Plan
    - CDC Information
    - Masks in custody and upon release
    - Remote Court
    - Housing Units – Weekly Activity Packet, Interactive journaling, remote access to services

- **9-28-20- DOJ Call**- Praise for Op. Plan and response to COVID. Better than other institutions and compliant with CDC guidelines. Approach taken to decrease population and allowed Med and Cust. to function efficiently.

- **OTHER NOTEWORTHY ITEMS-**
  - Chronic care review team – weekly chronic care rounds
  - Acute withdrawal and management care
  - MAT treatment- (medication assisted treatment) eventual expansion to all inmates upon request
  - Increased dayroom/yard time for inmates in administrative housing. 0800-2300 (10-12 hrs/ day offered)- Doubled weekly offering.
  - Increased programming options for various groups
  - Revised 84 custody policies substantially & over 400 policies over 4 years.
  - Weight baring exercise equipment in all recreation yards
  - 24/7 Tele psych and telemedicine
  - MH Screening – Upon intake. Discharge planning – begins at intake
  - Supervisory Audits of video/ logs (November 2019)
  - Formal Suicide Attempt review with WP and Custody (2020)
  - Electronic "Kites" through Homewav (2020)
  - Electronic "Kites" for Wellpath through Homewav (2021)
  - Improved IMO process/ treatment. (January 2021)
  - Increased Toll-free contacts- FRS, RP Mentoring, Prado case managers, AJCC, and Veterans services (2021)
  - ADA DOJ Settlement- Structural Changes, Grievance Policy Changes, and Housing/ Accommodation changes (June 2021)
  - Expanded CD Discharge Planning- 8 hours/ week added (September 2021)
  - CESF Grant- SLE or shelter Beds contracted for discharge (March 2021)
  - Long-acting Medication expansion (2021)
  - Whole-person Care Model- MOU stage (Current- Sept. 2021)
  - Post Arraignment Monitoring Program (Pretrial Release to Prob.) (9/ 2021)

RESPONSE TO ALLEGATIONS REGARDING USE OF FORCE

The below entries in italics and bold are copied verbatim from the Department of Justice (DOJ report pages 34 to 37. These entries were listed under the heading, **"Staff Use Force Regularly Where Unnecessary or to a Greater Degree than Necessary."** The Sheriff's Office conducted a review of these incidents, and a response is included following each entry.

It should be noted that in two of the incidents, a senior correctional deputy was demoted, and a senior correctional deputy was terminated. In addition, out of the 11 incidents investigated, five of the employees are no longer employees of the Sheriff's Office and four complaints were initiated contemporaneous to the incident with one initiated after reviewing the DOJ report.

Due to the DOJ inquiry, the Sheriff's Office created a WRAP investigation report for each WRAP application and modified the Use of Force Report to record de-escalation techniques and a section to document training. In most of the use of force incidents in the jail, de-escalation techniques such as verbalization were used but the video has no audio to record such attempts.

In December 2018, AK yelled at deputies while secured in a caged area. Three deputies unlocked the door, and AK calmly exited. One deputy grabbed the unresisting AK from behind and pushed him headfirst into a wall, causing him to bleed. The deputy lied about the force in the incident report, stating that AK pulled away and "fell forward" toward the wall. (p.34)

The deputy was interviewed by the Professional Standards Commander who believed the deputy's version of the events. After a review of the incident, it is apparent that the technique was reckless if not punitive and should have resulted in a sustained finding. The complaint disposition was changed, and a new policy was implemented to ensure that all complaint dispositions are approved by the Undersheriff. The deputy is no longer an employee of the Sheriff's Office.

In November 2018, a deputy reported "plac[ing]" AL against a wall to "gain better control of him" because he was complaining the handcuffs were too tight. AL filed an excessive force complaint that same day. When interviewed approximately two months later, the deputy stated for the first time he needed to "push" AL because AL "abruptly turned his head around, as if to face" the deputy. (p.34)

This case was properly investigated. It is not uncommon during a complaint investigation for an employee to be interviewed two months later. As soon as the supervisor learns of an allegation of misconduct, a personnel complaint investigation is initiated, and all due process rights occur including the employee's right to representation. There was insufficient evidence in this case to either substantiate or refute the allegation resulting in a finding of not sustained.

In May 2018, AM was allegedly kicking his cell door. Deputies opened his cell and lifted him by his elbows after cuffing his hands behind his back and dragged him at least 30 feet to a

wheelchair. There was no documented reason for staff's failure to bring him his wheelchair instead of dragging him to the chair. (p.34)

The inmate could walk and was not assigned a wheelchair. The deputy, knowing the inmate's history of refusing to walk, positioned a wheelchair for use if needed. The wheelchair was positioned at the entrance of the cell block. When the inmate refused to walk during the escort, he was carried by two deputies to the wheelchair. In retrospect, the deputies should have brought the wheelchair into the cellblock to transport the inmate instead of carrying the inmate to the wheelchair. The Undersheriff discussed the more appropriate option with the deputies.

Jail staff also have used a hair-pull takedown on a prisoner, AN, who posed no immediate threat. A senior deputy asked AN to exit her cell in the Jail's intake area. She came out of her cell without wearing a top or bra, spoke with the senior deputy and another individual in plainclothes for several seconds, and then turned around and walked back into the cell she just left. As AN reentered the cell, the deputy followed her, and then—apparently unprovoked and without warning—snatched AN by her hair while she was facing away from him, and rapidly pulled her onto the ground. A sergeant and another deputy stood behind the senior deputy as he brought AN to the floor. This sequence occurred in less than a second. The senior deputy, with the other deputy's assistance, then dragged AN by her hair into the adjacent cell. This action, also rapid, occurred within just a few seconds. (p.34)

In this case the Sheriff's Office initiated a personnel complaint investigation and the senior correctional deputy was terminated for his actions.

Custody staff also routinely use force on prisoners even when they are restrained or complying with instructions, such as with AK described above and AT described infra Section IV.D.2. In another example, AO allegedly cursed at two deputies from inside his cell. The senior deputy grabbed the prisoner by the neck and repeatedly shoved him against a wall and to the ground even though AO exited his cell with his hands behind his back. The senior deputy then pulled AO onto his feet and escorted him in the "chicken wing" hold50 while handcuffed. The senior deputy then inserted his right thumb and applied pressure to the soft tissue under AO's jaw while waiting for a gate to open even though AO was handcuffed and complying. After the gate opened, the senior deputy escorted AO while applying pressure against his neck and keeping him in the "chicken wing" hold for several hundred feet to another part of the Jail. At no point in time did AO appear to resist. Over a dozen custody staff observed and followed after the senior deputy as he escorted AO in this fashion—apparently abandoning their posts—but no one intervened.51 Then, after AO was seated by himself in a different cell, he twice banged the back of his head against the wall. Approximately one minute passed without further head banging, and then nine deputies, at a sergeant's direction, entered the cell and placed him in the WRAP where he remained for one hour. The Jail found that the deputy who grabbed AO's neck used excessive force, but the Jail did not examine other issues related to the force incident, including the bystander deputy's failure to intervene despite being required to do so pursuant to policy, or the over a dozen custody staff who abandoned their posts yet failed to intervene. Critically, the Jail did not examine whether the sergeant's direction to place AO in the WRAP was appropriate or retaliatory, even though video

footage belied custody staff's written statement that it was necessary to stop "self-destructive behavior." (p.34)

In this case the Sheriff's Office initiated a personnel complaint investigation and an excessive force allegation was sustained. The senior correctional deputy was demoted, and the demotion was upheld through the Civil Service Commission and later Superior Court. Staff do not abandon their posts. They respond, if appropriate and their assigned areas are secure, to an altercation. The bystander deputy's actions were examined and there was video evidence that he did not observe the excessive force by the senior correctional deputy. A correctional sergeant did intervene and directed another correctional deputy take control of the inmate from the involved senior correctional deputy. The WRAP placement was initiated due to the statements of the senior correctional deputy and the inmate's self-destructing behavior of striking his head against the wall.

In January 2019, a deputy brought AP, who had been acting bizarrely, into a meeting room with plastic chairs and a table, and took off his handcuffs at the entrance of the room. AP wriggled free from the deputy's grasp and walked toward the center of the room. The deputy—who was standing just outside the entrance, and could simply have sealed AP inside the room at this time—instead took out his OC, or pepper, spray, walked through the door toward the prisoner, and aimed the OC spray at him. AP then picked up a plastic chair inside the room, apparently in a defensive stance. The deputy then attempted to spray AP with the OC spray several times, but AP apparently deflected the spray with the chair. The deputy then took out his Taser and aimed it at AP for about a minute before finally exiting the room through the open doorway and sealing the door behind him. In their review, command staff did not criticize the deputy for failing to exit the cell earlier, which would have made the deployment of OC spray and brandishing of the Taser unnecessary. (p.35)

The initial use of pepper spray was appropriate. The inmate was in the law library and armed himself with a chair. A tactical retreat is not always the most effective option particularly to turn your back on an inmate. The correctional deputy was criticized for displaying the Taser after pepper spray was deployed. He eventually backed out of the cell and after CERT was assembled, the inmate surrendered without incident. There was no excessive force in this incident.

In October 2018, AQ was in a cell in the Jail's strip-down area. He refused to take off his clothes as instructed by a deputy, and then allegedly raised his hands in a "fighting stance" while looking toward one of the deputies. The deputies—who were outside the cell—then entered the cell to secure AQ. They performed a takedown, and AQ alleged that a deputy punched him. AQ sustained injuries to his chin, upper cheek, and right ear. The use-of-force investigation did not examine why the deputies entered the cell rather than simply shutting the cell door with AQ inside and attempting to de-escalate. (p.35)

This is a strip search clothing exchange area for inmates to change into jail clothing before they move into the general population. You do not retreat from an unsearched inmate who may be hiding weapons, drugs, or other contraband. The deputies acted appropriately. The only issue of concern was an allegation by the inmate that he was punched in the face. Although a sergeant witnessed the team takedown and no punch was thrown, a personnel complaint should have been taken. A new complaint was initiated in this matter by the Professional Standards Unit.

In July 2018, a deputy instructed AR, a prisoner known by custody staff to have a mental illness, to remove disposable trays and empty milk cartons he had been hoarding in his cell. AR refused and cursed at the deputy. The deputy recognized that AR was not a threat but rather an "inmate with mental health issues having a crisis." But rather than contact mental health staff, he radioed for backup and ordered AR to the ground. When AR did not comply, the deputy took out his OC spray and ordered AR again to the ground. According to the deputy, AR initially complied but then stood back up and took a threatening stance. The deputy was in the doorway and AR was in the back of his cell, so the deputy could have simply closed the cell door. Instead, he sprayed AR three times with OC spray for three seconds each. Staff then handcuffed AR, removed him, and placed him in the WRAP. The force was found to be within policy. (p.36)

This is a situation where the criticism was justified. Non-compliance does not necessarily require force and further de-escalation techniques should have been administered. The senior correctional deputy is no longer an employee of the Sheriff's Office.

Jail staff appear to use Tasers in ways that create or increase risk of harm to prisoners. For example, in November 2018, AS was injuring himself with a spork in his cell. Custody staff entered his cell after he refused to stop, grabbed his right arm, put it in a lock behind his back, and then laid him down on the ground. He refused to put his left hand behind his back. Although he was face down on the floor at this point, and a total of eight custody staff were in his cell, a sergeant and then a deputy repeatedly used Tasers on him. Reports stated that an emergency transport took him to the emergency room with no further explanation. The reports mentioned no efforts to deescalate or secure compliance before staff deployed force, and gave no justification for using the Taser, much less multiple Tasers. (p.36)

This was a dynamic situation where an inmate was harming himself with a spork. Blood was running down the inmate's hands and the deputy did not know the extent of the inmate's injuries. The deputy engaged in dialogue with the inmate as he radioed for medical staff and additional deputies. The inmate dropped the spork and pleaded to the deputy, "*Just let me do this*." The inmate picked the spork back up. As the deputies rushed into the cell and grabbed the inmate, they were unable to free his bleeding left arm from underneath his torso. The sergeant activated the drive stun on the Taser for pain compliance to get control of the arm and the spork. Due to the gravity of the situation, the sergeant believed that the use of the Taser was appropriate. Management discussed additional less lethal options with the sergeant, but considering the circumstances, the use of the Taser was appropriate.

Custody staff also employ dangerous techniques when using force, which supervisors do not question even though they risk causing death or substantial injury to prisoners. For instance, in August 2018, a Custody Emergency Response Team (CERT)—which the Jail uses to perform cell extractions, handle major disturbances, and secure prisoners in restraints—used OC spray on, and then extracted, AT from his cell after he shoved urine and feces under his cell door. AT voluntarily placed his hands through the food port and allowed staff to handcuff him. The CERT team opened the door while AT's hands were in the food port and pulled his legs straight out with his body suspended. While AT's body was elevated, a deputy folded his legs, put them on the ground, and then placed his knee on AT's upper legs and applied his body weight as pressure.

AT, whose torso was still suspended, cried out in pain, expressed concern about his back or bones breaking, and repeatedly asked to be restrained normally. But the deputy did not lift his knee. While AT remained partially elevated and cuffed in the door, custody staff stretched out his body and placed him in a WRAP. (p.36)

What the above paragraph omitted was the fact that the inmate said he had a "shank" and would kill anyone who entered the cell. This was a dynamic situation where the unsearched inmate's hands were handcuffed from the front and needed to be held while the door was opened, and he was searched. He was lowered to the pad after his search and the tether to the cuffs was expanded to relieve the pressure on his back. This operation could have been smoother, but the threat to kill and the statement that he had a weapon required a quick search.

In a December 2018 incident, a group of six deputies participated in a takedown, with at least three using their bodies to pin AU face down on the ground. Then, after the deputies appeared to have AU under control on the ground, one of the deputies slowly took out his OC spray and— about one foot from AU's face—sprayed it in his eyes. (p.37)

The deputies were unable to gain control of the inmate's arms while on the ground. Therefore, the sergeant authorized the application of pepper spray on the ground, not sprayed in his eyes. If the spray was directly sprayed in his eyes, it could have caused hydraulic needling injuring the eyes. This was not the case. Sometimes, pulling a resisting inmate's arms can cause shoulder separations and other joint injuries far more severe than a chemical irritant.

In one December 2016 incident, a total of 11 deputies and two sergeants were involved in a takedown of AV during which they struck him four times, including at least two strikes to the head, to "gain [his] compliance," and then started to place him in a WRAP, possibly compromising his circulation. After partially restraining AV in the WRAP, the custody staff discovered that he was unconscious and not breathing, necessitating emergency hospitalization. (p.37)

We do not have the report for this incident because it occurred in 2016 so we couldn't examine it. All administrative personnel complaints and use of force investigations are automatically purged every five years. We would happily investigate the matter if DOJ would furnish the report.

RESPONSE TO ALLEGATIONS REGARDING RESTRICTIVE HOUSING

The below entries in italics and bold are copied verbatim from the DOJ report.

Section C. The Jail's Use of Prolonged Restrictive Housing Under Current Conditions, Including the Failure to Provide Adequate Medical and Mental Health Care, Violates the ConstitutionalRights of Prisoners with Serious Mental Illness.

1. Significant steps have been, and continue to be, taken to provide access to programming and services for all inmates. The Report notes "... the significant changes to its housing configuration so as to allow more male prisoners with mental illness to be housed in a less restrictive environment." Use of Restrictive Housing does not take the place of care and it is not punitive. Restrictive Housing environments are staff intensive, and subject to review regularly. Under current 2021 procedures, reviews are completed on average every 14 days, but often more frequently. Additionally, access to yard time has doubled with two offerings per day in addition to dayroom access, increased use of small group pods, and increased offerings of programming materials and offerings to all segments of the population. These examples among others can be found throughout each component of this response. ***Prisoners with Serious Mental Illness Are Subjected to a Substantial Risk of Serious Harmas a Result of the Jail's Use of Prolonged Restrictive Housing***.

Significant effort and time are put into moving people out of restrictive housing. From a systems perspective we have accomplished a record number of significant changes: doubling out-of-cell time, opening a Behavioral Health Unit, initiating KJ Max incentive based programming, adding a Jail Based Competency Treatment program, introduction of Involuntary Medication Order process, increasing programming services, changes to Classification systems and advocating in court to name a few.

Medical/ MH computer information and Criminal Justice Information cannot be shared openly. The two systems are both subject to confidentiality. We applied for and were issued a Justice Mental Health Collaboration grant through BJA to work on this topic. We employed a full-time Business Analyst to work between medical, MH, Justice, Court and Probation systems in order to share information and have greater success in reducing the amount of time in jail for offenders and increasing success of remaining out of custody after release. The grant has been successful and there is a shared dashboard that allows us to analyze this data without having particular names shared. This is an industry issue that even the greatest experts in the country cannot seem to resolve without breaching confidentiality in one area or another. The BJA, under The Stepping Up Initiative, recognized our county as an Innovator County in 2019. In 2020 our agency was awarded the California State Association of Counties (CSAC) award for excellence for our implementation of incentive-based programming. The new JMS system has extensive reporting capabilities and will significantly improve data collection and analysis. Anticipated go-live is February 2022.

Step down cells are used for a variety of purposes. These cells have cameras to augment supervision rather than replace direct observation. These cells are close to officer stations for ease of accessibility. The solid bunks prevent someone from going under the bed to hide or barricade themselves. There are only 3 of these cells and used only in extreme behavioral issues. Extensive Multi-disciplinary Team discussions occur to remove someone from this environment and provide a higher level of care

Inmates have the right to refuse care under most circumstances. Mentally Ill persons are particularly challenging to convince to seek treatment, opposed to someone with medical issues that can be reasoned with. Often times it takes a substantial period of time to build rapport, convince the person that they need help and reinforce the need for medication or other therapies when they don't feel as "good" as they did in the crisis state. Many inmates are frustrated by, or don't like the feeling of, MH medications. There are significant side effects. Many prefer the MH disorder over the many side effects.

PC inmates have the same access to out-of-cell, programming, and other services as General Population inmates. The only difference is the separation of the two groups from each other Administrative Separation is defined as follows:

> Administrative separation - The physical separation of an inmate who is prone to escape or assault staff or other inmates, or one who is mentally deficient, in need of medical isolation or infirmary status. This is a non-punitive classification process.

The Report indicates that inmates are inappropriately housed due to "mental deficiency"; however, this is not the case. It is intended to mean that the person is not safe in their mental ability. We have revised this section of policy, along with countless others, to be more clear.

There are several references to "AS/MH" or other abbreviations as a status. This stands for Administrative Separation/ Mental Health. The "MH" component is not the reason for the AdSep status but rather a staff safety demarcation. It is important for staff to know if there are any qualities about an inmate that may require recognition. This is the case for anything from Special Diets, ProPer status, Sentenced or pre-trail, all the way up to Violent behaviors. Each difference between inmates may allow an awareness about that individual. This is evidenced in other examples where an inmate is changed to "GP/MH" or "PC/MH". This knowledge could allow staff to approach a situation differently or with greater patience as taught in Crisis Intervention Training. It is not an indicator of treating inmates more harshly, it is an awareness for safety.

*Example **WW**:

WW, who has unspecified schizoaffective disorder, was in the Jail approximately six times from 2014 to 2018 before his April 2019 booking. Twelve days after his April booking, he was moved to a restrictive housing unit. Even though his father on at least two occasions informed mental health staff that WW had serious mental illness and had recently attempted suicide, and even

though he had been in the Jail multiple times before, the first time he was seen by a psychiatric nurse practitioner or psychiatrist or received any medication during his 2019 stay was in July 2019. On July 2, 2019, he reportedly had "paranoid delusions," temporarily was placed in a safety cell, and received emergency mental health medication. He returned to a standard restrictive housing cell until he entered the JBCT program on July 23, 2019. He stayed in the JBCT program until September 2019, and he was rehoused in the Kansas mental health unit. However, due to an apparent "staff error," he was not given his psychotropic medication for two months, which resulted in him decompensating and being moved again to restrictive housing. He was placed in a safety cell five times from mid-October through the end of November. From approximately mid-September 2019 until his release in December 2019, he remained in some form of restrictive housing.

Staff downgraded his classification multiple times in attempts to integrate him. He assaulted two cellmates during this stay and had to be moved in order to protect others. He also assaulted staff and yet returned to KJ Max incentive-based housing. He has engaged in flooding and rivalries with neighboring inmates, yet staff still provided treatment and attempted to downgrade his security to less restrictive housing. He was released from custody 12/2/19 Release medication was ordered prior to his discharge. and was re-arrested two days later, 12/4/19. There were eleven additional attempts to reduce restrictions by integrating him into inmate groups throughout 2020 and 2021 when he was transferred to State Prison. He was allowed to be housed with his father for a period of time and was not getting along with him either. He assaulted two more inmates during that time frame. It should be noted that we have a duty to keep other inmates safe from him also. Staff often balance risk when deciding when a potentially violent person has reached a point in treatment, or level of medication, that reduces his assaultive behaviors. There is a reference that the father requested help for him. This request was reviewed, referral was made to MH staff. During his father's incarceration, they were housed together in an attempt to calm behavior and reduce restriction.

*Example ZZ:

In March 2019, ZZ cut his own neck with a metal object in an intake cell and was sent to the PHF for being a danger to himself. Upon his return to the Jail, it took eight days for an offsite psychiatrist to complete an evaluation via tele-psychiatry. The psychiatrist ordered psychotropic medications, but ZZ did not receive them for five days. During that time, a clinician noted that ZZ "presented with anxious affect, tearful-mood-anxious and depressed," exhibited "pressured speech," and articulated apparent delusions.

ZZ was approved for citation release from custody on a minor drug charge. Prior to leaving the facility he was paranoid about something outside. He was allowed to contact his family by phone in a holding cell prior to leaving and created lacerations on his neck while being allowed to use the telephone. The jail continued to honor the release but ensured that his MH condition was addressed by the hospital and PHF, via WI5150, upon release. He was booked back into the jail as an absentee booking, meaning he was physically in the care of someone else but on the jail census, because he attacked 3 three police officers at the hospital.

When he returned from treatment at the PHF, he was continued on medication and compliant. He was downgraded security levels successfully and remained in shared KJ Max behavioral

incentive program housing for the remainder of stay in our custody.

*Example of **AC**:

AC, who has schizophrenia, was first booked at the Jail on May 23, 2019. He was in restrictive housing from May 23, 2019 until July 15, 2019 when he was moved to Kansas for approximately three days before transferring to the JBCT. He remained in that program until transferring to a state hospital.

Inmate arrested for stabbing his father because "God" told him to. Schizophrenic / responding to voices (PC 664/187 Attempted murder). Started as Two-Deputy Move. Administrative Separation in consultation with MH staff. Was seen and evaluated at Intake by LMFT. Housed in KJ 105 under the supervision of specialized MH deputies in a single cell. Within a month and a half, he was downgraded by classification, functional on medication and programming with other inmates in a mixed pod. His behavioral and programmatic change evidences MH services and custody reviews yielded continuous improvement from attempting to kill his father in May to working with others cooperatively in July. He was admitted to JBCT program and subsequently transferred to Atascadero State Hospital to continue his competency restoration past 90 days. He remained at ASH for approximately 1 year. He was ultimately released to a conservatorship.

In regard to "AS/MH" status, there is a note that the inmate becomes this status upon booking. If they have been in our custody previously, the last classification status remains on their computer ID number if they return to custody. This is correct in order to identify safety information immediately upon booking. Upon Classification interview the status is reviewed and can be modified. At any point thereafter, it can be modified. This is identified in the examples provided in the Report, such as **AD**.

*Example of **AD**:

AD was first booked at the Jail on March 22, 2019, and designated "AS/MH," though she was released that same day. On May 10, 2019, she returned to the Jail and was again classified "AS/MH." Custody staff noted she was "still goofy and paranoid," and sent a request to mental health for an evaluation. She was placed in restrictive housing for 20 days. On May 30, 2019, she was re-classified to "GP/MH," meaning "general population/mental health," yet she remained in the same restrictive housing unit. On July 10, 2019, she went to the PHF to regain competency to stand trial. When she returned, she was housed with a cellmate, but she remained in a restrictive housing unit.

An inmate that was originally AS/ MH and re-classified to GP/ MH. She completed competency restoration and continued to be housed with another inmate. An Inmate Request Slip sent by the inmate, she wrote:

"Yard time Alone: 45-60, Dayroom time Alone: 30-60, I feel more comfortable w/ others locked down & it is also quieter, so I can think straight. Thank you for your consideration" [-signed] I Grace"

Programming groups had recently been enacted in that unit to offer inmates more access to services in multi-person groups. She chose to use the dayroom and recreation with only her cellmate. There

were 111 females in custody at that time, facility wide. Housing an inmate into a population who self-reports she does not cohabitate well with others, would have been difficult with the elevated female population during that time period. It would also be difficult to force an inmate out with others knowing that she does not feel comfortable in that case.

The verbiage used in the classification files is an area of improvement. Classification files are confidential in nature and often not seen by persons outside the unit. This has been addressed through direction given to staff in this assignment that verbiage and professionalism used in other official reports extends to the Classification file as well. Terms such as "acting a fool", "still goofy" should be phrased more professionally.

COVID has been a significant hurdle in bringing groups out together. We have been commended for our COVID response and doing better that most institutions. Bringing mixed groups through the jail to exterior spaces is limited to avoid COVID transmission in addition to the shared classrooms being used as satellite court rooms for Zoom hearings. Five of the of the eight classrooms are currently used for court the majority of the day.

These classrooms are used for confidential matters also. We have vastly expanded access to MH staff via electronic means for 1368 evaluation, telehealth services, and Re-entry/ discharge planning with local service providers. Cell-to-cell visits are helpful for multi-disciplinary teams in order to identify sanitation and living conditions. It is also helpful to convince reluctant individuals to participate in treatment, accept medical care, take medication and participate in out-of-cell time. Going door to door can be an opportunity to build rapport with an inmate that may not want to engage initially.

2. ***Jail Staff Inappropriately Use Isolation and Discipline Against Prisoners with Mental Illness Without Consulting Mental Health Staff***

We recognize that mental health capacity and an inability to participate in the disciplinary process may hinder a person's outcome and should be considered in the disciplinary findings. Because we had already recognized this need, Classification seeks MH Staff input in disciplinary hearing processes, including *not*-imposing discipline when there is a nexus to MH Disorders, there is an inability to understand the process, or if it is unlikely to improve behavior. Our disciplinary goal is to deter bad behavior and encourage good behavior. The initiation of the incentive-based program in KJ Max is an example of such a system. We compiled 28 examples of *not*-imposing discipline throughout the jail during year 2021, and more examples for years 2019 and 2020.

To further improve our Classification system as a whole, in Fall 2020 we were approved a budget request for FY 21-22 to review our classification and disciplinary processes by an independent contractor. This contractor has been selected, a Purchase Order issued, and we are currently scheduling the visit. This will include review of our current classification scoring system, overall classification plan, and disciplinary process by an independent consultant. The goal is to identify improved best practices, alternative methodology for classification decisions, and best use of the new automated Jail Management System for statistical and data analysis.

Discipline and restrictive housing; often times the language may appear as though discipline is being imposed simply because of verbiage used. There was not a clear delineation between the two in verbiage. This has been addressed in two ways; 1) clearly define when someone is in disciplinary status, 2) use very clear language identifying the difference between an administrative decision and a disciplinary decision. The new Jail Management System will allow Classification to identify these two things more clearly by the use of disciplinary identifiers. Our current computer system does not have this functionality and we rely on written notes and verbal dissemination of information. Clearly defined terms have also been identified so we don't use over-generalized terms, such as "lockdown". The Report calls out the use of the term "lockdown". In the jail, "lockdown" can mean anything from "protective custody", "walk- alone in court", "house alone", "go back to your cell" etc. This could be a self-initiated request by the inmate, a need for protective custody because they are at risk, or a risk to others due to violence.

3. ***Prisoners with Serious Mental Illness Have Suffered Serious Harm as a Result of the Jail'sUse of Restrictive Housing Under Current Conditions***

Significant changes have been made over the last years. There are numerous cases where mentally ill persons have had repeated interventions in custody and regular attempts to remove them from Restrictive Housing.

A prisoner with unspecified psychosis, AG, was admitted to the Jail in early June 2019. He was placed in a restrictive housing cell, where he removed his clothes and remained naked for several days. Five days after admission to the Jail, he submerged his head in his toilet and began ingesting water. Staff removed him and placed him in a safety cell. Upon his release from the safety cell, he returned to restrictive housing, where he remained until he entered the JBCT in August 2019. In January 2020, he decompensated and was put back in restrictive housing where he stayed for the next five months.

This synopsis does not show the regular progression of attempts to get him to take medication, MH Staff time upon booking, the three successful attempts of downgrading him, significant effort to get him increased MH stabilization at the PHF, additional successful attempt to downgrade, and his ultimate housing in group housing for his remaining 3 months before transport to Prison. He was not only in the JBCT but also was housed in KJ Max for incentive-based housing where he was identified as diverting his medication and assaulted a Correctional Deputy.

The PHF is a psychiatric facility with the sole function to address psychiatric crisis, emergent treatment, competency restoration and grave disability for conservatorship.

Sending inmates to the emergency room for evaluation and to the PHF for these various reasons is the community level of care.

The WRAP Is Frequently Used Unnecessarily, and Staff Fail to Document it as a Use of Force

The use of the WRAP is in accordance with practice and policy to prevent injury or damage. All WRAP use was documented previously, and the Sheriff's Office has agreed, and changed, the practice to document all WRAP use as a Use of Force. The documentation is completed by a supervisor making the decision and reviewed by the Chain of Command. Decisions are based in evidenced behavior where someone is actively attempting to harm themselves, harm others, or cause significant damage. The WRAP has been used an average of 3 times per month. during 2021, to date.

The Policy defines a clear 2-hour limit on use of the WRAP, it is trained, and it is in policy. Medical staff is almost always present before and during placement in the WRAP. An evaluation is documented in the Special Observation Log and can generally be seen in video.

As with discussion in Restrictive Housing, terminology is important. This is an area that continues to be a subject of improvement. Justification for the use of the WRAP, including decision-making criteria, should be clearly articulated. All WRAP justification is from a supervisor perspective and is more clearly delineated in the 2020 revised reporting process.

RESPONSE TO ALLEGATIONS REGARDING INADEQUATE HEALTH CARE AT THE JAIL

A. Inaccurate reporting of medical and mental health histories of inmate patients by DOJ

1. Experts incorrectly read the medical record, for example:

- OO, details of the monitoring of the pregnancy, the pregnancy diet and weight loss are not correct.
- LL, reports of the patient having "not receive[d] even that drug for three consecutive days," while a closer look at the medication administration record would show that she had been released from custody, therefore making in-custody medication administration impossible.
- TT, the specialist did not recommend an "urgent" colonoscopy, it was to be scheduled "at patient's convenience."

2. Experts eliminate key information regarding patient care that paints an incomplete picture, such as:

- OO repeatedly refused health care offered by jail healthcare staff, including at intake and throughout her stay. As a reminder, patients in custody have a right to refuse all health care, unless there is a condition that requires treatment to save their life or a court order that mandates treatment.
- PP had his chronic condition addressed over 20 times in a 12-month period, either through a face-to-face visit, a conversation with a specialist, or a review of laboratory results. Your documentation implies that no care was provided for a 9-month period starting January 2019.
- MM refused care at intake, resulting in an inability of health care staff to treat her chronic conditions. She had lab tests drawn on multiple occasions, and they were reviewed by the clinicians, and her care was adjusted. However, your report that "the Jail never ordered any tests to measure her viral load" leads the reader to believe no labs were ever ordered.

3. Report includes many errors secondary to deliberate indifference to facts:

- "The Jail also has blanket rules that exclude certain types of care for most prisoners, even those with chronic health conditions who might benefit from them…The only prisoners eligible for double mattresses are pregnant prisoners in their third trimester." This has never been a policy or practice. Each patient's request for an accommodation is reviewed by medical provider through an assessment and allocated based on need. As you know from reviewing our Medical Treatment Orders (MTOs), many patients are given second mattresses, special shoes, bottom bunks, special diets, and a host of other accommodations based on the physician or nurse practitioner's assessment.

- "Before Wellpath took over, custody staff gathered the sick call slips and reviewed them to ensure they included a reason for seeking medical attention before forwarding to medical staff…" This was not the reason for reviewing the sick call slips; the reason was to ensure there was no urgent or emergent situation that needed immediate attention.
- "The Jail's grievance system is the other mechanism for prisoners to report medical issues, yet the Jail *routinely* fails to provide grievance forms…*even* after repeated requests. Of the *few* grievances prisoners have completed, a significant proportion raise serious medical issues…" The adjectives included here paint an inaccurate picture of the grievance process by exaggerating the points being made:
    - "*Routinely*" is misleading, as face-to-face discussions to attempt to informally solve problems has been a method used by custody and health care staff to resolve problems quickly, in lieu of filling out paperwork and waiting days for an answer. As discussed below in more detail under "Grievances", with your input we have changed our practice to make grievances readily available in addition to continuing to resolve problems as quickly as possible via in person conversation.
    - "*Few*" grievances… as compared to what? The health care team responded to over 275 grievances in 2019 and over 180 grievances in 2020.

B. The Report lacks current information, such as changes since 2019, data from 2021, and information from the COVID-19 pandemic.

1. **COVID-19 pandemic:** The COVID-19 pandemic presented significant challenges to all congregate living settings, especially correctional facilities. In our phone call with your medical expert and attorneys on 9-28-2020, we discussed our Jail's COVID-19 protocols, infection rates, prevention strategies, the lack of CDC guidance for corrections, our success in keeping the virus out of the Jail despite increasing community rates. This call was understood by both parties to be outside the scope of the investigation, yet it was an important topic during the time frame you allege your report covers. During that call, your attorney commended the County for its response to the pandemic, stating that the County's approach had been "deliberate" and "thoughtful."

   With just one significant outbreak and no deaths, SLO County Jail's record of protecting its patients is evident.

2. There is No Data from 2021

The Report does not include current data:

- The year 2019 is referenced 113 times in the Report
- The year 2020 is referenced 15 times in the Report.
- The year 2021 is referenced *zero* times in the Report.
- 16 prisoner deaths are noted between 2012 and 2020
- In 2019 there was *one* death (overdose)
- In 2020 there were *two* deaths (overdose and in-hospital death)

C. Changes that have Occurred in the Jail since 2019

1. Wellpath transition in 2019 *did* improve health care for inmates

The County significantly increased the budget for Jail Healthcare in late 2018, despite a budget shortfall, that allowed the County to increase healthcare services for inmates under the Wellpath contract. In fact, there are many examples of improved healthcare services since the transition to Wellpath. The following were noted, although not highlighted, in the Report:

- Improved mental health care: "After…January 2017, the Jail made significant changes regarding some of the systemic inadequacies in its mental health system…The County also reevaluated its mental health system, and ultimately contracted with Wellpath, which led to some improvements described [above]. These were important changes."
- Improved staffing: "Staffing levels provided Wellpath's contract with the County are higher than before the transition."
- Addition of a Director of Nursing: "[I]n February 2020, the County and Wellpath amended their contract to add a full-time Director of Nursing to provide additional supervision for nursing staff."
- More dental care: "In 2018, the Jail opened an expanded medical clinic with several exam rooms as well as a dental chair…. With Wellpath, there was a dentist on site twice a week as of August 2019…In 2018 the dentist provided care for 10 full days and 7 half days." For comparison, Wellpath provides 104 days of dental care per year, compared to 17 prior to Wellpath taking over.
- More optometry services: "[A]ccess to optometry care under Wellpath is better than it was in the period before the transition for which we have data."
- Withdrawal monitoring improvement: "Treatment for substance use withdrawal in the Jail has significantly improved following the Wellpath transition and development of withdrawal management protocols."
- Health assessments become standard of care: "Before the transition to Wellpath, policy did not require the Jail to complete health assessments for prisoners…"
- Implementation of a chronic care registry: "Before Wellpath took over care, there was no chronic care registry."
- Improved care plan after release from safety cell: "Before Wellpath, policy only required that the prisoner be seen at the next available psychiatric sick call."
- Improved confidentiality in accessing care: "Before Wellpath took over, custody staff gathered the sick call slips and reviewed them to ensure they included a reason for seeking medical attention before forwarding to medical staff. This intruded on the confidentiality of prisoners…"
- Addition of critical incident reviews: "Before Wellpath, the Jail did not conduct critical incident reviews…"
- Addition of audits: "Wellpath's Health Services Administrator completes a series of audits every month…"

- Addition of quality improvement: "Before Wellpath, the Jail did not conduct any analysis of the quality of care that it provides."

2. Housing changes in the Jail during 2019 significantly reduced restrictive housing for people with mental illness.

- Kansas Max Housing Unit: "In May 2019, the County made large-scale changes to prisoner housing, resulting in the creation of several mental health housing units with specialized staff, programming, and services." This cutting-edge housing units represents one of the most significant changes in our Jail's history. It has resulted in improvements in treatment, increased out of cell time, healthier environment, decrease in use of restrictive housing, introduction of the Behavioral Health Incentive Program, addition of programming, revision of the Classification system to allow people to be housed together, and dedication of specially trained deputies.

  Using a program at San Mateo County Jail as a template, Custody leadership devised this plan to rehouse 77 vulnerable patients in our new Kansas Housing Unit. Initially built to house females, whose custody numbers have dwindled in recent years, leadership reimagined this space as a new Jail community for males with serious mental illnesses, disabilities, developmental delay, and more. The Classification unit worked to find groups of inmates—previously housed alone because of dangerous behaviors and risk to others—to house in small pods, and the patients were moved over a three-day period. As a result, inmates were now able to socialize in their day rooms, feel a sense of community, participate in increased programming, and receive incentives for positive behaviors. Between 15-20% of males in the Jail at any one time are benefitting from this program. The Jail has seen fewer fights, less decompensation of people with mental illness, and reduced use of the safety cell.

  Defense Attorneys routinely advocate to have their clients placed in Kansas Max. Inmates respond to the environment with improvement in medication compliance and participation in programs. And the California State Association of Counties (CSAC) recognized the County's Behavioral Health Incentive Program with a Challenge Award for the Administration of Justice and Public Safety in November of 2020.

- Jail Based Competency Treatment (JBCT) Program: "[T]he Jail opened an internal Jail-Based Competency Treatment (JBCT) unit with its own mental health staff for restoring to competency prisoners deemed to be incompetent to stand trial" in July 2019. This program treats five people with serious mental illness (SMI) at a time who normally would have to wait months for a bed at a State Hospital; the waitlist currently stands at over 1700 inmates in California Jails waiting for transfer. By developing its own program, the Jail provides competency restoration and mental health treatment in-house, reducing the wait time by over 80% and thereby reducing the time people with SMI spend in custody. To date, the program has treated 84 males and females with serious mental illness.

By embedding the JBCT program inside the Kansas Max Housing Unit, patients are easily transitioned in and out of the program in a familiar setting with similar staff, incentives, and environment. Because of this seamless transition, the County's average restoration time is 46% shorter than the State average.

3. Discharge planning and re-entry efforts have increased since 2019

We have created a robust culture around re-entry services that was completely overlooked in your Report. As you know, discharge planning prior to release can improve the chances of the person connecting with services in the community and reduces recidivism. The following changes have taken place since 2019:

- Addition of a Discharge Coordinator position
- Formation of the Discharge Planning Steering Committee to guide decisions and allocate resources
- Application and award of a grant from the State of California for housing, medications, supplies and transportation for inmates upon release
- Participation in a learning collaborative funded by the State of California and managed by Health Management Associates (HMA) to help Jail teams work with Special Populations, with SLO working on Discharge Planning
- Addition of notifications in the patient's files to alert staff of discharge needs before the person leaves the facility
- Creation of a bi-weekly re-entry meeting to review all new Jail admissions to start discharge planning early in the Jail stay
- Purchase of mobile computer carts to facilitate pre-release virtual medical, mental health, and substance use visits to establish care
- Securing housing at sober living environments and shelters for after release
- Coordinating with the Health Agency to create simple ways to make follow-up appointments at County Mental Health or Drug and Alcohol Services
- Streamlining of medication ordering prior to Jail discharge to facilitate medications being in-hand prior to leaving the facility
- Collaboration with County Health Agency on technical solutions to efficiently share private patient information across systems
- Coordination with Department of Social Services (DSS) on Medi-Cal application process prior to release
- Involvement of Jail team in County's Whole Person Care initiative, which aims to coordinate care across services in the County

By easing the transition to the community from the Jail, some of the patients may find stability and avoid behaviors that lead to re-arrest. These efforts show the Jail's commitment to these patients, even after they leave our facility.

D. The Jail provides adequate health care

The health care provided at the Jail, just like every single health care system in the United States, is imperfect, but not unconstitutional. And the County has done anything but disregard improving healthcare at the Jail, from adding funding, to changing health care providers and housing systems, revising policies and improving systems. Can we do more? Always. Are we ignoring the problem? No.

1. National Commission on Correctional Health Care (NCCHC) standards provide a template for constitutional health care

Healthcare at the Jail comports with the standard of care as outlined in the Standards for Health Services in Jails as outlined by the National Commission on Correctional Health Care (NCCHC). These guidelines are the "recommended requirements for the proper management of a correctional health services delivery system" and, when followed, provide constitutionally adequate health care[2]. The 59 standards cover everything from access to care, timeliness of care, health assessments, suicide prevention and monitoring, privacy, and more.

The first NCCHC standard, "Access to Care," states, "Inmates must have access to care to meet their serious health needs. This is the fundamental principle on which all National Commission on Correctional Health Care standards are based and is the basic principle established by the U.S. Supreme Court in the 1976 landmark case *Estelle v. Gamble"* (NCCHC 2018 page 3).

The County's efforts towards NCCHC Accreditation means that the Jail have submitted a request for inspection and is awaiting the inspection done by NCCHC. With NCCHC Accreditation included in the SLO County-Wellpath contract as a requirement, Wellpath applied for accreditation in January of 2020. The Jail's inspection has not yet been completed secondary to delays from COVID, as NCCHC inspections were halted during the pandemic. We have been assured that our inspection will occur in the next few months.

2. The County Provides Adequate Medical Assessments

- Initial screenings: Upon entry to the Jail, each inmate is seen by a nurse, who provides a "Receiving Screening." This screening includes arrest history, injuries, medications, medical history, mental health history, mental health screen, suicide risk assessment, vital signs, and more. This screening was much briefer prior to the Wellpath transition, taking 5 or so minutes, compared to 20-25 minutes now. In fact, the Sheriff communicated with all County arresting agencies upon the transition in February 2019 to explain why the Jail booking process was slower than before—all due to enhanced health screening upon Jail entry. Items identified during this screening process, including an indication for withdrawal monitoring, need to see the physician or NP, the identification of a mental health condition necessitation mental health assessment, need for medications to be bridged (more below), urgent or emergent conditions, are all documented, and follow-up appointments and tasks

[2] [1] NCCHC Standards for Health Services in Jails, 2018, page vi

are assigned. If someone refuses the screen, the nurses try again and again to get the person assessed. Our data shows that roughly 90% of all people arrested receive a screen; some are released back into the community having refused repeated attempts.

Per NCCHC, the receiving screening is to fulfill four purposes: identify urgent health needs, identify health needs that need intervention, isolate inmates who may be contagious, and obtain a medical clearance when necessary (Standard J-E-02). The Jail's screening process accomplishes all four tasks.

NCCHC's standards make no mention of requiring an evaluation by a *medical provider*; NCCHC states that "all immediate health needs are identified through the screening and properly assessed by a qualified health care professional," defined as "physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients."

The Jail's nurses do an excellent job of diverting patients to the emergency room prior to booking for any acute health issues. An average of one patient per day is sent to the emergency room for evaluation by our medical staff every day, either prior to booking or after acceptance to the Jail.

- 14-day health assessments: Also known as "Initial Health Assessments", this is "the process whereby an individual's health status is evaluated, including questioning the patient about symptoms. (NCCHC Standard J-E-04) These assessments are to be done as soon as possible after admission to the Jail, but no longer than 14 days after admission. People with urgent or chronic health conditions are to be seen first, followed by people without obvious health care needs. It is true that these assessments have been a challenge for the Jail staff to complete on time, something that the County has been very transparent about. Health assessment completion rates are one of the Jail's performance measures for Fund Center 184; we set a completion target of 95% and have yet to meet that target, secondary to the Wellpath transition year (2019), and COVID-19 (2020-2021) putting other, more urgent issues as priority. Again, although we are not where we want to be with this standard, we are working towards compliance, and lack of compliance with this standard—and continued efforts to improve—do not qualify as unconstitutional, as there are other methods by which to request health care for any urgent need.

  "[T]he Jail does not require that a medical provider conduct the assessment, but rather allows registered nurses (RNs) to perform them." NCCHC standards do not call for these assessments to be done by a medical provider, instead clearly state that these are done by a qualified health care professional, as defined above. In addition, "Medical providers are supposed to review the assessments performed by the RNs, but this review often occurs weeks or even months after assessment." NCCHC standards state that *abnormal* findings shall be reviewed by the provider, not *all* findings.

To meet this measure, it's likely that the Jail will need to add staff, as urgent or pressing issues will continue to be prioritized over these routine health assessments.

3. The County Provides Access to Health Care for Patients

- Medical Request Forms: Also known as "kites", requests for medical attention, or "sick call slips," are ways for inmates to request non-emergent medical care. (There is also a similar way to request mental health or dental services.) In our facility, currently this system includes a written request by the inmate on a request form that is picked up by health care staff daily[3]. This is the way for patients to request medications, report symptoms, ask to see the provider or nurse, or follow-up on a prior visit. NCCHC standards set a goal of triaging health care requests and providing a face-to-face encounter within 24 hours of the request; this is Wellpath's policy as well. Emergencies are not handled through this written system – they are immediately called in to the medical staff over the radio or phone and addressed right then.

  Nurses collect medical requests and triage based on symptom severity. There is one nurse dedicated to addressing medical requests while on-shift. With a paper system, it is difficult to know the success rate for people being seen within 24 hours, but with our impending switch to an electronic system, each request can be audited for timeliness of response and quality of care. However, to give a sense of the amount of care being delivered by the nurses, in September of 2021 the nurses completed 1219 face to face sick call visits for 430 inmates, in addition to 1660 COVID-19 monitoring checks, over 1200 treatment visits for things like wound care and lab draws, and over 600 monitoring visits for things like withdrawal and vital sign checks.

  Since nurses are providing care thousands of times per month, the two examples in the Report are not representative of the access to care inmates receive. In addition, these examples were missing significant facts:

  EE was seen *nine times* by the health care team in the three-month period covered by the Report, including after each one of his requests for medical attention. The Report implies he was never seen. Access to specialty care is a problem for all members of our community, as described below. But this patient was not being disregarded.

  FF contacted DOJ on 5/3/2019 to report some symptoms, and DOJ let the County know of his urgent need for medical attention *four days later*, on 5/7/2019. Of note, he had already been seen by Jail staff by the time we received your unhelpful communication. Do you believe that a four-day delay by you is providing good care to the people you are trying to advocate for? It seems like an unconstitutionally long time to us.

[3] Of note, the County is implementing an electronic health request system in November 2021, and plan to continue to have a paper option available

- Grievance System: We have revised this system twice, in November 2019, and again in October 2021. The grievance policy previously included an attempt by custody and health staff to address the grieved item upon hearing that there was an unaddressed problem. This resulted in many face-to-face discussions in lieu of grievance submission. Of note, face to face discussions to resolve the issue is a best practice per NCCHC: "A face-to-face interview by a health services administrator, responsible physician, or nursing supervisor is often an effective way to informally resolve problems and demonstrate concern" and this is also included in the Wellpath grievance policy. However, after discussions with your team on this matter and the ADA settlement, we understand that face to face conversations may be seen as a form of intimidation and have therefore changed our policy to incorporate face-to-face interviews to accompany written submission; in addition, blank grievances are available in abundance in all the housing units.

  As you can see, the grievance system changed after we became aware of the deficiencies. Wellpath has updated its procedure to now escalate grievances as appropriate at each appeal level. Grievances are also reviewed in detail monthly by Wellpath and Sheriff's Office leadership. The unfortunate meme included in your Report was an error in judgement, was discussed as inappropriate at the time, and is not representative of the County or Wellpath's attitude towards inmate grievances.

In addition to improving the methods of requesting services detailed above, the Jail has developed additional avenues to request care on behalf of patients.

- With ongoing collaboration with our courts, we receive communication from attorneys frequently requesting updates about their clients' health and updating the team on any symptoms or complaints seen in court. These communications have also helped the Jail anticipate release dates of inmates in order to facilitate transition to the community.
- We frequently receive court orders from judges asking for updates on treatment plans, medication compliance, and discharge efforts in order to coordinate admission to specialty programs like Mental Health Diversion Court.
- Our Jail Health Form provided on our Sheriff's Office website sends information from family and friends outside of the Jail directly to Jail healthcare staff to inform of pre- existing medical conditions, medication lists, special needs, and more.

The Jail takes access to health care seriously. In a phone call last year, the DOJ expert surmised that the care in the Jail had remained consistently adequate during the COVID pandemic, stating, "in my chart reviews, I agree that the level and frequency of care is strong."

4. The County Provides Adequate Quality of Care

The chronic care management described by the DOJ does not reflect current practices:

- Patients with chronic care needs are seen at least every 30 days
- Pregnancy care follows the guidelines outlined in Assembly Bill 732 for care of pregnant women in jails, including screening and treatment.
- HIV care has become much more streamlined, including timely continuation of home

medication prescriptions, coordination with community providers including Access Support Network (ASN), regular tracking of labs and chronic care monitoring. Since 2019, the Jail has taken care of 28 people with HIV, at a cost of over $150,000 to continue patients' home HIV medications.

- Specialty care can be difficult to arrange in San Luis Obispo County, with many specialists not available or with long waitlists. For example, waitlist to see a pulmonologist in the community is currently at least 6 months. In addition, some specialists in the community elect to not treat inmate patients. To avoid long wait times, Wellpath providers have access to virtual reviews of their patients by specialists working remotely, and Wellpath is working towards telehealth appointments for those patients who can be seen virtually.
- Procedures around lab draws, and a resultant improvement in the rate of labs being drawn in a successful and timely manner, improved with the addition of the Director of Nursing.

5. The County Provides Appropriate Care of Prisoners for Mental Illness

Unfortunately, the pandemic worsened a growing trend of too many people with mental illness being booked into County Jails. In the first 6 months of 2021, the number of referrals to State Hospitals for patients in Jails with serious mental illness doubled. SLO Jail monitors local trends carefully and has seen a doubling of patients with SMI in the Jail compared to before the pandemic. The following represent the Jail's efforts to best treat this vulnerable population, while continuing to encourage changes in the community to avoid arrest in the first place via the Stepping Up Initiative.

- <u>Mental Health Screening:</u> The County has provided universal mental health screening by a nurse on arrestees since 2018. Nurses are trained to perform intake screenings, which include a robust mental health screening, a suicide assessment, and a substance abuse screening. They also administer the Brief Jail Mental Health Screen, which is a recommended screen by the Stepping Up Initiative. Nurses receive training upon hire on how to perform these screenings, schedule follow-up visits, arrange for continuing of medications, and address urgent issues. With the increase in people with mental illness in the Jail, we agree that nursing staff will benefit from enhanced training on mental health care.

- <u>Mental Health Treatment:</u>

    - Wellpath uses psychiatrists, mid-level practitioners (psych NPs and PAs), Licensed Marriage and Family Therapists (LMFTs), Licensed Clinical Social Workers (LCSWs), certified substance abuse counselors, and Licensed Psychiatric Technicians (LPTs) to provide mental health care in the Jail
    - After a positive mental health screen at intake, patients with mental health needs are seen within 24 hours for an assessment.
    - Patients with mental health diagnoses are seen at least every thirty days for a medication evaluation, or more often if there has been a medication dose change. Patients have the right to refuse treatment unless a court order exists requiring treatment for their mental health diagnosis. Incentives are utilized to encourage

medication compliance as described in the Kansas Max Housing Unit section.

- Treatment plans are developed and followed for acute and nonacute mental health needs.
- People with acute mental health needs receive a customized acute treatment plan consisting of daily contact. Those who are housed in restrictive housing are seen three times per week in addition to the regularly scheduled mental health contacts in accordance with their treatment plan.
- Substance use treatment is provided, including Medication Assisted Treatment (MAT) and groups such as Alcoholics Anonymous
- Counseling is currently provided on an as-needed basis, and staff will be added to provide regular counseling services to in-need patients
- The Jail, Court staff, and County Mental Health are in continuous communication regarding patients with mental illness to see if they are eligible for out-of-Jail treatment programs such as Mental Health Diversion
- Custody staff have received Crisis Intervention Training (CIT) to learn how to appropriately identify, assess and respond to people suffering from mental illness
- As described elsewhere in this document, more custody staff is needed to ensure timely and private mental health care
- Secondary to the increasing number of people with SMI in the Jail, the County will assess—as part of the staffing study—whether 24/7 on-site mental health coverage is indicated. Of note, psychiatrists are available on call 24/7 for consultation for any acute or urgent issues.

- <u>Suicidal Patients:</u>

Suicide leading cause of death in corrections,[4] accounting for 30% of Jail deaths in the United States in 2018. SLO Jail takes suicide prevention very seriously:

- Suicide prevention training occurs annually
- Suicide prevention policies are in-line with NCCHC standards
- Mental health staff have worked with inmates in routine intake quarantine to prevent and reduce mental health symptoms during COVID-19
- Patients who are actively suicidal or who meet criteria for a W&I Code 5150 are sent to the PHF for inpatient psychiatric treatment
- Custody and Wellpath staff have received training on administering a 5150 hold to facilitate transfer to the PHF when necessary

E. County Provides Oversight and Auditing of the Healthcare Wellpath Provides

Wellpath assumed control of Jail Healthcare on February 1, 2019. Since that time, the County has provided oversight and auditing of the healthcare being provided. When a problem is suspected, the County investigates, and works with Wellpath staff to address deficiencies. The goal of the County

[4] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. "Mortality in Local Jails, 2000-2018." April 2021

is to provide timely, accessible, quality health care to the inmate patients and is continually working with Wellpath to achieve this goal.

1. **Examples of oversight:**

- Medical Administration Committee (MAC) monthly meeting to review staffing, grievances, access to care, offsite visits, quality improvement projects, chronic care management
- Weekly Multidisciplinary Rounds to discuss all high-risk patients, including those with medical and mental health diagnoses and Jail Based Competency Treatment patients
- Biweekly mental health needs meeting, to review new issues surrounding mental health care, access to mental health care, staffing, medication orders
- Emails and phone calls from community members, attorneys, healthcare providers in the community provide concerns about current inmates, feedback about care. All cases are reviewed.
- Emails from DOJ reporting potential concerns communicated to DOJ by patients themselves
- Regular communication with County leaders regarding status of Wellpath program
- Fiscal team communication regarding medication costs, hospitalizations

2. **Examples of auditing and statistics analysis:**

- COVID cases, quarantine, testing, and protocols carefully monitored
- Monthly Medication Assisted Treatment meetings to review active clients, discharge needs, discuss chart reviews
- Monthly submitted to BSCC: nurse visits, MD visits, mental health visits, offsite appointments, specialty care
- Review of Stepping Up statistics and trends in mental health care
- Tracking offsite visits, ER visits and hospitalizations
- Review of daily Sergeant logs and investigation into any health issues noted
- Weekly HIV medication reviews and chart audits

3. **Chief Medical Officer (CMO) role:**

After a critical look at vulnerabilities in the existing Jail healthcare system, the CMO position was created in 2018. This position is a bridge in communication between the Sheriff's Office custody team and the healthcare team. With the transition to a private healthcare provider, the CMO position pivoted from directly supervising the provision of health care to contract management, including working with Wellpath providers (physicians, psychiatrists, nurses, therapists) to deliver the care. The CMO has overseen the improvement in healthcare as discussed above, but the transition to Wellpath with the convergence of the COVID-19 pandemic proved challenging. The County commits to including contract oversight in its staffing study to assess what model of Wellpath supervision is likely to be most successful.

F. The County has Made Plans for Further Improvements

County leadership is willing to work to further improve Jail Healthcare. The County agrees with the DOJ on the following:

1. Prisoners at the Jail have Serious Medical and Mental Health Needs Requiring Treatment

The approximately 9,000 individuals who are booked into our Jail each year, many more than once, are our County's most vulnerable. In 2019 and 2020, over half of the people arrested reported being homeless or transiently housed. We know that people experiencing homelessness have higher medical and mental health needs, with about a third of people self-disclosing alcohol or drug problems, a third reporting mental health conditions, and about a quarter of people report chronic health problems and 20% have a physical disability (SLO Homelessness Survey, 2019). In addition, the rate of childhood trauma in prisoners is staggering, and the toxic stress that this untreated trauma causes leads to risky behaviors, increased risk of substance use disorders, increased mental health conditions, greater chance of medical issues, all leading to chronic disease and early death. Each "Adverse Childhood Event (ACE)" as defined by the CDC-Kaiser study[5] causes an increased risk of disease and death, with a score of 6 or more reducing life expectancy by almost 20 years. In prisoners, almost half have 4 or more Adverse Childhood Experiences (ACEs) compared with 15% of the general population[6]. In summary, these patients have serious medical and mental health conditions compared to the general population.

Another concerning trend has emerged over the past few years: a drastic rise in the number of people in Jail with SMI. Despite the County's efforts in the Stepping Up Initiative, which aims to keep the number of people with serious mental illness (SMI) out of Jail, and for which the County was named an Innovator in 2020, the Jail has become a de-facto mental health facility.
Currently, about one-quarter of the people in our Jail have SMI, up from 12% before the pandemic. This trend is being seen nationwide: NAMI reports a doubling in people with mental health symptoms during the pandemic, suicide attempts and mental health crises are up, and overdose deaths and substance use disorders have increased. Referrals to the State Hospital have doubled in 2021, and the Hospital's wait list stands at over 1700 people. Our County's Emergency Rooms are filled with people in mental health crises on a W&I Code 5150 hold.

2. More Staffing is Needed to Continue to Deliver Timely, Private, Quality Healthcare

The County plans to perform a staffing study on its healthcare system to determine what additional staffing is needed to accomplish the items outlined in this report. Preliminary discussions between Wellpath and County leaders indicate the need for additional physician and psychiatrist time, 24/7

[5] Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, The Adverse Childhood Experiences (ACE) Study" Felitti and Anda, et al. American Journal of Preventive Medicine, Vol 14, Issue 4, P 245-258, May 1, 1998.
[6] "Adverse Childhood Experiences and Adult Criminality: How Long Must We Live before We Possess Our Own Lives?" Perm J 2013 Spring; 17(2): 44-48

mental health staff coverage, dedicated psychotherapists, additional nursing time and medication room support. NCCHC provides this service, among others.

3. Confidentiality in health care delivery is important

The Report's minimum remedial measures include two statements recommending we improve confidentiality around visits. We acknowledge that the Jail is a difficult place to provide confidential health care, and often custody staffing limits the ability of patients to be seen in a confidential setting. In NCCHC's standard around Privacy of Care (J-A-07), the difficulty of always providing confidential care in a correctional setting is referenced: "Privacy is made more difficult when triaging health complaints at the inmate's cell, in segregated housing…or when conducting interviews during the intake process. When cell side triage is required, or when conducting interviews during intake, health staff take extra precautions to promote private communication…There must be a balance between extent of need for privacy based on the health need, timely access, the facility's physical plant design, and custody concerns."

We believe that additional health care staff, along with additional custody staffing, will allow more transport of patients from the housing units to the medical and behavioral health units, allowing for more private visits. In addition, Custody leadership continues to work on improving efficiencies in the Jail's staffing plan to maximize the ability to provide health care and programs to all.

4. Training of Healthcare and Custody staff remains a priority

The COVID-19 pandemic limited training opportunities for both Custody and Wellpath staff. With the lifting of some pandemic restrictions, staff training has been reprioritized and reorganized. In process include collaborative suicide prevention trainings, first responder drills, medication assisted treatment (MAT) training for custody, and more. Additional mental health training, in addition to what is already provided, will be considered as it is likely to benefit all Jail staff.

5. County Oversight of Wellpath Contract Deserves Another Look

Management of the >$6 million Wellpath contract and ensuring compliance with the >100-page contract and NCCHC standards requires dedication of additional resources. The County is revisiting Wellpath contract oversight as it responds to this investigation.

RESPONSE TO ALLEGATIONS REGARDING VIOLATIONS OF THE AMERICANS WITH DISABILITIES ACT

Allegations regarding ADA violation are duplicative as they have been previously addressed and remediated or in process of remediation based on the Settlement timeline.

2. Prisoners Are Subject to a Substantial Risk of Serious harm as a Result of Inadequate Medical Care

b. Lack of Access to Care

In addition, the Jail fails to ensure adequate access to medical care by failing to provide effective communication to prisoners who are deaf or hard of hearing. Although video remote interpreting equipment may be available, the Jail does not routinely use it or provide in-person interpreters to communicate with these prisoners. Nursing staff told us that they rely on l ip-reading to communicate with deaf prisoners, and the medical records we reviewed show they rely on lip- reading or written notes. Lip-reading does not ensure effective communication for many deaf or hard of hearing individuals, either because their English comprehension is limited[16] or because they cannot catch many of the words being spoken. Courts have also held that note passing to communicate with deaf and hard-of-hearing prisoners may be insufficient to ensure access hearing prisoner who is HIV positive received substandard HIV care in the Jail and had to communicate with Jail staff through written notes, even though he had submitted an ADA request for video remote interpreting services. The medical record indicates that communication with the prisoner through notes was ineffective.[18]

There have been significant changes in the Jail's efforts to effectively communicate with deaf or hearing-impaired inmates and civilians which this Report fails to take into consideration.

- VRS (Purple software) has been installed in all computers within the Classification Unit for deaf or hearing-impaired inmates' usage 24/7
- Both sworn and civilian staff have been trained on all aspects of effective communication through ADA training
- Wellpath medical staff have implemented VRS software for all inmate patients requesting usage.
- Wellpath has established internal policies and procedures for effective communication with inmate patients
- SLO CO has contracted with a third-party provider for on-site ASL interpretation as needed.
- The Jail is currently working with our kiosk and tablet vendor to utilize VRS capabilities on inmate kiosk and tablets. A VRS device will be made available for hearing impaired civilians requiring an accommodation.

E. The Jail Denies Equal Access to Individuals with Disabilities

The Report fails to consider the significant progress that has been made to ensure that everyone, regardless of whether they have a disability or not, has an equal opportunity to participate in programming.

The Jail has made significant strides to ensure that inmates with disabilities are provided equal access to programs and services as evidenced by the continued compliance with the terms of the Settlement Agreement reached between the DOJ and SLOCO re: ADA violations. On June 24, 2021, the DOJ issued the statement *"We commend the County for recognizing its obligations and working with the Department of Justice to bring facilities at its jail into compliance with the law".*

The Jail has established a dedicated Compliance Unit ensuring compliance with standards set forth within the ADA, the naming of a full time ADA Coordinator who has significant training in ADA standards and who will complete the educational requirements to be certified as a National Certified ADA Coordinator in Dec. 2021. The Jail instituted a mandated ADA training for all Sheriff's Office staff, volunteers and contractors.

C. Changes in the Jail During the Course of Our Investigation

In May 2019, the County made large-scale changes to prisoner housing, resulting in the creation of several mental health housing units with specialized staff, programming, and services. Shortly afterward, the Jail opened an internal Jail-Based Competency Treatment (JBCT) unit with its own mental health staff for restoring to competency prisoners deemed to be incompetent to stand trial. The County also has taken steps to open a new Behavioral Health Unit to provide additional mental health services to prisoners.

Although the Report acknowledges the efforts that have been made to enhance the treatment and programming for our mentally ill offender population, it fails to recognize the significant changes that have been implemented to ensure access to programs for all inmates regardless of their classification, housing location or medical/mental health diagnosis.

ALL inmates have the opportunity to participate in;

- Drug & Alcohol Treatment Counseling
- Interactive Journaling
- High School Diploma Certification
- OSHA 10
- Food Management Certification
- Food Service Certification

Steven E. Gordon, Assistant United States Attorney Civil Rights Enforcement Coordinator, published in his presentation ***"The ADA in State and Local Courts, Law Enforcement and Detention Facilities"*** that detention facilities should respond to an individual with a disability on a case-by-case basis, that individualized assessment is key and that correctional facilities must

recognize that one size solutions do not fit all situations. This is the precise approach that the Jail takes in evaluating program accessibility for inmates.

Our Classification Unit, along with our Honor Farm Sergeant have expanded the screening process for Honor Farm participation to include individuals with a mental health diagnosis who are prescribed medication.

Examples include.

PP:. Housed on the Honor Farm in Feb. 2020. Prescribed MH meds. He was transported to the Medical Programming Unit (MPU) daily for his medication.

JK: Housed on the Honor Farm in Sep. 2020. Prescribed mental health meds that he kept on his property (KOP).

The Jail has instituted a medical lock box in the Honor Farm Medical Exam Room to secure psychotropic medication that cannot safely be designated as KOP. In addition, Wellpath medical staff are at the Honor Farm daily to pick up kites and dispense medication as needed.

The programs the Report references, construction maintenance, bicycle repair and the culinary program involve the use of heavy machinery and tools. Individual assessments for program participation are conducted to ensure the safe operation of services, programs, and activities.

Screening for these programs requires more than a determination as to whether an individual has a mental illness and/or prescribed psychotropic medication. Factors such as length of sentence, criminal history and the nature of their charges must be considered to ensure overall safety.

Exclusion from these programs is based on actual risks and not mere speculation or blanket exclusionary practices due to a disability.

The Report alleges that the Jail *"appears to place prisoners in restrictive housing based on behaviors that are likely symptoms of their disability, in violation of the ADA… For example, the Jail kept an 84-year-old man with serious mental illness, in restrictive housing without privileges for over a year-and-a half for rude conduct".*

This is factually incorrect. Although the Department's subject matter experts had unfettered access to any and all classification files in their entirety, the conclusion represented in the Report is reflective of the subject matter experts lack of expertise in reviewing classification files, the lack of experience required to understand the classification record in its entirety, and the lack of institutional knowledge required to understand the complexities that exist in the Classification and housing of inmates.

Extraordinary efforts were taken to house this individual (FS) in the least restrictive setting. From Jan 2018 until Oct 2020 when FS was transported to State prison, he was rehoused 46 times. Seven of those rehousing were placements into less restrictive setting including one attempt to house FS in Kansas Jail Max.

Each one of those seven attempts at a less restrictive environment resulted in destruction of jail property, refusal to go to court, encouraging disruptive behavior among other inmates, and repeated exposure of genitals to female staff.

On August 28, 2019, FS was asked if he wanted the opportunity to be housed with another inmate in a less restrictive setting. FS response "NO- I don't get along with other people"

The behavior this individual displayed is clearly more substantial than just "rude conduct" and yet this Report is narrowly reflective of a single notation is an extensive documented history.

Although the Report acknowledges *"…the jail places some prisoners with mental illness in restrictive housing for reasons other than their disability, which itself does not violate the ADA",* The Departments subject matter experts failed to recognize that this is precisely why FS was housed in restrictive housing. Considerations for his housing included the nature of his charges, his classification as a 290 registrant, his repeated exposure of his genitals to female staff and 43 documented incidents of disruptive behavior.