

This document is an extract of a larger publication.

civilgrandjury.org is a project of UnGovr.org, a US-based 501(c)(3) nonprofit dedicated to government transparency and public accountability.





SANTA CRUZ COUNTY
Civil Grand Jury

701 Ocean Street, Room 318-I
Santa Cruz, CA 95060
(831) 454-2099
grandjury@scgrandjury.org

We Can Do Better with Our Jails!

Better Healthcare and Reentry Support

Summary

Santa Cruz County is a compassionate community. Residents expect that while justice is being served, all inmates, especially the mentally ill, will be treated humanely and with respect while being held in our jails. The same compassion was expressed by Jail staff on our tours and in our interviews.

In this year's report, the Santa Cruz County Civil Grand Jury challenges the Sheriff's Department to improve the treatment and safety of jail inmates living with mental illness and to develop innovative and effective post release reentry programs. The Grand Jury believes we can do better with some operational changes:

Improve Medical and Mental Health Care in the Jail

- Conduct Health Service Audits of medical records for quality of care improvements.
- Improve Discharge planning for better continuity of care.
- Update training for medical and correctional staff on the proper use of Safety Cells for mentally ill patients/inmates, to meet State requirements and to comply with the Sheriff's policy and procedures manual.
- Instruct Medical and Jail staff on when it is appropriate to transfer suicidal inmates to a Mental Health Facility either in or, if necessary, outside the county.

Inmate Rehabilitation and Reentry

- Reopen the closed units and move all qualified inmates to the Rountree Rehabilitation and Reentry to prepare them for return to the community with new job skills development, education, work release and transitional programs.
- Do not block Grand Jury inmate interviews and allow the Grand Jury to observe classes and programs.

Table of Contents

Summary	1
Table of Contents	2
Background	3
Why this topic matters for County residents	3
Scope and Methodology	3
Investigation	4
Classification Determines Housing Facility	5
The Main Jail	5
The Rountree Medium Security and Rehabilitation Facility	7
The Blaine Street Women's Jail	10
A Type of Incarceration Outside the Jail System - LPS facilities	10
Medical and Mental Health Care in the Jail	11
Medical and Mental Health Treatment in the Jail	12
Inmate Rehabilitation and Reentry	17
Conclusion	21
Findings and Recommendations	22
Group 1: State Standards (Title 15) Compliance Issues	22
Group 2: Better Jail Conditions, Rehabilitation and Reentry Preparation	23
Group 3: Access to Inmate Interviews and Rehabilitation Programs	24
Commendations	24
Required Responses	25
Invited Responses	25
Definitions	25
Sources	27
References	27
Site Visits	34
Appendix A – Penal Code Governing the Grand Jury	35
Appendix B – Safety Cells Description	36
Appendix C – Jail Programs and Services While Serving Sentences	37
Appendix D – Out-of-Custody Post-Jail Reentry Community Programs	38
Appendix E – Key Title 15 Policies Used in this Report	40

Background

The California Penal Code 919(b) specifies that the Grand Jury shall inquire into the conditions and management of the public prisons, jails, and juvenile detention facilities within the County.^[1]

Santa Cruz County residents are concerned with the proper treatment of incarcerated persons. Our community's values align with better conditions for the inmates and jail staff. Residents are also concerned about the use of "Safety Cells," particularly as it relates to inmates with mental illness. The Grand Jury was told that historically the Corrections Bureau believes that *Reentry Begins at Booking*.^[2] The Grand Jury embraces this statement and would hope these are not only nice words, but actual practice. The phrase lends itself to the Rountree facility name: Rountree Reentry and Rehabilitation facility. The Grand Jury investigated just what programs and classes were offered to inmates.

We have a mental health crisis in this country and in our county. The statistics show that in the Santa Cruz Jails 30%-40% of those incarcerated suffer from mental health disorders and are likely on, or need, psychotropic medication. That makes our jails, in effect, the largest mental healthcare facility in the county.^[3]

Why this topic matters for County residents

Do you know someone in your family or perhaps someone connected to you who has been incarcerated in the Santa Cruz County Jail? If not, you may not understand what a life-changing experience it would be to have all your freedoms taken away.

Medical and Mental Health Care in the Jail

- Residents expect the mentally ill resident to be cared for in health facilities, not housed in jail.
- Inmates serving sentences or being held for pre-trial should not be mistreated with improper use of Safety Cells.

Inmate Rehabilitation and Reentry

- Residents agree with the Jail's philosophy "Reentry Begins at Booking."
- Residents expect that inmates are prepared for re-entry.
- Residents are interested in knowing more about the Jail's Rehabilitation and Reentry classes, programs, services, and activities which prepare inmates for reentry.

Scope and Methodology

The Grand Jury limited the scope of this investigation to informing the public on two areas. One was the current conditions in the jail for all inmates, but particularly for those suffering with mental illness. Secondly, we investigated what programs and activities are in place to prepare inmates for their eventual release.

Along with touring all the correctional facilities, the Grand Jury:

1. Conducted eight (8) interviews with concerned citizens, jail supervisors and staff, and legal and academic experts on correctional facilities.
2. Reviewed numerous reports that have looked at jail operations for compliance of requirements noted in the state regulations governing prisons and jails (Title 15) (See [Appendix E](#) for Key Title 15 Policies In this Report) and the Sheriff's policies and procedures governing Santa Cruz County Jails.
3. Compared those minimum requirements with current Jail operations.
4. Identified gaps in current inmates' medical care and services for the mentally ill.

Investigation

The Grand Jury members learned from the tour that the staff is deeply dissatisfied with the physical conditions at the Main Jail. The Grand Jurors agreed the conditions are not good for the mental health of both inmates and staff. Even if you are in good mental health, just being in the jail building is disturbing and stressful. It is definitely traumatizing if you already are suffering from mental illness. As empathetic members of the community, the Grand Jury tried to imagine what it must be like for a person to go through the judicial process while in Jail. The Grand Jury is also hopeful that if inmates participate in the programs and activities offered by the Jail, reentry into the community can be made easier.

Imagine yourself an inmate in our local County Jail awaiting trial and you are presumed innocent. Imagine that in addition to your legal problems, you are struggling with mental health issues. Now imagine that you are placed in isolation in a "safety cell" with minimal psychiatric care and virtually no supervision to make sure you are actually safe and receiving treatment.

And imagine suffering from a mental health condition, and because of a crisis, you end up in jail. You are in a totally unknown environment. No one explains anything to you that you can understand. You are put in a small white cell where everything is made out of concrete. You have no physical ability to receive mail or have photos that remind you of friends or family. And if your condition worsens, you may not be transferred to an appropriately higher level of care. Instead you may be pepper sprayed, tased, tied to a chair, and finally dragged to a safety cell with no water or toilet where you may languish up to 48 hours. That may happen multiple times.

Also imagine, if you can, that you have finally navigated the labyrinthine and often bewildering criminal justice system and jail systems and having paid your debt to society, are eligible for release. Yet you stand at the doorway to freedom with no skills, no preparation and no practical plan to break the cycle of reoffending and recidivism.

As mandated, jurors toured the correctional facilities in Santa Cruz County. The Santa Cruz County Sheriff's Office runs four corrections facilities in the county; the Santa Cruz County Main Jail, Blaine Street Women's Facility, Rountree Medium Security Facility and the Rehabilitation and Reentry Facility.^{[4] [5]}

While the Grand Jury toured the Juvenile Facility in Felton, the Grand Jury is not reporting on the Juvenile Facility in this report. However, we found the programs for youth are exceptional. The program, operated by the Santa Cruz Probation Department, has achieved a 41% decrease in admissions since 2013.^[6]

Classification Determines Housing Facility

Once booked there is a classification procedure which determines release or housing. Those determined 'not to be released' are given a housing assignment in one of the four facilities; the Main Jail, Blain Street Women's Jail or one of the Rountree two facilities. This begins incarceration. The experience is described below with some notable facts the Grand Jury uncovered in this investigation.

The Main Jail



Figure 1: Santa Cruz County Main Jail. Photo courtesy of Ashley Keehn.^[7]

Every adult who is arrested anywhere in the county is taken for booking to the Main Jail located at 259 Water Street in Santa Cruz. Once booked, a decision is made using a classification system to determine if a person should be released or housed.

The Sheriff's office provides alternatives to being housed in the Jail.^[8] The jail operates a Custody Alternative Program, an alternative to being housed while awaiting trial. This

program diverts people away from incarceration. In January of 2024 there were 51 people on work release, 37 males and 14 females.^{[9] [10]} Of all the people arrested and booked, about 20% do not qualify for pretrial release and therefore must be housed in the Main Jail.^[11]

A state of uncertainty while awaiting trial

The jails have a total capacity of 511 inmates. In 2022 there were on average 352 incarcerated men and women in the three correctional facilities, which is 73% of capacity. This does not include Blain Street Women's jail, because it was not open until May 2023.^[12]

According to the 2023 Santa Cruz Criminal Justice Court Report during one month in 2022, the average daily population was 327 incarcerated persons, but only 64 were sentenced and 263 were in pretrial (not sentenced) awaiting either sentence or release. The number of incarcerated people determined to be incompetent to stand trial were 33 in 2020, 64 in 2021 and 68 in 2022.^[13]

Most of us know you are deemed "innocent until proven guilty", but you are in jail, so you are treated the same as an inmate serving time. You have all your freedoms taken away and you are completely reliant on the correctional staff for your food, shelter, security, medical and mental health needs. You may imagine that this can be a very traumatic experience. See Figure 2 below.



Figure 2: Main Jail cell. Photo courtesy of Ashley Keehn^[14]

Pretrial release times can be quite lengthy depending on many variables. Some inmates have been in pretrial status for years. As part of the booking process, a variety of tools are used to classify and segregate inmates by their gang affiliation, mental health situation, gender issues, and whether they are a potential risk to themselves or others. Your classification is reviewed monthly to make any necessary changes. A month would be a long time to wait if there was a mistake made with your classification, especially for the mentally ill.

The Rountree Medium Security and Rehabilitation Facility



Figure 3: Rehabilitation and Reentry – Rountree facility. Photo courtesy of Ashley Keehn^[15]

Located at 90 Rountree Lane in Watsonville, the facility consists of two sections. It has a minimum security and a medium security component. It houses men only. The medium security component itself consists of two units, one of which has been closed for refurbishment for a few years. Last year's 2023 Grand Jury Jail report recommended reopening the closed unit at Rountree. It is still closed today due to staffing shortages. This would have allowed the Jail more balance of the jail population between the three facilities. It also would allow some inmates from the Main Jail to move to Rountree and take advantage of the programs available there.



Figure 4: Rountree Minimum Security facility. Photo courtesy of Ashley Keehn^[16]

The minimum security unit is referred to as a Rehabilitation and Reentry unit and its goal is to educate and prepare inmates for reentry into the community. Most of the inmates housed at Rountree are sentenced and have agreed to attend classes and programs.

Sheriff Blocks Interviews with Inmates

The Grand Jury was not permitted to interview inmates serving sentences at the Rountree Rehabilitation and Reentry facility, even though such interviews were suggested by the Bureau of State and Community Corrections (BSCC) in its instructional “Handbook for Grand Jurors.”^[17]^[18] The BSCC is the author of the Title 15 regulations governing the minimum standards that community jails are required to adhere to in their operations. See [Appendix A](#) for the Penal Code Governing the Grand Jury.

According to the BSCC, the Grand Jury is instructed to ask the following questions as part of the Jail investigation:

Interviews with Inmates are allowed.

Per Penal Code Section 916, use two jurors for each individual interview with an inmate. An inmate may become intimidated if more than two jurors are present during the interview. It is a good idea to ask open-ended questions. Sample questions include:

- What do you like best about this facility?
- What is your daily schedule?
- How do you arrange to see the medical personnel?
- What is the grievance process?
- What do you do during the day?
- How did you learn about the rules?
- What would you like to see changed in this facility?
- How do you get along with staff?

It is not appropriate to discuss the inmate's offense, case or other personal matters. Your interview should focus on the experience of the inmate in the facility. If the inmate attempts to engage in a discussion of his/her case, gives you mail to send, or asks you to make a phone call, make it clear that you cannot discuss these matters.

Figure 8: From the 2021 BSSC Jail Inspection Handbook for Grand Jurors.^[18]

The Grand Jury investigation would have been aided by inmate interviews by disclosing the perspective from someone inside of the jail. The head of the corrections bureau denied our request to attend some of the classes at Rountree to get a better understanding of how the rehabilitation program works. Attending some classes and speaking to some inmates would have greatly enhanced this Grand Jury report.

The correctional officer denied the Grand Jury request because:

1. "It has never been done before and would not want to set a bad precedent."
2. "It would be too dangerous for Jurors to talk to inmates."

The Grand Jury reviewed past Jail Reports which had inmate interviews granted under previous Sheriff administrations. The Grand Jury offered to conduct inmate interviews via Google Meet. Since Covid this has been Grand Jury policy. Virtual interviews would have solved the security issues. If teachers are allowed to teach in person why would it be dangerous for Grand Jurors to observe classes and interview inmates attending those classes?

The Blaine Street Women's Jail



Figure 5: Blaine Street Women's Facility. Photo courtesy of Ashley Keehn.^[19]

The Santa Cruz County Blaine Street Women's Facility reopened in 2023. It is a 32-bed capacity facility located at 141 Blaine Street, next to the Main Jail. Generally, this detention facility houses women awaiting bail and inmates serving brief sentences, usually a year or less. It also has rehabilitation and reentry programs, with some designed especially for women.

A Type of Incarceration Outside the Jail System - LPS facilities

LPS - Lanterman-Petris-Short Act named after the authors of the Act, provides the statutory framework for the commitment of individuals with mental health disorders and provides protection for the legal rights of such individuals.^[20] Mental Health best practices and the state regulations of Title 15 require that an inmate in a psychiatric crisis be transferred out of jail to an LPS psychiatric facility.^[21] LPS designated facilities are the county's mental health treatment facilities. These facilities serve the community for Mental Health evaluation and treatment and are certified by the State Department of Health Care Services. A designated facility may include, but is not limited to, a licensed psychiatric hospital or facility and certified crisis stabilization units.^[22] Such a facility would be more conducive to housing, treating or healing individuals that are dealing with serious behavioral health needs.^[23]

The Grand Jury learned that Medi-Cal is authorized to pay for medical treatment only in facilities of 16 beds or less. Santa Cruz has one such facility, but could have multiple 16 bed facilities covered by Medi-Cal.^[22] However, even if Santa Cruz County were able to build multiple 16 bed LPS facilities, it does not have a source of funds to operate them.^[24]

Medical and Mental Health Care in the Jail

- Wellpath is the contracted Medical and Mental Health provider for the Jails.^[25]
- Wellpath is not fully staffed and has several vacancies in Medical and Mental Health.^{[26] [27]}
- There are not enough resources in Santa Cruz County to meet the Mental Health needs of incarcerated persons, both while in custody, and following release from custody.^[28]
- On any given day in our jail system, there are between 60-90 inmates on psychotropic medication for a mental health condition.^[29]
- There are state laws (Title 15 - see Figure 13 - [Appendix A](#)) and Sheriff's policies that govern the proper treatment of incarcerated persons with medical and mental health needs.^[30]

Wellpath - the Contracted Healthcare Provider

In September of 2021, Santa Cruz County transitioned its inmate mental health care from County Behavioral Health to Wellpath, a private Tennessee-based provider of medical and mental health services. Wellpath clinicians work inside of the local jail system as the primary mental health support organization. However, the Psychiatrist is never onsite and uses video conferencing to evaluate, review and treat the mental health of inmates/patients. Video conferencing is used in daily rounds and when an inmate/patient is having a mental health crisis. Other mental health staff are onsite.

Their performance and level of care is subject to annual review. The contract states Wellpath must provide staffing for Medical Healthcare 24/7, and Mental Healthcare for 16-20 hours a day.

According to answers given by Wellpath on 02/13/2024 in a Request for Proposal - Vendor Report to the County, many staffing positions are currently vacant including:^[26]

- One Mental Health Coordinator
- Two full time Mental Health Clinicians
- Three full time Registered Nurses
- Four full time Licensed Vocational Nurses

Some notable numbers from the report:

- Average daily # of detox patients - 12
- Average daily # of combined segregation inmates - 25-30
- Percentage of inmate population on medication - 65
- Percentage of inmate population on psych medication - 68
- Percentage of inmate population who are Severely Mentally Ill - 12

The Grand Jury is concerned with these crisis-level numbers. The workload appears to be a problem, given the vacancies of medical and mental health staff. Reducing staffing level caseloads is not the whole answer, but it is a crucial element to the question of whether inmates with mental illness are being provided with the required level of care.

A recent Santa Cruz Criminal Justice report, as well as statements by jail staff and the Health Inspector, have all expressed concerns about Wellpath's high turnover of staff and the fact that they only provide coverage for eighteen hours a day.^{[27] [31]} While someone is always a call away, the overall effectiveness of mental health services by Wellpath is inadequate to the needs of inmates. This adversely affects inmates' mental health treatment.^{[3] [31]} While medical staff are away, the mental health needs of the inmates are in the care of correctional staff. Because they have very limited medical training it could lead to inappropriate mental health care decisions.^[32]

Solitary Confinement and Use of a Safety Cell

- Formerly known as Solitary confinement, "Administrative Separation" (AD-Sep) or Modified Schedule is the physical separation of an incarcerated person from the general jail population.^[33]
- The Main Jail has three Safety Cells that are video monitored 24 hours a day with 15-minute visual checks by the correctional staff - not Wellpath. There are an average of 36 inmate/patients placed on suicide watch per month.^[34]
- Incarcerated individuals in and out of AD-Sep are provided a minimum of three hours of exercise and seven hours of recreation time per week.^[35]
- Safety Cells are used in the Main Jail if a risk assessment deems the inmate is a danger to themselves or others, is making suicidal statements, as punishment for not following the rules, or is having a mental health crisis requiring a 5150 hold while waiting to transfer to a mental health facility.^{[22] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48]}
- On February 28, 2024 there were forty-three (43) inmates on a Modified Schedule and for all of 2022, 321 were separated from the rest of the inmate population.^{[49] [50]}

Medical and Mental Health Treatment in the Jail

People in the criminal legal system often have a background of trauma and poverty as well as acute health needs. One-quarter have serious mental illness, many have multiple physical health conditions, and 60% of California incarcerated people have substance use disorders.^[51]

Through jail tours and interviews with staff, the Grand Jury learned that the Main Jail, while not a certified mental healthcare facility, houses many mentally ill inmates.

The Grand Jury reviewed two years of reports that review medical health care in the Jail. The reports are conducted annually and are from the County Public Health officer to the Sheriff's office. The inspections were conducted by an expert with over twenty (20) years experience in reviewing and assessing Title 15 state-mandated medical conditions within county jails.^[52] The inspector noted that the jails were in good compliance with regulations except for several significant deficiencies identified in this report.^{[37] [38] [53] [54] [55]}

Among the deficiencies noted were:

- Failure to prepare Health Service Audits
- Improper use of Safety Cells
- Lack of Mental Health Services and Transfer to Treatment Facilities
- Insufficient Informed Consent
- Over-prescription of Psychotropic Medications

The following sections expand on the deficiencies noted above.

Health Service Audits

According to Title 15 the health authority shall develop and implement a written plan for annual statistical summaries of healthcare and pharmaceutical services that are provided by the Jail.^[56] Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on healthcare and pharmaceutical services delivered.^{[53] [57]}

Wellpath has not prepared Health Service Audits for several years. The absence of these reports, with essential data concerning the quality of care, is an obstacle to developing steps to increase inmate safety. It also hinders efforts to improve inmate health. The Jail Quality Improvement committee needs these audits to conduct valuable data analysis for data-driven medical care improvements. Also, when all jail medical staff are involved with data gathering, they can provide input and suggestions which in turn promote good morale.^[54]

Ad-Sep and the Improper Use of a Safety Cell

Being incarcerated, even for those in good mental health, is associated with subsequent depression and bipolar disorder and has been documented that it can worsen mental health.^[58]

An incarcerated person may be isolated from the rest of the inmates in their own cell, or in some cases in a Safety Cell. Generally, Ad-Sep means spending 22 to 23 hours per day in a single cell, usually about the size of an elevator, and are only required to be provided a minimum of three hours of exercise and seven hours of recreation time per week.



Figure 6: A sobering cell on the left and a safety cell on the right. Photo courtesy of Ashley Keehn.^{[59] [60]}

According to The health Inspection Report citing California Title 15 section 1209 regulations governing jails, as well as the Sheriff's own policies and procedures state, "in no case shall the safety cell be used for punishment or as a substitute for Mental Health treatment."^{[40] [61]}

The Grand Jury has learned through reviewing relevant reports and conducting interviews that inmates are put in Safety Cells for numerous reasons including, but not limited to:

- Breaking the rules^{[41] [43]}
- Threatening to hurt themselves and others^{[38] [41] [62]}
- Having a Mental Health Crisis^[41]

Documented evidence provided to the Grand Jury revealed that inmates were held in Safety Cells for days.^{[37] [38] [39] [39] [40]}

Do we really think it makes sense to lock so many people alone in tiny cells for 23 hours a day, sometimes for months or even years at a time? That is not going to make us safer. That's not going to make us stronger. And if those individuals are ultimately released, how are they ever going to adapt? It's not smart. Barack Obama, 2015^[63]

The number 5150 is the section of the California Welfare and Institutions Code that evaluates adults who are deemed to be a danger to others, himself or herself, or are gravely disabled. A 5150 hold allows an adult to be involuntarily detained for 72 hours in

a psychiatric hospital or clinic.^[36] Santa Cruz has one (1) psychiatric clinic. Patients do not have to be treated in a psychiatric hospital, a clinic is sufficient. They also could be treated at the Emergency department at Dominican until transferred to an LPS facility.

To meet a 5150 hold criteria in the jail, the inmate must display suicidal thoughts as determined by a jail medical provider or, absent that, by the correctional officer in charge. However, it has been the practice in our jails to only initiate a 5150 hold immediately prior to release from the jail. Once a 5150 hold is issued you must transfer the inmate to a mental health facility for care. Waiting until discharge to initiate a 5150 hold means inmates may be held in Safety Cells for long periods of time.

Use of a 5150 hold by the Sheriff's office numbered more than twenty-six (26) per month in 2022 and there were 321 such holds in 2022, according to the Sheriff's statistics.^[50]

In the report, the Health Inspector's main concern was the use of Safety Cells, and they spoke directly to the mental health professional in charge to determine if correct Title 15 procedures were being followed. According to the report, medical and jail staff were not using correct procedures.^[64] This deficiency is closely related to the misuse of giving required mental health care services. It also is related to the proper procedures for transferring inmates to a mental health facility. Mental health care is provided in what are called LPS treatment facilities and are explained below.^[44] To read more Safety Cell information see [Appendix B](#).

Role of the Crisis Intervention Team and Transfer to LPS Treatment Facility

The Santa Cruz County Jail Crisis Intervention Team (CIT) evaluates inmates who are in a crisis and decides if the inmate needs to be transferred to a mental health facility. The CIT's focus is on those individuals who present with a stated or suspected risk to themselves, a persistent mental health disability and/or individuals who present with psychiatric symptoms. CIT staff are available 7 days a week, with limited availability on Sundays, holidays and furloughs. Staff includes licensed Crisis Intervention Specialists, a Jail Discharge Planner, Psychiatrist, Psychiatric Nurse Practitioner, a licensed supervisor and graduate level interns who provide brief counseling.^[65]

The current practice of reviewing inmate classification monthly is a long time for a mentally ill inmate/patient to wait, especially if there was a mistake made in the classification. Waiting an entire month for a review could endanger inmates suffering from mental illness.

An inmate expressing ideation of suicide is considered to be in mental health crisis and should be issued a 5150 hold and transferred out of the jail to a facility able to treat a mental health crisis. The Health Inspector said Jail staff expressed a belief that many inmates will express suicide ideation to get out of jail. This is another reason they are reluctant to issue a 5150 hold. The Health Inspector believes that trained mental health staff are capable of determining the difference between false claims and real ones. However, absent an on duty medical staff member, the correctional officer in charge may issue the 5150 hold to transfer the inmate to the county LPS mental health facility. If the facility is not available, the transfer can be made to Dominican Hospital as a Psychiatric Emergency.^{[38] [48]}

Inmates with severe mental illness are segregated in Main Jail unit "O," even though it is not an infirmary unit.^[11]

The Health Inspector's main concern is the use of Safety Cells, but it is closely related to the misuse of giving required mental health services and transferring inmates to a Lanterman Petris Short (LPS) treatment facility. LPS facilities are described in the following section.^[44]

Expert opinion received by the Grand Jury indicates that Santa Cruz County is not meeting the needs of the residents for mental health care.^[66] California has 12.7 psychiatric beds per 100,000 adults and Santa Cruz County has 16 beds total. This is 67% below the statewide average. There is a pressing need for the creation of more LPS certified beds, for county residents at large and for the inmate population.^[66]

In-Facility LPS Program

The Grand Jury was informed that, when the County's 16 beds are full, the inmate/patient is transferred to another county's LPS facility that has room to receive them. The alternative is simply holding them in place or releasing them into the community without treatment or care. Research conducted by the Grand Jury suggested that an "in facility" LPS certified program would greatly benefit inmates. It would also be a much needed mental health resource for inmates.^[67]

An example of an in-facility program is the Acute Stabilization Unit (ASU) at the San Mateo County Jail's Maguire Correctional Facility. This 10-bed unit focuses on the treatment of inmates who are acutely disabled by psychiatric illness and/or co-occurring substance abuse disorders. It provides a 24-hour on-site physician, nursing, and mental health clinicians to the unit. This "in facility" unit is equipped to treat inmates with a range of conditions, including depression, bipolar disorder, and schizophrenia. Through its designation as an LPS unit, the ASU is also authorized to admit and treat inmate patients who are under the conditions of involuntary civil commitment. The current physical structure of the Santa Cruz jail is not conducive to housing, treating or healing individuals dealing with behavioral health needs.^[68] An in-jail ASU would greatly benefit both jail and medical staff if inmates in a mental health crisis could be transferred to an internal unit.^[69]

Psychotropic Medications and Dosages

Psychotropic drugs affect how the brain works and can cause changes in mood, awareness, thoughts, feelings and behavior.^[70] Wellpath provides psychotropic medication prescriptions for inmates prior to release when needed and are tasked with all discharge planning. Released inmates must pay for and pick up medications from a local pharmacy after being released. If they cannot afford medication or are unable to get to a pharmacy, the likelihood they will have psychological relapses and unfavorable health outcomes increases. Studies have shown released inmates who lose access to medication have a higher rate of recidivism.^[71] This report will discuss programs designed to address inmate continuum of care in a later section.

Informed Consent

The Health Inspector's review of patient charts noted deficiencies or inconsistencies in psychiatric medication, including monitoring and dosing. Prescriptions were made in larger-than-customary dosage ranges or no specific dosage ranges at all. Best medical practice is to specify small ranges, such as 1-2 mg. The Grand Jury learned that Wellpath staff was prescribing 1-10 mg dosage ranges so that new dosages could be given without inmate discussion or obtaining informed patient consent. The Health Inspector believes that this practice resulted in medications being generally over-prescribed.^{[72] [73] [74]}

The Grand Jury learned that there were also additional violations of the Welfare and Institutions Code requirement for informed consent.^{[73] [75]} Wellpath is not following the Health Standards of Care and the Welfare and Institutions Code for informed consent. The inspector couldn't find any documented consent form prepared in the medical record.^{[73] [76]} Each time a dosage changes the patient must be told of the risks and benefits of changing the dosage. The inspector was told by the medical staff that inmates gave them informed consent. However, consent was only given verbally, not in writing.^{[73] [77] [78]} The Health Inspector reported consent must be in writing and approved by both the prescribers and the patient. No written records were found, and no records logged since November 2023.^{[73] [79] [80] [81]}

Despite the deficiencies in mental healthcare noted above, even inmates suffering with mental illness are working toward eventual release from incarceration. Fortunately, there are programs and activities in place that are aimed at preparing all inmates for reentering society. That leads us to the next section of our report.

Inmate Rehabilitation and Reentry

- Twenty percent of individuals booked are housed in the Jail because they are deemed not safe to be released into the community and are held pretrial.^[82]
- The 86 Rountree inmates are almost all sentenced. While at the Main jail they are mostly (90%) pretrial.^{[83] [84]}
- In custody programs, services and activities are provided to inmates. The Division of Reentry (DOR) is responsible for providing oversight and for steering the incarcerated towards reentry with new job skills development, education, work release, and transitional programs.^[85]
- There are 40 programs, services and activities administered. These programs help inmates prepare for re-entry.^[86]
- Rountree has three units with two for medium security, one for rehabilitation and reentry, and one that is closed.^[87]
- Opening this closed unit would enable about fifteen (15) sentenced inmates housed at the Main Jail to move to Rountree.^[84]
- According to Corrections, self improvement through education and vocational training classes frequently combats low esteem and hopelessness.^[88]

- Preliminary findings show an early positive trend in California’s investments to improve public safety through an increased focus on rehabilitation, education, and restorative justice efforts.^[71]
- In Santa Cruz County there are several community resources for inmates preparing for release from jail.^[89]

According to interviews with staff many inmates, especially those in pretrial, express low esteem and hopelessness. Once sentenced the inmate is more willing to join classes and programs to help with reentry. Self-improvement through education and vocational training classes is very effective for combatting inmates’ issues.^[90]

The prospect of having to search for meaningful work upon release from incarceration can be a daunting one, particularly for inmates who have been out of the labor market for a significant period of time. Additionally, inmates being released face the challenge of maintaining continuing access to both medical and mental health support and services. New programs are bringing new hope and help

Violation of Grand Jury Access to Inmates

The Grand jury was denied contact with inmates as required by State instructions and training for Grand Jurors.^{[1][17][18]} The Grand Jury requested interviewing inmates in the Rehabilitation and Reentry facility at Rountree. Inmates would give a unique perspective for the investigation of the Jail. Leadership was concerned with security and wanted to avoid setting a precedent. However, the Grand Jury has interviewed inmates in the past investigations.

“Reentry begins at Booking”

The Sheriff’s Vision Statement boldly states its mission is continuous professional development of staff to address crime and promote innovative corrections solutions.^[91] The Grand Jury was told the philosophy of “Reentry Begins at Booking” is a consistent theme for the services and activities provided to inmates at the Rountree facility.^[2] The Division of Reentry is responsible for providing the oversight of In-jail programs that are offered across all facilities, but the Rountree facility has the most programs, classes and activities.^[85] At the Blaine Street facility, women’s programs and classes are also offered. These provide a system to steer the incarcerated towards reentry with new job skills development, education, work release, and transitional programs.^[92]

Currently there are about twenty sentenced inmates housed at the Main Jail. At the time of the Grand Jury tour there were fifteen inmates who were eligible to go to Rountree. However, there was not enough room to house them with the currently closed unit.

While serving sentences, inmates are offered classes on self improvement, and to learn work skills and learn about restorative justice. These classes teach them how to give back to the community. They may earn a high school diploma or an equivalency while serving their sentence.^[93]

Before Covid there were over sixty (60) programs, services and activities. Since Covid, it has been challenging to find program directors and teachers. More classes are slowly

being offered but they are insufficient to meet all the needs that were being met before Covid.^{[92] [93]}

There are currently about forty (40) programs, services, and activities offered by the Division of Reentry.^[86]

- Reentry Skills Programs (22): Cognitive behavioral based curricula, high school diploma and/or equivalency, life skills, mental health, parenting, substance use disorder, employment development, and a Career Technical Education Program
- Self-Help Services (13): Benefits enrollment, health services, legal services, 12-step programming, library services, reentry planning, spiritual support services, veteran’s services and voting.
- Personal Development Activities (5): Visual Arts, writing, recreation, mindfulness and yoga.

An increased focus on rehabilitation, education, and restorative justice efforts to prepare for reentry show positive trends according to California Department of Corrections and Rehabilitation. These program investments improve public safety and result in a reduction in recidivism for reentering inmates.^[71]

Many programs are also offered outside jail in the community through Cabrillo College and by the Adult Education Program.^[94] After their release, these programs help inmates continue their education. This includes finishing their high school education.^[92]

CalAIM Medi-Cal Inmate and Reentry Services

The Grand Jury investigation also revealed that the relatively new CalAIM Medi-Cal program may provide some much needed post release help.^{[73] [95]} While CalAIM is much more than just serving reentry inmates, it basically is a revamping of the California Medi-Cal policies.

When Medicaid was created in 1965, federal law barred the use of federal Medicaid funds for services to people who are incarcerated. Partly for this reason, when people leave prison and jail, they often experience gaps in care in accessing healthcare in their community. Because of Medicaid expansion through the Affordable Care Act, most people leaving California jails and prisons are eligible for Medi-Cal. In early 2023, California became the first state in the nation to receive federal approval to use Medi-Cal to cover a targeted set of services for people leaving jail or prison in the 90 days before their release. Correctional systems can start implementing this innovative approach as early as October 1, 2024.^[96]

Among other services, CalAIM seeks to help former inmates returning to their communities from jail or prison. About 35,000 people are released yearly from California’s state prisons. In addition, most of the 350,000 people booked into county jails each year are released within a few weeks. While most people in this “reentry” population are eligible for Medi-Cal coverage, they often struggle to get needed healthcare services. This is a health equity issue because Californians of color, in particular, are incarcerated more frequently than whites and have fewer financial resources.^[97]

Pre-release services are an essential part of CalAIM's justice-involved initiative, which is designed to better meet the health needs of people leaving incarceration.^[95] Other services through CalAIM include:

- Enrolling eligible people in Medi-Cal before their release from prison, jail, or youth correctional facilities.
- Ensuring connection to both physical and behavioral health services after release and offering a new benefit, Enhanced Care Management (ECM), to the reentry population starting in January 2024. ECM allows access to a Lead Care Manager who provides **comprehensive care management** and coordinates their health and health-related care and services including connections to the quality care the member may need, no matter where they seek care - at the doctor, the dentist, with a social worker, or at a community center.
- Increasing access to services known as Community Supports, including housing transition navigation, rent deposits, day habilitation, and others. Community Supports are services that help address members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care. These include support to **secure and maintain housing**, access to **medically tailored meals** to support short term recovery and a variety of other community-based services.

The California Health Care Foundation (CHCF) supports projects that expand proven models of care and research into policy approaches to improve the coordination and delivery of care for people before and after they leave correctional settings and return to the community.^[98]

Wellpath is in charge of medical screenings at the time of booking and they are currently enrolling all inmates in Medi-Cal who are not already insured. At discharge they will establish a 14-30 day supply of needed psychotropic medication to inmates prior to release and establish a virtual visit with a community provider for inmates with mental illness.^[99]

Diversion from Jail

The Grand Jury found there are many other programs provided by the Santa Cruz County Community Corrections Partnership.^[100] This partnership is made up of County agencies working with the Sheriff's Office that establish effective alternatives to incarceration and recidivism reduction. See [Appendix D](#) for further discussion about this partnership and their three goals.

Additionally, the Santa Cruz County Sheriff is part of the Stepping Up Initiative – a national program for reducing over-incarceration of people with mental illness. Instead of arresting a mentally ill person for a petty crime and booking them in Jail, the initiative trains police to refer them to this program.^[101]

Beyond Jail - Preparing for Release

The Grand Jury found numerous County funded programs and services available for incarcerated persons to use once they are out of custody. See [Appendix C](#) for further discussion of these programs.

County post-release services are available to inmates through:

- The Sheriff’s Office Division of Reentry. The Division of Reentry has many programs that work with newly released inmates.^[92] See [Appendix C](#).
- The Division of Reentry also partners with some Santa Cruz community services.^[100] See [Appendix D](#).
- The Probation Department has many programs that work with newly-released inmates. See [Appendix D](#).
- The Public Defender Office’s Project R.I.S.E. (Reentry, Integration, Support and Education) supports clients as they transition from incarceration back into their community. See [Appendix D](#).

Many of the in-custody programs and classes may continue after release, as they are also offered in the community to support continuity of care after release.^[94]

Post Release Community Programs

The Grand Jury discovered there are an impressive number of post-release inmate programs operating in the community. The programs testify to the compassionate Santa Cruz community which cares about helping released inmates as they adjust back into society. These programs help released inmates steer away from their incarceration and become productive community members. For a sampling of programs see [Appendix D](#).

Conclusion

As reflected in this report’s Findings and Recommendations, the Grand Jury is deeply concerned with the poor mental health treatment provided to our inmate population. This extends to the treatment of inmates living with or developing mental health challenges, through jail time and post release. This abiding concern is abundantly detailed in this report. The treatments described, such as solitary confinement, are inflicted on people that are still presumed innocent.

But not everything about our jail system is dark and foreboding. The Grand Jury investigation brought to light the many positive reentry programs available while a person is in custody. Then once released, many of these programs are available and continued in the community. It is a testament to our compassionate community that so many institutions exist to help people who have served their sentence and now need a helping hand in their return to society. Not only does it make us safer, it reduces the chances of reincarceration. The Grand Jury strongly urges the continued development of these programs in and out of custody.

The Grand Jury believes that better inmate mental health treatment and positive reentry programming, as suggested in this report, will enhance inmate wellness and create a better community for all of us.

Findings and Recommendations

Group 1: State Standards (Title 15) Compliance Issues

- F1.** The failure of Wellpath, the medical provider contracted by the Sheriff to provide data from required Health Service Audits, has adversely affected inmate health and resulted in poor health care and lack of pharmaceutical services for inmates.
- R1.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff instruct Wellpath to begin the Health Service Audits. (F1)
- F2.** The failure of Wellpath to implement a comprehensive discharge plan causes inmates to be released without community connection to medical treatment and medication.
- R2.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff instruct Wellpath to improve the medical discharge processes for better continuity of care. (F1, F2)
- F3.** The failure of the Sheriff's jail staff to properly address inmates' mental illness crises has caused mentally disabled inmates to be held in Safety Cells for excessively long periods.
- F4.** The improper use of Safety Cells by the Sheriff's jail staff to isolate inmates who are greatly in need of mental health care and/or have made suicidal statements causes a violation of required procedure.
- F5.** The use of Safety Cells for punishment has resulted in violations of Title 15 section 1055 and the Sheriff's Policy and Procedures Manual policy 516.2. This may expose the Sheriff's department to lawsuits.
- R3.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff retrain staff about the proper use of Safety Cells according to Title 15 section 1055 and the Sheriff's policy and procedures manual. (F3, F4, F5)
- F6.** The practice of excluding mentally ill patients from 5150 hold and transfer until discharge results in a violation of both Title 15 and Sheriff's Policies and Procedures manual policy 516.2.
- R4.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff retrain staff with the proper use of a 5150 hold and the transfer of inmates to a mental health facility according to Title 15 and the Sheriff's policy and procedures manual. (F6)

- F7.** The failure of Jail administrators to transfer inmates with suicidal ideation or in a mental health crisis to an out-of-county LPS facility adversely impacts inmate mental health care.
- R5.** By the end of the calendar year 2024, the Grand Jury recommends the Sheriff train staff on how to transfer suicidal inmates to an LPS facility for mental health care. (F7)
- F8.** The failure of the Crisis Intervention Team to issue a 5150 hold and transfer before an inmate is discharged adversely impacts inmate mental health care.
- R6.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff direct the CIT team to not withhold a 5150 hold and make a transfer until release because this is not proper or best practice for inmates in need of mental health care. (F8)
- F9.** The practice of placement in Administrative Separation (solitary confinement) causes inmates to suffer mental health problems including, but not limited to, anxiety, insomnia, paranoia, aggression, and depression.
- F10.** The failure of Jail administrators to transfer Inmates who are suffering from mental health crises symptoms to an LPS Facility adversely impacts inmate mental health care.
- R7.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff develop a plan to transfer all inmates in mental health crises to LPS facilities and budget the extra cost of transferring patients out of the county. (F9, F10)

Group 2: Better Jail Conditions, Rehabilitation and Reentry Preparation

- F11.** Opening the closed unit at Rountree and increasing the number of re-entry programs would result in better conditions for inmates and less stress for the correctional officers.
- R8.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff reopen closed units and move all qualified inmates to Rountree Medium Security and the Minimum Security Rehabilitation and Reentry unit. (F11)
- F12.** Increasing the number of programs that focus on rehabilitation, education, and restorative justice to prepare for reentry would show positive improvement to public safety and a reduction in recidivism for reentering inmates.
- R9.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff develop a comprehensive plan to increase the number of programs that steer inmates towards reentry into the community with new job skills development, education, work release and transitional programs. (F12)

- F13.** Jail programs like “Stepping Up” steers the mentally ill to community-based mental health care, reducing the number of mentally ill inmates in jail.
- R10.** By the end of fiscal year 2024-2025, the Grand Jury recommends the Sheriff develop a plan to implement more Jail diversion programs (like Stepping Up) that steer the Mentally Ill away from jail and to the help they need. (F13)
- F14.** The current practice of reviewing inmate classification monthly is too long of an interval and may endanger inmates suffering from mentally illness.
- R11.** By the end of calendar year 2024, the Grand Jury recommends the Sheriff change the Reclassification examination of mentally ill inmates from a monthly basis to a weekly basis to prevent misclassified inmates from suffering needlessly. (F14)
- F15.** The failure of Wellpath to recruit and retain adequate staff adversely impacts the overall effectiveness of the mental health services provided to inmates.
- R12.** By the end of the calendar year 2024, the Grand Jury recommends the Sheriff conduct an analysis of the effectiveness of Wellpath in regards to all mental health services of incarcerated persons. (F15)
- R13.** By the end of calendar year 2024, the Grand Jury recommends the Wellpath be directed to provide round-the-clock medical and mental health care availability to the Jails. (F15)

Group 3: Access to Inmate Interviews and Rehabilitation Programs

- F16.** The Santa Cruz County Civil Grand Jury was not permitted to interview inmates serving sentences at the Rountree Rehabilitation and Reentry Facility as required by the Bureau of State Community and Corrections. Speaking to some inmates about their experiences and opinions of the programs would have greatly enhanced the Jail investigation and report.
- R14.** The Grand Jury recommends the Sheriff begin to allow the Santa Cruz County Civil Grand Jury interviews of inmates per Penal Code 916 including observing inmate classes and programs within 90 days. (F16)

Commendations

- C1.** The Santa Cruz County Civil Grand Jury believes CalAim is an excellent program expanding health coverage to the incarcerated in Jail because it will enroll inmates in Medi-Cal for their medical care and support them as they reintegrate back into the community.

- C2.** The Santa Cruz County Civil Grand Jury found numerous County funded programs and services in and outside of the Jail that help inmates to prepare for reentry into the community and reduce recidivism rates.
- C3.** The Santa Cruz County Civil Grand Jury found the Jail staff are truly concerned about the well-being of inmates and this concern was well expressed with their motto “Reentry begins at Booking.”

Required Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Sheriff	F1–F16	R1–R14	60 Days August 12, 2024

Invited Responses

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Chief Deputy, Santa Cruz County Sheriff’s Office	F1–F16	R1–R14	60 Days August 12, 2024y
Rountree Commander, Santa Cruz County Sheriff’s Office	F1–F16	R1–R14	60 Days August 12, 2024y

Definitions

5150 Hold: 5150 is the number of the section of the Welfare and Institutions Code, which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization when evaluated to be a danger to others, or to himself or herself, or gravely disabled.

Administering Medication: Managing legally obtained drugs, means the act by which a single dose of medication is given to a patient. The single dose of medication may be taken either from stock (undispensed) or dispensed supplies.

Administrative Separation: The physical separation of different types of incarcerated persons from each other as specified in Penal Code Sections 4001 and 4002 and Section 1053 of these regulations. Administrative separation is accomplished to provide that level of control and security necessary for good management and the protection of staff and incarcerated persons.

CIT: The Santa Cruz County Jail Crisis Intervention Team evaluates inmates who are in a crisis and decides if the inmate needs to be transferred to a mental health facility.

Clinical Evaluation: An assessment of a person's physical and/or mental health condition conducted by licensed health personnel operating within recognized scope of practice specific to their profession and authorized by a supervising physician or psychiatrist.

Disciplinary Separation: The status assigned a person as the result of violating facility rules and which consists of confinement in a cell or housing unit.

Dispensing: Managing legally obtained drugs, means the interpretation of the prescription order, the preparation, repackaging, and labeling of the drug based upon a prescription from a physician, dentist, or other prescriber authorized by law.

Healthcare: Medical, mental health, and dental services.

Health Service Audits: A written plan prepared by the Jail Medical authority annually with statistical summaries of healthcare and pharmaceutical services provided. The responsible physician assesses the quality and adequacy of these services with a means for the correction of identified deficiencies of the healthcare and pharmaceutical services delivered.

In-Custody Programs, Services, and Activities: The Corrections Bureau provides a system to steer the incarcerated towards reentry with new job skills development, education, work release, and transitional programs.

Lanterman-Petris-Short Act (LPS): named after the authors of the Act, provides the statutory framework for the commitment of individuals with mental health disorders and provides protection for the legal rights of such individuals.^[20] Mental Health best practices and the state regulations of Title 15 require that an inmate in a psychiatric crisis be transferred out of jail to an LPS psychiatric facility.

Mental Health Crisis: Or Psychiatric Crisis. A mental health crisis is when someone's behaviors prevent them from functioning or indicate they might harm themselves or others.

Non-sentenced: An incarcerated person with any pending local charges or one who is being held solely for charges pending in another jurisdiction.

Pretrial-Inmates: See Non-sentenced Inmates.

Psychiatric Crisis: See Mental Health Crisis.

Psychotropic Medication: Any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

Safety Cell: The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those people who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others.

Safety Checks: Direct, visual observation performed at random intervals within timeframes prescribed in these regulations to provide for the health and welfare of incarcerated people.

Sentenced: A person that has been sentenced/committed to custody in a detention facility.

Severely Mentally Ill (SMI): A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Telehealth: A collection of means or methods for enhancing health care using telecommunications technologies. Telehealth encompasses a broad variety of technologies to deliver virtual health services.

Title 15: The minimum standards governing the incarceration of individuals incarcerated in California.

Sources

References

1. California State Legislature. April 20, 2024. "California Legislative Information Code Section PEN 919." *leginfo.legislature.ca.gov/*. Accessed April 20, 2024. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=919&lawCode=PEN
2. Confidential Grand Jury interview.
3. Criminal Justice Council Santa Cruz County. December 17, 2023. *Criminal Justice Council Report 2023 SANTA CRUZ COUNTY COURT AND JAIL SYSTEM REVIEW AND ANALYSIS: ADDRESSING BEHAVIORAL HEALTH CASES*. Accessed March 4, 2024. <https://www.santacruzajc.org/resource/CJC-2023-Annual-Report.pdf>
4. Sheriff Jim Hart. January 1, 2023. *Santa Cruz County Sheriffs 2022 Annual Report*. Accessed October 10, 2023. https://www.scsheriff.com/Portals/1/County/sheriff/pdf/2022_Annual_Report_Online.pdf
5. Confidential Grand Jury interview.
6. Santa Cruz County Probation Department. May 8, 2024. "Juvenile Hall Division at a Glance." *Santa Cruz County Probation Department*. Accessed May 8, 2024. <https://www.santacruzcountycalifornia.gov/Portals/0/County/prb/pdfs/Annual%20Report%20s/Juvenile%20Hall%20Division%20at%20a%20Glance%202023%20.pdf>
7. Confidential Grand Jury document.
8. Santa Cruz County Sheriff's Office. January 1, 2024. "Work Release/Custody Alternative Program." *scsheriff.com*. Accessed March 3, 2024. <https://www.scsheriff.com/Home/InmateVisitingInformation/WorkRelease.aspx>

9. Joshua Pastor. January 1, 2023. "Santa Cruz County Sheriff's January 2023 Monthly Statistics." *scsheriff.com*. Accessed February 26, 2024.
https://scsheriff.com/Portals/1/County/sheriff/pdf/SCSO%20Bureau%20Stats_JAN2023.pdf
10. Joshua Pastor. January 1, 2023. "Santa Cruz County Sheriff's January 2023 Monthly Statistics." *scsheriff.com*. Accessed February 26, 2024.
https://scsheriff.com/Portals/1/County/sheriff/pdf/SCSO%20Bureau%20Stats_JAN2023.pdf
11. Confidential Grand Jury interview.
12. Joshua Pastor. January 1, 2023. *Santa Cruz County Sheriff's January 2023 Monthly Statistics*. Accessed October 10, 2023.
https://scsheriff.com/Portals/1/County/sheriff/pdf/SCSO%20Bureau%20Stats_JAN2023.pdf
13. Criminal Justice Council Santa Cruz County. December 17, 2023. *Criminal Justice Council Report 2023 SANTA CRUZ COUNTY COURT AND JAIL SYSTEM REVIEW AND ANALYSIS: ADDRESSING BEHAVIORAL HEALTH CASES*. Accessed March 4, 2024.
<https://www.santacruzjc.org/resource/CJC-2023-Annual-Report.pdf>
14. Maya Becker, Bomi Choe and Caly Plowman. February 16, 2024. "A Look Inside Santa Cruz County Main Jail." *City on the Hill Press*. Accessed February 18, 2024.
<https://cityonahillpress.com/2024/02/16/a-look-inside-santa-cruz-county-main-jail/>
15. Confidential Grand Jury document.
16. Jesse Kathan. September 23, 2023. "Santa Cruz County leaders explore potential new jail." *Santa Cruz Local*. Accessed October 10, 2023.
<https://santacruzlocal.org/2023/09/15/santa-cruz-county-leaders-explore-potential-new-jail/>
17. Confidential Grand Jury document.
18. California Board of State and Community Corrections. April 15, 2024. "2021 BSSC Jail Inspection Handbook for Grand Jurors."
19. Confidential Grand Jury document.
20. The Superior Court of California - County of Santa Clara. May 8, 2024. "LPS (MENTAL HEALTH) CONSERVATORSHIP." *scscourt.org*. Accessed May 8, 2024.
https://www.scscourt.org/self_help/probate/conservatorship/conservatorship_ips.shtml#:~:text=An%20LPS%20conservatorship%20gives%20legal, take%20care%20of%20him%2F%20herself.
21. California Department of Health Care Services (DHCS). February 10, 2024. "LPS Designated Facilities." *dhcs.ca.gov*. Accessed February 2, 2024.
<https://www.dhcs.ca.gov/provgovpart/Pages/County-LPS-Facilities.aspx>

22. California Department of Health Care Services (DHCS). February 10, 2024. “LPS Designated Facilities.” *dhcs.ca.gov*. Accessed February 2, 2024.
<https://www.dhcs.ca.gov/provgovpart/Pages/County-LPS-Facilities.aspx>
23. Criminal Justice Council Santa Cruz County. December 17, 2023. *Criminal Justice Council Report 2023 SANTA CRUZ COUNTY COURT AND JAIL SYSTEM REVIEW AND ANALYSIS: ADDRESSING BEHAVIORAL HEALTH CASES*. Accessed March 4, 2024.
<https://www.santacruzsjc.org/resource/CJC-2023-Annual-Report.pdf>
24. Confidential Grand Jury interview.
25. Confidential Grand Jury interview.
26. COUNTY OF SANTA CRUZ General Services Department Purchasing Division. February 13, 2024. *County of Santa Cruz General Services Department Purchasing Division "Request for proposal to renew contract with Wellpath ADDENDUM #2 Request for Proposal (RFP) 23P3-013 FOR Corrections Health Services*. Accessed March 31, 2024.
<https://www.santacruzcountyca.gov/Portals/0/County/GSD/Purchasing/Solicitations/23P3-013%20Addendum%202.pdf?ver=7xQlbdueO95Thy5CErruQ%3D%3D>
27. Criminal Justice Council Santa Cruz County. December 17, 2023. *Criminal Justice Council Report 2023 SANTA CRUZ COUNTY COURT AND JAIL SYSTEM REVIEW AND ANALYSIS: ADDRESSING BEHAVIORAL HEALTH CASES*. Accessed March 4, 2024.
<https://www.santacruzsjc.org/resource/CJC-2023-Annual-Report.pdf>
28. Criminal Justice Council Santa Cruz County. December 17, 2023. *Criminal Justice Council Report 2023 SANTA CRUZ COUNTY COURT AND JAIL SYSTEM REVIEW AND ANALYSIS: ADDRESSING BEHAVIORAL HEALTH CASES*. Accessed March 4, 2024.
<https://www.santacruzsjc.org/resource/CJC-2023-Annual-Report.pdf>
29. Alexandra Gates, Samantha Artiga, and Robin Rudowitz. February 17, 2024. “Health Coverage and Care for the Adult Criminal Justice-Involved Population.” *The Henry J. Kaiser Family Foundation kff.org*. Accessed February 18, 2024.
<https://www.kff.org/uninsured/issue-brief/health-coverage-and-care-for-the-adult-criminal-justice-involved-population/>
30. State of California Board of State and Community Corrections. January 1, 2023. *Title 15 Minimum Standards For Local Detention Facilities Title 15-Crime Prevention and Corrections Division I, Chapter 1, Subchapter 4*. Accessed September 2, 2023.
<https://www.bscc.ca.gov/wp-content/uploads/Adult-Titles-15-Effect-4-1-17.pdf>
31. Confidential Grand Jury interview.

32. Criminal Justice Council Santa Cruz County. December 17, 2023. *Criminal Justice Council Report 2023 SANTA CRUZ COUNTY COURT AND JAIL SYSTEM REVIEW AND ANALYSIS: ADDRESSING BEHAVIORAL HEALTH CASES*. Accessed March 4, 2024.
<https://www.santacruzsjc.org/resource/CJC-2023-Annual-Report.pdf>
33. Maya Becker, Bomi Choe and Caly Plowman Maya Becker, Bomi Choe and Caly Plowman. February 16, 2024. "A Look Inside Santa Cruz County Main Jail." *City on the Hill Press*. Accessed February 18, 2024.
<https://cityonhillpress.com/2024/02/16/a-look-inside-santa-cruz-county-main-jail/>
34. COUNTY OF SANTA CRUZ General Services Department Purchasing Division. February 13, 2024. *County of Santa Cruz General Services Department Purchasing Division "Request for proposal to renew contract with Wellpath ADDENDUM #2 Request for Proposal (RFP) 23P3-013 FOR Corrections Health Services*. Accessed March 31, 2024.
<https://www.santacruzcountyca.gov/Portals/0/County/GSD/Purchasing/Solicitations/23P3-013%20Addendum%20.pdf?ver=7xQlbduO95Thy5CErrhuQ%3D%3D>
35. Maya Becker, Bomi Choe and Caly Plowman Maya Becker, Bomi Choe and Caly Plowman. February 16, 2024. "A Look Inside Santa Cruz County Main Jail." *City on the Hill Press*. Accessed February 18, 2024.
<https://cityonhillpress.com/2024/02/16/a-look-inside-santa-cruz-county-main-jail/>
36. Santa Cruz County Behavioral Health Services. December 6, 2017. "Policies and Procedures manual." *santacruzhealth.org*. Accessed September 22, 2024.
<https://www.santacruzhealth.org/Portals/7/Pdfs/BH/Policies/2206.pdf?ver=20210311>
37. Confidential Grand Jury document.
38. Confidential Grand Jury document.
39. Confidential Grand Jury document.
40. Confidential Grand Jury document.
41. Santa Cruz County Sheriff's Office. March 19, 2018. "Santa Cruz County Sheriff's Office Correction's Policy Manual." *scsheriff.com*. Accessed February 2, 2024.
<https://scsheriff.com/Portals/1/County/sheriff/CorrectionsPolicyManual.pdf>
42. Santa Cruz County Sheriff's Office. March 19, 2018. "Santa Cruz County Sheriff's Office Correction's Policy Manual." *scsheriff.com*. Accessed February 2, 2024.
<https://scsheriff.com/Portals/1/County/sheriff/CorrectionsPolicyManual.pdf>
43. Confidential Grand Jury interview.
44. Confidential Grand Jury interview.
45. Confidential Grand Jury interview.
46. Confidential Grand Jury interview.

47. Confidential Grand Jury interview.
48. Confidential Grand Jury interview.
49. Joshua Pastor. January 1, 2023. "Santa Cruz County Sheriff's January 2023 Monthly Statistics." *scsheriff.com*. Accessed February 26, 2024.
https://scsheriff.com/Portals/1/County/sheriff/pdf/SCSO%20Bureau%20Stats_JAN2023.pdf
50. Joshua Pastor. January 1, 2023. *Santa Cruz County Sheriff's January 2023 Monthly Statistics*. Accessed February 26, 2024.
https://scsheriff.com/Portals/1/County/sheriff/pdf/SCSO%20Bureau%20Stats_JAN2023.pdf
51. Calif Health Care Foundation. April 22, 2024. "CalAIM in Focus Reentry." *Calif Health Care Foundation*. Accessed April 22, 2024.
<https://www.chcf.org/resource/calaim-in-focus/reentry/>
52. Confidential Grand Jury interview.
53. Confidential Grand Jury document.
54. Confidential Grand Jury document.
55. Confidential Grand Jury document.
56. Confidential Grand Jury interview.
57. Confidential Grand Jury interview.
58. Alexandra Gates, Samantha Artiga, and Robin Rudowitz. September 5, 2014. "Health Coverage and Care for the adult criminal justice-involved population." *The Henry J. Kaiser Family Foundation kff.org*. Accessed February 18, 2024.
<https://www.kff.org/uninsured/issue-brief/health-coverage-and-care-for-the-adult-criminal-justice-involved-population/>
59. Maya Becker, Bomi Choe and Caly Plowman Maya Becker, Bomi Choe and Caly Plowman. February 16, 2024. "A Look Inside Santa Cruz County Main Jail." *City on the Hill Press*. Accessed February 18, 2024.
<https://cityonahillpress.com/2024/02/16/a-look-inside-santa-cruz-county-main-jail/>
60. Maya Becker, Bomi Choe and Caly Plowman Maya Becker, Bomi Choe and Caly Plowman. February 16, 2024. "A Look Inside Santa Cruz County Main Jail." *City on the Hill Press*. Accessed February 18, 2024.
<https://cityonahillpress.com/2024/02/16/a-look-inside-santa-cruz-county-main-jail/>
61. State of California Board of State and Community Corrections. January 1, 2023. "Title 15 Minimum Standards For Local Detention Facilities Title 15-Crime Prevention and Corrections Division I, Chapter 1, Subchapter 4." *BSCC.ca.gov*. Accessed September 9, 2024.
<https://www.bscc.ca.gov/wp-content/uploads/Adult-T15-Effective-1.1.2023-Full-Text.pdf>

62. Confidential Grand Jury interview.
63. Nancy Rodriguez, Ph.D. November 1, 2016. "Restrictive Housing in the U.S. Issues, Challenges, and Future Directions." *OJP.gov*. Accessed March 4, 2024. <https://www.ojp.gov/pdffiles1/nij/250315.pdf>
64. Confidential Grand Jury interview.
65. Confidential Grand Jury interview.
66. Ryan K. McBain, Jonathan H. Cantor, Nicole K. Eberhart, Shreya S. Huilgol, and Ingrid Estrada-Darley. August 31, 2022. "Adult Psychiatric Bed Capacity, Need, and Shortage Estimates in California—2021." *Rand Health Quarterly*. Accessed March 28, 2024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9519097/#:~:text=We%20estimated%20that%20California%20has,%E2%80%94excluding%20state%20hospital%20beds.>
67. Confidential Grand Jury interview.
68. Criminal Justice Council Santa Cruz County. December 17, 2023. *Criminal Justice Council Report 2023 SANTA CRUZ COUNTY COURT AND JAIL SYSTEM REVIEW AND ANALYSIS: ADDRESSING BEHAVIORAL HEALTH CASES*. Accessed March 4, 2024. <https://www.santacruzsjc.org/resource/CJC-2023-Annual-Report.pdf>
69. Confidential Grand Jury interview.
70. Ernstmeyer K, Christman E. April 2, 2024. "Nursing: Mental Health and Community Concepts, Chapter 6 Psychotropic Medications." *NIH National Library of Medicine National Center for Biotechnology Information*. Accessed April 2, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK590034/>
71. California Department of Corrections and Rehabilitation. April 14, 2024. "Persons Released from Prison in Fiscal Years 2016-2017 and 2017-2018." *California Department of Corrections and Rehabilitation*. Accessed March 12, 2024. <https://www.cdcr.ca.gov/news/2023/04/14/cdcr-issues-recidivism-reports-for-persons-released-from-prison-in-fiscal-years-2016-2017-and-2017-2018/>
72. Confidential Grand Jury interview.
73. Dr Gail Newel. June 23, 2023. *Final SC Detention Adult Facilities for Sheriff Hart 2023*. Accessed September 27, 2023. https://drive.google.com/file/d/1Yztix7PMVaYRmwbgVrzAq7eaohmz9jvt/view?usp=drive_link
74. Confidential Grand Jury interview.
75. Confidential Grand Jury interview.
76. Confidential Grand Jury interview.

77. Confidential Grand Jury interview.
78. Confidential Grand Jury interview.
79. Confidential Grand Jury interview.
80. Confidential Grand Jury interview.
81. Confidential Grand Jury interview.
82. Sheriff Jim Hart. January 1, 2023. *Santa Cruz County Sheriffs 2022 Annual Report*. Accessed October 10, 2023.
https://www.scsheriff.com/Portals/1/County/sheriff/pdf/2022_Annual_Report_Online.pdf
83. Confidential Grand Jury interview.
84. Confidential Grand Jury interview.
85. Confidential Grand Jury document.
86. Confidential Grand Jury document.
87. Confidential Grand Jury interview.
88. Confidential Grand Jury interview.
89. NAMI Santa Cruz County. April 15, 2021. “Community Resources: Preparing Inmates (And Their Families) for the Outside.” *National Alliance for Mental Illness*. Accessed March 5, 2024.
https://www.namisc.org/uploads/9/0/2/6/9026727/community_resources.pdf
90. Confidential Grand Jury interview.
91. Santa Cruz County Sheriff's Office. January 16, 2024. *Santa Cruz County Sheriff's Office Correction's Policy Manual*. Accessed April 2, 2024.
<https://scsheriff.com/Portals/1/County/sheriff/CorrectionsPolicyManual.pdf>
92. Confidential Grand Jury document.
93. Confidential Grand Jury document.
94. Confidential Grand Jury document.
95. California Department of Health Care Services (DHCS).. February 10, 2024. “Justice-Involved Initiative-Medi-Cal Transformation.” *dhcs.ca.gov*. Accessed February 10, 2024.
<https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx>
96. Jolie Onodera. April 22, 2024. “DHCS Announces Delayed Implementation Date for CalAIM Justice-Involved Initiative.” *counties.org*. Accessed April 22, 2024.
<https://www.counties.org/csac-bulletin-article/dhcs-announces-delayed-implementation-date-calaim-justice-involved-initiative#:~:text=Onodera%20Danielle%20Bradley-,October%2026%2C%202023,%2C%20to%20October%201%2C%202024.>

97. Calif Health Care Foundation. April 22, 2024. "CalAIM in Focus Reentry." *Calif Health Care Foundation*. Accessed April 22, 2024.
<https://www.chcf.org/resource/calaim-in-focus/reentry/>
 98. Calif Health Care Foundation. April 22, 2024. "CalAIM in Focus Reentry." *Calif Health Care Foundation*. Accessed April 22, 2024.
<https://www.chcf.org/resource/calaim-in-focus/reentry/>
 99. California Health Care Foundation (CHCF). July 24, 2023. "CalAim Explained: For people leaving Incarceration." *California Health Care Foundation (CHCF) report*. Accessed February 14, 2024.
<https://www.chcf.org/publication/calaim-explained-caring-californians-leaving-incarceration/>
 100. October 30, 2024. "County of Santa Cruz Santa Cruz County Community Corrections Partnership MEETING MINUTES." *County website*. Accessed January 10, 2024.
<https://www.santacruzcountyca.gov/Portals/0/County/prb/pdfs/CCP/10-30-2023%20CCP%20Regular%20Meetign%20Minutes%20Packet.pdf>
 101. Veronica Handunge, M.P.H.. November 22, 2022. "Decriminalizing Mental Illness and Promoting Mental Health Equity." *American Psychiatric Association*. Accessed February 18, 2024.
<https://www.psychiatry.org/news-room/apa-blogs/decriminalizing-mental-illness#:~:text=In%20fact%2C%20incarceration%20can%20worsen,individuals%20to%20mental%20health%20care.>
-

Site Visits

Main Jail

Rountree

Juvenile Hall

Blain Street Women's Jail

Appendix A – Penal Code Governing the Grand Jury^[1]

PART 2. OF CRIMINAL PROCEDURE [681 - 1620] (Part 2 enacted 1872.)

TITLE 4. GRAND JURY PROCEEDINGS [888 - 939.91] (Title 4 repealed and added by Stats. 1959, Ch. 501.)

CHAPTER 3. Powers and Duties of Grand Jury [914 - 939.91] (Chapter 3 added by Stats. 1959, Ch. 501.)

ARTICLE 1. General Provisions [914 - 924.6] (Article 1 added by Stats. 1959, Ch. 501)

SECTION 919.

- (a) The Grand Jury may inquire into the case of every person imprisoned in the jail of the county on a criminal charge and not indicted.
- (b) The Grand Jury shall inquire into the condition and management of the public prisons within the county.
- (c) The Grand Jury shall inquire into the willful or corrupt misconduct in office of public officers of every description within the county. Except as provided in Section 918, this subdivision does not apply to misconduct that involves a shooting or use of excessive force by a peace officer described in Section 830.1, subdivision (a) of Section 830.2, or Section 830.39, that led to the death of a person being detained or arrested by the peace officer pursuant to Section 836.

Appendix B – Safety Cells Description

The Main Jail has three Safety Cells that are video monitored 24 hours a day with 15 (fifteen) minute visual checks by the correctional staff, not Wellpath staff. In 2023, there were an average of 36 (thirty-six) inmate/patients placed on suicide watch per month. They were attired in a safety suit/garment and provided safety blankets. Only 2 (two) per month of the 36 (thirty-six) were transferred to the Santa Cruz County Behavioral Health Center Crisis Stabilization Program, our county mental health facility.^[34]

Safety Cells have no water or toilet, there is only a hole in the ground. The inmate/patient is in complete isolation. There is only a hole in the cell floor. As defined by the Sheriff's policy and procedures, "Safety Cells are limited to one inmate and shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals intent to cause physical harm to self or others."^[42]

Appendix C – Jail Programs and Services While Serving Sentences

This is a sampling of classes and programs offered through the Corrections Division of Reentry at Rountree and Blaine Street Women’s Rehabilitation Facility:

- Anger management offered by Encompass Community Services
- Building trades pre-apprentice programs offered by the County Office of Education and Aramark
- Skills for Reentry offered by Friends Outside
- Computer literacy and media design offered by UCSC Everett Program
- Positive Parenting offered by First Five Santa Cruz County
- Healing trauma offered by Friends Outside
- Healthy relationships by Walnut Avenue Family & Women’s Center
- Self Improvement by Gemma House

In addition, programs and classes are offered through the Leaders and Community Alternatives Employment Services, the UCSC Everett Program, the Building and Trades Pre-Apprenticeship Program of the County Office of Education, and the Cabrillo College Rising Scholars Program.

Appendix D – Out-of-Custody Post-Jail Reentry Community Programs

The Grand Jury focused on several post release services available to inmates through the Sheriff's Office Division of Reentry, some of which are noted here.^[92]

- People and Stories offered by Santa Cruz Public Libraries
- Women's Recovery & Reentry Program offered by Friends Outside
- Return Project offered by Encompass Community Services
- Finding Your Best Self and A Woman's Addiction curriculum by Friends Outside
- Substance use Disorder by Encompass Community Services
- Stepping Up for steering the mentally ill toward the help they need rather than into the jail

The Division of Reentry also partners with Santa Cruz community services including but not limited to the following.^[100]

Monarch Community Services

Gender-specific reentry services for women, including case management, transportation, and housing support.

Santa Cruz Barrios Unidos

Culturally based reentry peer mentoring, violence prevention, and case management.

Sobriety Works

Peer navigation services, including recruiting, training and supervising peer navigators.

Volunteer Center of Santa Cruz County

System navigation and case management, post-release community support, including benefits enrollment, service advocacy and access, and support for probation case plans.

Santa Cruz County Community Corrections Partnership

The Grand Jury found many other programs, too many to list here, providing numerous programs and services by the Santa Cruz County Community Corrections Partnership.^[100] This partnership is made up of County agencies including:

- District Attorney's Office
- Sheriff's Office
- Probation Department
- Public Defender
- Superior Court
- Police departments
- County Office of Education
- Health Services Agency
- Human Services Department
- Board of Supervisors

The partnership stated they have three goals:

1. Establish an array of effective alternatives to incarceration to address the impacts that the realigned population will have on the county jail in order to avert crowding and poor conditions of confinement without jeopardizing public safety outcomes.
2. Implement Evidence-Based Probation Supervision that properly assesses risk factors associated with recidivism and provides effective probation interviewing, case planning, and community supervision to ensure public safety and reduce recidivism.
3. Develop community partnerships for effective intervention services that adhere to the principles of evidence-based practices for maximum recidivism reduction that show the deep concern and compassion for incarcerated persons who have served their time and released back into our community.

Appendix E – Key Title 15 Policies Used in this Report^[30]

Article 5. Classification and Segregation

§ 1052. Mentally Disordered Inmates.

The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled. An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1053. Administrative Segregation.

Except in Type IV facilities, each facility administrator shall develop written policies and procedures which provide for the administrative segregation of inmates who are determined to be prone to: promote activity or behavior that is criminal in nature or disruptive to facility operations; demonstrate influence over other inmates, including influence to promote or direct action or behavior that is criminal in nature or disruptive to Adult Title 15 Minimum Standards Effective 4/2017 31 the safety and security of other inmates or facility staff, as well as to the safe operation of the facility; escape; assault , attempted assault, or participation in a conspiracy to assault or harm other inmates or facility staff; or likely to need protection from other inmates, if such administrative segregation is determined to be necessary in order to obtain the objective of protecting the welfare of inmates and staff. Administrative segregation shall consist of separate and secure housing but shall not involve any other deprivation of privileges than is necessary to obtain the objective of protecting the inmates and staff. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1054. Administrative Removal-Type IV Facility.

In Type IV facilities, the facility administrator shall develop written policies and procedures which provide for the administrative removal of an inmate for the safety and well being of the inmate, the staff, the program, the facility, and/or the general public. Such removal shall be subject to review by the facility administrator or designee on the next business day. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1055. Use of Safety Cell.

The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others. The facility administrator, in cooperation with the responsible physician, shall develop written policies and

procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician. In no case shall the safety cell be used for punishment or as a substitute for treatment. An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours. A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter. The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement. Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented. Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed “safety garment,” to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented. Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code. Adult Title 15 Minimum Standards Effective 4/2017

Article 7. Discipline

§ 1080. Rules and Disciplinary Actions.

Wherever discipline is administered, each facility administrator shall establish written rules and disciplinary actions to guide the conduct of incarcerated persons. Such rules and disciplinary actions shall be stated simply and affirmatively and posted conspicuously in housing units and the booking area or issued to each person upon booking. For those individuals with limited literacy, who are unable to read English, and for persons with disabilities, provision shall be made for the jail staff to instruct them verbally or provide them with material in an understandable form regarding jail rules and disciplinary procedures and actions. Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code. Adult Title 15 Minimum Standards Effective 1/1/2023 44

§ 1081. Plan for Discipline of Incarcerated Persons.

Each facility administrator shall develop written policies and procedures for discipline of incarcerated persons. The plan shall include, but not be limited to, the following elements: (a) Temporary Loss of Privileges: For minor acts of non-conformance or minor violations of facility rules, staff may impose a temporary loss of privileges, such as access to television, telephones, commissary, or lockdown for less than 24 hours, provided there is written documentation and supervisory approval. (b) Disciplinary Actions: Major violations of facility rules or repetitive minor acts of non-conformance or repetitive minor violations of facility rules shall be reported in writing by the staff member observing the act and submitted to the disciplinary officer. The consequences of such violations may include, but are not limited to: 1. Loss of good time/work time. 2. Placement in disciplinary separation. 3. Loss of privileges mandated by regulations. A staff member with investigative and disciplinary authority shall be designated as a

disciplinary officer to impose such consequences. Staff shall not participate in disciplinary review if they are involved in the charges. Such charges pending against an incarcerated person shall be acted on with the following provisions and within specified timeframes: 1. A copy of the report, or a separate written notice of the violation(s), shall be provided to the incarcerated person. 2. Unless declined by the incarcerated person, a hearing shall be provided no sooner than 24 hours after the report has been submitted to the disciplinary officer and the incarcerated person has been informed of the charges in writing. The hearing may be postponed or continued for a reasonable time through a written waiver by the incarcerated person, or for good cause. 3. The incarcerated person shall be permitted to appear on their own behalf at the time of hearing and present witnesses and documentary evidence. The incarcerated person shall have access to staff or assistance when they have limited literacy, or the issues are complex. 4. A charge(s) shall be acted on no later than 72 hours after an incarcerated person has been informed of the charge(s) in writing. Adult Title 15 Minimum Standards Effective 1/1/2023 45 5. Subsequent to final disposition of disciplinary charges by the disciplinary officer, the charges and the action taken shall be reviewed by the facility manager or designee. 6. The incarcerated person shall be advised in a written statement by the fact-finders about the evidence relied on and the reasons for the disciplinary action. A copy of the record shall be kept pursuant to Penal Code Section 4019.5. 7. There shall be a policy of review and appeal to a supervisor on all disciplinary action. (c) Nothing in this section precludes a facility administrator from administratively separating any incarcerated person from the general population or program for reasons of personal, mental, or physical health, or under any circumstance in which the safety of the person, staff, program, or community is endangered, pending disciplinary action or a review as required by Section 1053 of these regulations. (d) Nothing in this section precludes the imposition of conditions or restrictions that reasonably relate to a legitimate, non-punitive administrative purpose. Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Sections 4019.5 and 6030, Penal Code.

§ 1082. Forms of Discipline.

The degree of actions taken by the disciplinary officer shall be directly related to the severity of the rule infraction and promotion of desired behavior through a progressive disciplinary process. Acceptable forms of discipline shall consist of, but not be limited to, the following: (a) Loss of privileges. (b) Extra work detail. (c) Short term lockdown for less than 24 hours. (d) Removal from work details. (e) Forfeiture of “good time” credits earned under Penal Code Section 4019. (f) Forfeiture of “work time” credits earned under Penal Code Section 4019. (g) Disciplinary separation. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1083. Limitations on Disciplinary Actions.

The Penal Code and the State Constitution expressly prohibit all cruel and unusual punishment. Disciplinary actions shall not include corporal punishment, group punishment when feasible, or physical or psychological degradation. Additionally, there shall be the following limitations: Adult Title 15 Minimum Standards Effective 1/1/2023 46 (a) Disciplinary separation shall be considered an option of last resort and as a response

to the most serious and threatening behavior, for the shortest time possible, and with the least restrictive conditions possible. (1) If a person is on disciplinary separation status for 30 consecutive days there shall be a review by the facility manager before the disciplinary separation status is continued. This review shall include a consultation with health care staff. Such reviews shall continue at least every fifteen days thereafter until the disciplinary status has ended. This review shall be documented. (2) The disciplinary separation cells or cell shall have the minimum furnishings and space specified in Title 24, Part 2, 1231.2.6 and 2.7. Occupants shall be issued clothing and bedding as specified in Articles 13 and 14 of these regulations and shall not be deprived of them through any portion of the day except that those incarcerated persons who engage in the destruction of bedding or clothing may be deprived of such articles. The decision to deprive a person of such articles of clothing and bedding shall be reviewed by the facility manager or designee during each 24 hour period. (3) If after placement in separation, mental health or medical staff determine that an individual has serious mental illness or an intellectual disability, they shall be removed from disciplinary separation immediately upon this determination. (b) Penal Code Section 4019.5 expressly prohibits the delegation of authority to any incarcerated person or group of incarcerated people to exercise the right of punishment over any other incarcerated person or group of incarcerated people. (c) In no case shall a safety cell, as specified in Title 24, Part 2, 1231.2.5, or any restraint device be used for disciplinary purposes. (d) No incarcerated person may be deprived of the implements necessary to maintain an acceptable level of personal hygiene as specified in Section 1265 of these regulations. (e) Food shall not be withheld as a disciplinary measure. (f) Correspondence privileges shall not be withheld except in cases where the incarcerated person has violated correspondence regulations, in which case correspondence may be suspended for no longer than 72 hours, without the review and approval of the facility manager. (g) In no case shall access to courts and legal counsel be suspended as a disciplinary measure. Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

Article 10. Minors in Court Holding Facilities

§ 1163. Classification.

The administrator of a court holding facility shall establish and implement a written plan designed to provide for the safety of staff and minors held at the facility. The plan shall include receiving and transmitting of information regarding minors who represent a risk or hazard to self or others while confined at the facility, and the separation of such minors to the extent possible within the limits of the court holding facility, and for the separation of minors from any adults confined there as required by Section 208 of the Welfare and Institutions Code. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

Article 11. Medical/Mental Health Services

§ 1202. Health Service Audits.

The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided. The

responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually. The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered. Adult Title 15 Minimum Standards Effective 1/1/2023 58. Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1209. Mental Health Services and Transfer to Treatment Facility.

(a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to: 1. Identification and referral of incarcerated persons with mental health needs; 2. Mental health treatment programs provided by qualified staff, including the use of telehealth; 3. Crisis intervention services; 4. Basic mental health services provided to incarcerated persons as clinically indicated; 5. Medication support services; 6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed. (b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered incarcerated person who appears to be a danger to themselves or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Health Care Services for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the person may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may Adult Title 15 Minimum Standards Effective 1/1/2023 63 perform an onsite assessment to determine if the person meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility. (c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to: 1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication; 2. Designation of an appropriate setting where the involuntary administration of medication will occur; 3. Designation of restraint procedures and devices that may be used to maintain the safety of the incarcerated person and facility staff; 4. Development of a written plan to monitor the incarcerated person's medical condition following the initial involuntary administration of a medication, until the person is cleared as a result of an evaluation by, or consultation with, a psychiatrist; 5. Development of a written plan to provide a minimum level of ongoing monitoring of the incarcerated person following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and 6. Documentation of the administration of involuntary medication in the incarcerated

person's medical record. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1214. Informed Consent.

The health authority shall set forth in writing a plan for informed consent of incarcerated persons in a language understood by the incarcerated person. Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for care of incarcerated people. In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any incarcerated person who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care. Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an incarcerated person. Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

§ 1217. Psychotropic Medications.

The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications. An Adult Title 15 Minimum Standards Effective 1/1/2023 67 incarcerated person found by a physician to be a danger to themselves or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis. Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders. An emergency is a situation in which action to impose treatment over the incarcerated person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the incarcerated person or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment. If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of incarcerated persons involuntarily receiving psychotropic medication. Psychotropic medication shall not be administered to an incarcerated person absent an emergency unless the person has given informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews. There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of monitoring and reevaluating all incarcerated people receiving psychotropic medications, including a review of all emergency situations. The administration of psychotropic medication is not allowed for disciplinary reasons. Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

[This page intentionally left blank.]