The Lives and Circumstances of Women Held in the Los Angeles County Jail

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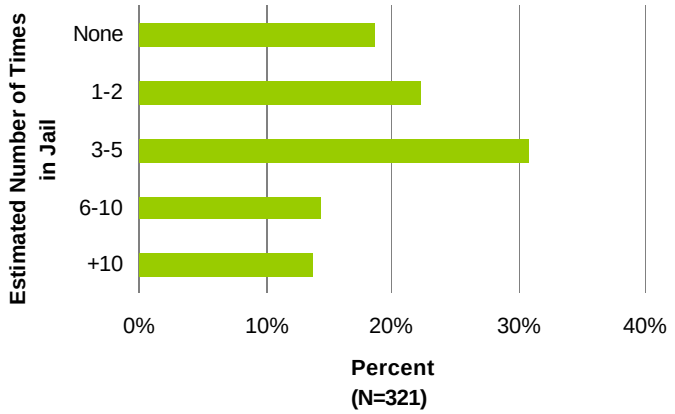
Introduction

If you were a woman in the Los Angeles County Jail, who would you likely be and how would you be situated in life? What brought you to jail, what awaits you there, and where will you go upon release? How soon will you be back behind bars? What will happen to your children? In jail, will you be able to see them and give them a hug? What will happen if you give birth while in jail? This study, generously funded by the **John Randolph and Dora Haynes Foundation**, responds to these questions.

If you are a woman in the Los Angeles County Jail, you would almost certainly be someone who has been in jail before, once or many times— in fact, there is an 81 percent chance of it, based upon a random sample of over 300 women currently in the jail,to whom we administered a comprehensive survey.[1] If you have been jailed before, there is a 93 percent chance that you spent that time in the Los Angeles County Jail. There is a 65 percent chance that you were on probation or parole at the time of your arrest. There is a 62 percent chance that you are awaiting trial or are yet to be fully sentenced.

Figure A: Estimated Number of Times in Jail



There is a 27 percent likelihood that you are in jail for a drug offense and, if so, a 56 percent probability that your charges are for possession only. There is an eight percent likelihood you were arrested for robbery and another eight percent chance you are there because of a theft or other property crime. There is a seven percent chance you were arrested for assaulting someone and a six percent likelihood you are awaiting trial or sentencing for murder or attempted murder. There is a three percent chance you will have been arrested

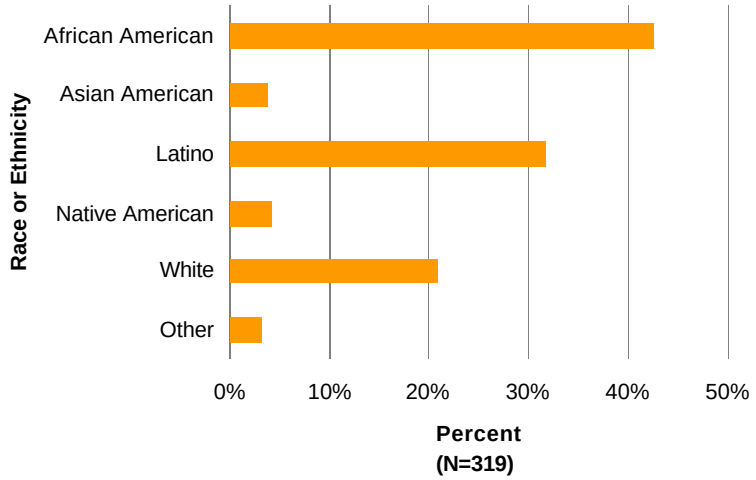
[1] Total sample=327. Margin of error = 5 at a 95 percent confidence level for the full sample, but may be slightly higher for individual questions, depending on response rate.

for fraud and another three percent for prostitution or other sex offenses. Although much less likely, your offenses may also include driving under the influence, firearm charges, domestic violence, vehicular manslaughter, arson, or child abuse.

There is a 30 percent chance that you were homeless at some point in the six months before your arrest. If not homeless, there is a 32 percent chance you were not living in your own home but rather living with a family member or friend at the time of your arrest. Furthermore, when asked where you expect to live upon leaving jail, there is an 11 percent chance that you do not know, a four percent chance you expect to live in a homeless shelter, and a two percent chance you expect to live on the streets.

There is a 58 percent chance that you have a substance abuse problem and, if so, a 42 percent probability that you have never received treatment for your problem. There is a 27 percent chance that you have abused cocaine or crack, a 22 percent chance it was methamphetamines or speed, a 21 percent chance it was alcohol and a 14 percent chance it was marijuana. If you do have a substance abuse problem, you may have more than one drug of choice. Your educational level would be moderate. Thirty two percent of you would not have a high school diploma or GED credential.

Figure B: Survey Participants by Race/Ethnicity



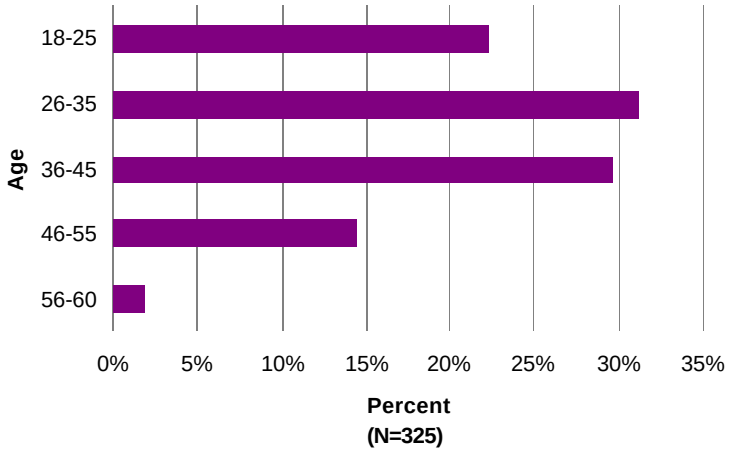
You would be one—or perhaps more than one—of the approximately 32,000 women booked into the Los Angeles County Jail in any given year[2] and would be one of about 2200 in jail on a given day. You would be in the largest

[2] This figure refers to total bookings during the year. The Los Angeles County Sheriff's Department (LASD) does not track the exact number of women incarcerated during the year.

local women's correctional facility in the nation, currently located at the Century Regional Detention Facility (CRDF) near the intersection of the Harbor and 105 Freeways.

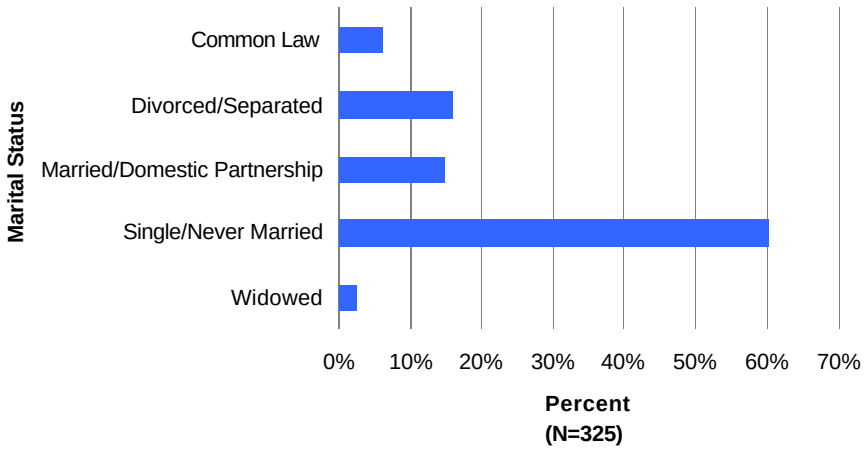
There is a 43 percent likelihood you are African American and a 32 percent likelihood you are Latino. If you are white, you will be one among 21 percent of inmates, and if you are Asian or Native American, you will be one among four percent of inmates, respectively.[3]

Figure C: Survey Participants by Age



You are equally likely to be younger than 34 years of age as you are to be older, and there is also a 50 percent chance that you will be between the ages of 26 and 43. You will be at least 18, but likely not older than 60. There is a 60 percent likelihood you are single, 21 percent chance you are married, in a common law relationship, or in a domestic partnership, and 19 percent likelihood you are divorced, separated, or widowed. There

Figure D: Survey Participants by Marital Status

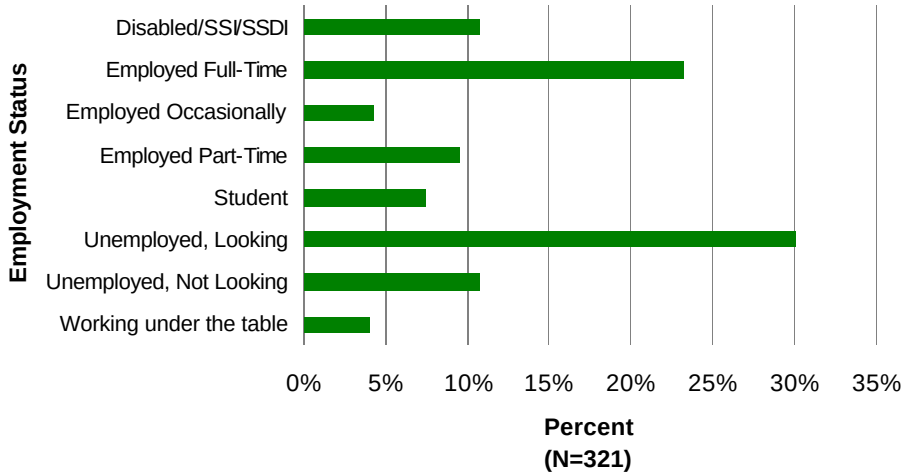


[3] These proportions total more than 100 percent because some inmates identified themselves as biracial. Rather than report the figures based on the first racial category selected, we report them such that biracial inmates are included in the statistics for both races selected. By comparison to our sample, Los Angeles County as a whole is 47 percent Latino/Hispanic, 29 percent white, 13 percent Asian, 10 percent black, and 1 percent Native American. (http://quickfacts.census.gov/qfd/states/06/06037.html)

a 54 percent chance you have children: a 33 percent chance that you have at least one child under the age of 18 living with you at the time of arrest and a 31 percent chance that you have a child living elsewhere.

You may be one of about 1400 pregnant women in the jail every year or one of about 60 pregnant women in the jail on any given day. You may be one of approximately 30 women who give birth each year while incarcerated.

Figure E: Survey Participants' Employment Status at Arrest



You have a greater than 50 percent chance of having been unemployed or disabled at the time of your arrest, and if you were working, it was typically in a low-wage occupation, such as housekeeping or cashiering.

You will not be in jail at all if a judge sentenced you to less than 180 days—there is simply not an extra bed for you. If you are convicted of a run-of-the-mill crime, you will only serve 10 percent of your sentence. If you are a prostitute, however, you will serve 25 percent of your sentence. If you have tried to escape or are in jail for violation of probation on a felony, you will serve 50 percent of your sentence, and if you have been convicted of a violent crime or violated a gang injunction, you may serve 100 percent of your sentence.

About 38 percent of you feel safe in the jail; 34 percent of you do not. Fifty-seven percent of you think that the deputies guarding the jails treat you disrespectfully while 24 percent of you disagree. Fifty-three percent of you think you are treated with respect by the jail medical staff and 31 percent of you disagree. There is a 43 percent chance that you think the jail

staff is unresponsive to your requests. There is a 55 percent chance that you are dissatisfied with the cleanliness of the jail and a 30 percent chance that you are satisfied.

About 45 percent of you will be dissatisfied with the mail service in jail and half of you will be dissatisfied with the telephone service. Up until the fall of 2008, there was a good chance that you would not be seen by a doctor or nurse within 24 hours of requesting to do so. You might want to sign up for some of the excellent educational and practical programs offered at the jail, but you may not know when they are given or how to sign up, or you might find that you are not eligible due to your housing assignment, your classification, or space constraints. Likewise, you might want to avail yourself of the excellent services provided when you are released to help you make the transition to normal life, but chances are you may not even know of the existence of these programs or find there is no room for you in them.

About this report

This report is the culmination of an 18-month study, supported in substantial part by the **John Randolph Haynes and Dorothy Haynes Foundation**, of female inmates in the Los Angeles County Jail. It will explore in great detail what a woman faces during her stay in the jail. In **Chapter 1**, we provide a description of CRDF as a detention facility, with a focus on its general conditions and custody operations. In doing so, we paint a picture of the nature of incarceration at CRDF and the day-to-day routines of the facility's inmates. We also look in some detail at the intake process, the Sheriff's Percentage Release Program for women, and inmate discipline.

In **Chapter 2**, we examine inmate responses to a series of survey questions about jail conditions (such as safety and sanitation), the respectfulness and responsiveness of facility staff, mail and telephone service, and the visitation process. Although inmates' responses to these questions were generally mixed, we conclude that CRDF operates fairly well with regard to most aspects of facility operations, and offer only modest procedural recommendations in these areas. Nonetheless, we are concerned that a culture of verbal abusiveness toward inmates may exist at the staff level, and that complaints lodged by inmates—especially personnel complaints—may be ignored or possibly expose complainants

to staff retaliation. While the extent to which such problems actually exist is an open question, we remain troubled by the pervasiveness of inmate allegations of deputy disrespect and complaint mishandling. We strongly encourage the Los Angeles County Sheriff's Department (LASD) to undertake a serious evaluation of such claims and, if necessary, respond accordingly to ensure that they do not persist.

Chapter 3 looks at medical care of women in the Los Angeles County Jail, focusing specifically on timeliness of evaluation and treatment. We note that since we initially began looking at CRDF approximately 18 months ago, the Department has made progress in ensuring that inmates who request medical treatment are seen by a medical professional in a timely manner. That was not so when we began our research. We saw firsthand the dedication of many nurses. Nonetheless, there were areas for improvement, principally because of the dearth of written policies in many important areas (including in-custody childbirth) and the lack of accountability to ensure treatment within 24 hours (72 hours on weekends) as prescribed by authoritative medical standards in a correction setting.

Chapter 4 discusses pregnancy, childbirth, and parenting issues. Although the LASD does have policies and programs in place for pregnant women, only a few of these are documented in its written materials. As a result, we encountered understandable but ultimately unacceptable confusion about actual policies, particularly those relating to the transportation and restraint of women in labor and shackling during delivery. We also found inconsistencies in or confusion about the provision of pregnancy tests and the timing of commencement of prenatal care, as well as about postpartum care. The LASD is currently working on revising those policies to reflect clearer guidelines on the care and treatment of pregnant inmates, including the creation of a written restraint policy, but those are not yet in place.

Chapter 5 finds that the classification, investigation, and disposition of medical complaints by women in the LA County Jail at times failed to meet the standards set by the LASD or by California Title 15.[4] The Department received 214 medical complaints between December 2006 and May 2007, the majority of which centered upon treatment delays. Of these, nearly

[4] Title 15, discussed further in **Chapters 2** and **3**, describes minimum standards for local detention facilities. http://www.cdcr.ca.gov/Divisions_Boards/CSA/FSO/Regulations.html

one-third had not been completed at the time of our review in December 2007, and only 38 percent of the remaining complaints were completed within the recommended 10-day period. Additionally, we found that the referral of 41 complaints by the LASD's Custody Division was unnecessarily delayed, that the level of detail on many medical dispositions was insufficient to determine whether the complaint was adequately resolved, and that the majority of complainants appear never to have been notified of the result of their complaints as required by Title 15. Finally, the use of the category "Request for Service – Routine" to describe nearly every medical complaint, combined with the failure to make even a token effort to investigate system or staff performance issues, rendered the complaint system incapable of providing LASD management with any meaningful information about systemic problems in the delivery of medical services at the facility.

More recently, and in response to our prompting, the Department has instituted a new complaint form and established procedures to reduce delays in the provision of nursing care to less than 24 hours in most cases. We expect that those changes will reduce the volume of complaints about delay. Implementation of our recommendations about the investigation and disposition of complaints should reduce inmates' dissatisfaction with the handling of their complaints.

Chapter 6 describes the LASD's Bureau of Offender Programs & Services and its provision of in-custody programs and transitional services, through both the Department itself and several partner agencies. Such programs seek to provide inmates with basic academic education, job search preparation, vocational training, drug education, parenting classes, family law education, and life skills. Transitional (reentry) services provided by the Bureau's Community Transition Unit (CTU) include enrollment in public benefits, short-term housing and drug treatment program placements, referrals for a variety of community resources, and transportation assistance from jail. While most inmates are eligible for such services upon request, CTU proactively targets the jail's population of homeless inmates as a high-risk group that needs extra assistance in returning successfully to the community. Disappointingly, as we detail in **Chapter 7**, we found inmate awareness of many of these programs and services, as well as their participation levels, to be quite limited. Many inmates who completed our survey and spoke to us expressed a high degree of interest in such

programs and services, but many also expressed frustration that they either had never been informed about them or were not able to gain access.[5] Inmates who had participated in the Bureau's programs and accessed its services generally gave them high marks for quality and usefulness.

We were deeply impressed with the vision of the Bureau's leadership and the dedication and enthusiasm of the CTU team and other service providers located at CRDF. The operational problems we discern do not stem from a lack of these qualities, but rather a lack of resources. This is especially the case with regard to inmate access—such programs and services can only be offered to a certain degree, despite the large inmate demand for them. Nevertheless, we believe that even without a significant increase in resources needed to fund an expansion of operational capacity, the Bureau can at least do more to raise inmate awareness levels and develop a better system for determining which inmates should have priority to its limited offerings.

On the whole, the women's jail is a well-run institution. The conditions of confinement in the main are acceptable and the staff is responsive. When confronted with problems and shortcomings, the leadership moves quickly to respond. Yet, the custody operations have not reached a point where the leadership affirmatively takes a broad look, discovers systemic problems (such as the former inability to see inmates within 24 hours of making a medical complaint), and fashions a solution without prompting from the outside—whether it be an expensive settlement for failure to provide timely medical care, a report such as ours, or media exposé. Los Angeles County Jail, as the largest jail in the country (larger even than Rikers Island in New York or Cook County Jail in Chicago), should also be the best. In many ways, it is an innovative leader, and there are excellent programs and services for inmates during incarceration and as they look forward to being released. We encourage the LASD to continue to work to make these programs available to all inmates who need them.

[5] It is true that eligibility requirements restrict access for many inmates; however, capacity limitations often preclude significant participation even among inmates who are eligible.

Inmate Survey

A major component of our effort to learn more about CRDF and the women who reside there was the administration of a comprehensive survey to more than 300 inmates at CRDF over the course of two weeks in September 2008. The survey, which appears in the appendix to this report, included questions about respondents' demographics, criminal histories, family backgrounds, and post-release plans and needs.[6] We also asked inmates about their access to medical and mental health care, level of satisfaction with various aspects of their confinement, and their awareness of, interest in, and access to in-custody programming and reentry services. We also conducted many inmate interviews and three focus groups to discuss in greater detail some of the issues raised in the survey.

Our target sample size of 330 inmates was chosen to ensure the overall statistical significance of the results, based on CRDF's average daily population of approximately 2200 with a desired confidence level of 95 percent and a confidence interval of five. To that end, and assuming an approximately response rate of 70 percent, we selected a random sample of 471 inmates. To ensure that our sample was representative of the inmate population and that no significant sub-populations were excluded, we administered the survey across almost all housing units within the facility, randomly selecting a given number of inmates based on the proportion of inmates housed at each location to the facility as a whole. For practical purposes, the only sub-population we excluded from the survey was acute mentally ill inmates, who lacked the capacity to fill out the survey in a meaningful fashion. We made our selections from inmate lists maintained by the deputies for each housing unit, based on the output of a computerized random number generator set to select a sample proportionate to relative module size.

The survey was voluntary. Before handing out the survey to inmates, we met with them to explain the process and required them to read and sign a waiver to ensure that they fully understood the process and were giving us their informed consent. This consent form also

[6] Of course, many inmates will simply be "released" into the hands of the California Department of Corrections to serve their sentence in the state prison system, but many others—generally those with sentences of one year or less—will serve time exclusively in the county jail system and will therefore be released directly from jail to the community.

appears in the appendix to this report. Inmates with vision, language, or literacy challenges were given extra assistance. Because of a very low availability rate during our initial sample of inmate workers, we backfilled by pulling a second random sample of inmates in those modules. In all, 329 inmates chose to participate in the survey. Two inmates decided to withdraw after filling out the instrument, leaving us with 327 participants, a statistically valid sample.

Because the survey was administered to a sample of inmates housed in the jail at that time, rather than to a sample of inmates who were booked into the jail during those two weeks, it should be seen representative of the jail's actual population, rather than of the larger group that is arrested and processed through the jail over a period of time. As we discuss in **Chapter 1**, most inmates serve a small percentage, if any, of their sentence and thus spend a relatively short time in jail. Inmates who are in custody for a longer period of time, such as those awaiting trial on a serious crime like murder, will thus be overrepresented in terms of the number of women who go to, and are released from, the jail every year. Instead, this survey provides a snapshot of those inmates who reside in the facility on any given day, and who are regularly impacted by facility conditions, policies, and programs.

1. The Century Regional Detention Facility

The following discussion is a detailed description of the women's jail and is intended for readers to understand and visualize the physical setting in which the women are held. This chapter will discuss how the women are booked, examined for medical and mental health needs, assigned housing, what that housing is like, and how they spend their day. Over the past 18 months, supported in substantial part by the **Haynes** grant, we have conducted visits, observed classes, interviewed staff, and reviewed data in our efforts to draw a picture of the lives of women in the Los Angeles County Jail.

Located south of Watts, near the intersection of Imperial Highway and Alameda St., the Century Regional Detention Facility (CRDF), the women's jail, is a high-security direct supervision jail opened in 1995 and currently housing all female pretrial detainees and sentenced inmates in the Los Angeles County jail system. As a direct supervision facility, CRDF modules differ from traditional jail cell blocks in that supervising deputies are stationed with inmates inside large, self-contained “modules"(or “pods”) that include an open day room, four showers, and a recreation area. Although the majority of women are housed in such modules, the jail also includes two dorm areas for “working” inmates and 20 smaller, higher-security units that house inmates on discipline, in special programs, or with special needs such as diabetes, mental health, and staph infections (MRSA). CRDF also houses the Inmate Reception Center (IRC) for all women booked into the county jail system, a medical clinic and step-down unit, and a foodservice facility.

We found CRDF to be a well-run, orderly jail with a professional staff. We were given full access to inmates and the facility to conduct our research as we saw fit, and found LASD staff to be helpful in facilitating the process. In particular, we thank Operations Lieutenant Roger Ross, Operations Sergeant David Haney, and Custody Support Services Deputy Teresa Steen for their unfailing openness and responsiveness.

I. Background

CRDF is the third LA County facility to house women within the past 12 years. Between 1963 and 1997, women were held at the Sybil Brand Institute (SBI), a minimum-to-maximum security facility in unincorporated City Terrace, California. When it was closed for renovations, the inmates were moved to the then-brand-new Twin Towers Correctional Facility (TTCF) in downtown Los Angeles, where they occupied one of the two towers for several years. They were again moved in 2006 to CRDF, formerly a male facility, to allow for the transfer of violent, maximum-security male inmates from Men's Central Jail into TTCF. This last move is not likely to be permanent, as the Department hopes to reopen SBI as a women's facility in 2011.[7]

II. The Inmate Reception Center

A. Intake Facilities

Since the women were transferred to CRDF in 2006, there have been two separate reception centers—IRCs— one for men in downtown Los Angeles and the other for women at CRDF. These units are responsible for receiving, searching, examining, and classifying every inmate who enters the jail system, approximately 171,000 inmates each year of which nearly 32,000 are women. To reduce strain on the main IRC downtown, women are now processed directly through the newer IRC at CRDF, which also saves on transportation costs.

Because the facility was not originally designed to serve as a reception center, the LASD has had to improvise. Until late 2007, the IRC was restricted to holding cells, an x-ray room, classification windows, and small rooms used to evaluate inmates who reported medical or mental health needs. Within the first year and a half, however, it became clear that the space was too small to accommodate the large numbers of inmates requiring medical or mental health evaluations. As we report in the **Chapter 3**, the screening nursing staff, constrained

[7] "Approval of the County of Los Angeles Revised Facilities Plan." Joint Recommendation to the Los Angeles County Board of Supervisors from CEO William Fujioka and Sheriff Leroy Baca, March 19, 2008.

to a small area, were at first unable to keep up with the flow of incoming inmates, resulting in long waits—in some cases, up to four days— for these women in holding cells, meant to house inmates for a short period of time. With only a narrow metal bench, there was no space for inmates to comfortably lie down and inadequate space to sit down. Inmates had no access to showers or a change of clothes and it reportedly was difficult to provide the women with regular meals.

Recently, the Department has been able to decrease intake and screening times, and to improve conditions for inmates awaiting screening, by converting a housing unit into a medical and mental health screening area with five computerized evaluation stations in the "day room" area. With the increased space, the average intake time for inmates is under 24 hours, a significant accomplishment that has brought the LASD —for the first time—into substantial compliance with the screening provisions of a Department of Justice Memorandum of Agreement on mental health care. Also, because the unit was formerly a housing pod, inmates waiting to be seen are held in regular cells, with access to a bed, sink, toilet, and shower. Recently, the Medical Services Bureau also began operating a centralized Nurse Clinic, which provides sick call services to inmates in the General Population (GP), out of an adjacent pod as well. That project, along with the Medical IRC, is discussed in further detail in **Chapter 3, "Delivery of Medical Care."**

B. The Intake Process

All female inmates entering the Los Angeles County Jail system are booked through the CRDF IRC. Upon arrival at the facility, along with a medical and mental health screening and search, incoming inmates are evaluated and given a security classification that will dictate their housing location, their eligibility for in-custody programming, and, to some extent, the level of freedom they will be afforded while incarcerated.

1. Classification

The Los Angeles jail system uses Northpointe JICS (Jail Inmate Classification System) software, a decision tree model, to determine the inmate's security level and any conditions requiring special handling or housing considerations. Classification officers answer a number

of yes/no questions about the inmate's current charges, past institutional behavior, criminal history, and local family ties, which culminate in a security level that ranges from 1 to 9. Inmates assigned levels 1-4 are considered minimum or low security, those with levels 5-7 are medium security, and 8 and 9 are maximum security. For example, an inmate whose current offense is an assaultive felony and who has prior such convictions will be given the maximum security classification of 8 or 9, depending on whether there is also a past history of serious institutional behavior. An inmate who has no history of such convictions, or current charges, will receive a medium security level or lower. The questionnaire also has questions calculated to ascertain whether a given inmate has particular needs or vulnerabilities that should be considered, including the following:

- Have you ever escaped, walked away, or been non-compliant from a court ordered program?
- Are you in a gang?
- Are you alleged to have used a gun in the crime that you were arrested for?
- Are you homosexual?[8]

The interviewer may override the security classification assigned by Northpointe based on additional factors, including a history of gang activity, previous violent felony pleas or convictions, or a high bail. The interviewer notes whether the inmate appears "soft" or vulnerable to violence or exploitation by other inmates.

Along with these standardized security classifications, the LASD also has a series of "special handling codes" that denote inmates who require specialized conditions for housing, transport, restraint, or staff attention. A brief description of the categories is set forth in the footnote below.[9]

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[8] Male inmates who are identified as gay, bisexual, or transgendered are assigned to specialized dorm housing for their safety. Because there is no such program for female inmates, the rationale for this question for women is not clear.

[9] **Red:** "inmates who are confirmed to be violent and highly dangerous" or whose presences in general population would "severely compromise jail security." This category is primarily made up of "K-10s," inmates who are considered high-risk and must be kept away from the general population at all times, and can include confirmed prison gang members, condemned inmates, and inmates with a history of escape. Inmates with red wristbands must be escorted and waist-chained while being transported.
Yellow: "inmates who are not considered to be a high risk to jail security however, [sic] based on special circumstances must be administratively segregated from the general population." Inmates in this category

CRDF has a very small number of inmates with special handling codes—falling mainly under the Red or Yellow wristband categories—who are housed in three administrative segregation pods. Up to about 68 inmates are housed in administrative segregation at any given time.

The Los Angeles County Jail classification system uses the same decision-tree model for males and females. Because of lower security risks among women, the need for housing based on precise security level is somewhat diminished. In fact, studies have found that gender-neutral classification systems often overclassify female inmates, in part because violent crimes committed by women are more likely to occur in the context of a family or intimate relationship and rarely increase risk to the public. When involved in a serious crime, women are more likely to play the role of accessory than of instigator and are less likely to pose "institutional risks" of violence than are men.[10]

The majority of women at CRDF is assigned to direct-supervision, general population (GP) modules designated as either Low/Medium or Medium/High. In general, privileges for the two types of module are identical, although deputies managing the Low/Medium group may feel comfortable letting larger groups of inmates out of their cells, resulting in more out-of-cell time for each inmate. Some programs, such as the Teaching and Loving Kids (TALK) program, are open only to inmates with lower security levels. Inmates with a minimum or medium security level may also be eligible for one of the two high-density working dorms,

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include those who are particularly vulnerable due to their criminal charges (for example, sexual offenses against a child), their sexual orientation (for men), or their mental health. This category also includes informants, inmates with law enforcement connections, and famous or "noteworthy" persons. Inmates with yellow wristbands may only be incarcerated with other inmates with the same sub-classification. For example, inmates with charges of crimes against children may be housed with other such inmates, but not with inmates who are informants.

Blue: "inmates who require special consideration but may not require administrative segregation from the general population." This primarily includes the K-2 through K-5 groups, groups inmates who must be kept away from one or more inmates in other groups—for example, co-conspirators—but may otherwise be housed in general population. It also includes inmates who may be suicidal and those who must be fitted with a high-security handcuff cover when being transported.

Green: "inmates who are developmentally disabled, or have medical or sensory impairments that may require administrative segregation from the general population." Housing assignments are determined on a case-by-case basis.

Orange: "inmates who are confirmed juveniles." All juveniles are "administratively segregated from the general population."

White: "general population inmates."

[10] Brennan, Tim and Austin, James. "Women in Jail: Classification Issues." National Institute of Corrections, Department of Justice. March 1997.

reserved for facility maintenance or kitchen workers. In exchange for the work they do, these inmates receive greater freedom and privileges. The facility also maintains two general-population-style modules for inmates with a "Mental Health" designation, known as "step-down units." Inmates in these modules are under the supervision of clinicians from the Department of Mental Health (DMH); although they attend specialized programs, the privileges for Mental Health inmates are generally comparable to those of GP inmates.

Levels of institutional violence at the facility are low. In 2007, CRDF reported 0.156 inmate-on-inmate assaults per 1000 inmates, significantly fewer than the average of 0.286 across the entire Los Angeles County Jail system, for both men and women. It also reported 0.019 inmate-versus staff assaults for that same period; the average for the jail system was 0.034. CRDF reported no major or minor disturbances over the whole year. In fact, it may be that an even lower-security setting would be more appropriate for this population. Indeed, the Department has stated that the current facility would be better utilized as a high-security facility for male inmates; its plan to relocate the female population to two predominantly-low-security facilities (SBI and the Pitchess complex) will free up CRDF's cells for that purpose.

2. Programming and Reentry Needs

Along with questions designed to determine security level, classification officers also ask inmates the following questions about their potential program needs:

- What is the highest education level you have completed?
- Are you currently employed?
- What is your occupation?
- How old were you when you first got arrested?
- How much time in total have you spent in custody?
- Have you ever served in any branch of the US Military?
- Are you homeless?
- Were you ordered by the court to pay child support?

The Department has identified two primary programming priorities for inmates entering the jail system: homelessness and veteran status. Inmates who report being homeless upon entry, or who claim to have served in the US military, will be put onto a special outreach list for case managers from the Community Transition Unit (CTU), who will approach each inmate individually to verify her status and inquire about participation in specialized programming. We discuss these programs in more detail in **Chapters 6** and **7.**

3. Medical and Mental Health Screening

The classification questionnaire also contains four questions about the inmate's health or mental health:

- Are you pregnant?
- Are you thinking about killing yourself?
- Are you taking prescription medication that you seriously need within the next six hours?
- Do you need medical care?

Any inmate who answers "yes" to any one of these questions will receive a medical/mental health screening. We discuss this screening in more detail in **Chapter 3, "Delivery of Medical Care."** Inmates who report suicidal thoughts will be immediately evaluated by the Jail Mental Evaluation Team and likely placed under observation.

All other inmates will be given a chest x-ray to screen for tuberculosis and assigned to a permanent housing location based on their security level and any relevant special handling codes.

C. The Percentage Release Program

The LASD was first given the authority in 1988 to release inmates early to reduce jail overcrowding and ensure that the system's jails are "operated constitutionally at their appropriate capacity" as part of the ongoing *Rutherford v. Block* jail conditions litigation[11] The

[11] "Sheriff's Department's Percentage Release Program." Correspondence to the Los Angeles County Board of Supervisors from Sheriff Leroy Baca, June 6, 2006, referencing an order by United States District Judge William P. Gray.

early release program was systematized and expanded in 2002, when the Department was forced to reduce operational capacity at several jails as a result of severe budget cuts. Known as the Percentage Release Program, the new system implemented an across-the-board reduction in the amount of time served by the majority of inmates. By 2006, with a few exceptions based on charge or other conditions, inmates in the LA County Jail were being released after completing just 10 percent of their sentence.

The County has since worked to increase the percent of time served by male inmates to slightly under 70 percent (inmates are released 14 days before they reach the 70 percent mark) by increasing the number of jail beds. However, because it operates only one facility for female inmates, the majority of women in the jail system continue to serve, at most, 10 percent of their sentence. Many are released after serving no time at all.

The Percentage Release Program is managed by the IRC and operates under a number of "release criteria" that dictate the proportion of the inmate's sentence that must be completed before she can be released. The percent of time to be served is calculated on the "back end," after the inmate has been sentenced, and considers only the amount of time to be served after good time/work time has been subtracted.[12] For most female inmates, as mentioned, that proportion is 10 percent. However, inmates may be made to serve a greater proportion of their sentence if they meet certain charge or arrest conditions. The percentage breakdown is listed below.

- **25 percent:** Inmates who are convicted of prostitution or solicitation of prostitution.
- **50 percent:** Inmates who are convicted of escape or of threatening or violently resisting an officer. This group also includes inmates who have successfully completed an in-custody domestic violence program, who are serving a felony probation violation, or who have failed to meet the conditions of their assignment to a Community-Based Alternative to Custody (CBAC) program or a station worker post.
- **100 percent:** Inmates who have been convicted of very serious charges such as murder, attempted murder, manslaughter, child abuse, certain sexual offenses, and stalking. As part of the Department's targeted efforts against gang members, this group includes

[12] Good-time/work-time is calculated as one day off for every day served. Inmates may lose these credits as a consequence for committing a Major Violation of facility rules.

inmates who have been charged with contempt of a gang injunction, and gang members arrested at the Hawaiian Gardens housing project or who were arrested by the Compton Violent Gang Task Force. Finally, this group also includes those who failed to complete an in-custody domestic violence program, adjudicated juveniles, and inmates who refuse to be transported or who delay processing.[13]

In addition to the foregoing, any inmate whose sentence is less than 180 days will be released immediately upon sentencing. This is a temporary measure implemented to relieve severe overcrowding; until recently, the maximum sentence for an inmate serving no time was 90 days, a cutoff that the Department expects to return to in the near future.

By cutting the majority of sentences across the board, the Percentage Release Program is designed to equitably reduce the sentences of all women who serve time for crimes committed in Los Angeles County. The program has serious drawbacks, however, even beyond the obvious complaint that the female inmates in the jail receive much lighter treatment than male inmates in the same system, not to mention as compared to female inmates in other counties.

Because early release is calculated and implemented "on the back end," after the sentence is handed down, it favors inmates who spend little or no time in jail before trial and sentencing. As such, a woman who cannot get out on bail due to a lack of funds, and who must await trial in custody, may end up serving more time in jail than someone who receives the same sentence, but was released on bail pending trial. The system also favors those who accept an early plea bargain over those who choose to go to trial, particularly if they face a sentence of six months or less.

It is likely that the current release criteria for female inmates will continue for the foreseeable future, as there are no viable alternatives at present. Because there are fewer women than men in jail, and because female inmates are less likely to commit violent offenses upon their release, increasing the percentage of time served is less of a priority for women than it is for men.

[13] This group is likely to be very small, particularly among women. It is unlikely that a person convicted of murder or rape, for example, would be sentenced to jail rather than prison.

Early release programs are prompted by jail overcrowding. A better way to reduce the number of women in jail would be to reduce recidivism. Our survey found that 81 percent of the women had been in jail at least once before; for 77 percent, in the LA County Jail. Good planning for women at the time they are released from jail can lower the recidivism rate. Efforts to reduce the number of pre-sentence or partially sentenced inmates in the jail would increase bed space for those who are actually serving their sentence and ease overcrowding. We discuss some of the Department's reentry and rehabilitation initiatives for women in **Chapters 6** and **7.**

III. Inmate Housing

A. Facility Design

CRDF, originally designed to accommodate 1855 inmates in a combination of direct supervision, high-security, and dorm settings, now houses up to 2356 inmates. Most of the housing modules have a normal capacity of 96 inmates, typically consisting of 48 cells designed to house two inmates each. Yet today, all general population modules have been modified to hold up to 124 women. The additional women are housed in triple bunk beds in the module's day room and are confined, for much of the day, to the immediate space surrounding the bunk-bed. They may use the bathroom with the permission of the deputy.

The cells line two tiers (floors), with 24 cells per tier, and with a shower at each end. On the bottom floor, one cell is left open to provide access to a toilet for inmates in the day room. Each cell includes a double bunk-bed, toilet, sink, a desk with a stool, and a window. Most modules have a day room/dining area, which includes tables and chairs, two television sets, and a vending machine. At one end of the day room is a deputy station, from where the deputy has a clear view of the entire module, including all of the cells. A line of red tape across the floor separates the deputy station from the rest of the module; inmates cannot cross the line unless the deputy so permits. Adjacent to each day room is a recreational area which includes a basketball hoop, several chairs, and telephones. The entry and exit to each pair of modules is restricted by a deputy-controlled sally port. Most modules are staffed by one deputy, though some modules, such as the mental health observation dorms, typically have two. Most, but not all, of the deputies managing each module are female.

There are also 20 small pods housing 22- 24 women, each with its own small day room, built around an enclosed deputy station, with four pods per module unit. These pods typically house the special (i.e. non-GP) inmate populations. Many of these inmates—those in Administrative Segregation or Discipline— have restricted program and out-of-cell time due to their high security levels and other considerations. Eight of these pods also house inmates whose privileges and day-to-day activities are similar to the general population. Three of these are used for GP overflow, two are for special programs, and three are for inmates under observation for diabetes or MRSA. There are eight additional pods housing high-observation mental health inmates. Most of these pods are single-celled, with a capacity of 11, 12, or 22 inmates.

Finally, there are two large, adjacent "worker dorms" that house CRDF's inmate workers—primarily, kitchen and custodial workers. Each worker dorm has a maximum capacity of 183 inmates. Due to the workers' low security levels (a requirement for being allowed to work in the jail), these dorms do not have cells but instead have triple bunk-beds filling the open areas. Accordingly, inmate workers have greater freedom of movement than the rest of the inmate population at CRDF. In comparison to the other modules in the facility, the working dorms appeared quite crowded and chaotic.

On the whole, we were impressed with the design of the facility, which appears modern, relatively spacious and in good repair, with consistently clear lines of visibility. GP modules were designed to allow inmates to sit together at round tables while eating or working, fostering a comfortable atmosphere conducive to classes and other programming. Although "outdoor" recreation areas really only means a more open area with large windows, and few inmates seemed to be using them, they were spacious (on one visit, we even observed a GOGI yoga class in the recreation area). We were also pleased to see that, although the module is set up for close observation by deputies, shower areas were relatively private, with doors designed to show only the inmate's legs and head, and that toilets were located discreetly behind the cell door, though not out of view of the window. Classrooms and visiting areas are modern and nicely integrated into the floor plan.

Our main concern about the facility is that areas set aside for nurse clinic, both the floor mini-clinics and the new centralized clinic, continue to be cramped and crowded. We also

note that the expanded capacity of some of the modules means that one deputy can be responsible for monitoring up to 124 inmates, which diminishes the benefits of the direct supervision design.[14] Although we observed that deputies did what appeared to be an excellent job managing operations and monitoring inmates, there is no doubt that the scope of their responsibility is considerable.

B. Day-to-Day Operations

Jail operations must comply with Title 15 of the California Code of Regulations, which sets forth the "Minimum Standards for Local Detention Facilities," as well as the guiding Penal Code sections on which they are based. In many areas, policies set by the LASD or CRDF exceed the minimum standards set by Title 15.

Once transferred to permanent housing, the majority of the inmates' waking hours—with the exception of "working" inmates—are spent inside their assigned module or floor. While most of their time is spent inside their cells, the women eat, exercise, watch TV, make phone calls, shower, and attend pill call inside the module, and many classes and programs are held in the module's day room as well. Mail is delivered to each module to be distributed by the deputy, and inmates may use a locked box to submit complaints or requests for services. Most activities that do not occur inside the module take place on the same floor to reduce movement: a few classes are held in the floor classroom, and regular visiting takes place in a small telephone visiting area directly outside the module. Until recently, sick call (nurse clinic) was held in the mini-clinic on the inmates' floor as well; this still occurs for a few modules with restricted access.

Inmates are confined to their cells or bunks for most of the day, but are permitted to move around at various times. Sometimes this occurs in groups (such as one tier at a time), while other times all inmates are allowed to utilize the day room and recreation room simultaneously. Inmates are also at times allowed outside of their cells on an individual basis, as when they go to court or visit a CRDF medical clinic.

[14] According to an information packet provided by the National Institute of Corrections, a 1-to-50 staff-to-inmate ratio is considered "a reliable benchmark for detention facility design" in direct supervision facilities. (Nelson, Raymond. "New Generation Jails, 1983" in Podular, Direct Supervision Jails: Information Packet. National Institute of Corrections, U.S. Department of Justice, January 1993.)

How the deputies choose to manage out-of-cell time depends on security and other considerations. Inmates come out of their cells during meal times (three meals per day), for pill call (two or three times per day), and during "program" time, as it is commonly called. Program time, which inmates must be given to satisfy California Title 15 requirements for minimum out-of-cell time each week,[15] usually happens once or twice per day, though its frequency and duration is at the deputies' discretion. As a result of an agreement between the Department and the ACLU, deputies are to ensure that every inmate receives at least two hours of program time per day, a policy that has been in place for approximately two months. During program time, inmates are allowed use of the day room and recreation room. They can use the time to watch television, make phone calls, exercise, or simply sit at the day room tables and talk amongst themselves. It is during these times when the deputies allow inmates to shower as well, which they must be given an opportunity to do at least every other day per Title 15.

Program time, as described here, is not to be confused with the various educational and vocational programs offered at CRDF, though sometimes these activities overlap one another and specific classes are held in the day rooms (there are also separate classrooms outside of the housing areas where many classes take place). Those programs are discussed in detail in **Chapter 7**.

C. Discipline

Inmates are expected to adhere to posted rules and regulations that dictate standards of conduct, dress, and cleanliness. They must also abide by rules dictating what property may be kept in their cells. Those who do not follow these rules are subject to disciplinary action and a temporary loss of privileges, the severity and length of which depend on the infraction. Disciplinary action falls into two primary categories: those assigned in response to minor violations, which can range from counseling to an in-cell lockdown of less than 24 hours, and those assigned in response to major violations, ranging from segregation/isolation ("the

[15] Article 6, Section 1065 of Title 15 (available at http://www.cdcr.ca.gov/Regulations/Adult_Operations/docs/Title15-2007.pdf) states the following:
(a) The facility administrator of a Type II or III facility shall develop written policies and procedures for an exercise and recreation program, in an area designed for recreation, which will allow a minimum of three hours of exercise distributed over a period of seven days. Such regulations as are reasonable and necessary to protect the facility's security and the inmates' welfare shall be included in such a program.

hole") to criminal prosecution. We were pleased to find that CRDF maintains a very detailed set of Unit Orders on the topic that gives clear direction about the conditions under which disciplinary action may be imposed, the appeals process, and the extent to which the inmate is restricted.[16]

1. Minor violations

Minor violations, including "minor acts of non-conformance," can be handled directly by the deputy within the module. The inmate may be counseled—preferably by two Department staff members—about the violation and expected conduct, or she may lose privileges, such as access to TV, phones, or the commissary, for less than 24 hours. She may also be confined (locked down) to her cell for less than 24 hours. A working inmate may be "fired" from her job, if appropriate, although she does not lose any "work time" earned. She may also receive an extra work detail. All such violations are tracked in the Inmate Report Tracking System (IRTS). Discipline assigned for a minor violation can be appealed to a supervising line deputy or sergeant, who "may conduct further inquiry or investigation and shall provide the inmate with an opportunity to present a defense," after which he or she will determine whether to exonerate the inmate or to assign discipline.[17] Three minor violations within a 30-day period will result in a major violation.

2. Major violations

Inmates who commit a "major violation" receive discipline in the form of segregation/isolation, loss of "good time"/"work time" credit, a disciplinary diet, or, if appropriate, criminal prosecution. Inmates who are assigned segregation/isolation, known as "the hole," are sent to one of two small pods, where they are usually housed in a two-person cell with another inmate. Notwithstanding being called the "hole," they are simply regular cells with the window covered by a moveable metal panel. While in discipline, inmates do not have access to programs, television, or recreation, but food, showers, and

[16] CRDF Unit Order 5-22-010, "Inmate Discipline."
[17] LASD Custody Division Manual 5-09/030.00, "Disciplinary Guidelines."

hygiene items cannot be withheld.[18] They also maintain their mail privileges unless the infraction was mail-related, but, even then such restrictions are limited to 72 hours. Before an inmate can be moved to discipline, she must also be medically evaluated and her segregation approved. The time to be spent in discipline is determined according to the Inmate Discipline Schedule, which sets forth a range of days for each type of infraction, up to 30 days. No inmate can be sent to discipline for more than 30 days without an additional violation and a review by the Captain, as well as an additional medical evaluation. Another review is required every 15 days thereafter.

Discipline is assessed by the facility Disciplinary Review Board (DRB), generally an assigned bonus deputy or sergeant, who will review the alleged violation and decide what action should be taken. Inmates have at least 24 hours following official notification of the violation and maximum potential discipline to present their defense. They meet one-on-one with the disciplinary officer and may, unless it compromises discipline, call witnesses. Following the "Board's" decision, inmates may appeal their assigned discipline to the Watch Commander, who will decide whether to deny the appeal, modify the discipline, or exonerate the inmate. All discipline must be approved by the Captain or her designee before being implemented.

In very serious cases in which the DRB recommends a loss of good time, which increases the inmate's sentence, the request must be reviewed and approved by two Commanders, who preside over a Serious Sanctions Hearing. Only sentenced inmates may lose good time, and only up to 10 days. In general, inmates continue to accrue good time while in discipline, although the DRB may decide that up to five days—for sentenced inmates only—do not qualify for good time.

The next chapter discusses how the women evaluate their experience at CRDF.

[18] Discipline can, however, include a discipline diet, which consists of a twice-daily meal of a nutritionally balanced "loaf," two slices of bread, and water. The disciplinary diet may be assigned only for severe violations, such as a physical assault, and can only be maintained continuously for up to 72 hours. Inmates on a religious or therapeutic diet will only receive such a meal if it has been approved by medical staff.

2. Inmate Survey Feedback on Jail Conditions and Operations

From September 8 to September 17, 2008, we conducted a written survey, administered to a sample of 327 inmates at CRDF.[19] Among other topics, the survey asked the inmates to rate eight aspects of jail operations and conditions, and to provide feedback about their experiences with deputies, medical staff, and the inmate complaint system. Administering the survey allowed us to spend a significant amount of time in the facility, observing module operations and talking with inmates and staff.

The inmates themselves were helpful, polite, and assiduous in filling out surveys we administered. Inmates' assessments of the jail were, in most cases, mixed, with relatively similar proportions of positive and negative feedback. We were able to assure the women complete confidentiality, but there were few complaints alleging egregious abuses of power or excessive force by staff. That is not to say that they did not report problems, which, in a few cases, were repeated by large numbers of inmates. In particular, we were concerned by the consistency with which respondents claimed that they were treated unfairly or with serious disrespect by deputies. There was reluctance on the part of some inmates to file complaints for fear of retaliation. Other significant areas of discontent included alleged withholding of mail, poor sanitation, limited access to showers, insufficient visiting time, and poor phone service. In these areas, we consider the range of responses and comments and make recommendations for improvement.

Participants rated their agreement with the survey statements on the following Likert Scale:

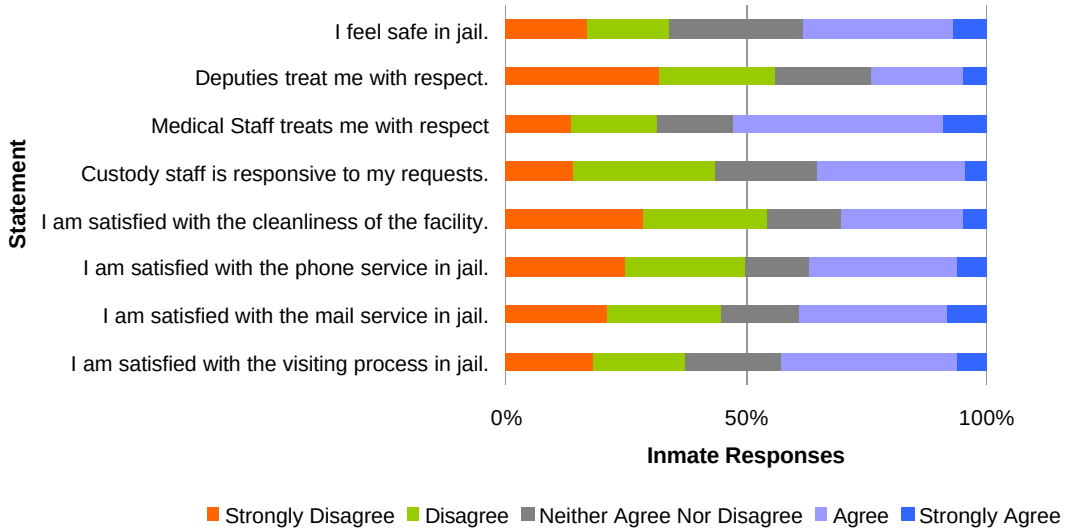
- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree nor disagree
- 4 – Agree

[19] High-observation mental health inmates were excluded from the survey due to concerns about informed consent and security. For more detail about the survey and its administration, please see the Introduction. A copy of the survey instrument and accompanying consent form are included in the appendix.

- 5 – Strongly agree

We also provided space for the inmates to comment further with respect to any of the survey areas; in many cases, they provided detailed information about their concerns, often touching on areas that were not specifically mentioned in the survey. In the following sections, we discuss inmates' responses to and comments about each of the statements. Although these subjective responses are not conclusive proof of problems, we note potential areas of concern, particularly where there was extensive agreement among inmates. We also review relevant policies as well as our own observations and findings and, where appropriate, make suggestions for improvement.

Figure 2: Inmate Agreement with Statements about Jail Conditions and Practices



In discussing inmate feedback to jail conditions and operations, we make two important caveats. First, we acknowledge that inmates' scores represent their subjective opinions, and may be biased by a lack of understanding about how things should work or their overall attitude toward the jail. Indeed, it is to be expected that people who are confined against their will in a correctional facility will tend to have a negative view of that facility. Nonetheless, there were many inmates who stated that they agreed with the statements, and the variation in responses across statements shows that at least some proportion of the inmates took their task seriously and attempted to provide as objective an assessment as

possible. In fact, only five inmates simply went down the line selecting only "disagree" or "strongly disagree," while 11 inmates selected "agree" for every question and one selected "strongly agree" for every question.

As a result, in five out of eight of the statements, the median response was a 3 ("neither agree nor disagree"), indicating that responses were fairly evenly split between those who agreed and those who disagreed. Responses to the other three statements were split—a majority of inmates reported that medical staff treated them with respect, and a majority reported that deputies did not. A majority of inmates said that they were not satisfied with the cleanliness of the facility. In analyzing this data, we thus look at individual and comparative response distributions. Because it is our task to report on potential areas of risk or other problems at the jail, we use the comments left by inmates, as well as information from interviews with inmates and our own observations, in an attempt to interpret the range of answers.

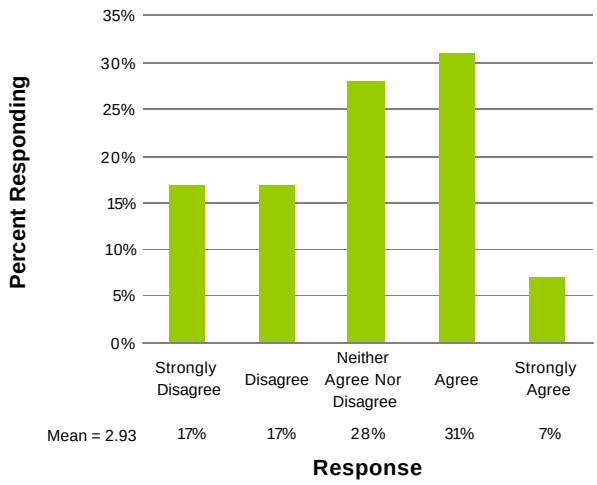
Second, the number and type of comments about each topic do not represent a full picture of the range of opinions held by inmates. Because the comment sections were optional and free-form, many inmates simply chose not to comment on their answers at all. They were much more likely to leave a negative comment than a positive one, as is common in surveys in general. Also, when they did comment, they often simply discussed the topic or topics that they felt most strongly about, rather than touching on each statement. Many simply stated a general opinion (i.e.; "Telephone service is an abomination") without providing information as to how it was reached. As such, the number of comments about any one topic should not necessarily be taken as an indication of the extent of the problem, although they may indicate how strongly or widely a particular concern was held in comparison with others.

We also recognize that information provided by inmates may not always be entirely accurate; some accounts may be exaggerated or even false. Some may fail to provide relevant information about an incident or reflect a biased judgment on the inmates' part. We understand this, and do not present these comments as findings of fact. Neither do we dismiss them, especially when we find broad consistency among inmates' statements, such as we find on the topics of deputy disrespect or the withholding of mail. Instead, we use the

comments as an indication of potential issues and make broad suggestions that we believe would improve consistency and transparency in jail operations. Many of the inmates' comments have been edited for spelling or punctuation, but not for content.

I. "I feel safe in jail."

Figure 2.1: I feel safe in jail.



Inmates' responses to this statement varied widely; approximately 38 percent of respondents agreed, as opposed to 34 percent who disagreed and 28 percent who neither agreed nor disagreed. Nonetheless, while those respondents who agreed slightly outnumbered those who disagreed, only 7 percent strongly agreed while 17 percent strongly disagreed. The median response of 3, "neither agree nor disagree," is reflective of the broad range of feelings about this issue, with no majority in either direction.

Respondents' comments reflected various interpretations of this statement.[20] A few appeared to interpret it as a question about whether they could take care of themselves. For example, one inmate, who marked "Strongly Agree," commented, "I feel safe anywhere," while another claimed that she feels safe because she "stay[s] with positive thinking people." Conversely, another inmate said that she felt safe in jail because she was being taken care of: "[I am] feeling more safe b/c I don't have to worry about food/shelter/bathing while incarcerated." However, most of the other comments about safety focused on one of the following issues:

[20] Two inmates said they did not feel safe due to facility or sanitation issues. We address these in the section on cleanliness.

- **Violence among inmates (five inmates):** "I don't feel safe… because anything can happen and sometimes the staff are not paying attention or just don't care." "In a split second anything can happen. Overall, considering the stress and little programming these women get I feel that they conduct themselves with restraint."

- **Poor medical care (seven inmates):** Five inmates specifically complained that they did not feel safe due to inadequate health care. We discuss medical care in the section discussing inmates' response to the statement, "Medical staff treats me with respect," as well as in **Chapter 3**. Two other inmates made comments alleging that they had witnessed incidents in which a deputy did not respond to urgent appeals for medical care, such as: "Girls have passed out due to responsible deputies making jokes and not caring about inmates' condition."

- **Arbitrariness/lack of control (two inmates):** "I don't feel safe where I'm not in control."

An additional 12 inmates said that they did not feel safe due to use of force, or the fear of use of force, by staff. Of these, four reported generalized violence by deputies but did not give specific examples, while three others said that deputies were rough with them when they were in handcuffs, including twisting their arms or dragging them out of their cells. Another inmate complained that deputies constantly made threats of violence, but gave no examples. Inmates in the mental health module appeared more afraid of force, including one who wrote that the high-observation units were "scary" and another who said (in an interview) that she avoided making complaints or causing trouble because she feared being dragged out and restrained. Several inmates also complained about treatment in IRC, saying that they felt safe once they got to housing but that deputies in intake were "waiting to use excessive force at the slightest thing." Two inmates gave specific examples of what they considered to be uses of excessive force against them, claiming that they had filed complaints and never received a response. Because surveys were confidential and anonymous, we are not able to verify these complaints.

Finally, two inmates complained of sexual harassment by staff and claimed that nothing had been done about their complaints. They did not describe the extent of the alleged

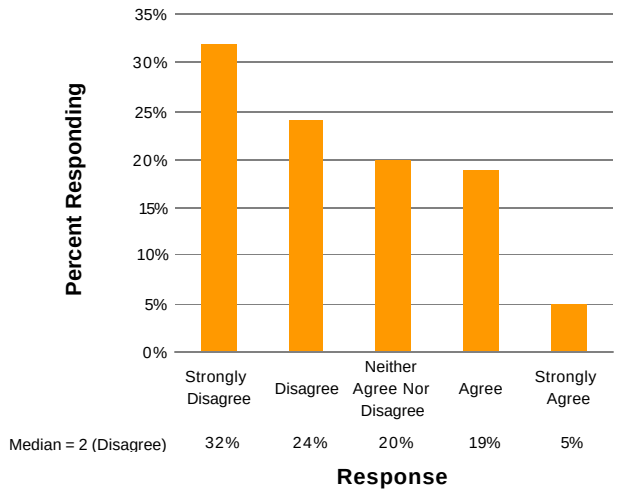
harassment or provide details about their complaints and, again, we are unable to verify these accounts. Nonetheless, we emphasize that both the use of unreasonable force and sexual harassment must not be tolerated by the Department. As we discuss in the next section, ensuring the integrity of the complaint and disciplinary systems is a crucial component of this effort.

- **Recommendation: Serious complaints against personnel must be rigorously and fully investigated and documented. (See Chapter 5, "Inmate Complaints", for our findings and recommendations regarding the inmate complaint process.)**

- **Recommendation: Supervisors should set clear expectations and guidelines regarding harsh treatment or the use of unreasonable force during intake and in the Inmate Reception Center, and be vigilant for incidents of such treatment.**

II. "The deputies treat me with respect."

Figure 2.2: Deputies treat me with respect.



Of all the subjects addressed in the survey, inmate respondents were the most vehement on the topic of the respect shown to them by deputies. While nearly one quarter of the respondents agreed with the above statement, the majority – approximately 57 percent—disagreed, with more than half of that group strongly disagreeing. The median response to this statement on the five-point Likert scale was two, with a majority of the inmates providing a score of two ("disagree") or less.

We received more comments on this topic— on the survey itself and in informal interviews with inmates—than on any other. Ninety-one inmates, approximately 28 percent of all

respondents, left comments on the survey about poor treatment by deputies, with an additional 17 inmates (about five percent) stating that some deputies were respectful while others were not.

It must again be noted that, because many inmates chose not to provide comments, and because inmates who disagreed with the statement were much more likely to elaborate on their answer than those who did not, written comments do not provide an accurate picture of the range or distribution of inmates' opinions.

We must also emphasize that, because deputies are responsible for the day-to-day custody aspects of an inmate's incarceration, and because they control privileges and assign discipline, we should reasonably expect some level of antagonism on the part of inmates. Nonetheless, we were struck by the consistency among inmates' responses, both within and across modules, and were troubled by the frequency with which inmates referenced deputies treating them as if they were not human, humiliating or making fun of them, or calling them names and using profanity. For this reason, we have chosen to provide a substantial sampling of inmates' comments on the issue:

- "Not all but a lot of the deputies have superiority complexes or they treat you as if you are lesser on the human chain than themselves when in all actuality you've just broken some rules but still deserve to be treated with respect."

- "The deputies here are sooo disrespectful and downright mean. Especially in reception they love to antagonize and make fun and humiliate you unnecessarily."

- "Some of the deputies are very disrespectful. They curse and make bad comments about the inmates. But some of the deputies are strict but fair, and that is how it should be."

- "I think that the deputies have to put up with a lot of frustration with us, but a lot of times they take out their feelings unnecessarily on us. They yell and talk down to us."

- "I feel the deputies demoralize, criticize, condemn, talk crap to and harass inmates any and every opportunity they get. Not all of them of course, but 9 out of 10."

Several of the comments specifically claimed that some deputies called inmates names, with 21 of those referencing the use of foul language, such as the following:

- "Inmates deserve to be treated fair, not called stupid, made fun of or put on lock down just because name calling is bad."

- "The deputies call you names like you bitch, stupid, piece of shit. If they're having a bad day they take it out on you, very ruthless deputies."

- "Deputy [X] is always calling us "crackheads," bitches and telling us that "he better hope he never sees any of us on the streets."

- "In my opinion the deputies behave in very immature ways. They laugh and mock inmates that come in physically neglected. I myself have been verbally insulted and disrespected for no reason."

Twenty-two inmates claimed that deputies abused their authority, withheld information, or distributed privileges arbitrarily. For example:

- "[I made a] complaint against officers for racism and not being fair to all inmates. Call us any name they want, if we say anything they throw us in lock-up. Latino deputies are very racist."

- "I have witnessed a lot of bad things that deputies have done to the inmates that was really unfair just for stupid stuff not tucking in their shirt or something stupid like that."

- "We never know what percentage we're on. I've been waiting on a release for two weeks. They don't let us clean daily anymore. They won't give us mail if they feel we're loud or showers. You get locked down for talking. I feel honestly speaking this jail is very unfair. Most of the deputies are very mean for no reason."

To be sure, not all of the feedback about deputies was negative. Approximately 24 percent of inmates agreed that deputies treated them with respect, and one-fifth of those strongly agreed. An additional one-fifth of inmates stated that they neither agreed nor disagreed

with the statement. Also, three inmates acknowledged the difficulty of the deputies' jobs and stated that they felt that they were being treated with respect. Two other inmates singled out a specific deputy or group of deputy for special praise, after stating that the majority of deputies were disrepectful:

- "I haven't had no problems since I've been here. The deputies do their best—its got to be tough dealing with some of these women."

- "[They treat me with respect] because I do not give problems to them. I am respectable."

- "Most deputies are nice and respectful to me."

- "[Discussion of disrespectful deputies…] Then I met this one Deputy Sanchez she treat me with respect. She said something one day that lift my spirits."

- "The deputies in general population are rude, mean, disrespectful, they use foul language, they are unfair and they ridicule us. Rarely do they listen to anything we have to say. The deputies here in 2204 are the complete opposite. They always listen to us, they talk to us respectfully, they're always attentive and rarely are our needs not met. They even smile at us and give us a talk sometimes in a group setting."

We, too, acknowledge the difficult job performed by deputies in a custody facility. In particular, the responsibilities of a module deputy at CRDF are considerable. She (or, in some cases, he) is responsible for monitoring inmates to make sure that security and order are maintained, and that rules and regulations are followed. She must supervise inmate workers (known as "trustys") in their maintenance of the facility. She must ensure that inmates receive their meals on time, and that they are provided with adequate access to recreation, phones, showers, mail, the complaint process, sanitary supplies, and a change of clothes or linens. She must provide opportunities for inmates to sign up for daily sick call and classes. She must keep track of housing assignments and the movement of inmates as they go to and return from court, classes, the clinic, and visiting. She must respond to medical emergencies and violent incidents among inmates, and deal with recalcitrant,

difficult, or emotionally disturbed inmates. She must administer discipline appropriately and effectively. Our own observation from the time spent in the jail was that, in general, the deputies went about their jobs in a professional, disciplined, and competent manner, and that they capably oversaw large groups of inmates, both in modules and when we encountered them in the hallways or elevators.

Nonetheless, we are troubled by survey respondents' frequent allegations of excessively disrespectful or verbally abusive behavior by deputies. It is no surprise that such behavior was not on display during our visits but, even so, we did note a few rare instances in which deputies made reference to certain inmates as "idiots" or "morons" (fortunately, not to their face), yelled at inmates, refused to provide explanations or information, or made what appeared to be unnecessary threats when giving orders (for example, that inmates who were not fully dressed during wristband count would be sent to the hole). We also spoke directly to several inmates who pointed out deputies they felt were particularly unfair or rude, and who alleged that some deputies' attitude changed quickly when no one was around to observe them.

While most of the inmates' accounts of verbal abuse or disrespectful treatment may not shock the conscience in the way that, for example, allegations of physical abuse do, they should nonetheless be taken seriously. Name-calling—especially profane name-calling—and belittlement of inmates are inappropriate in an atmosphere that is supposedly focused on preparing inmates for successful reentry into the community, and these behaviors violate the Sheriff's Department's Core Values, which include "*Being* ***fair and impartial*** *and treating people with dignity*." They also violate Custody Division policy, which states:

> Members shall treat those persons in custody with respect and dignity… Members shall refrain from using inappropriate, profane, callous, or degrading remarks, slang words, terms, and phrases while working in any portion of Custody Division. This applies to all circumstances, including cases wherein the terms or phrases are used to make reference to, identify, or segregate a certain number of the inmate population for their safety (mental observation, homosexual, etc.). Inappropriate slang words, terms, and phrases are identified as those which tend to demean or belittle a particular

> individual or group. These terms are offensive and shall not be used either verbally or in writing within the confines of any Custody Division facility. Any Department member who violates this policy shall be subject to discipline.[21]

We are also troubled by allegations that some deputies withhold privileges (or Title-15-guaranteed rights) arbitrarily or that inmates are punished, sometimes collectively, for small infractions. (We discuss a few of these issues, such as withholding of mail, in greater detail in the following sections.) It is, of course, one of the many responsibilities of a direct supervision deputy to manage behavior by providing firm and fair sanctions for infractions or a failure to follow direction. Nevertheless, such sanctions should be reasonable and appropriate, and expectations and results should be clearly communicated.

According to the facility management and training staff, disrespectful behavior by staff is not tolerated, nor is it the norm. They also point out that difficult or confrontational interactions with inmates are often open to interpretation, and that inmates' assessment of deputy behavior is likely to be biased in favor of the inmate. However, they acknowledge the fact that some deputies, many of whom are young and come directly from the Academy, may not always have the experience to deal with challenging situations, especially those involving multiple argumentative or resistant inmates, in the most effective way. It is the role of supervisors to regularly visit housing modules and observe such interactions. They can then step in to de-escalate, if necessary. They can also use any poorly handled interactions as a training experience, by modeling appropriate behavior and showing deputies how to deal with angry, confrontational, or recalcitrant inmates in a respectful and effective manner.

As part of their training regimen, new deputies work with one or more of a group of "mentors," formerly known as training officers, who can help them deal with difficult situations and implement strategies that they learn during the Tactical Communication component of their orientation and training. They are also regularly observed and assisted by the Training Sergeant or other training supervisors, who spend much of their time

[21] Custody Division Manual 3-04/010.00, "Treatment of Inmates."

supervising and mentoring incoming deputies. All supervisors must draw the line at conduct that violates Department and Division policy, such as the use of profane name-calling or belittlement. In those cases, deputies are, at the very least, to receive a Performance Log entry, which can affect their performance evaluation. They may also be assigned to attend one of the Department's Tactical Communication courses, a step that Training Sergeant Culberson said she uses whenever possible. In more egregious cases, an administrative investigation may also be opened.

Complaints, Discipline, and Retaliation

The primary mechanism available to inmates seeking redress for perceived unfairness or misconduct by staff is the inmate complaint system. (They may also formally appeal discipline that they believe is unreasonable or unwarranted, as explained earlier.) The complaint system, which is designed to meet Title 15 requirements, allows inmates to deposit written grievances into a locked box. As described in **Chapter 5, "Inmate Complaints,"** those grievances should be collected by a Custody sergeant, investigated, and responded to within 10 days. Inmates must be notified in writing of the result of their complaint, and should be given the opportunity to make an appeal up the ladder. Complaints about Medical, Inmate, or Food Services are referred to those units, where they are handled in similar fashion. Inmates may also choose to bypass the internal complaint collection process by directly contacting the American Civil Liberties Union (ACLU) of Southern California, which monitors conditions of confinement as part of the ongoing *Rutherford* litigation.

As part of our study, we reviewed six months of inmate complaints and complaint dispositions at CRDF, detailed in **Chapter 5, "Inmate Complaints."** We also asked inmates who complained about staff attitude or conduct, including those who made allegations of the unreasonable use of force, whether they had filed a complaint. Very few said that they had, saying that they felt that it was a waste of time or that they would be retaliated against. Others said that they had, but claimed that they had never received a response, or that they had received a response but that their complaints were not taken seriously or that they were subjected to retaliation.

It is difficult to verify these anecdotal claims. We saw no direct evidence that deputies were preventing inmates from filing complaints or that they had direct access to the content of the locked boxes, although we did not check to see if it was possible to reach in. Also, because most inmates had not filed complaints or appealed their discipline, they were usually unable to provide specific examples to support their generalized antipathy toward the complaint system. It is possible that it never occurred to some inmates to file a complaint, or that they simply preferred not to; perhaps some felt that their concerns were not serious enough to merit the effort and attention involved in filing a complaint. Nonetheless, although we find it unlikely that complaints are systematically being ignored, or that direct retaliation for complaints is widespread, two things are clear: Many inmates claim not to trust the complaint or appeal process to fairly address their concerns, and relatively few inmate complaints about staff are investigated.

Low personnel complaint numbers, of course, are a potential indicator that problems with staff performance are few. Notwithstanding, they are also a potential indicator of a lack of faith in the system, or even that complaints are being suppressed. It is in the Department's interest to ensure that its inmate population believes that complaints will be dealt with fairly and without the threat of retaliation; a well functioning complaint system will provide important data to managers about potential areas of risk or training, and allow them to address these before they become serious problems. Below, we discuss inmates' claims about the complaint system and make suggestions for potential areas of improvement:

- **Complaints are not taken seriously:** As part of our survey, we asked the inmates whether they had filed a complaint and, if so, whether they had received a response. Of the 94 inmates who said that they had filed a complaint, 39 said they had received a response. Seven inmates left comments describing that response. In four cases, the respondent said that at least one of their complaints was dealt with properly. The three others said that although the complaint was acknowledged, there was no real investigation or response; in one case, the inmate described a serious allegation against a medical staff member. At least three other inmates we spoke to also claimed that their complaints against staff were not adequately dealt with. Although this is a small number, we should note that our own review of six months' worth of complaints (filed between

December 2006 and May 2007) found that seven of 15 complaints against staff were not investigated with adequate rigor.

- **Recommendation: In their review of complaint files, supervisors should pay special attention to personnel complaints, to ensure that they are fully investigated and the findings thoroughly documented. (See Chapter 5 for more detail on our findings and specific recommendations.)**

- **Complaints are ignored:** Forty-three of the 83 inmates said that they had not received a response to their complaint.[22] We did not, in every case, receive information on the type of the complaint or how long ago it was filed. However, five inmates left comments stating that their complaint involved a deputy's conduct and that it was ignored. Others referenced medical complaints that never received a response.

  Our review found no Custody-related complaints that were outstanding at the time of our review (although there were many outstanding medical complaints); there is no evidence that CRDF is systemically suppressing or ignoring inmate complaints. On the contrary, it appears that all tracked complaints against deputies are handled in a reasonably timely fashion. There is no way, however, to definitively guarantee that all complaints were properly tracked in the first place. To some degree, the LASD has addressed this potential gap in accountability with their new Inmate Complaint/Service Request Form, which is printed in triplicate, with the inmate keeping one copy. While this copy is not absolute proof that the inmate actually filed the complaint on the specified date, it has the potential to act as a decent accountability mechanism for the collection of the forms**. As such, their confiscation or destruction should not be allowed.** We will make the following recommendation to the LASD.

  - **Recommendation: Supervisors should conduct regular spot checks by asking groups of inmates if they have filed a complaint to which they did not receive a response within 10 days, and to produce their copy. The facility can use the Title 15 compliance process, during which a sample of inmates are asked**

[22] The other two inmates did not say whether they had received a response.

whether they understand the complaint process and if they have access to the forms. It should also ask inmates about outstanding complaints.

The LASD has recently implemented a new policy requiring that supervisors only investigate those complaints that are made within 15 calendar days of the alleged incident. We oppose this change, which is discussed further in **Chapter 5**, and will recommend that the Department reverse the policy.

- **Recommendation: Supervisors should be required to investigate and make a finding on all complaints to the full extent possible, regardless of when they are filed.**

- **Deputies will punish inmates who complain about them or who appeal their discipline**: More than a few inmates that we spoke to stated that they feared retaliation by deputies if they complained, although only a few put forth specific examples. In her survey, one inmate wrote: "Whenever you complain, they become hostile towards you. Some of them, I've witnessed a certain deputy tear up and throw away my complaint and request forms." One inmate said that she was uncomfortably restrained for several hours after complaining (informally) about a lack of medical treatment, and two inmates, as mentioned, claimed that they were threatened with more time in discipline if they filed an appeal. Yet another inmate said that she received discipline for the very act of filing a second complaint after she was told not to. Claims of this type are both serious and difficult to verify; even more difficult to deal with is the fear of retaliation, a common concern among inmates that needs no proof in order to persist. According to CRDF management, retaliation is, of course, absolutely not tolerated**.** However, we also suggest that steps be taken to prevent situations in which inmates feel threatened or inappropriately exposed to retaliation.

  - **Recommendation: If an inmate appeals the findings and punishment imposed by a disciplinary board to the Watch Commander, the Commander may lower the proposed discipline but not increase it. To do otherwise is to create an unfair disincentive for an appeal.**

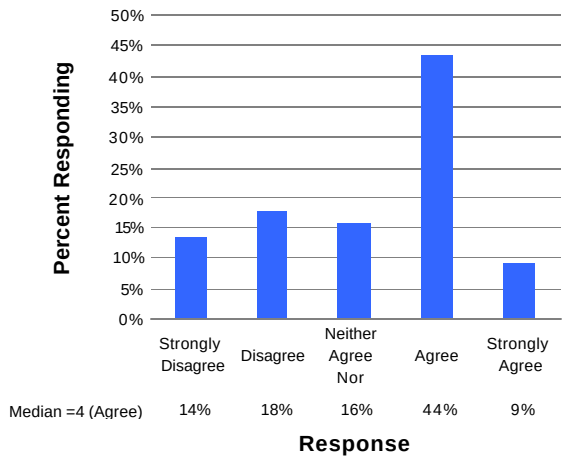
- **Recommendation: CRDF management should take steps to follow up with a sample of inmates who have filed personnel complaints, as well with those who have received discipline, to ensure that they have not been retaliated against or threatened with retaliation if they were to file an appeal. Management staff should also be reviewing disciplinary records on an ongoing basis to check for potential retaliatory action or for discipline that is disproportionate to the reported infraction.**

- **Recommendation: The Department should create a written protocol for the investigation and resolution of personnel complaints by inmates that includes guidelines on such issues such as how inmate interviews should be conducted or what information should be shared with the staff member. While we expect that deputies will eventually be questioned about a complaint, this should be done sensitively and privately, with clear directions that the inmate is not to be approached or confronted. If appropriate, the inmate should be moved or otherwise shielded. It is never appropriate to confront the inmate in public or in front of the staff member.**

- **Recommendation: Complaint boxes should be both private and completely tamper-proof and should not allow for either deputies or inmates to reach in and remove the forms. It may be necessary to move them from behind the "red line" that inmates cannot cross without permission. Such placement, right next to the deputy, may have a chilling effect on the complaint process.**

III. "Medical staff treats me with respect."

Figure 2.3: Medical staff treats me with respect.



Of all the statements that inmates were asked to evaluate, this was the one for which the response was most positive. More than half—approximately 53 percent—agreed that they were treated with respect by medical staff, while 31 percent disagreed and 16 percent said they neither agreed nor disagreed. The median response was four. Nevertheless, those with strong feelings on the topic again leaned slightly toward the negative, with 14 percent strongly disagreeing and only 9 percent strongly agreeing. Despite that, we commend the medical staff on this relatively positive response. It is not particularly surprising that medical staff—charged with treating inmates' medical problems—would receive a better response than custody staff—charged with managing the confinement and behavior of inmates—but we are still pleased to see it.

Two inmates left very positive comments about the medical staff, including the following: "The medical staff are sweet people and treat you with a lot of respect." Yet there were also several inmates who complained of poor treatment by medical staff, both nurses and doctors. Thirteen inmates complained that medical staff was rude or uncaring when dealing with them, one of whom claimed that "nurses are rude and act like they hate their job." Another inmate said that a doctor was "screaming" at her during sick call. Four of these inmates also said that the staff were unhelpful, not trusting that the inmates were actually sick and exhibiting "constant undertones of suspicion." Ten additional inmates complained that the medical staff was not helpful, or that they failed to respond appropriately and timely to a medical problem.

In the comparatively few cases in which inmates wish to complain about a medical staff member, they have access to the same inmate complaint process to seek redress as do those

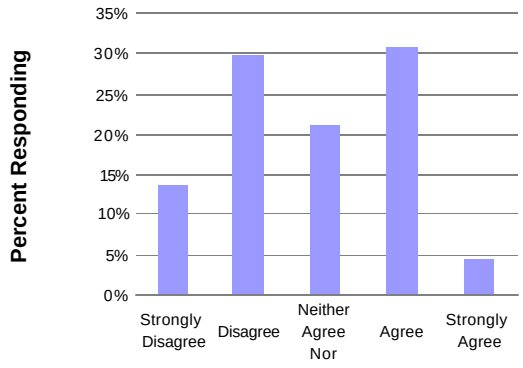
wishing to complain about Custody staff, although the investigation is conducted by a different unit. Our review—again, detailed in **Chapter 5**—of medical complaints found that 25 inmates filed complaints about the conduct or performance of medical staff, a greater number than were filed about Custody staff. Unfortunately, our review also found that none of these were properly pursued as a personnel investigation. **While we hope that such problems have since been ameliorated, we have not had an opportunity to conduct a follow-up review. As such, we reiterate the recommendations made at that time.**

- **Recommendations: The Department's Medical Services Bureau should ensure that medical complaints, particularly those involving allegations against staff, are appropriately tracked, classified, investigated, and documented. (See Chapter 5 for more detail.)**

IV. "Custody staff is responsive to my requests."

Responses to this statement were fairly evenly mixed, with relatively few inmates having strong feelings one way the other. Approximately 35 percent of inmates agreed that custody staff was responsive to their requests, and 44 percent disagreed, with 21 percent neither disagreeing nor agreeing. As with every other statement, a larger proportion of inmates strongly disagreed than did those who strongly agreed. The median score was three.

Figure 2.4: Custody staff is responsive to my requests.



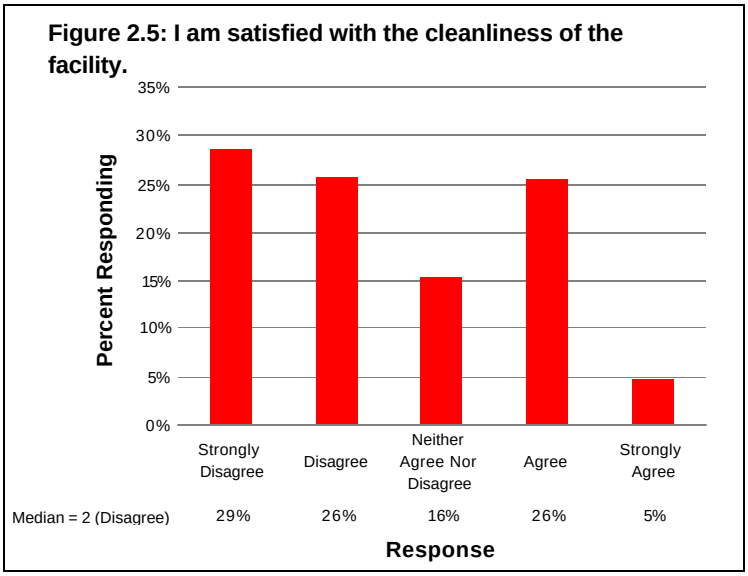
Few of the comments left by inmates directly addressed the issue of responsiveness by deputies or other custody staff, other than the two who alleged that they had witnessed two instances of deputies not responding to urgent medical issues in a timely fashion (these are also mentioned in the section on safety). Another inmate complained that she was being

denied water even though she does not drink milk. Other inmates appeared to be complaining about a lack of response to medical requests, rather than requests to Custody staff. Without further examples, we interpret many—though not all—of the "disagree" responses as reflecting a general dissatisfaction by inmates with deputy attitude or with what inmates see as insufficient access to privileges such as showers and mail, detailed below. We also received several comments complaining about not receiving enough toilet paper, hygiene items, or sanitary napkins. Nonetheless, when we directly asked inmates whether they had made requests of a deputy that had been ignored or denied, they said they had not. Indeed, we earlier found, during our review of inmate complaints, that general complaints about conditions of confinement were generally resolved quickly and appropriately, a practice that we commend.

V. "I am satisfied with the cleanliness of the jail."

Approximately 30 percent of respondents are satisfied with the cleanliness of CRDF, while 55 percent disagreed with this statement and 16 percent neither agreed nor disagreed.[23] The most common response was "strongly disagree"—29 percent of survey respondents chose this option. In general, inmates responded more negatively to this statement than almost all the others in this section, with deputy respect being the single exception. These results convey a significant degree of unhappiness on the part of the inmates with respect to issues of cleanliness at the jail.

Figure 2.5: I am satisfied with the cleanliness of the facility.



[23] Percentages are rounded up and may not add up to 100 percent.

A. Showers

A common type of comment concerning cleanliness related to the frequency of showers; fourteen inmates complained that they did not have the opportunity to shower enough. In accordance with Title 15, CRDF policy states that "at the minimum, inmates shall be permitted to shower/bathe upon assignment to a housing module and at least every other day or more often if possible."[24] Deputies record shower activity during their shifts to the Uniform Daily Activity Log (UDAL), so Title 15 compliance can be tracked. Although we did not review the UDAL in any modules, based on the survey comments we have no reason to believe that CRDF has failed to generally comply with these minimum standards. Most inmate complaints in this regard simply bemoaned their inability to shower on a daily basis.

The problem of limited shower access seemed to be just one symptom of a broader point of concern that extends beyond issues of cleanliness. It appears that this is at least in part the result of limited out-of-cell ("program") time. As noted earlier, Title 15 mandates at least three hours of such time each week, when inmates can shower, exercise, make telephone calls, and so forth. Generally speaking, at the time of our survey, inmates at CRDF received significantly more than the minimum three hours per week, subject to the discretion of the deputies. Nonetheless, some inmates claimed they had no out-of-cell time at all on certain days, or only for a very short time. For example, one inmate commented, "We stay locked in our cells almost 23 hours a day," while another stated, "Sometimes we only come out a couple times a week."

It appears that this area of concern has been mooted for most inmates since the survey was administered, as a result of a new policy—developed as a result of negotiations between the Department and the ACLU—that requires that each non-restricted inmate receive at least two hours of out-of-cell time per day, absent a documented reason why such time was not possible. Inmates with high security classifications must receive one

[24] CRDF Unit Order 5-16-30 ("Inmate Shower/Bathing"). The language is adopted almost verbatim from section 1266 of Title 15.

hour of recreation and an opportunity to shower each day. Inmates in the "hole" are allowed to shower daily but otherwise spend their time in their cells.

B. Housekeeping

CRDF personnel are responsible for overseeing housekeeping; public areas are maintained by trustys, while inmates clean their own cells. Floors, bathrooms and showers are supposed to be cleaned daily while other areas may be cleaned at unspecified intervals.[25] According to the "Daily Module Cleaning Schedule," the doors, windows, furniture, television, tables and chairs, floors, trash cans, sinks, utility room, carpets and walls are to be cleaned and disinfected every day. A sergeant checks for cleanliness in the entire facility once a month. We observed some inmates cleaning their cells during out-of-cell time, using cleaning solutions.

During our visits to modules, we found that they appeared reasonably clean and well maintained. Aside from one module in which the tables had not been properly cleaned, we found what appeared to be clean tables, clean and orderly stacked chairs, and a generally tidy module. In each case, the module workers were quick to clean anything that appeared dirty. We did not extensively inspect the inmates' cells, the showers, or toilets, the topics of complaints by many inmates. While one inmate commented, "Since my last visit the jail is extremely clean," twenty inmates complained of unsanitary conditions in their cells and in the general facility. Their comments included complaints that the module and air vents were not dusted or cleaned regularly, that carpets were not regularly vacuumed, that bathrooms were not always cleaned properly, and that they did not have enough of an opportunity to clean their own cells using cleaning supplies. A few inmates complained that other inmates left unsanitary messes on the walls or the floor of the bathroom. We also observed some cells in which past inmates had left graffiti all over the walls that could not be removed.

CRDF management and staff should, of course, maintain a high standard of sanitation in the facility, particularly the bathrooms, by ensuring that public areas—including air filters—are cleaned and sanitized and by conducting regular, rigorous inspections of bathrooms. Seven inmates complained that they were not given the opportunity to clean their cells regularly, in

[25] Custody Division Manual, 3-06/040.00; Title 15 Section 1280

some cases no more than once a week for those in "high power" (high security classification) modules. Because inmates share a confined space, often with high turnover, that includes a sink and a toilet, it is important that they be given the opportunity to keep their area as clean as possible to reduce health risks.

- **Recommendation: Inmates should be allowed to clean their cells, with cleaning solution, on a daily basis unless there is a compelling security reason not to do so. This can take place during out-of-cell time for GP inmates, which occurs for at least two hours daily.**

We note that, because inmate numbers are currently down, CRDF was able to completely empty one module temporarily.[26] It is using this opportunity to complete a thorough maintenance and cleaning of that area, including cleaning of the vents. There is a plan to rotate the empty module for as long as is possible so that each unit has an opportunity for such maintenance.

C. Clothing and Linens

According to LASD policy, all inmates must have clean clothing in good repair at all times.[27] Female inmates are to be issued one set of an official jail uniform (the color of which is determined by the inmate's classification), one pair of official jail shoes, one pair of socks, two bras, and two pairs of panties.[28] Clothing (other than shoes) is to be exchanged for laundered clothing weekly, with underwear and socks exchanged twice a week. Inmates are also entitled to keep a nightgown, two undershirts, a jacket, shower shoes, and a specified amount of additional socks and underwear in their cells. If an inmate is found to have more than these amounts of clothes or linens, except when permitted by a particular unit's clothing schedule or work assignment, the item is considered contraband. Inmates should also receive clean replacements of bedding and linens at least once a week, which are to be laundered and sanitized prior to redistribution. [29] A standard issue of bedding and linens

[26] According to facility management, such fluctuations are normal and rarely last for long periods of time. The low numbers may also be due to the release criteria currently in effect.
[27] LASD Custody Division Manual 5-05/1110.00, "Dress Code for Inmates."
[28] LASD Custody Division Manual 5-11/060.00, "Facility Laundry Management and Clothing Exchange."
[29] LASD Custody Division Manual 5-13/070.00 and 5-13/060/00 "Bedding and Linen Exchange."

includes one clean mattress, one sheet or mattress cover, a towel, a washcloth and one blanket.

Five inmates commented on their survey that they felt that clothing and linens were not properly laundered; in one case, the inmate complained that she could still smell odors on her newly distributed towel. Inmates expressed concern that they would contract staph or other infections. We also received two surveys in which inmates complained that they were issued blood-stained panties.

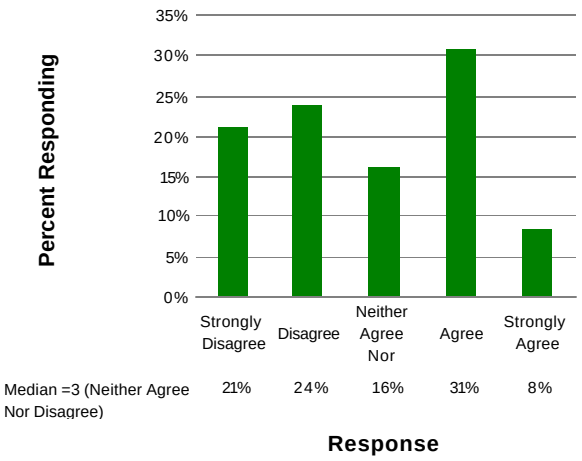
- **Recommendation: Stained underwear should be discarded instead of cleaned and reissued to inmates, particularly since inmates reportedly do not receive the same panties they had previously but a different two pairs with each clothing exchange.**

On the survey and in interviews, inmates spoke about being cold, suggesting that one or even two blankets were not enough to keep them warm, particularly those housed in triple bunk beds in the day room. Those women often kept their arms tucked inside their short-sleeved shirts in an attempt to stay warm. We did not see any inmate with a jacket, though the Custody Division Manual states that they are allowed. Several inmates remembered receiving jackets in the past—apparently, they were issued at the SBI, where inmates were given outdoor access—and wished they would be issued again due to the cold climate in the units. We concur with the inmates that it is quite chilly in the modules and classrooms, and we found ourselves bringing extra jackets and sweaters to keep ourselves warm, even in the daytime. The inmates' outfits, which comprise a thin, short-sleeved, scrubs-like uniform and, for trustys, a short-sleeved undershirt, were clearly not sufficient for warmth. We should note, however, that although the main complaint about jail temperature was that it was too cold, a few inmates claimed that their cells sometimes get hot and stifling.

According to the jail operations staff, maintaining an appropriate temperature is a constant struggle because some inmates complain of being hot while others say they are cold. Because each tower has just eight HVAC zones, it is difficult to make small adjustments to particular areas. Also, some inmates have been known to tamper with the vents in their cells, making them too stuffy for future occupants. When we inquired about the jackets, no one seemed aware of their whereabouts and expressed concern that adding them to an

inmate's clothing allotment would cause a further burden on the already strained storage and laundry capacity of the facility. In any case, facility management says that they respond to climate complaints regularly and that the facility staff is able to keep the temperature in a comfortable range as required by California Code of Regulations Title 24, which sets standards for local correctional facilities.

Figure 2.6: I am satisfied with the mail service in jail.



Nevertheless, we reiterate our own (anecdotal) finding that many areas in the jail were very cold, particularly the classrooms, which were, during our visits, positively frigid.

- **Recommendation: Jackets or other warmer clothing shall be provided to inmates by CRDF upon request and the LASD should ensure that the ambient temperature throughout the jail is comfortable for inmates, staff, and visitors as possible.**

VI: "I am satisfied with the mail service in jail."

Approximately 39 percent of respondents expressed overall satisfaction with the mail service at CRDF, while 45 percent expressed dissatisfaction. Sixteen percent were neutral. Twenty-one percent of respondents strongly disagreed with the statement, while only eight percent strongly agreed. Around 30 survey respondents included written comments about mail services on the survey, which we reviewed to determine the reasons for the level of dissatisfaction.

Six inmates complained generally about the length of time it takes both to receive incoming mail and for outgoing mail to reach its destination or about mail not being given out on weekends. Because incoming and outgoing mail is subject to inspection, which includes

opening it, checking it for contraband, and reading its contents,[30] some delays are reasonably expected as mailroom staff work to process the high volume.

Nevertheless, what concerns us is the allegation that, according to several inmates, deputies at times arbitrarily withhold mail from inmates, sometimes for a period of days. While it is not clear how prevalent this is, nor for how long deputies typically delay mail delivery, 14 inmates across a large number of different housing units raised such complaints. For example, some inmates said deputies pass out mail only "when they feel like it," and another said that deputies "let it pile up on their desks." Other inmates noted that deputies withhold mail as punishment, or use the threat of not passing out the mail to control inmate behavior; for example, by withholding the mail if they feel that the module is too loud.

The LASD Custody Division Manual requires that "all processed mail shall be expediently routed to the addressee."[31] Absent special circumstances, deputies on the PM shift are required to distribute mail by the end of their shift. Nowhere does the custody manual say that delaying the delivery of mail can be used for purposes of threat or discipline. The only exception to that rule is when an inmate is assigned major discipline for a mail-related infraction and, even in that case, her mail can only be withheld for a maximum of 72 hours.

- **Recommendation: Once mail is delivered to each housing unit, by which time it has already passed inspection and been approved, deputies should be required to provide it to inmates as soon as is practicable, and no later than the day it is received. Any exceptions should be documented in the log and reviewed by a supervisor.**

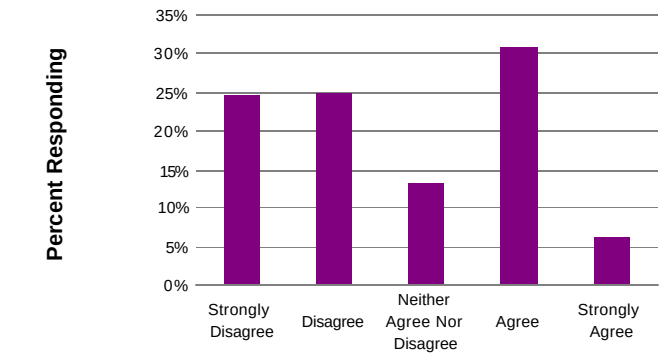
VII. "I am satisfied with the telephone service in jail."

Once again, the statement "neither agree nor disagree" was the median response, indicating a mixed response; however, the response "strongly disagree" outnumbered "strongly agree" by almost a 4:1 ratio.

[30] Confidential mail is an exception based on Title 15 regulations relating to mail. Per section 1063(c), confidential mail may be opened and inspected by facility staff in the presence of the inmates, but not read.
[31] LASD Custody Division Manual 5-06/070.00

As with the statement about the mail, about 30 inmates, many of them the same ones, commented on the phone service.

Figure 2.7: I am satisfied with the phone service in jail.



Complaints typically related either to the high cost of phone service or the tendency of the phones to disconnect after detecting a supposed "three-way call" (which many inmates stated that they are not using when this happens). While one inmate commented on her inability to make phone calls during the only time her family was reachable, and a few others complained about limited access (such as the phones not being available every day), such grievances constituted only a small minority of the written comments, and should be addressed by the increased out-of-cell time at the facility.

There is no doubt that it is quite expensive, oftentimes burdensomely so, for inmates and their families who keep in touch. Connection fees begin at $3.19, plus per-minute charges of nine cents or more, depending on the type of call. On the other hand, all revenues from telephone service are designated for use by the Inmate Welfare Fund (IWF), which funds many inmate services and programs, and will be discussed in further detail in the following chapter. In the 2007-08 fiscal year, the Los Angeles County jail system earned more than $17 million in commissions from telephone service. In addition, it recently negotiated a new contract with a higher commission that should generate additional revenue going forward. We discuss the phone contract and its attendant commission in greater detail in **Chapter 6**, **"Inmate Programs and Transitional Services."**

While subsidizing inmate programs and services through commissions earned (in part) from expensive telephone services is a broader policy question for the Board of Supervisors and the LASD, it is nonetheless clear that problems with the service that cause inmates to pay

even more than they otherwise would should be addressed and corrected. As noted, one common complaint—made by 11 inmates in the survey and several more in interviews and focus groups—involves the problem of frequent disconnections resulting from "three-way calling." The cost of the additional fee and the frustrations involved with continuously terminated calls figure prominently in inmate comments about telephones. Reportedly, when an inmate is on the phone with an outside caller and the outside caller receives a call waiting signal, the call is immediately terminated. This appears to be a common issue with jail and prison phone service around the country, since services that disallow three-way calling work by detecting noises that may signal such an action, including coughing or call waiting clicks. The LASD is aware of this issue, and Bureau staff are working with GlobalTel*Link, the phone service provider, to find an appropriate level of sensitivity to noise, in order to maintain security while preventing excessive disconnected calls. It also responds to inmate complaints about the issue, although reimbursement appears rare.

- **Recommendation: The LASD should continue to monitor services and ensure that outside calls do not unreasonably result in disconnection.**

- **Recommendation: The Department should affirmatively inform inmates of potential issues with their call and provide tips as to how to avoid a false disconnect.[32] For example, a family member who frequently receives calls from an inmate may want to temporarily disable call waiting.**

[32] We came across one facility, run by the Kitsap Sheriff's Department in Washington, that has posted such tips on its website (http://www.kitsapgov.com/sheriff/corrections/telephone.htm):

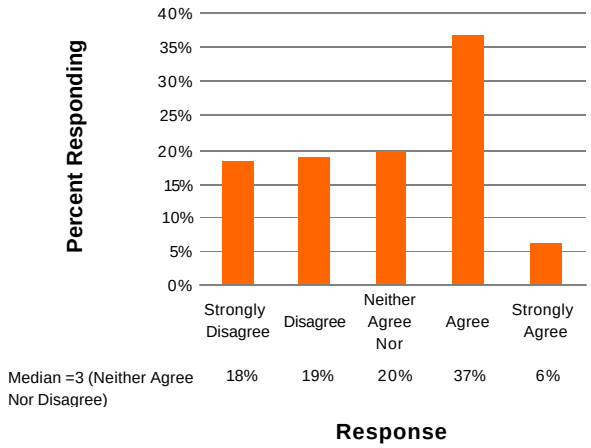
"Potential Call Terminating False 3-Way Responses

- Do NOT attempt a 3-way call. All 3-way calls will be immediately terminated
- Do NOT use a speaker phone or amplified phone
- Do NOT use a cordless phone out of range or one with static problems
- Do NOT accept call waiting during your call
- Do NOT yell into the phone
- Do NOT cup a hand over the mouthpiece to mute or cut out background noise
- Do NOT cough into the phone
- Do NOT pick up another extension during the call. If this is necessary, speak immediately after picking up the extension
- Begin your conversation immediately after accepting the call."

VIII. "I am satisfied with the visitation process in jail."

Regarding the visitation process, a somewhat larger number of inmates were satisfied than those who were not; 43 percent of respondents agreed that they were satisfied, 38 percent disagreed, and 20 percent neither agreed nor disagreed. A pattern similar to respondents' views on the statements about mail and phone service holds true here as well: Whereas the median response was "neither agree nor disagree," inmates who felt strongly about the matter tended to have a negative opinion of the visitation process. Approximately 6 percent strongly agreed with the statement and 18 percent strongly disagreed. While a plurality of inmates had a positive view of the visiting process, about 30 inmates left negative comments on the topic.

Figure 2.8: I am satisfied with the visitatation process in jail.



Visitation hours at CRDF are Saturdays, Sundays, and holidays from 8:30 am to 3:30 pm and 5:30 pm to 7:30 pm.[33] Inmates are allowed one visit per day, for a maximum of two per weekend. Visits are limited to 30 minutes and are on a first-come, first-serve basis. These visits are non-contact: Inmates sit across from their visitors, separated by a glass divider, and speak to them on the phone. Inmates may have a maximum of three visitors at any given time—two adults and one minor or one adult and two minors.

Seven inmates complained about visitation being too short. While two half-hour visits per week is certainly not a lot of visitation time, this policy does meet the minimum standards per Title 15, Section 1062(a), which states that "all inmates in Type II facilities…shall be allowed no fewer than two visits totaling at least one hour per inmate each week." While this is

[33] Professional, as opposed to personal, visits (e.g., social workers, chaplains, attorneys, and so forth) occur during the week.

unfortunate for inmates and an understandable cause of dissatisfaction, we understand that providing additional visitation would likely be too challenging logistically, especially given the high volume of visitors to this large facility and the importance of accommodating as many of them as possible.

Still, we are concerned that oftentimes inmates and their visitors may not always be given their full allotment. Ten inmates commented that visits are often less than a half-hour—sometimes as little as 10-15 minutes. In addition, according to one inmate, "phones cut off mid-visit and our attempts to get deputies' attention eat away minutes of our visits." Though it is not clear how frequently such shortened and disrupted visits occur, it nonetheless would constitute a Title 15 violation to the extent that it is true and inmates are not given any recourse. It would also be unfair to inmates' families and friends, many of whom travel long distances to CRDF and sometimes wait at the facility for hours before visitation begins.

- **Recommendation: Inmates' 30-minute visiting time should begin at the point that the visitation session actually begins—that is, when inmates and their visitors can begin to speak. Staff should be required to document the reasons—for example if the inmate is slow to respond or the visitor gets lost or is unreasonably slow—for any instances that are shorter than a half hour, to be monitored by supervisors.**

- **Recommendation: To the extent that any of the phones are prone to malfunction, they should be fixed so that inmates' visits are uninterrupted.**

In **Chapter 4**, we further describe problems with CRDF's current visitation process. Visitors, including children, may sometimes wait for several hours before they receive their visit and, in some case, may be turned away if the inmate is not eligible for visiting or another issue comes up. Indeed, one survey respondent claimed that "they are constantly sending our visits away." While we do not know exactly how frequently visitors are denied altogether in this regard, there is no doubt that visitation at CRDF is oftentimes burdensome to the visiting public. Thirteen inmates complained about the length of time their family or friends had to wait upon arriving at the facility. According to one inmate, "our families wait

for 4 & 5 hours downstairs in the heat to visit us for 15 to 20 minutes," and another added that "family members wait at least 3 hours downstairs." One survey comment described visitation as "a very long & uncomfortable process for those who are visiting inmates," while another described it as, "going through hell."[34]

- **Recommendation: The LASD should implement a visiting reservation system, which would alleviate long waits and help inmates prepare to attend their visits on time. Such efforts are already underway. The Department's Custody Support Services unit has contacted other counties in California to learn more about their reservation systems and is exploring a number of available options. The Department is considering the implementation of a video-visitation system, which also has the potential to alleviate some of the problems associated with on-site visitation.**

While our survey, interviews, and focus groups did not cover every aspect of jail life for women at CRDF, we came across the problems described in this chapter. Fortunately, it does not appear that any of the problems we did come across require a fundamental overhaul in the way that Custody personnel maintains and operates the facility. Rather, a limited number of changes to specific CRDF policies and practices should provide an adequate response, and we strongly encourage the LASD to evaluate the items we have described and consider the recommendations herein. We believe that doing so will better ensure that inmates' rights are maintained, standards of decency upheld, and inmate-staff relations improved.

[34] Two inmates specifically commented that their visitors were treated disrespectfully by staff. It goes without saying that visitors should always be treated with respect and courtesy.

3. Delivery of Medical Care

This chapter looks at the medical care of women in the Los Angeles County Jail, focusing specifically on timeliness of evaluation and treatment. We note that since we initially began looking at CRDF approximately 18 months ago, the Department has made progress in ensuring that inmates who request medical treatment are seen by a medical professional in a timely manner. This was not the case 18 months ago. We commend Chief Alex Yim and Captain Michael Kwan for their responsiveness to our concerns and active leadership in bringing about the improvements to date.

These improvements involve three aspects of jail medical care: the expansion of Inmate Reception Center (IRC) housing and treatment capacity during intake; the expansion and centralization of the daily nurse clinic; and improved documentation there. We refer also to the revision of and training in standardized procedures for Registered Nurses (RNs). Perhaps most importantly, the jail's IRC has, for the first time, come into substantial compliance with screening provisions of a 2003 Memorandum of Agreement with the United States Department of Justice, which requires that women with mental health issues be screened within 24 hours of their arrival at the jail during the week or 72 hours on the weekend. We also commend the LASD for improving the timeliness of inmate access to daily sick call and for clearing all inmate requests for medical care within one week.

The law requires that jails provide emergency and basic health care to all of its inmates, including medical screening upon intake, daily sick call, and provision of medically restricted diets. At the Los Angeles County Jail, which maintains an average daily population of approximately 19,000 inmates, of which approximately 2200 are women, and which processes about 32,000 women inmates every year, the considerable task of evaluating and treating sick inmates falls to the LASD's Medical Services Bureau (MSB), an in-house department of the Correctional Services Division, which operates physician and nurse clinics at each facility as well as the Twin Towers Correctional Treatment Center (CTC).

This chapter looks at medical care at CRDF as we found it 18 months ago and as we more recently found it in our follow-up visits.

- When CRDF first opened for women, many inmates awaiting medical evaluation during intake faced long stays in holding cells without beds or access to showers. At the direction of Captain Kwan of the Medical Services Bureau, the Department has more recently created a medical screening area in CRDF where inmates are housed in two-person cells with access to a bed and shower. The Captain monitors the number of inmates awaiting medical screening through daily reports from the facility, and states that all inmates are now being medically screened within 24 hours. Our own observations and interviews with Custody and Medical staff confirm that although there are occasional backups, the new IRC is better equipped to meet demand and to ensure that inmates awaiting evaluation are housed in appropriate conditions.

- At the beginning of our review, the facility was operating five decentralized nurse clinics for inmates to see a nurse during a daily sick call. The Department maintained no record of how long inmates waited to be seen by a nurse, but we were able to determine that many were not seen within 24 hours after making a request. Accepted national standards require that inmates be seen by a medical professional within 24 hours per request.[35] Over the past three months, MSB has taken steps to centralize the nurse clinic for the majority of patients, increasing hours of operation and setting up a rudimentary tracking system for inmate sick call requests. As a result of these steps, there is improved morale among nursing staff, a marked increase in the number of inmates seen per day, and a weekly clearing of the backlog of inmates waiting to be seen.

- The Department has developed protocols permitting specially certified nurses to perform specified standard procedures traditionally reserved for physicians. These standards were revised in 2007, requiring recertification of all nurses in the new procedures in five segments—Series I, II, III, IV, and V. At the time of our first visit in mid-January 2008, only 19 nurses had been certified in Series I and only nine nurses had been trained in Series II. Accordingly, there were too few trained nurses; many inmates were denied service and referred to a physician for the designated treatment at a later time. Since January, there has been marked improvement. As of the end of October

[35] According to accepted national standards developed by the National Commission on Correctional Health Care (NCCHC), sick call requests should be triaged daily and the inmate should be seen by a qualified medical professional within 24 hours (72 hours for a weekend). NCCHC Standard J-E-07.

2008, all but two nurses had completed Series I and II. Due to staffing and other constraints, the Department has not yet begun training in Series III-V.

According to MSB, female inmates at CRDF tend to be in better overall health than men, possibly because of the greater likelihood that they had some health insurance prior to their incarceration. Indeed, a review of medical complaints filed by inmates at CRDF revealed relatively few complaints by inmates claiming to have severe illnesses or conditions requiring emergency care. Nonetheless, the demand for medical services at that facility is significant and constant. Between May 2007 and April 2008, 16,092 CRDF inmates, a little more than half of the approximately 32,000 women who are processed through the jail each year, were seen at least once during their period of incarceration by nurses conducting intake screening or sick call. Five thousand and ten were evaluated by a physician, and an average of 1360 inmates receives prescription medication every month.

During the past eighteen months, we reviewed inmate medical complaints, many of which referenced lengthy delays in care; visited the main clinic and two decentralized nurse clinics; interviewed nurses, deputies, and management staff; consulted legal standards; compiled written policies on medical screening and the delivery of medical care; conducted inmate surveys and focus groups; and observed operations in the centralized nurse clinic and, to a lesser degree, in the IRC. We engaged an expert registered nurse to assess the situation and determine whether our recommendations had been implemented and were making a difference.

I. Background

A. Legal Standards

Sentenced inmates have a constitutional right under the Eighth Amendment to "humane conditions of confinement; [including] adequate food, clothing, shelter and medical care."[36] Because pretrial inmates retain, under the Fourteenth Amendment, "at least those

[36] *Farmer v. Brennan*, 511 U.S. 825, 832-833 (1994) (quoting *Hudson v. Palmer*, 468 U.S. 517, 526 (1984)).

constitutional rights...enjoyed by convicted prisoners," the standard for sentenced inmates applies to all inmates in the Los Angeles County Jail, whether sentenced or not.[37]

The LASD is also bound by state standards, codified in Title 15 of the California Regulatory Act, which include the following requirements:

- **Section 1207. Medical Receiving Screening:** With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake. This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, and communicable diseases, including, but not limited to, tuberculosis and other airborne diseases. The screening shall be performed by licensed health personnel or trained facility staff.

- **Section 1208. Access to Treatment:** The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening. This evaluation shall be performed by licensed health personnel.

- **Section 1211. Sick Call:** There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.

Title 15 provides leeway to each agency to determine the nature of its healthcare delivery structure and to design its screening and sick call procedures. It stops short of requiring that inmates be evaluated and treated within a specified period of time. Nonetheless, the accompanying guidelines, in discussing sick call processes, specify that the "guiding principle

[37] *Bell v. Wolfish*, 441 U.S. 520, 545 (1979).

should be that any inmate requesting medical/mental health attention must receive that attention as soon as reasonable and possible."[38]

Although they do not have the force of law, the National Commission on Correctional Health Care (NCCHC) "Standards for Health Services in Jails" are widely considered the benchmark standards for effective and constitutional jail health care. Originally developed by the American Medical Association, the standards are now maintained by the NCCHC, which also operates an accreditation program for correctional facilities. According to those standards, inmates should be able to request medical care on a daily basis, and sick call requests should be prioritized on a daily basis. No matter how prioritized, all inmates requesting care should receive a face-to-face sick call visit within 24 hours of making the request on a weekday, or within 72 hours on weekends. For large jails with a daily inmate population of more than 200 inmates, sick call should be held at least five times a week.[39] We have urged and recommended that the LASD seek accreditation by NCCHC and, in the interim, voluntarily adhere to the NCCHC 24 and 72 hour time limitations.

B. Inmate Medical Complaints

As part of our examination of the treatment of inmates at CRDF, we reviewed all complaints made by inmates at the facility between December 2006 and May 2007, including complaints made through the Department's grievance procedure and the American Civil Liberties Union (ACLU). That review, discussed in greater detail in **Chapter 5**, "Inmate Complaints," found that of the 214 medical complaints included in the sample, 85, or approximately 40 percent, directly complained of delays in service, such as lengthy waits to see a doctor or nurse, obtain a test result, or receive appropriate medication or diet.

Although many complaints offered little detail about the inmate's complaint, including how long they had been waiting for care or what care had already been given, some inmates did provide clear accounts of their long waits for medical care. In the files that we reviewed, inmates complained of a variety of delays in receiving attention. Some complained of waiting on the sick call (nurse clinic) list, while many others mentioned that they had seen a

[38] "2005 Title 15 Health Guidelines," pg 45.
[39] "J-E-07: Nonemergency Health Care Requests and Services," *Standards for Health Services in Jails*, National Commission on Correctional Health Care, 2008.

nurse and were waiting to see a doctor or an off-site specialist. Others complained of delays in receiving medication, diets, or tests that they claimed had already been ordered.

At the time of our initial review, inmate complaints often represented the only documented instance of an inmate's request for medical attention, as sick call lists and medical request forms were regularly discarded. The high numbers of complaints about delays, combined with our own findings of the number of inmates seen per day, indicate that timeliness of care was a common concern.

II. Intake Screening Process

As discussed in **Chapter 1**, female arrestees are booked and screened directly at CRDF. An IRC Deputy, aided by a nurse, sorts the women based on their apparent health and ability to go directly to an appropriate housing unit. Arrestees who require immediate medical attention will not be booked and are to be transported to Los Angeles County-University of Southern California Medical Center (LCMC) or another nearby hospital. Women who are medically appropriate for booking but who possess identifiable health problems receive further medical evaluation.

IRC staff use a 17-question classification screening tool that includes three medical questions:

- Are you pregnant?
- Are you taking prescription medication that you seriously need within the next six hours?
- Do you need medical care?

If an arrestee responds "no" to all of these questions, along with a question regarding suicidal thoughts, she will proceed through the booking process.

If the answer to any of the questions is "yes," a nurse or trained Custody staff person will administer a further medical/mental health screening questionnaire that asks more specific questions about the woman's medical or mental health history and any current conditions. If she answers "no" to all these questions, she will be asked to sign the sheet stating that she

denies any medical or mental health problems. She is then given a chest x-ray to screen for tuberculosis, and is placed in a holding cell pending housing placement. According to IRC staff, inmates with no identified medical or mental health problems are usually placed in a housing module within approximately one hour.

An IRC screening Registered Nurse (RN) then reviews the questionnaire, the Arrestee Medical Screening form, and any other medical information the inmate provides during the initial screening process. Inmates who require time-sensitive, non-emergency medical attention are given "expedite" status and will be seen in the CRDF Reception Center Clinic for further treatment. An entry in the Medical Services Database will be opened and Custody personnel will be notified that this inmate is to be placed in the "expedite" holding area. Some of the symptoms or medical conditions that will result in expedited medical screening status include: self-reported insulin diabetes, cancer, symptomatic hypertension, shortness of breath or cardiac conditions, pregnancy of 20 weeks or more, violent or combative behavior, suicidal ideation or 5150/5250 paperwork, HIV/AIDS, communicable diseases, open or draining wounds, surgeries within the last week, and "any other significant medical condition referred by the nurse."

Following the initial assessment, all inmates needing medical attention will receive a physical and, if indicated, a psychiatric evaluation, and medication, treatment, and special housing, as necessary, at the CRDF Reception Center Clinic. The inmate is then referred back to the IRC custody staff to complete the booking process.

IRC Housing

When we first began our review of CRDF, we found that inmates needing medical or mental health evaluation waited for a lengthy period of time before they were seen, due to backups in the system. A review of the time spent in intake for inmates who entered the jail between June 2006 and May 2007 shows that although the average time spent in intake was approximately six hours, large numbers of inmates waited significantly longer. In fact, 5084

women were in intake for more than 24 hours; 831 of those spent between two and three days in intake, and 27 spent between three and four days.[40]

As mentioned in **Chapter 1**, the IRC's holding cells are not meant to house inmates for a significant period of time, and contain only narrow metal benches for inmates to sit on. Many inmates were thus forced to sit or lie on the floor, sometimes in crowded conditions. Another concern was that inmates in the IRC—many of them coming directly off the street—had no access to showers or a change of clothes, often causing them to stay in crowded, uncomfortable, and foul-smelling cells for several hours or even days. Such circumstances also present a potential security and operational management issue for Custody staff.

To alleviate these problems, the Medical Services Bureau converted a special housing unit into a permanent medical screening area. Inmates requiring medical attention are moved immediately to that area to await screening on-site, where they remain in relative comfort—with a bed and access to a shower—until they are ready to be processed into regular housing. Medical Services Bureau has set up several workstations with computers where nurses can interview and evaluate inmates, enter information in their medical record, and set up appointments and referrals. During our many visits, we were pleased to find the screening area staffed with several nurses with only a few inmates awaiting attention. The unit sends the Captain daily reports of the number of inmates awaiting evaluation or treatment on any given morning.

In February 2008, the facility was inspected by an audit team for the U.S. Department of Justice, which monitors the Department's compliance with a 2002 Memorandum of Agreement (MOA) relating to mental health care at the jail. In its report, the team found that "reception screening operations are, for the first time, in substantial compliance with the requirements of the MOA. In addition, CRDF now has completed [the screening area] and opened it for beneficial occupancy and operations, facilitating the timely completion of

[40] An additional 42 inmates are listed as having been housed in the intake modules for more than four days, with a few waiting for significantly longer. For example, one inmate is listed as having spent 145 days in intake, clearly as a result of a clerical error. We have chosen not to include those records indicating an intake stay of longer than four days due to the possibility of such errors; however, it is possible that some inmates were, in fact, at the IRC for a longer period than four days.

follow-up mental health evaluation after 15-question screening." Arrestees now wait for medical attention in much-improved accommodations, with access to a bed and a shower.

III. Sick Call

The primary on-site medical facility at CRDF is the Main Clinic, a busy 24-hour unit that takes inmates requiring immediate attention and where physicians and Registered Nurse Practitioners (RNPs) see inmates referred to them. Inmates may also be sent to the Main Clinic for special tests or to be assigned an observation bed if needed. Inmates requiring more intensive care may also be transferred to the Correctional Treatment Center (CTC) at Twin Towers or the jail ward at County + USC (or, in an emergency, the nearest hospital). For those inmates who need them, appointments with specialists in neurology, ophthalmology, oncology, and other specialties will be made at County + USC.

A. Decentralized Nurse Clinics

The sick call/nurse clinic system is the primary conduit for inmates needing access to most non-urgent care. While inmates in theory should all receive a full evaluation, necessary referrals, and medication upon entry, in practice some inmates rely on sick call as the first step in the process of getting medical care. Designed to provide inmates with basic treatment as specified by written standardized procedures—discussed in the next section—as well as over-the-counter medication and needed referrals to physicians or RNPs, an efficient nurse clinic system is crucial to the provision of adequate medical care at the facility.

At the time of our initial review, daily sick call was provided through a network of 8-hour "nurse clinics," conducted on a per-floor basis. Each nurse clinic generally took place in a small room, equipped with a window at which inmates could speak to the assigned RN. If necessary, they could also come inside the clinic for tests. The nurse on clinic duty was forced to share the space with staff members managing pill call and those providing dressings and other treatments, leaving little space to spread out or for privacy. Each clinic was open during one eight-hour shift, from 6:00 am to 2:00 pm, Monday through Friday, although it usually did not operate for the full eight hours due to lunch, set-up, and close-down.

In general, these nurse clinics operated on a first come, first served basis. Each of the five housing floors of the women's jail housed one nurse clinic that serves the entire area's population, with four modules and up to 496 inmates on some floors. Inmates signed up for treatment by writing their names on a "sick call" list, sometimes pinned to the bulletin board near the front desk of each module, which holds up to 25 names (per module). Each module deputy oversaw the list and, when told that the nurse clinic is accepting from that module, would send inmates to the nurse clinic in the order their names appear. Each clinic worked by rotating modules, a few patients from each module at a time. As a result, the clinics were able to see an estimated two to four inmates per day from each module.

We found several problems with the decentralized nurse clinic system in place at the time of our initial review. First, partly as a result of limited hours and space, relatively few inmates were being seen in each nurse clinic each day—between eight and 12 inmates, with an average of approximately 10 inmates per shift.[41] It was clear that these numbers were not enough to keep up with the number of inmates requesting care daily. Second, we found that the haphazard sick call process, which included, in many cases, creating a new list each day with no priority given to inmates waiting from the day before, as well as the practice of destroying these lists, made accountability for inmate requests virtually impossible. That system also had no mechanism for early triage by a nurse, a potentially serious deficiency given the fact that inmates were not being seen in a timely fashion. Third, the lack of data about inmate medical requests left the Department effectively blind in assessing the level of staffing needed to match demand, and the extent to which those staff levels should be adjusted or maintained. Finally, it prevented MSB from conducting substantive investigations of inmates' complaints of undue delays or delivery failures. Indeed, we discovered very little effort to research whether such claims are valid or to find the source of the delays.

[41] This average is taken from a review of 108 CRDF nurse clinic reports over a four-month period. We reviewed all available reports for the month of January 2008 and one-fifth of the available reports for October through December 2007. Four reports from February were included in the files we requested and were also included in our analysis. We found that the majority of nurse clinics—approximately two-thirds—served between eight and 12 inmates, for a total average of 9.9 inmates per shift. One-sixth of the clinics saw fewer than eight inmates and one-sixth saw more than 12, with a high of 17 inmates. Although they were not included in our statistical analysis, we also visually reviewed a number of clinic reports from the month of June 2008 and found that the numbers served fell within the same range. Clinics were open for an average of 6.5 hours per day, with only five clinics in our sample operating for a full eight hours.

B. Pilot Program: Centralization of the Nurse Clinic

In order to address the deficiencies we observed, the Bureau implemented a "Pilot Program," since made permanent, which consolidated the nurse clinics in one place and added an evening shift. The nurse clinic is open Thursday through Monday, with a daily AM shift (6:00 am to 2:00 pm) and a PM shift (2:00 pm to 11:00 pm) when needed to meet demand. It is closed Tuesday and Wednesday. The addition of the PM shift has made it possible to see and treat considerably more inmates per day, with greater flexibility in meeting their disparate health care needs.

The goal of the Pilot Program was to (1) increase productivity and (2) decrease the backlog of inmates that need to be seen. Once the backlog ended and the new system proved able to keep pace with inmate requests on a weekly basis, the program was extended indefinitely. As part of our study, we visited and observed the nurse clinic on several days during the first two weeks of the Pilot Program (September 4, 2008 through September 15, 2008). We also conducted on-site interviews with the Clinical Nurse Director, Nurse Managers, Nurse Supervisors and RNs, and we made several follow-up interviews by telephone. Finally, we reviewed "Nurse Clinic-Inmate Sign Up Sheets" and "Nurse Clinic/Sick Call-Daily Activity Reports" that were collected during the initial two-week Pilot Program.

An ongoing logistical problem is that many inmates have court dates, classes, or other obligations during the day, conflicting with the nurse clinic hours. Accordingly, the Clinic is now open on Saturday and Sunday, when court is not in session and fewer classes are being held. Also, the IRC is not as busy on weekends as it is during the week, a factor that enables the RNs in the IRC to assist in the nurse clinic if the need arises. Since the clinic and IRC are in such close proximity to each other, the nurses are able to move back and forth between the two units as needed. Nurse Managers have enthusiastically reported that this arrangement has worked well.

1. Operation of the Clinic

The nurse clinic has five nursing stations divided by partitions. Each has a computer that the nurses use to document the encounter with each inmate. There is an area that houses medications and supplies, another area where vital signs are taken, and an exam table with a

screen around it to provide a degree of privacy. This separation of functions—individual exam areas, a medication and medical supplies area, an area to take vital signs—is a basic structural component for an efficient and well-run medical system. While it would be preferable to have an actual exam room (and not simply a screen) for total privacy, this is an incremental improvement over the previous tight quarters in the modules, where the exam table left very little room for privacy. In an ideal situation, a truly closed and private environment where the inmate feels free to disclose full medical information is a preferable option, though this *ad hoc* arrangement makes some provision for this.

A daily "Nurse Clinic-Inmate Sign Up Sheet" is printed and made available to inmates by each module deputy on the PM shift. The sign-up sheets are available the day before nurse clinic, and inmates who sign up are scheduled to be seen the next day.

At 6:00 am the following morning, a specially-assigned deputy[42] brings the first group of inmates (12 is the maximum number that can be escorted at a time) drawn from these forms to the nurse clinic triage area. The triage room is an enclosed space next to the IRC that provides enough chairs for 12 inmates to sit while they wait for their name to be called by a nurse. The Nurse Supervisor determines the order in which the inmates will be seen.

She does this initially by observation of the inmates, assessment of their appearance (e.g., is there apparent pain, do they look feverish or manifest obvious symptoms of illness), and then determines which inmates will be seen first. The Nurse Supervisor will then interview the other inmates individually outside the triage area to ascertain their reasons in requesting to come to nurse clinic. At this time, there is no area to conduct this triage privately. The inmates wait in the triage area until their name is called. Two inmates at a time are then called by name to go into the nurse clinic to have their weight and vital signs taken. They are seated in the Clinic and wait until an RN calls their name at which time they go to the appropriate RN station and begin their encounter.

[42] There is one deputy assigned to bring inmates from their housing module to the nurse clinic on each shift. Because this is not a budgeted position, Custody Operations has been forced to run about 80 hours of overtime for this position each week, an expensive proposition. The facility is considering a proposal to convert a second area in the West Tower into a nurse clinic, which would allow inmates to be brought down by the floating deputy on each floor rather than a full-time deputy assigned to the nurse clinics.

After the inmate has been seen, assessed, and treated, she returns to the triage area and another inmate is brought in for vital signs. The process continues until the entire group of inmates has been seen. The Deputy then gathers the inmates and escorts them back to the module. At this point, the Deputy begins the process anew.

From the perspective of the Nurse Managers, Nurse Supervisors, and RNs, this system is working very well. Our own observations largely confirmed these sentiments. During our visits, we noted that the interim period between inmate return and delivery by the Deputy was productive and efficient; this interim amply provided time for the medical staff to finish recording information, attend to housekeeping and supply needs, and prepare for the next group of inmates. Anecdotal information provided by one of the RNs indicated that the feedback from the inmates has been positive because they feel they are being seen much sooner under the Pilot Program. This positive reaction, it must be acknowledged, does not find favor with all parties; as noted earlier, this has posed an extra burden on the Custody staff, which is forced to provide an extra 80 hours of overtime to escort inmates to the clinic. There are also concerns that the added activity negatively impacts the ability of IRC mental health staff to evaluate incoming inmates. However, on balance, most of the staff we have spoken to endorse the new system, which is clearly more efficient than the old.

During our visits, we came across two issues in the operation of the nurse clinic. In one case, nurses were forced to wait 45 minutes to begin seeing inmates due to an apparent delay with a module wristband count (to ensure that all inmates are accounted for). While not a frequent occurrence, it appears that this has happened on more than one occasion. The single delay of 45 minutes for an on-hand medical staff at 6:00 am resulted in nearly five aggregate hours of lost consultation, evaluation, and treatment time. A second issue is the lack of privacy in the triage area. Confidentiality is paramount in making an accurate diagnosis; therefore, a place or mechanism for private and confidential discussion should be provided. Accordingly, we will make the following two recommendations to the LASD:

- **Recommendation: The wristband count should be scheduled to ensure that inmates are ready to be escorted to the clinic on time. If a delay occurs in one module, the escorting deputy should quickly move to the next.**

- **Recommendation: The Department should allow inmates to state on sign-up slips why they need medical attention. These slips could be brought to the nurse clinic along with the Inmate Sign Up Sheet. The Nurse Supervisor could triage the patient by reading the complaint in addition to her initial observation and assessment when they arrive at the triage area. This would enable the Nurse Supervisor to prioritize more quickly and ensure patient confidentiality.**

2. Tracking Sheets

We reviewed 136 "Nurse Clinic-Inmate Sign Up Sheets" that were collected during the period September 4, 2008, through September 15, 2008, for style, content, and accuracy. We were very pleased to see that such forms are now collected and maintained, rather than being discarded. They are also used as tracking forms, allowing managers to see how many inmates signed up and how many were seen. During the review period, we found that an average of 57.2 unduplicated inmates signed up for sick call each day. We must also note that there was not a sick call list for each module on each day;; on some days, it appears that as few as three or four lists were picked up. We could not determine whether this was because those three or four were the only modules that could be accommodated in one day or because no one from the other modules signed up..

When reviewing the Inmate Sign Up Sheet during a site visit, we noted some discrepancy in format across modules. Some forms required last name, first name and booking numbers; other forms included a "Reason for Nurse Visit" column with actual reasons (medical complaints) written in. In some cases, the deputy filled out the sheet, while in others the inmates did. When we asked about issues of confidentiality, the response was that the "Reason for Nurse Visit" forms should not be used and "each module does things in their own way," noting that this area "needs to be addressed." Some of the Inmate Sign Up Sheets had spaces for 25 inmates, other lists had 20 spaces, and some listed no numbered spaces at all. Additionally, some of the lists had information about a monetary co-payment

in English at the bottom of the form, some had this information in English and Spanish and some forms did not have this information on it at all. Finally, we found discrepancies in how the forms were dated. Each included an initial date and a second notation about the "date received," but the difference between these two dates varied; in some cases they were the same days, while on others it appeared that there was a significant delay between the date of the form and when it was picked up.

These discrepancies may seem inconsequential, but they can have potential for enormous costs in the long run. Some forms have redundancies, some have omissions, and none contain basic instructions on how to fill in the forms. Forms of this nature ought to be as simple as possible and demand clarity in the information requested. If nothing else this would aid in ease of auditing and issues of accountability. A few modifications to the existing forms and the prompt replacement of the variant versions can easily correct this problem. We accordingly will make the following recommendations:

- **Recommendation: The Nurse-Clinic Inmate Sign Up Sheet should be standardized so that each module uses the same form. The "Reason" field on the Sign Up sheet should be omitted in order to protect inmate confidentiality. All staff should be trained on the use of the form, which should be modified to include the following fields:**

  - The date and time that the Sign Up Sheet was received in the nurse clinic with the initials or signature of the person receiving the list;
  - Inmate Seen/Not Seen, date seen, and if not seen, the reason;
  - The initials of the documenting/assigned RN on the form;
  - A field for the pertinent shift (AM/PM);
  - The total number of inmates seen and not seen should be documented on the Inmate Sign Up Sheet (to be filled out at the end of each shift).

- **Recommendation: As suggested earlier, the Department should consider implementing sick call slips, which can then be filed in the inmate's medical record. <u>Standards for Health Services in Jails 2008</u> by the National Commission On Correctional Health Care suggests that "inmates write their requests on slips that are dropped into a locked box." Health staff or deputies can pick up the**

slips and give them to the nurse in the nurse clinic along with the Inmate Sign Up Sheet.

- **The Department should continue to work to develop a system for tracking the requests, preferably by computer. At this time, the Inmate Sign Up Sheets are kept in one of the Nurse Managers' office, and she produces a monthly report, a sample of which is included in this chapter.**

- **A module tracking system should be implemented to ensure that a sheet is collected from each module each day, even if that module cannot be accommodated on a given day. Collecting and tracking these sheets in a consistent manner will allow the Bureau to effectively assess the daily level of demand and the clinic's ability to meet it.**

We also reviewed 79 "Nurse Clinic/Sick Call-Daily Activity Reports" from September 4, through September 15, 2008. Each nurse uses the Daily Activity Report to document which inmate was seen, what the medical complaint was, whether a standardized procedure was used, if there was a referral to MD, and if there was an Emergent or Urgent referral. The nurses also document their encounters with the inmates into the computer. The Nurse Manager collects these forms at the end of each shift. We found that, on average, the nurse clinic saw 70.2 inmates per day during that period and was thus able to whittle down the backlog.

After analyzing the Daily Activity Report, it was apparent that there were more nurses on the AM shift than on the PM shift, especially during the second week of the Pilot Program. The explanation given for this was that there are always more inmates to see between 6:00 AM and 2:00 PM. Now that the nurse clinic is centralized, more inmates are being seen in the morning than was possible before, thus making the patient load and the need for additional staff on the PM shift lighter.

3. Patient Backlog

The major problem prior to centralizing the nurse clinic was the backlog of inmates waiting to be seen. On the first day of the Pilot Program (September 4, 2008), there was a backlog of 194 unseen patients. A total of 104 inmates were seen on September 4, 2008. Sixty-one inmates were seen on the AM shift and 43 inmates were seen on the PM shift. The Nurse Managers, Nurse Supervisors and RNs were extremely pleased with these results. They were hopeful and optimistic that the backlog list would be close to or down to zero by Monday, September 8, 2008. According to the RN Supervisor on the AM shift, the backlog *was* down to zero on September 8, 2008. To say that the morale in the nurse clinic was very high due to the success of the Pilot Program after only one day of operation is an understatement.

Since the inception of the new clinic system, timeliness of care has improved greatly, with nurses able to see all of the inmates requesting care on almost every day. According to the November "Nurse Clinic Stats" report provided by CRDF, shown on the next page, the clinic started 15 of 22 nurse clinic days during the month with no backlog whatsoever from the day before, and three days with only one inmate who hadn't been seen. Three other days, all of them in the first half of the month, opened with a backlog of 62, 17, and 11, respectively. In general, the only days that ended without all inmates being seen were Thursdays, the first open day after the "weekend," and, to a lesser extent, Fridays. Even those occasional backlogs, however, had been all but eliminated by the end of the month, with all inmates requesting care apparently being seen by the end of each day.

On average, the clinic saw 63.2 inmates per day, with a high of 115 and a low of 35. An average of 68.3 inmates signed up each day, with a high of 163 and a low of 36.[43] [44] These numbers represent a major accomplishment for the Bureau and significant improvements in productivity, data collection, and accountability over the system in place at the beginning of our review. Assuming that the sheets are collected from each module daily, they also mean

[43] Neither statistic includes inmates in restricted housing who are seen during floor sick call.
[44] Not all inmate sign-ups result in a nurse clinic session; some inmates are released, some refuse to be seen, and some have made duplicate requests. Such reasons are documented on the Nurse Clinic Stats sheet.

CRDF

Nurse Clinic Stats November 2008	Sat 1	Sun 2	Mon 3	Thur 6	Fri 7	Sat 8	Sun 9	Mon 10	Thur 13	Fri 14	Sat 15	Sun 16	Mon 17	Thur 20	Fri 21	Sat 22	Sun 23	Mon 24	Tue 25	Wed 26	Sat 29	Sun 30
Backlog from previous day	1	0	0	0	62	11	0	1	0	17	1	0	0	0	3	0	0	0	0	0	0	0
# I/Ms signed up	52	47	40	163	70	52	56	73	140	38	42	47	76	110	57	79	36	43	59	62	108	53
Seen by nurse	52	45	35	92	92	54	52	72	115	46	35	46	72	99	59	77	35	41	59	62	101	49
Not seen	1	2	5	71	40	9	4	2	25	9	8	1	5	11	1	2	1	2	0	0	7	4
Not to be re-scheduled	1	2	5	9	29	9	3	2	8	8	8	1	5	8	1	2	1	2	0	0	7	4
Resulting backlog	0	0	0	62	11	0	1	0	17	1	0	1	0	3	0	2	0	0	0	0	0	0
Sick Call Modules	0	0	9	7	2	2	3	10	6	14	7	2	11	5	12	3	4	11	9	13	9	4
Reason not seen:																						
I/Ms at Court/Class/Work	2	2	5	6	9	0	0	0	6	1	2	0	1	4	0	0	0	0	0	0	0	0
I/Ms at LCMC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I/Ms Released/Transfer	1	1	0	3	7	0	0	2	1	1	0	0	0	3	1	0	0	2	0	0	0	0
I/Ms Refused	0	1	5	0	7	7	2	0	0	3	6	1	0	1	0	1	1	0	0	0	6	2
Duplicate sign-up	0	0	0	5	15	2	0	0	6	3	0	0	4	3	0	0	0	0	0	0	0	2
Problem resolved	0	0	0	1	0	0	0	0	1	1	2	0	0	1	0	1	0	0	0	0	1	0
Lockdown: # of hours	0	0	0	0	0	0	0	0	1HR	0	0	0	0	30min	0	0	0	0	0	0	0	0
Computer issues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

New nurse clinic procedure started at CRDF on July 14, 2008

Not to be re-scheduled is the total number of I/Ms that are: released, refused, duplicate, and resolved

that the facility has, on most days, achieved the NCCHC benchmark of 24 hours or less for response to inmate requests. (If it has not already done so, the Department should implement a module tracking system, discussed in the previous section, to ensure that this is the case.) Also, because MDs and RNPs from the IRC are available to immediately see inmates for an urgent referral or when there is a break at the IRC, some inmates are also seeing a doctor or RNP within 24 hours of request, another remarkable improvement. We suggest that the Bureau track these sessions on the Nurse Clinic sheet as well.

While most of the RNs provided positive feedback regarding the Pilot Program, a few expressed concern regarding a backlog that was occurring in the MD line in the Main Clinic as a result of the increased number of referrals to the MD or RNP that the RNs were making in nurse clinic. The greater number of inmates who were being seen per day combined with the greater number of referrals to the MD and RNP simply shifted the inmate backlog to this group. Presently, there is a provider (MD or RNP) in *either* the nurse clinic or the IRC. Several nurses felt that there would be fewer referrals if there were an MD or RNP in the nurse clinic *and* the IRC everyday because of the immediate referral of the inmate at the time she was seen in Clinic. Referral on the same day would remove the need for the inmate's return, reassessment, and diagnosis. One RNP sensed that this issue might resolve itself over time, but the best course of action would be to either hire more MDs and RNPs or to reassign the existing staff in a more efficient manner.

A final impediment to more efficient health care is the backlog of patient data. While inmate encounters are currently being entered into the computer during visits, there remains a crush of older unrecorded data. This data includes the Daily Activity Reports and Sick Call lists. While this data entry is correctly not considered a priority, ultimately it should be entered into the computerized database. This need not be done by current staff, but could be performed by a data entry person with a medical background. Entry and consolidation of these paper records, and having current staff stay on top of these records, would go far to streamline the legally required records of inmates. In light of the foregoing, we will make the following recommendations for improvement.

- **Recommendation: The Bureau should monitor the assignment of RNPs within various areas of the nurse clinic and make the necessary adjustments to their**

scheduling patterns to enable a more efficient use of RNP time allocation. They should continue to refine this scheduling until a pattern emerges from the ebb and flow of inmate needs in relationship with the RNPs, and design enough flexibility into their schedule to accommodate unanticipated circumstances.

- **Recommendation: The Bureau should employ contract employee(s) or assign underutilized staff to the task of entering all paper records of inmate medical records into a central computer data record, with the goal of consolidating all paper records into single retrievable files.**

IV. Standardized Procedures Certification

The primary role of the nurse clinic is to provide an initial screening and MD/RNP referral to inmates needing medical care. Nevertheless, RNs who have been certified in certain standardized procedures may avoid this extra step, or at least provide some initial relief, by providing some basic care themselves. As a result of the Nursing Practice Act (NPA), enacted by the California Legislature in the 1973-74 session, RNs have been authorized to perform certain procedures that had previously belonged within the scope of medical practice. Standardized procedures, as defined by the Los Angeles County Sheriff's Department of Medical Services Bureau, are "guidelines designed to authorize performance of a medical function by a registered nurse (RN) through the process of assessment, nursing diagnosis intervention, and evaluation. These guidelines are developed through collaboration among health care professionals including physicians, dentists, pharmacists, nurse practitioners, and registered nurses." The procedures must be revised on a regular basis.

At the LASD, the standardized procedures encompass basic treatment procedures for conditions over five training series:

- Series I: Nurse Clinic, Pain Assessment, Angina Pectoris, Asthma

- Series II: Acne Vulgaris, Dermatitis, MRSA, Common fungal infections
- Series III: Allergic Reactions, Bee sting, Scabies, Common colds
- Series IV: Diarrhea, Constipation, Gastritis, Hemorrhoids
- Series V: Dental Problems, Dysmenorrhea

Having nurses on nurse clinic duty performing these procedures can expedite initial treatment for inmates with these conditions. Otherwise, the inmate would have to wait an additional amount of time, on top of the time she spent waiting to see the nurse, to see a doctor for treatment.

At the time of our walkthrough in January 2008, however, the majority of registered nurses within the CRDF Medical Services Bureau were not certified to perform the LASD standardized procedures due to a recent revision. At that time, of 69 nurses, 19 had been certified in Series I and nine had been certified in Series II. As a result, until they could be certified, nurses on clinic had to revert back to referring patients to a physician for those services.

Since that time, MSB has conducted a sustained push to train the nurses at CRDF, including holding seven classes at the facility to increase attendance. As of the end of October, Series I and II had been largely completed by the AM and PM shifts at CRDF, with only two RNs that still need certification in Series I and II. Series III, IV and V have not yet commenced, and completing this series will alleviate many of the delay problems and

The need for formal standardization was made starkly apparent in an instance of previously undetected contradictory training instructions given in the nurse clinic. The problem came to light with the documentation of dispensed medications. One group of veteran nurses (who had been at CRDF for an extended period of time) was trained to dispense medication and to document this dispensation in the nursing notes section on the computer record. This group was trained **not** to enter the actual order into the computer because it had already been documented in the nursing notes that the inmate had been given medication. Newer nurses were trained differently. They were instructed to document the actual medication order into the computer, at which time a pop-up appears automatically in the Pharmacist's screen that says, "Apply." In pharmacy-speak, the word "Apply" signifies an order for the medication. The pharmacist will then fill the order and the inmate will get the medication a second time, having already received it in the nurse clinic.

Recounting this is not to tout one method over the other, and it must be said categorically that this discrepancy was quickly corrected. Nevertheless, this incident serves to point out that non-standardization can lead to unintended negative consequences. It remains unclear that a written policy/protocol exists regarding documentation on the dispensing of medication. If one does not exist, it should be developed immediately.

referrals to MDs and RNPs. It is not known at this time when training for Series III, IV and V will begin. We therefore will make the following recommendation.

- **Recommendation: The Bureau should continue with the "standardized procedures" certification of all RNs in all series.**

In general, great progress has been made in improving the delivery of medical care at CRDF over the past year. We commend the Medical Service Bureau and nursing staff for their efforts and for the results as observed. The quality of care as defined by standard agencies is largely being met, and we saw dedicated and engaged health care professionals committed to the tasks of delivering quality care and interested in the process of improving that delivery. We were impressed by the commitment of all levels of staff in this process and as a result of these observations, we can foresee continued improvement in the medical/health care situation of inmates in the CRDF.

4. Pregnant and Parenting Inmates

In a year's time, more than 1400 pregnant women enter the Los Angeles County Jail system. As many as 60 pregnant women will be in the jail at any given time. All of them will require prenatal care. At the time of our review, the LASD, surprisingly, had not been keeping track of how many women deliver children while in custody, although the Department guesses that there are no more than 30 births in a year. Some women deliver at the jail itself. Others deliver at the jail treatment center or at County USC Hospital.

Although the Department does have policies and programs in place for pregnant women, only a few of these are documented in its written materials. As a result, we encountered understandable but ultimately unacceptable confusion about actual policies, particularly those relating to the transportation and restraint of women in labor and shackling during delivery. We also found inconsistencies in or confusion about the provision of pregnancy tests and the timing of commencement of prenatal care, as well as about postpartum care. The LASD is currently working on revising those policies to reflect clearer guidelines on the care and treatment of pregnant inmates, including the creation of a written restraint policy, but those are not yet in place.

For those inmates who have given birth while in jail, there are several areas in which Los Angeles County lags behind other counties such as San Francisco and San Diego. In San Francisco, women are allowed contact with their babies after they return to the jail post-delivery. In Los Angeles County, inmates can only do so through the TALK program, which is open only to sentenced women with low to medium security levels. In San Francisco, children wanting to visit their mother are given specific appointment times. As we noted in **Chapter 2**, the LASD's visiting system, in contrast, is more like a lottery. Visitors are taken on a first-come, first-served basis. Children may sit for hours and never get to see their mother.

In San Francisco, any qualified female inmate who desires to do so can sign up for the Parent-Child Visiting program, formerly known as Prison MATCH, and then can have direct contact with her children. Both sentenced and pre-sentenced inmates can participate and

there is no parenting class requirement. Although the LASD provides a more structured program, called TALK, through the La Puente Hacienda School District, it only serves 10-12 inmates a week. Pre-sentenced inmates are barred from participation, and women must attend at least three parenting classes before they become eligible for TALK.

Because the LASD does not provide certain services itself, it has had to work with volunteer and contracted community service providers. We acknowledge and commend the excellent work of the Harriet Buhai Center, Center for Children of Incarcerated Parents, Friends Outside, and the Hacienda La Puente Unified School District.

I. Background

As a result of the rapidly growing number of women in jails and prisons nationwide, researchers and correctional managers have begun to look at the question of how best to meet the unique needs of female inmates.[45] The primary area in which women in jail differ from men is, of course, biological. Records for the Los Angeles County Jail show that, between June 2006 and May 2007, 1409 women who entered the jail system were pregnant. Not being just a medical issue, pregnancy raises a host of complex policy issues, including prenatal diet and education; appropriate housing and restraint; access to abortion; transportation and security during labor, delivery, and recovery; child custody; and visiting.

Issues pertaining to the children of incarcerated parents are, though not entirely gender-specific, more likely to affect women than men. One study found that women in state prison were more likely to have minor children than were men, while percentages of male and female federal prisoners were similar.[46] In our own survey of a sample of 327 women at CRDF, approximately 32 percent of survey respondents reported that they had children under the age of 18 living with them at the time of their arrest, while 28 percent reported having children under the age of 18 who were not living with them at that time. In all, 54 percent of respondents at CRDF reportedly had minor children. The plight of the children

[45] In 2006, the number of women in prison nationwide increased by 4.5 percent, which is higher than the 2006 growth rate for men (2.7 percent), as well as the average growth rate for women between 2000 and 2005 (2.9 percent). William J. Sabol, Heather Couture, and Paige M. Harrison, "Prisoners in 2006," Bureau of Justice Statistics, US Department of Justice Office of Justice Programs, 2007.
[46] Mumola, Christopher, "Incarcerated Parents and Their Children." Bureau of Justice Reports, August 2000.

of inmates is a concern that has traditionally been outside the scope of correctional policy. Nonetheless, a growing body of research on the negative effects of incarceration on children of prisoners, and on the positive effects of the parent-child relationship on prisoner recidivism, has prompted many agencies to implement programs that strive to maintain or even improve the bond between parents and their children.

In this chapter, we consider those policies, procedures, programs, and practices that relate to pregnancy, reproductive care, and parenthood for women in the Los Angeles County Jail. To that end, we compiled and consulted written LASD policies, regulating standards and state law, and outside research; interviewed custody, medical, and program staff; and reviewed six months' worth of inmate complaints at the Century Regional Detention Facility (CRDF).

II. Inmate Pregnancy and Childbirth

LASD has several important services in place for pregnant inmates, including three full-time OB-GYN physicians, one of whom focuses primarily on prenatal care, and a prenatal education program provided by the Center for Children of Incarcerated Parents. Yet we found that only a few of the policies and programs relating to pregnancy are well documented in the Department's written materials. As a result of this lack of documentation, as well as a compartmentalization of roles, we encountered confusion about some policies, particularly those relating to the transportation and restraint of women in labor or delivery. In the following sections, we describe those written policies that are in place, our understanding of processes that are not documented, and recommendations for improvement.

A. Statutory Requirements

The Los Angeles County Jail must comply with Title 15 of the California Code of Regulations, which sets forth the "Minimum Standards for Local Detention Facilities," as well as the guiding Penal Code sections on which they are based. In general, current standards relating to the care and treatment of pregnant inmates are both broad and brief.

Title 15, which was last revised in 2005, requires that the health authority (in this case, the Los Angeles Sheriff's Department) "set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least annually and include but are not limited to: ... (f) provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute." It also specifies in the section on nutritional requirements for inmates that pregnant women are to receive four servings of dairy per day, above the general requirement of three servings.

These requirements are primarily drawn from Penal Code (PC) Section 4023.6, which states that: "Any female prisoner in any local detention facility shall have the right to summon and receive the services of any physician and surgeon of her choice in order to determine whether she is pregnant... If the prisoner is found to be pregnant, she is entitled to a determination of the extent of medical services needed by her and to the receipt of such services from the physician and surgeon of her choice. Any expenses occasioned by... services that are not provided by the facility shall be borne by the prisoner."

Although abortion is not mentioned in Title 15, the Penal Code specifies that pregnant inmates are entitled to an abortion as provided by law. According to PC Section 4028, "No condition or restriction upon the obtaining of an abortion by a female detained in any local detention facility, pursuant to the Therapeutic Abortion Act ..., other than those contained in that act, shall be imposed. Females found to be pregnant and desiring abortions shall be permitted to determine their eligibility for an abortion pursuant to law, and if determined to be eligible, shall be permitted to obtain an abortion."

Assembly Bill 478

The Corrections Standards Authority (CSA) of the California Department of Corrections and Rehabilitation (CDCR), the agency responsible for the development, maintenance, and enforcement of state standards for local facilities, draws its authority from PC Section 6030. In 2005, at the time of the most recent revision of Title 15, Section 6030 did not explicitly address the issue of pregnant inmates, requiring only that the standards set forth requirements for "health and sanitary conditions."

In 2005, however, the California State Assembly passed Assembly Bill (AB) 478, which details new standards for the treatment and care of pregnant prisoners. The bill passed both houses and was signed into law by the Governor. Most of these changes in the new law are directly addressed to state prisoners in the custody of CDCR, but it also amends PC Section 6030 to explicitly require the CSA to include specific standards in Title 15. The amendments to that section state:

> (e) The standards shall require that inmates who are received by the facility while they are pregnant are provided all of the following:
>
> - A balanced, nutritious diet approved by a doctor.
> - Prenatal and postpartum information and health care, including, but not limited to, access to necessary vitamins as recommended by a doctor.
> - Information pertaining to childbirth education and infant care.
> - A dental cleaning while in a state facility.
>
> (f) The standards shall provide that at no time shall a woman who is in labor be shackled by the wrists, ankles, or both including during transport to a hospital, during delivery, and while in recovery after giving birth, except as provided in Section 5007.7.[47]

Although PC Section 6030 instructs the CSA to include these provisions in its standards by January 1, 2007, those changes have not yet been made, apparently due to the Authority's long revision process. There is also some question as to whether the provision regarding the shackling of pregnant women will be adopted at all. The CSA holds that it lacks jurisdiction over agencies "once the jail gate closes and the inmate leaves the jail premises," (in this case, when the inmate is in transit or at an outside medical facility), since the standards apply only to local correctional facilities.[48] Nonetheless, it has included in its Proposed Amendments to Title 15 a recommendation to update the standards to include guidelines for the treatment of pregnant inmates that comport with PC Section 6030.

Regardless of the vagaries of the Title 15 revision process, the intent behind AB 478 and the amendments to PC Section 6030 is clear and should be considered state policy. Indeed, the CDCR has already implemented the new policies for California state prisoners. The Los

[47] PC 5007.7 allows for shackling of the inmate when it is "deemed necessary for the safety and security of the inmate, the staff, and the public."
[48] Private correspondence with Rebecca Craig, Title 15 Field Representative.

Angeles Sheriff's Department should do the same. We made the following recommendation to the LASD:

- **Recommendation: The LASD should immediately adopt verbatim Sections (e) and (f) of the Amendments to PC Section 6030. It is our understanding that this process is currently underway, and a new policy should be in place soon.**

B. Pregnancy Screening and Prenatal Care

As required by Title 15, the Medical Services Bureau maintains a written policy for the screening of potentially pregnant inmates. During the reception process, inmates are asked whether they are pregnant and given the opportunity to request medical care. At this stage, or at any point during their incarceration, inmates who suspect or allege pregnancy are to be given a QuickVue urine pregnancy test, similar to a home pregnancy test, which yields results within three minutes. If the test is positive, the inmate will be referred to a physician.

As stated above, CRDF has three full-time OB-GYN physicians on staff. One primarily covers the IRC, another is focused on prenatal care, and the other works in the clinic on gynecological care. Because there is an OB-GYN attached to the IRC, inmates who receive a positive pregnancy result during intake will be immediately referred for a full prenatal appointment and will not be transferred to regular housing until the appointment is completed. Inmates whose pregnancy is established during nurse clinic will be scheduled for an appointment with a physician and should generally be seen within one week, if not on the same day. In a few cases, the inmate may see a Registered Nurse Practitioner (RNP) for her initial assessment. An inmate whose pregnancy has been confirmed will receive a new wristband from Custody that reflects the word "pregnant."[49]

The first prenatal visit will include a full evaluation of the inmate's condition and pregnancy using the Problem Oriented Perinatal Risk Assessment System (POPRAS) form. POPRAS is a comprehensive assessment tool that collects information about the inmate's medical

[49] Medical Services Bureau Policy #333: Pregnancy, CRDF Policies and Procedures Manual, Medical Services Bureau: QuickVue+One Step hCG Urine Pregnancy Test.

history, past pregnancies, risk factors, and current status, including weight and vital signs. It also includes questions about paternal medical history and about the inmate's family.

The physician will order lab tests as appropriate, with all pregnant inmates being offered an HIV test. The clinic is fully equipped with an ultrasound machine. Inmates will also be provided with education and counseling about nutrition, risks, and what to expect. A prenatal diet, including diet and vitamins and, if necessary, medications, will be ordered at that time. The written policy does not describe the prenatal regimen, but it appears that pregnant inmates will receive, at a minimum, an extra container of milk. The extent to which any additional dietary changes are necessary, as well as the composition of the prescribed vitamins, is determined by the physician.

If a pregnant inmate exhibits or describes any conditions indicating distress or a possible high-risk pregnancy during intake, medical clearance for booking will not be given, and the inmate must be transported to LCMC for further evaluation.[50] Such conditions include: experiencing labor or threatening abortion; diabetes; hypertension; bleeding; fever of 100 degrees Fahrenheit or greater; trauma to abdomen; seizure within last three months; fractures, dislocations, or other bodily trauma; questionable viability of the fetus/infant; symptoms of drug or alcohol withdrawal, previous C-section; or dental abscess.

All pregnant inmates are to receive follow-up visits with their OB-GYN physician, who will schedule regular appointments based upon duration of pregnancy and special need. Because follow-up treatment is determined on a case-by-case basis, it is not described in detail in the written policy. In general, inmates in the earlier stages of pregnancy will see the physician approximately once a month; as they get close to giving birth, appointment frequency will be increased to about once a week. In some cases, the attending physician may decide to transfer the inmate to the CTC, which, as a licensed medical facility, can provide a more intensive level of care to inmates with higher-risk pregnancies. Inmates requiring hospitalization will be transferred to the Women and Children's Hospital at LCMC, where they will be housed on the 7th or 8th floor until delivery.

[50] Medical Services Bureau Policy #201: "CRDF Reception Center Health Screening – Female."

Housing considerations for pregnant women do not appear in the Department's written policies. However, general practice requires that pregnant inmates be assigned to a lower bunk to avoid the risk of injury. They are restricted from joining any work crew except the sewing crew, and may not be placed in the safety chair or—unless absolutely necessary—medically ordered restraints.

Any inmate who experiences a miscarriage, also known as a spontaneous abortion, is to be transported to LCMC via paramedics.

Seventeen participants in the survey said that they were pregnant. Of those, only two said that they were not receiving prenatal care. Neither of these inmates provided any details or stated whether they had requested or received a pregnancy test. One of the other inmates said that she had begun receiving her "prenatals" but that she had not seen the OB-GYN yet; like the other inmates, she offered no information as to the timeline of her treatment.

1. Inmate Complaints

In our review of six months' worth of inmate complaint files, which we discuss in more detail in **Chapter 5, "Inmate Complaints,"** we found 15 complaints, described below, that related to pregnancy screening or the delivery of prenatal care. Six of these complaints had not been addressed or completed by medical staff at the time of our review and contained no information about the validity of the complaint.

- **Pregnancy Tests:** Four inmates complained that they had not received a pregnancy test and had thus not been able to obtain prenatal care. Another inmate complained that she had first been told that it was too early for the test and then that her second test had been lost. It is not clear from any of the complaints whether the initial request for a test had been made during intake or through some other process; it is also unclear how a QuickVue test, which provides on-the-spot results, could have been lost. At the time that we reviewed the complaints, only two of these had been completed by medical staff. In both cases, the responses said only that the inmates' tests had come back negative, with no other information as to whether the test was delayed or lost.

- **Prenatal Appointments:** Five other allegedly pregnant inmates complained that they had not been able to see a doctor about their pregnancy.[51] Four of those complaints had been completed, with one noting that the inmate's pregnancy test had come up negative, and the other three stating that the inmate had seen a physician. There was no information about how long each inmate had been asking to see a doctor, whether and on what date a pregnancy test had been given, and whether a delay occurred.

- **Prenatal Diet/Vitamins:** Four inmates complained that they had not yet received a prenatal diet or vitamins. Two of these complaints had not been completed by medical staff at the time of our review, although one contained a note from the Custody investigator that a pregnancy test had been given four days before, and that it took seven days for the results to come in. Again, this appears inconsistent with the Bureau's written policies on pregnancy testing. The other two complaints had been completed, with both stating that the inmate had since seen a physician and received prenatal care. One of these responses also noted that the regular prenatal "diet" (for pregnant inmates with no complications) simply consists of the regular diet with "extra milk/juice."

- **Housing:** An inmate complained of being assigned to a top bunk, even though she was pregnant. The complaint was resolved within one day by a Custody sergeant, who had her moved to a lower bunk and told the staff that pregnant women should never be assigned an upper bunk. While it is a good practice, we could not find this policy in any of the written materials we obtained.

2. Written Policies

These complaints brought up several questions about the policies for the screening and care of pregnant women at CRDF. The primary policy addressing these issues is MSB Policy #333, which states that "[a]ll female inmates who report being pregnant will be given a pregnancy test. When positive results are obtained, the inmate will be provided medical care and counseling." An accompanying policy from the CRDF manual describes the procedure for giving the test.

[51] One of these inmates filed a second complaint about not receiving prenatal care; that complaint is included in the four files discussed below.

Although the document, which is only two pages long, describes the screening and evaluation process in very general terms, it lacks detail about the immediacy and frequency of medical evaluations, the process for ordering prenatal diet and vitamins, or the nature of the prenatal "counseling." For example, it requires a referral by the initial screener to a physician/RNP, who will perform an evaluation and "order appropriate medication, lab, and follow up appointment with the OB/GYN physician." Yet there is no discussion of a recommended schedule for these appointments or information about the initiation and character of the prenatal regime.

Some of the responses to inmates' complaints that we reviewed also seem to indicate that a 7-day pregnancy test is required before care is initiated. In fact, the QuickVue test should be offered on the spot when requested and the results should be immediately available . Because they are considered to be "medical" orders and are part of the inmate's individualized care plan, the prenatal diet and vitamins must be ordered by a physician. The process should be clarified to require that inmates claiming to be pregnant receive both the QuickVue test and result during the intake screening or nurse clinic visit, at which point she is considered to be pregnant. As a result of the Clinical Laboratory Improvement Amendments, nurses administering a urine pregnancy test must receive additional training and show competency. All nurses who conduct nurse clinic or IRC screening should be so certified. A second, blood test will be given by the assigned OB/GYN physician to confirm that pregnancy, but this should not delay basic prenatal care or affect referral to a physician. We also recommend that the policy clearly set forth a timeline for the evaluation process and for the initiation of those components of a prenatal regimen that do not require a case-by-case physician approval.[52]

The written policies also contain little information about non-medical treatment of pregnant women. Once an inmate has received a positive pregnancy test result, she is to be assigned a yellow wristband marked "Pregnant." Yet although considerations for pregnant inmates do appear in policies from time to time, there is no comprehensive list of special accommodations or considerations for inmates with this designation. Those policies that do specifically discuss pregnant inmates are:

[52] One of these inmates filed a second complaint about not receiving prenatal care; that complaint is included in the four files discussed below.

- "Medically Ordered Restraint Devices": the use of these devices (which include 3 and 4-point restraint systems, soft ties, padded belts, and restraint boards) on pregnant inmates is limited to "the most compelling circumstances and then only after consulting with personnel."

- "Safety Chair": this restraint device may not be used on pregnant women.

- "Inmate Workers": pregnant inmates may "only be assigned to the sewing crew."

We came across no policies that address housing accommodations, such as bunk assignments, general and transport restraint considerations, or prenatal, childbirth, or parenting education, although at least some of those policies do exist in practice. We have made the following recommendation to the LASD:

- **Recommendation: CRDF should develop a specific and comprehensive policy, in accordance with Title 15 and PC Section 6030, that addresses each of these areas. As we discuss in the following sections, the policy should also include information about procedures for steps to take when an inmate goes into labor, is transported to a hospital for delivery, and returns to the facility.**

C. Abortion

Female inmates have the right to terminate pregnancy by abortion.[53] An inmate can request an abortion by signing the Department's Therapeutic Abortion Request form during nurse clinic. She will be referred to the OB/GYN physician for proper dating of gestation by ultrasound and to a registered nurse practitioner for abortion counseling, where she is provided information about abortion procedures, options, and what to expect.

Inmates who are identified with severe mental disorder are referred to the facility Mental Health Unit for evaluation and to determine competency of a written informed consent. A physician, registered nurse, or registered nurse practitioner will perform this evaluation.

[53]Medical Services Bureau Policy #333.3: "Therapeutic Abortions."

Inmates who require a therapeutic abortion for medical or mental health reasons will undergo the procedure at the LAC/USC Women and Children's Hospital.

For elective abortions, the registered nurse will facilitate contact between the inmate and an outside clinic—generally Family Planning Associates—by setting up a phone call in a private area. The RN informs the clinic staff that the caller is an inmate and hands the phone over to the inmate to discuss scheduling arrangements. Once the arrangements have been made, the RN schedules the abortion, then contacts the custody medical liaison to obtain a court order—generally obtained by fax on the day of request—permitting transport of the inmate to the clinic. Current LASD policy requires that elective and therapeutic abortions must be provided free of charge for inmates who cannot afford the cost.

Elective abortions are usually performed at a nearby clinic and require one or more visits, depending on the duration of the pregnancy. Once the court order has been approved, an appointment will be scheduled for the inmate to go to the clinic for the abortion or insertion of the laminaria. For abortions that require insertion of the laminaria one or more days before the procedure, the inmate will return to CRDF overnight. There, she will be assessed by an RN, who will contact the on-site physician for an evaluation; in most cases, the inmate will be moved to one of the observation beds in the Main Clinic overnight. The next day she will be returned to the clinic for completion of the abortion procedure. She will again be assessed by a nurse and evaluated by a physician, and will be admitted to the Main Clinic, usually for at least 24 hours, so that she can be monitored for bleeding and complications.

We reviewed only one inmate complaint relating to access to abortion. In that case, the inmate complained of repeated delays in obtaining an abortion, culminating in the designated outside clinic refusing to perform the procedure due to a missing court order. Absent other complaints, there is no evidence that such delays are a systemic problem. During a recent review, we found that all but one inmate who had made a request had received an abortion, while the other had the procedure scheduled within the week. Nevertheless, the Department should continue to ensure that inmates can be scheduled for the procedure within a reasonable period of time by expediting requests and setting forth a written timeline for completion of the abortion.

D. Prenatal and Postpartum Education: MIRACLE

Approximately 50-60 pregnant women are housed at CRDF at any given time. The LASD contracts with the Center for Children of Incarcerated Parents (CCIP), a non-profit group that promotes and facilitates family reunification for inmates with minor children, to provide a prenatal and neonatal educational program for pregnant inmates, known as MIRACLE or WE Care (MIRACLE). At the time of our review, an estimated 20-30 women were enrolled in the individualized program at any one time. However, as noted below, it appears that the organization has had to scale back its programs to about half of that. MIRACLE operates on multiple funding strings, including public grants and money from private foundations. It does not receive any money from the Inmate Welfare Fund, but has received $50,000 per year over the past three years from the LASD as part of a legal settlement. The Department plans to replace at least some of that funding, which is in its last year, with grant funds from the Newman's Own Foundation.[54] The program offers individualized educational sessions as well as group courses, which provide information on breastfeeding, basic childcare, and nutrition. MIRACLE provides three levels of service to pregnant women in Los Angeles County jails:

- **Classes for all pregnant women.** All pregnant women at CRDF are eligible to attend classes. Since 2007, MIRACLE has offered prenatal and child development classes every other Monday from 8:00-10:30 am. Classes alternate Mondays with mothers' support groups, also held 8:00-10:30 am. All pregnant women may receive these services; enrollment in MIRACLE is not a prerequisite.

- **Individualized Family Services.** MIRACLE offers family advocacy through direct assistance at the jail. Advocates visit inmates once a week and provide hour-long meetings during which they provide prenatal education and assistance with health and social services needs. After an inmate is released, an advocate continues to visit at least once a week in the former inmate's home, drug treatment program or mother-child prison program in order to continue case management and child development services.

[54] These and other program funding sources are discussed further in **Chapter 6.**

The organization provides Family Services for up to five years after the birth of the inmate's baby.

- **Individualized Transitional Services.** MIRACLE offers sentencing advocacy by working with the courts, treatment programs, the prison system, and mother-child prison programs to help inmates get sentenced to a program where they can live with their infant. MIRACLE also transports inmates from the jail to program sites when the Community Transition Unit (CTU) places them in a community treatment program.[55] The program also provides advocacy for child placement and custody by assisting inmates who give birth while incarcerated with identifying appropriate infant placement, helping to avoid foster care placement. Because the program seeks to reunify inmates with their newborn children, MIRACLE strives to assist program participants with housing and rehabilitation services, education and job training in anticipation of their release. Program managers and teachers refer interested inmates to the LASD's Community Transition Unit (CTU) for assistance in connecting with DCFS and appropriate child welfare services. CTU also helps inmates keep abreast of court-ordered classes and visits in order to fulfill requirements for child reunification post-release.

For those pregnant women or new mothers who are being transferred from jail to a state prison, MIRACLE provides assistance during their transition. Inmates enrolled in the program while in jail are given priority placement in the California Institute for Women. This state correctional center provides unique mother-child reunification services, including contact visits between mothers and infants.

MIRACLE is a well-designed program that provides a much-needed service to expecting and new mothers in the jail. In doing so, it also fulfills the state's requirement that the facility offer prenatal and childbirth education to pregnant women. Although basic prenatal education is provided by the inmate's OB/GYN physician, the MIRACLE program enhances that service by giving additional support to pregnant women as they prepare for the birth.

[55] Please see Chapter 6 for more information about the CTU.

Information about the program and its eligibility and enrollment process, however, does not currently appear in the department's written policies; nor do outreach procedures. CRDF nursing staff is responsible for making a weekly compilation of inmates who have received a positive pregnancy test and referring the list to the CTU, whose staff will follow up by approaching the inmates directly. The CTU includes information about the program in its information packet and inmates may also learn about this program's existence through other non-profit inmate advocacy organizations (such as the Harriet Buhai Center for Family Law and Friends Outside). Inmates may also request to attend the weekly information or monthly enrollment session, to which they will be escorted by the CTU officer who manages the program. Although it appears that pregnant inmates who want to participate are either able to receive individualized counseling or attend the class, there is currently no system to track which inmates are receiving services, which pregnant inmates do not wish to participate, and which inmates wish to participate but are unable to. We have made the following recommendations to the LASD:

- **Recommendation: The Department should implement a tracking system for pregnant inmates that would allow the CTU to track inmate participation in MIRACLE/We Care. It could also allow the facility to track and report on the number of women who are pregnant and who give birth while in jail.**

- **Recommendation: The purpose, structure, enrollment procedures, and outreach process for MIRACLE should be specifically outlined in the LASD's pregnancy policy. Since healthcare workers are a primary source of outreach for MIRACLE, the MSB pregnancy policy should also be modified to include procedures for informing inmates about the program and facilitating access to it.**

We recently found that, due to funding issues, the CCIP has had to scale down its services at the jail to about half of what it was at the beginning of our study. During our survey, we also found that, of the 17 women who reported being pregnant, none were attending the program—a disappointing finding. Although the future of MIRACLE is unclear, we continue to believe that it is a very important resource for pregnant women in the jail and should not be allowed to lapse. We are encouraged that the LASD is focused on finding a way to continue the program and make the following recommendation:

- **Recommendation: The Department should take steps to ensure the continuation of MIRACLE or some other prenatal education program, either through the Newman's Own grant funding or some other source. While an individual counseling component for every pregnant inmate may not be a sustainable option without further funding, the LASD could continue to provide, at the very least, a group-based prenatal and neonatal education program.**

E. Labor and Delivery

Because of short stays, very few inmates actually give birth while in the custody of the Los Angeles County Jail. Between May 2007 and April 2008, three inmates gave birth at CRDF. Although the Department does not keep statistics for births that occur outside the facility, CRDF and hospital staff estimate that no more than one or two deliveries occur each month, and that during some months there are none at all. Data from the LASD's Automated Jail Information System (AJIS) show that of the approximately 1400 pregnant women who entered between June 2006 and May 2007, about 75 percent were released within 30 days; 50 percent were released within ten. Of the remaining inmates, only seven inmates—less than one percent—were in custody for over 180 days.[56] Maintaining statistics on births and birth outcomes should thus not be a difficult task. We recommend that the Department track the number of inmates who give birth by location of delivery, type of delivery, and length of stay in the hospital. It should also track birth outcomes, including any information about premature births or infant mortality.

No clear or detailed written policies on managing inmates in labor, childbirth, or recovery currently exist for CRDF. As a result, the information in this section has primarily been compiled through interviews with LASD, contract, and hospital personnel.

In general, inmates do not give birth at CRDF or, for those housed there, at CTC. When an inmate shows signs of labor, a deputy will escort the inmate to the health clinic where her and her fetus's heart rate will be checked (either by a physician or qualified nurse practitioner). Once her condition is diagnosed, she will be transferred by paramedic to

[56]Thirty-six pregnant inmates had not been released at the time we received the data set and are not included in this calculation.

County + USC Hospital (LCMC). If, however, delivery is imminent and travel time does not permit transport to LCMC, she will be taken to the nearest hospital (usually the St. Francis Medical Center), and in some cases, the delivery may even occur at the facility. During transport, the inmate is in the custody of the accompanying CRDF deputy, who is responsible for all security decisions. Upon arrival at the LCMC, the inmate is usually taken to the 5th floor maternity ward, rather than the jail ward. Depending on staffing, a hospital deputy may take custody of the inmate, or deputies from CRDF may continue to maintain custody throughout the birth and until the inmate returns to the facility.

There appears to be no clear restraint policy for any step of this process, and we could find nothing written on the subject other than general restraint policies for inmates at the hospital. These require that hospitalized inmates be shackled to the hospital bed:

> While at the hospital, the deputy providing security shall ensure that the inmate is secured to the bed with handcuffs and/or the issued leg chain. Should it become necessary for the inmate to move from the bed due to medical treatment, exercise, or to use the restroom, both of the inmate's feet shall first be secured with the issued leg chain. If one of the legs cannot be secured for medical reasons, then the leg chain shall be attached from one leg to the opposite hand with the minimum amount of slack necessary to allow movement.[57]

Although the policy does not mention women who are in labor, delivery, or recovery, the Custody staff that we spoke to said that they avoid restraining inmates during delivery, and that decisions are made based on security and at the deputy's discretion in consultation with the doctor. However, a delivery nurse at the Women's Hospital said that leg chains, which are heavy but long enough to allow the inmate to get to the bathroom, are often present during childbirth. All other medical decisions are made by the inmate and the attending physician, and inmates are entitled to receive the same medical care as any other patient.

Following the birth, the inmate will remain at the hospital for as long as is medically necessary, which may be from 24 hours up to a week. During that time (and during the delivery), she may not receive any visits; any family member or friend who shows up at the

[57] Custody Division Manual 5-03/100.00: "Inmate Detentions at Hospitals."

hospital is asked to leave.[58] In contrast, San Diego County allows visits with approved family members at the hospital before the inmate returns to the facility. **We recommend that the LASD consider implementing such a policy.** In many cases in Los Angeles, the family does not find out about the birth until after the inmate has returned to jail. While in the hospital, the inmate will be allowed to visit with and nurse her infant at the deputy's discretion and under the supervision of the nurse. According to hospital staff, deputies generally approve such requests. Throughout the hospital stay, the inmate is supervised by a Custody deputy, who generally sits outside her locked room, and is usually restrained using the leg chain.

As previously mentioned, current Title 15 standards do not address restraint issues for pregnant women. PC Section 6030, from which those standards flow, does. It states: "The standards shall provide that at no time shall a woman who is in labor be shackled by the wrists, ankles, or both including during transport to a hospital, during delivery, and while in recovery after giving birth, except as provided in Section 5007.7." Section 5007.7 allows for such restraint when necessary to maintain security. As stated earlier, we recommend that the LASD immediately and explicitly adopt this policy, which was endorsed by the American College of Obstetricians and Gynecologists (ACOG) and California Medical Association. According to the ACOG, "Physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and the fetus, and have similarly made the labor and delivery process more difficult than it needs to be; thus, overall putting the health and lives of the women and unborn children at risk." The California Medical Association concurs: "[S]hackling of a prisoner during childbirth may be unnecessarily uncomfortable and dangerous for the female inmate, while providing little additional public safety protections."[59]

Although Department management says that it is not the policy of the LASD to use restraints on inmates during delivery unless it is for security purposes, we are concerned that this policy is not committed to writing and there are no clear parameters as to when the use

[58] In San Diego County, jail inmates who give birth while in custody are assigned a "doula," a trained birthing assistant who provides non-medical emotional and physical support during delivery. The doula is assigned upon arrival to the hospital and may not have contact with the inmate after birth.
[59] Office of Assemblywoman Sally J. Lieber, October 5, 2005, http://democrats.assembly.ca.gov/members/a22/Press/p222005023.htm.

of handcuffs, leg chains, or other restraints is appropriate. We also must point out that the Penal Code's policy on restraint applies "during transport to a hospital, during delivery, and while in recovery after giving birth. While administering the survey, we spoke to one inmate who alleged that she was handcuffed to the bed during her Caesarian section procedure, which occurred in the first half of 2008. According to that inmate, her restraint was considered justified due to her high charge. Although this inmate may have had a high security classification, she was housed in the general population and it is thus not clear whether she would have posed an escape or assault risk serious enough to justify restraint during a surgical procedure. In any case, such considerations should be clearly outlined in Department policy. We have made the following recommendation to the LASD:

- **Recommendation: The LASD restraint policy should define the term "shackling" and clearly indicate the circumstances under which restraints may be used on inmates who are in labor, delivery, or recovery. We recommend using the same criteria as that for use of medically ordered restraints for pregnant women: "In considering the use of restraint devices on pregnant inmates, personnel shall first establish articulable facts to demonstrate that the inmate poses an immediate threat of great bodily injury or death to herself, her fetus, others, or who display behavior that results in the destruction of property."[60] The policy should also direct that restraints only be used under the supervision of medical personnel. It is our understanding that the CRDF is currently developing such a policy but it is not yet in place.**

- **CRDF should also maintain full medical and custody procedures for inmates who go into labor, including delivery procedures for when the birth takes place at the facility. For example, CTC's medical policies go into substantial detail about procedures for precipitate delivery—when there is no time to get the inmate to a hospital in time for the birth. Three inmates gave birth at CRDF during our review period, but there is no such policy for that facility. Clear policies for custody deputies about how to manage an inmate who appears to be going into labor may even decrease the number of deliveries that take place at the facility.**

[60] Custody Division Manual : Medically Ordered Restraints

According to CTC documentation, following release from the hospital, inmates who have given birth are to be admitted to the CTC for at least a 24-hour observation period, and should not be given a work assignment for eight weeks. Upon return to the facility, according to Medical Services management, the inmate can request to pump and store milk at the Main Clinic, to be given to the family during visiting. This procedure, however, does not appear in written policies and is not well known. According to CRDF staff, no inmate has taken advantage of the nursing option within the past year. Title 15 requires the maintenance of policies for lactating inmates, and the Department should fully document this policy and encourage inmates to use the process. The United States Surgeon General recommends that infants be breastfed for the first six months of life, and allowing inmates to pump milk while in custody will allow them to breastfeed when they are released from jail.[61] We have made the following recommendation to the LASD:

- **Recommendation: CRDF-specific policies should postpartum procedures, including information about nursing, as required by statute.**

F. Transfer of the Newborn

After she has given birth, the inmate will complete a "Release of Newborn" form, provided by the hospital's social worker. The inmate will designate a guardian for the infant. If an inmate does not have any child abuse-related charges or prior children in DCFS custody, the hospital social worker will approve any guardian designated to take custody of the infant. After the inmate's hospital stay is complete and she is returned to CRDF, the social worker will notify the designated guardian of the inmate's new infant and the guardian may then go to the hospital to obtain custody of the newborn. Guardians may not be notified of the infant's birth while the inmate remains in hospital custody.

If the inmate's charge is related to child abuse or domestic violence or if she has any children in DCFS custody at the time she gives birth, Child Protective Services (CPS) will oversee the infant's placement in foster care or with an approved inmate-designated guardian. A social

[61] U.S. Department of Health and Human Services. "HHS Blueprint for Action on Breastfeeding, Washington, D.C. U.S. Department of Health and Human Services," Office on Women's Health, 2000.

worker and CPS will only conduct an investigation on the designated guardian's suitability under these circumstances.

While decisions made at or soon after the time of delivery may cause the inmate stress and confusion, short jail terms and the high likelihood that a pregnant inmate will be released before she delivers often renders any process for pre-arranging the infant's custody unnecessary. Furthermore, the social welfare system's poor record of successfully maintaining or facilitating family reunification for female inmates prompts some inmate advocates to recommend against inviting Child Protective Services or social workers into an inmate's familial matters unnecessarily. Absent evidence that the procedures now in place are not working, we do not recommend making any changes to the current policy.

There is currently no policy in place allowing special visitation for inmates and their newborn infants once they leave the hospital. As discussed in the next section, inmates' only avenues for visiting with their children are public, non-contact visiting and structured contact visits through the TALK program. Although infants are eligible for participation in that program, eligibility is limited to sentenced inmates, vastly restricting the number of mothers who can participate. In contrast, many corrections agencies, including the California prison system, have special programs for new mothers to live with their newborns. Inmates who give birth while incarcerated at the Rikers Island jail in New York City may apply to live in a 25-bed nursery facility with their babies for up to one year.[62]

The LASD may want to consider implementation of an infant visitation program for women who give birth while in custody, similar to the nursery facility at Rikers Island or the "Baby Visits" program in San Francisco. Administered by the Northern California Services League, "Baby Visits" provided for contact visits for inmates and children who were in the "toddler stage" or younger. This program had no parenting class requirements and eligibility was determined on a case-by-case basis. Inmates in high security jails, or under restraining orders or charged with child abuse were automatically barred from this service. Because San Francisco's current parent-child visiting program now allows for inmates to see their

[62] "Facilities Overview: An Overview of NYC DOC Facilities," New York City Department of Correction. http://www.nyc.gov/html/doc/html/about/facilities_overview.shtml .

children up to 16 with no parenting class requirement, the Baby Visiting program is no longer necessary at that facility.[63]

G. Recommendations for Improvement

As evidenced by the recent passage of AB 478, legislators, medical professionals, and correctional managers are increasingly concerned about the treatment of and services provided to pregnant inmates in California jails and prisons.

The rising numbers of incarcerated women and the attendant growth of in-custody births have focused attention on the need for specially designed prenatal and postpartum treatment and services, as well as clear guidelines for the transport and restraint of inmates who are in the process of giving birth. At present, the Los Angeles County Jail appears to be in basic compliance with most Title 15 standards; in some areas, such as in the provision of prenatal education and postpartum assistance, it is even ahead of the curve. Nevertheless, its policies and practices are not well documented and, as such, they lack transparency and are not fully in compliance with the state health manual standards. The lack of comprehensive written policies may also lead to confusion about what are the Department's policies, such as those involving shackling of women in labor, leading to practices that do not reflect state law or best practices in the field.

We have thus recommended that the Sheriff's Department devise a set of detailed written policies and procedures—both medical and custody-related—for prenatal, delivery, and postpartum procedures, services, and care.

III. Parenting in Custody

Our survey found that 33 percent of respondents had children under the age of 18 who were living with them until incarceration and 31 percent had minor children who were not living with them. In all, 54 percent of survey participants had children under the age of 18.[64] The

[63] Phone interview with Karen Levine, San Francisco Sheriff's Department, June 19, 2008.
[64] This is somewhat lower than other nationwide estimates. For example, a study of women in jail by the Bureau of Justice Statistics found that more than two-thirds of all women in custody have children under the age of 18 who were living with them prior to incarceration. "BJS Report, *Women in Jail 1989*, 1992.

effects of the incarceration of their parent on these children, which can include emotional difficulties, separation from home and family, and involvement with the public dependency system, can be devastating. Many correctional facilities, particularly those that house female inmates, have begun to develop programs and services targeted at maintaining and improving the bond between an incarcerated parent and his or her child. For example, as a result of AB 478, female state prisoners who give birth while incarcerated may be eligible for transfer to an alternative community program where they can reside with their infants.

The Los Angeles County Jail established itself as an early leader in this area through the development of a structured contact visiting program called Teaching and Loving Kids (TALK), an excellent program that has been replicated in many other facilities. Enrollment in this program, however, is limited, leaving very few opportunities for meaningful contact between inmates and their children. At the time of our initial review, the program could accommodate only about 10 inmates. In this section, we detail policies and procedures for visiting at CRDF, both general and through the TALK program, and offer recommendations for improvements. We also discuss some of the challenges faced by inmates whose children are involved in the dependency court system. Although that system is outside the control of the Sheriff's Department, we make suggestions for steps that can be taken by the Department to facilitate communication and compliance with the court.

Effects of Parent-Child Separation on Young Children: The Benefits of Contact Visits

Much of the current body of research on the effects of parent-child separation has been conducted by Denise Johnston, Executive Director of the Center for the Children of Incarcerated Parents (CCIP), the organization that administers the MIRACLE prenatal program in the Los Angeles County Jail. In her article, "Children of Incarcerated Parents,"[65] Johnston explores the emotional and physical effects of parent-child separation on young children whose parents are incarcerated. She reports that the suddenness of separation characteristic of a parent's arrest often produces persistent separation anxiety among

[65] Denise Johnston, "Effects of Parental Incarceration," in Children of Incarcerated Parents, Eds. Katherine Gabel and Denise Johnston, Lexington Books, New York (1995).

children. When separation is prolonged, children risk becoming "excessively dependent and fail to develop appropriate self-confidence," while the separation-induced emotional stress frequently leads to other forms of anxiety, aggression, anger, grief and withdrawal. Infants who are separated from their incarcerated parents at such a young age often experience long-term attachment difficulties and lack of security. Children of incarcerated parents also experience shame and stigma, often perceiving parental arrest and subsequent incarceration as rejection or bearing a sense of responsibility for their parents' detention.

In another article, Johnston discusses the ameliorating effects on children's separation anxiety and its attendant problems when children have the opportunity to visit their incarcerated parents in jail.[66] The degree of improvement bears a strong correlation to the stability of the parent-child relationship prior to incarceration and the duration of time the child resided with his or her incarcerated parent before detention.

A. General Visiting Procedures

As we described in **Chapter 2**, inmates may receive visits from the public from 8:30 am to 3:30 pm and 5:30 pm to 7:30 pm on Saturdays, Sundays, and holidays. Visits are first come, first served. Each visit can last up to half an hour, and each inmate may only have one visit per day, or two per weekend. In general, visiting children under the age of 16 must be accompanied by a guardian at all times, although minors over 12 may, upon request by the inmate and approval by the captain, be allowed to attend the visit alone. A maximum of two children (and one guardian) can visit each inmate at any given time, and inmates and their visitors are separated by glass at all times.

The potential for meaningful visits between mothers and their children under this system is limited. Younger children must depend on a guardian to bring them to the facility and to wait with them, and they do not have the opportunity to spend time alone with the parent. Depending on the relationships among the child, parent, and guardian, this may be a good thing, but a sour relationship between the guardian and inmate may also cause more stress

[66] Denise Johnston, "Parent-Child Visitation in the Jailor Prison," in Children of Incarcerated Parents, Eds. Katherine Gabel and Denise Johnston, Lexington Books, New York (1995).

for the child. The lack of physical contact and short visiting period may prove even more painful for young children with a limited understanding of the circumstances.

The first come, first served policy observed for public visits may also pose a significant burden for visitors, particularly children, who may sometimes spend the entire day waiting at the jail for their turn. On particularly busy visiting days, some may not even get the chance to visit, thus rendering their day-long wait in Lynwood a waste of time. These long waits and lack of guarantee create another deterrent for foster parents or other guardians who are not committed to bring their charges to the jail to visit their biological mothers.

Appointed, guaranteed visiting times might encourage temporary guardians or foster parents to bring children to visit with their mothers. Furthermore, permitting children to visit with their mothers in the designated attorney/social worker meeting rooms—during professional hours between Monday and Thursday, if necessary—would afford families a greater degree of privacy when actual contact visits are impossible. Because visiting a parent in jail could be a traumatic experience for young children, the added privacy of the attorney meeting rooms might help to alleviate some of the children's anxiety and stress. Accordingly, we made the following recommendations to the LASD:

- **Recommendation: The Department should consider implementing a reservation system, used at facilities such as the San Francisco County Jail, for visitors, and especially for minors visiting their parents or legal guardians at CRDF and other facilities. As we described in Chapter 2, an effort to implement such a system is already underway.**

- **Recommendation: The LASD should take into account the needs of children when designing visiting facilities at the future facility for female inmates. For example, the facility could include a children's play area in the waiting room, child-size furniture for the visiting area, friendlier colors and surfaces, and even open—if non-contact—visiting for nonviolent inmates and their children.**

B. TALK: Teaching and Loving Kids

Teaching and Loving Kids (TALK), a program funded and operated by the Hacienda La Puente School District, allows parenting inmates, both men and women, to have weekly contact visits with their children who are under the age of 12. It is modeled after a program called Prison MATCH (Mothers, Fathers and Their Children), which began at the Federal Correctional Institution at Pleasanton, California. The program founders' goal was to work in cooperation and consultation with institutional staff and inmates to maintain family ties between inmate parents and their children. MATCH places emphasis on "developing, through appropriate play and learning activities, the bonds between parents and children." The program's central component includes facilitating a four-hour contact visit between incarcerated parents and their children once a week in a warm, instructive setting.

In order to participate in the program, inmates must have attended at least three parenting classes, also provided by Hacienda La Puente, after which they can submit an application for TALK. At least one parenting class per week should be offered to each module within the general population, during which the teachers disseminate information about and application materials for TALK. Word-of-mouth is the most common form of advertisement for the program.

Inmates must also meet several eligibility requirements, including having been sentenced to the county jail for at least one charge. While pre-sentenced inmates and inmates that have been sentenced to state or federal prison are free to attend the parenting classes, they are ineligible for TALK. Applications are processed by the LASD Custody Assistant (CA) assigned to the program, who usually takes about a week to process each application. Generally, inmates' children who are in custody of the Department of Child and Family Services (DCFS) do not participate in TALK. According to jail staff, most foster parents are unable or unwilling to escort the children to the Lynwood facility. While there is no written policy preventing an inmate from applying or participating when their children are in DCSF custody, the Custody Assistant contends that the nature of foster care and the absence of jail visits from a foster parent's enumerated obligations create a de facto barrier to contact visits.

Inmates who have been arrested or convicted of child abuse or endangerment will be interviewed on an individual basis, after which the Sheriff's Department determines participation eligibility. Inmates who have been in disciplinary housing two or more times during their current arrest will not be interviewed by the Sheriff's Department.

Once the CA approves an inmate for participation, on the Wednesday before the TALK program that the inmate wishes to attend, the inmate must make arrangements with her children's guardian to bring the children to CRDF.

Outreach and Inclusion of Children's Guardians

Although the CA does not provide outreach to inmates' relatives and children's guardians, she does contact them on the Wednesday before the TALK program to confirm each child's plans to attend the session. The CA also discusses the logistical details and content of the TALK program and fields questions from guardians of first-time TALK attendees.

Before the start of the 8:00 am program and before the inmates enter the TALK classroom, guardians of first-time participants are given the opportunity to meet the TALK teacher and survey the classroom. During the actual program, guardians are prohibited from contact with inmates and must wait for the program to end (at 11:00 am) before they can retrieve the children. One teacher, one deputy and two officers remain in the classroom during the entire program. After the children leave, inmates clean up and have the opportunity to debrief and discuss the day's events.

The designated TALK classroom accommodates 10 – 12 inmates and about 15 children each week. Although there is no official cap for either inmates or children, these space and staffing restraints, combined with the strict eligibility requirements and application process, effectively limits the number of participants. At present, approximately 29 percent of inmates at CRDF are sentenced. This low proportion of sentenced inmates, coupled with restrictions on TALK applicants with "heavy" charges, histories of child abuse, and children in foster care account for the low number of participants. With an estimated 85 percent of incarcerated women who have dependent children at the time of arrest, a large portion of

CRDF inmates and children who stand to benefit from this program are barred from participation.

The Sheriff's Department is justifiably proud of TALK. By all accounts, it appears to be a well-planned, thoughtful program that provides an opportunity for inmates to have a genuinely meaningful visit with their children. It is focused on helping to rebuild and maintain that relationship by teaching inmates how to better interact with their children, to express their feelings, and to help the children understand what is happening with their parent. It is unfortunate, then, that the capacity of the program is so small. Accordingly, we made the following recommendations to the LASD:

- **Recommendation: The Department work to expand TALK. Limiting eligibility to sentenced inmates is a quick way to keep numbers down, but it also prevents the majority of inmates in the jail from participating. Other such programs, such as the Parent- Child Visiting Program (formerly Prison MATCH) in San Francisco, do not summarily exclude all pre-sentenced inmates.[67]**

- **Recommendation: The Department should consider whether there are pre-sentenced inmates who could benefit from the program without compromising security and work to expand eligibility to those inmates. It is likely that demand is, or will become, higher than current participation. In collaboration with Hacienda La Puente, it should thus work to determine the true capacity of each TALK session in terms of staffing, space, and funding constraints and to assess whether additional sessions on other days could be added. Adding one or more alternate sessions might also improve enrollment by providing guardians, who may not be able to bring the child at the current time, with more options. An effort to expand the program, such as adding a second TALK session, is currently underway.**

- **Recommendation: The Department should consider implementing a "Baby Visit" program (akin to the program offered in San Francisco County) at CRDF. Funding constraints may render such a program unrealistic. We mention it in this**

[67] Phone interview with Karen Levine, San Francisco Sheriff's Department, June 19, 2008.

report as part of an overarching goal to improve the likelihood of family reunification and to reduce childhood stress and trauma related to incarcerating parents. It is our understanding the CRDF is currently exploring options for the inmates to spend time with their babies at the facility.

- **Recommendation: We recommend postings about MIRACLE, TALK, and parenting classes and their eligibility requirements on all General Population module bulletin boards. While it maybe that announcements and inmate word-of-mouth are effective advertising tools, we have nonetheless found that many inmates continue to be unaware of these programs or how to enroll in them These postings should be placed in plain view of the common area, where all resident inmates can read and access the service offerings and schedules. This will help inmates understand the options available to them and, where possible, allow them to plan around those programs that would benefit them.**

C. Dependency Court and Other Legal Issues

There are currently no statistics about the number of inmates at CRDF with pending cases in juvenile dependency court, but it is believed that the proportion is significant. While some parents may first become involved in the system as a result of their incarceration, many others may already be in the process of losing, or working to maintain, their parental rights. For these inmates, communicating with the court and social workers, following their case plan, and attending court dates while in jail may prove complicated and bewildering, their ability to comply affected by circumstances outside their control. Other inmates may also face other family-related legal issues, such as custody battles, a child support obligation, or involvement in a domestic violence situation.

LASD has already taken some steps to provide legal education services to inmates with dependency cases and other family issues by contracting with two community organizations, the Harriet Buhai Center for Family Law and Friends Outside. Although its staff may not provide specific legal counsel, the Harriet Buhai Center provides regular, comprehensive courses to inmates at CRDF on the following topics:

- Dependency Court: Provides inmates with an overview of the dependency court system and tools for navigating the system, including authorizing a caregiver, communicating with a social worker, and obtaining legal services.

- Domestic Violence, Life Skills and Health: Assists inmates in identifying domestic violence and provides referrals and information on obtaining a restraining order.

- Paternity and Child Support: Explains the process for determining paternity and obtaining child support and details child support obligations for the inmate.

Friends Outside is a community organization that focuses on facilitating communication between inmates and family members, outside organizations and agencies, and even jail staff. The organization's case manager at CRDF serves as an all-purpose information manager, fielding requests from inmates about everything from medical care to transitional help. Many of these requests relate to inmates' dependency court cases, and the case manager works to help inmates contact social workers, get information about court dates and deadlines, and obtain credit on their case plan for courses attended in jail.

We were quite impressed by the competency and experience evinced by both these organizations and by the Harriet Buhai Center's clear, comprehensive course and referral materials. The Sheriff's Department is to be commended for realizing the importance of these programs and for maintaining them year after year. The effectiveness of these services, however, would be improved with the addition of an outreach and tracking component for inmates with dependency cases. Accordingly, we have made the following recommendations to the LASD:

- **Recommendation: Inmates should be screened for their involvement with the court upon intake and a list of involved inmates should be sent to the Harriet Buhai Center for purposes of outreach.**

- **Recommendation: CRDF should consider creating a designated dependency court liaison position, which would be tasked with helping inmates communicate with their social worker and comply with the case plan and court requirements.**

5. Inmate Complaints

As part of our examination of the LASD's ability to meet its female inmates' basic needs, we reviewed six months of inmate complaints from CRDF. In accordance with Title 15 of the California Code of Regulations, which regulates local detention facilities, LASD policy states that any inmate may "submit an appeal, and have grievances resolved, relating to any condition of confinement."[68] Generally referred to as "complaints," these grievances are to be collected from each module on a daily basis and logged into a database, after which they should be investigated, resolved, and discussed with the inmate promptly. The Department also accepts complaints from third parties and the American Civil Liberties Union (ACLU). The manual notes that "whenever possible," all complaints should be completed within 10 days.

The objectives of our review were to learn the types of issues that inmates complained about; evaluate whether the response by LASD personnel was fair, thorough, and timely; and assess the effectiveness of the system for tracking and analyzing the complaints.

We found that approximately 38 percent of the files contained complaints or questions about basic conditions of confinement. Most of these complaints were relatively minor and were easily resolved by jail Custody staff. While we have some suggestions for improving the investigation of non-medical complaints, particularly those involving allegations against staff, and although we questioned some dispositions, we were on the whole satisfied with the prompt and appropriate resolution of these complaints.

In contrast, the classification, investigation, and disposition of medical complaints failed to meet the standards set by the Department or by Title 15. The Department received 214 medical complaints between December 2006 and May 2007, the majority of which centered upon treatment delays. Of these, nearly one-third had not been completed at the time of our review in December 2007, and only 38 percent of the remaining complaints were completed within the recommended ten-day period. Additionally, we found that the referral of 41 complaints by Custody was unnecessarily delayed, that the level of detail on many medical

[68] LASD Custody Division Manual, Section 5-12/000.00 "Inmate Complaints and Requests," Revised December 15, 2001.

dispositions was insufficient to determine whether the complaint was adequately resolved, and that the majority of complainants appear never to have been notified of the result of their complaints as required by Title 15. Finally, the use of the category "Request for Service – Routine" to describe nearly every medical complaint, as well as the failure to make even a token effort to investigate system or staff performance issues, rendered the complaint system incapable of providing LASD management with any meaningful information about systemic problems with the delivery of medical services at the facility.

Note: The review described in this chapter included complaints that were filed between December 2006 and May 2007. Since that review and our accompanying recommendations, the Department has instituted a new complaint form and instituted procedures to reduce delays in the provision of nursing care to less than 24 hours in most cases. We expect that those changes will reduce the volume of complaints about delay. Implementation of our recommendations about the investigation and disposition of complaints should reduce dissatisfaction with the handling of inmate complaints. Our continuing concerns about the collection, investigation, and adjudication of personnel complaints are further described in Chapter 2, "Inmate Survey Feedback on Jail Conditions and Operations." As we note there and at the end of this chapter, we firmly oppose a new policy that requires that complaints filed more than 15 calendar days after the alleged incident not be investigated, and we make recommendations for the modification of that policy.

I. The LASD's Inmate Complaint Process

Title 15 of the California Code of Regulations, "Minimum Standards for Local Detention Facilities" requires each facility to "develop written policies and procedures whereby any inmate may appeal and have resolved grievances relating to any conditions of confinement, included but not limited to: medical care; classification actions; disciplinary actions; program participation; telephone, mail, and visiting procedures; and food, clothing, and bedding."[69] According to the Title, inmates must be afforded the opportunity to appeal the response to

[69] "Minimum Standards for Local Detention Facilities, Title 15 – Crime Prevention and Corrections, Division 1, Chapter 1, Subchapter 4, Section 1072." California Code of Regulations, 2005.

their grievance and are entitled to a written response at every step of the process, for approvals as well as denials. Such notification must be documented in writing.

The LASD has devised a complex complaint policy in response to this standard.[70] At the time of our review, it had a form that provides space for the inmate to write down the complaint and for the investigating supervisor to document the findings of the investigation.[71] That form also contained a line for the inmate to sign that she has been advised of the findings, in order to satisfy Title 15 requirements. Each Unit Commander is responsible for ensuring that each assigned housing unit has an adequate supply of Inmate Complaint Forms available, and that the inmates have unrestricted access to them. (Regardless of the availability of the forms, staff members are directed to accept complaints on any piece of paper.) Each module must also have a locked box into which inmates may deposit their complaints without interference.

All complaint forms must be collected and reviewed by a supervisor at least once per shift. "Priority complaints" that include mental or mental health emergencies or other urgent threats to the "inmate's safety and/or well-being," are supposed to be acted upon immediately; in the case of a medical emergency, the inmate should be taken directly to the main clinic.[72] Each complaint should be assigned a reference number from the facility-wide logging system, which also logs inmate injuries, assaults, searches, uses of force by staff, requests for mental observation, tours, and hospital runs, crime reports, and inmate incident reports, and should be entered into the Facilities Automated Statistical Tracking (FAST) system.

Complaints concerning Medical Services, Mental Health Services, or Food Services should be forwarded "without delay" to the appropriate units, with mental health complaints first going to Medical Services. The Custody unit should still obtain the reference number and initiate the entry into FAST, the LASD's risk management database for custody operations.

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[70] Some aspects of the complaint policy, as well as the complaint form itself, have been revised since our review. We discuss changes to the policy at the end of this chapter.

[71] Since our review, the LASD has replaced this form with a combined Complaint/Request Form, described at the end of this chapter.

[72] 39 LASD Custody Division Manual, Section 5-12/000.00 "Inmate Complaints and Requests," Revised December 15, 2001.

In many of the complaints that we reviewed, the supervisor also took initial steps to investigate or even resolve medical complaints, a practice we commend. All other routine and jail conditions complaints should be delivered to a designated Inmate Complaint Coordinator, who assigns them for investigation and resolution.

Upon completion of the inquiry or referral, at the time of our review, the supervisor filled out the "Inmate Complaint Disposition Data Form" by coding each complaint according to type and assigning a disposition code.[73] The dispositions include "referred," "founded," "unfounded," or "unresolved," or a note stating that the inmate had already been released. For cases involving more serious allegations, an administrative investigation in theory may also be opened. (As described below, none of the 346 complaints we reviewed led to administrative investigation, no matter how grievous the allegations were.) The supervisor also briefly notes the findings on the back of the complaint form itself and advises the inmate of the results in person, obtaining her signature on the form. The complaint package must be approved by the Watch Commander and the Captain or her designee, after which the disposition is entered into the FAST system.

A. Medical Complaints

Medical complaints are received by Custody and then referred over to Medical Services. The fact of referral is noted in FAST. Custody refers complaints about medical services to a designated Complaint Coordinator at Medical Services, who is then responsible for classifying, researching, and resolving the grievance using the Medical Services Data Disposition Form. Similar to the Custody Division's disposition sheet, this form requires the coordinator to code each grievance according to type—for example, "Service–Delay," "Request for Service–Routine," and "Complaint Against Staff"—and then to assign a disposition. Unlike the Custody Division, Medical Services does not distinguish between founded, unfounded, and unresolved cases, although it does provide a "Complaint Not Valid" option. Instead, dispositions focus on the treatment result, such as "Examination–Treatment provided" or "Examination–No Treatment necessary." The form also designates the medical area involved, such as Nursing, Physician, or Dental. Finally, it provides a box

[73] Since our review, that form has been discontinued, with a disposition section added to back of the complaint form itself.

for the coordinator to mark whether the complaint was resolved in a timely fashion within 10 days of receipt.

Medical dispositions are then entered into the FAST system using the special Medical Complaints Module. Each medical complaint will thus have two dispositions within FAST, one for the Custody referral to Medical Services and another for the final disposition.

B. ACLU Complaints

Along with using the LASD form and lockbox, inmates may also make complaints directly to the ACLU by collect phone call or during a personal interview with ACLU staff. The ACLU forwards a written summary of the complaint to Custody Support Services (CSS), where a reference number is pulled and the complaint entered into FAST. Non-medical complaint files are then forwarded to the facility, while medical complaints are referred to the Medical Court Order Unit, then to the facility medical complaint coordinator. Completed complaints are then returned to CSS, stopping at the Medical Court Order Unit along the way for entry into FAST, and, ultimately, the ACLU for final review.

C. The FAST System

The Facilities Automated Tracking System (FAST) database captures information on several types of incidents, including the use of force by Custody staff; inmate escapes, injuries, and deaths; over-detentions and early releases; and inmate complaints. It has four complaint modules: Inmate Complaints, ACLU Complaints, Medical Complaints, and Food Services Complaints. When a complaint is first received, it is entered either into the Inmate Complaints module (for non-ACLU complaints) or the ACLU complaint module. Upon completion (for custody-related complaints) or referral, the classification and disposition are entered into the original module, but the database does not track detailed information about the substance or findings of the complaint. Those complaints that are referred to Food or Medical Services receive additional entries in their respective modules, similarly noting receipt, classification, and disposition.

The database offers a number of reports that summarize the number and type of complaints by facility, classification, and disposition for each module. Other reports list the number of

outstanding forms for each module, as well as those complaints that were referred to one unit by another but never completed.

II. PARC's Complaint Review Process

For this review, we looked at all complaints by female inmates between December 2006 and May 2007, based on the date the reference number was pulled. Because they made up the largest proportion of inmate complaints, and because they tended to be of a more serious nature, we reviewed the response to medical complaints at both Custody and Medical Services.

We did not review the final dispositions of complaints referred to other units, such as Food or Inmate Services.

In all, we reviewed 346 complaint forms ("complaints"), which included a total of 377 complaint types. These included the following:

- One hundred thirty-two non-medical complaints. These were reviewed at the CRDF Custody administration office and included 45 non-medical complaints referred by the ACLU.

- One hundred forty-two medical or mental health-related complaints that were collected by Custody staff and, after some initial follow-up, referred to Medical Services, including six complaints that included both non-medical and medical complaint types. We reviewed all of these at Custody, but were able to locate only 79 completed files at Medical Services Bureau (MSB). The remaining 63 had not yet been closed out or sent to MSB headquarters, and were listed as incomplete or missing in FAST. We were thus able to evaluate the content of the complaints as well as any actions taken by Custody staff, but not the final disposition by Medical Services.

- Seventy-two medical complaints referred by the ACLU, which bypassed the Custody staff at CRDF altogether. Fortunately, as a result of the rigorous tracking efforts of Nurse Singh, who manages ACLU complaints at the Medical Court Orders Unit, all of the ACLU complaints had been completed and filed.

III. Non-medical Complaints

In the selected six-month period, female inmates at CRDF filed 132 non-medical complaints about jail policies, staff conduct, or other conditions of confinement. These ranged from grievances about the size or condition of their jail-issued clothing or the taste of their food to complaints about access to showers and use of force by staff. A complete breakdown of the categories of complaints we reviewed is included in Table 1. Thirty-seven of these complaints were more appropriately handled by another unit, such as Food Services or Inmate Services, and were promptly forwarded, while the remaining 95 were completed by Custody staff. Our analysis focuses on five aspects of Custody response in these cases: resolution of inmate concerns, timeliness, investigation of complaint causes, investigation and adjudication of complaints against staff, and inconsistent dispositions.

A. Resolution of Inmate Concerns

The majority of Custody complaints, though minor, were quickly resolved, disposed of in a timely manner, and well-documented in terms of the nature of the complaint, the actions taken, and the response to the inmate. We also found that the tone of the complaint responses, including when the inmate's request was denied, appeared respectful and unbiased, and that investigators were diligent in responding even when the complaint was very minor. Some examples of these minor complaints and their response by Custody are described below:

- An inmate complained that her clothes were too small, making her uncomfortable. Her clothes were exchanged for a larger size.

- An inmate said she had no toilet paper in her cell. This fact was confirmed by the deputy; toilet paper was located and given to the inmate.

- An inmate claimed to be receiving inadequate exercise/recreation time. The sergeant checked the Uniform Daily Activity Log (UDAL) for the module and found that inmates had received 16 hours of recreation in the past week, exceeding the 3 hours mandated by Title 15, and informed the inmate of this fact.

Table 1 **Classification by Complaint Type**

Complaint Type	**Number**
Clothing/Hygiene	20
Complaint Process	1
Contract Vendor	2
Discipline/DRB	4
Exercise	3
Facility Condition/Sanitation	12
Housing Location/Reclassification	10
Inmate Programs	8
Inmate Work Assignment	2
Mail	12
Meals/Food	21
Medical Services*	216
Mental Health Services	15
Miscellaneous	6
Money/Inmate Accounts	3
Policy/Procedures/Enforcement of Rules	2
Release Information/Sentence	3
Religion/Church	4
Showers	6
Stores/Vending Machines	4
Telephones	1
Visiting 1	
Request for Info - No response	1
Property – Missing (Search)	1
Property – Other	3
Complaint Against Staff**	16
Total Complaint Types ***	377

* Two of these complaints were completed by Custody and were not referred to Medical Services.

** Includes three complaints about a medical staff member. All other complaints including an allegation against a medical staff member were classified as "Medical Services."

***Complaints may contain more than one complaint type. We reviewed a total of 346 complaint forms.

- An inmate had money in her possession upon going to jail, but it had not appeared in her jail account. Her money was located and deposited into her account.

Documentation of the complaint and any actions taken in response was, on the whole, good. We found that, with a very few exceptions, complaints were classified properly and that the brief summaries describing actions taken, including a description of any interviews with the inmate, were clear and complete. We also found that the investigator almost always obtained the inmate's signature after informing her of the action taken in response to her grievance, unless the inmate had been released or the complaint was anonymous. We made the following recommendation to the LASD:

- **Recommendation: Investigators must ensure that the notification occurs in every case. If an inmate has already been released, the investigation should still be conducted to the extent possible and the reason for the lack of notification clearly marked on the form.**

B. Timeliness

Completion of non-medical complaints was commendably timely. Sixty- three percent of these complaints were disposed of within three days from the initial complaint by the inmate; nearly a quarter were completed the very same day. Twenty-two complaints (approximately 18 percent), however, were not completed within the expected ten-day period, without sufficient explanation. The majority of these, 16 of the 22, were complaints referred by the ACLU; on average, ACLU complaints took nearly four times as long to complete as non-ACLU complaints, taking up to 42 days in one case. This was not due to any particular complexity in the substance of these complaints. The delay appeared to originate during the assignment process, rather than in the investigation phase, and should be eliminated immediately. While the ACLU referral process can reasonably be expected to be slightly longer, it should take no more than two days for the complaint to find its way from CSS to the assigned investigator, after which it should be completed as quickly as any other complaint. As for the other six complaints that exceeded the ten-day guideline, it did appear that the allegations, four of them against a staff member, merited a longer

investigation period. With regard to this type of case, we made the following recommendation to the LASD:

- **Recommendation: Investigators should clearly document the reasons that an investigation takes longer than 10 days.**

C. Focus on resolution, not investigation, of complaints.

Although the resolution of complaints, overall, was generally satisfactory, the investigation of personnel or systemic complaints could have been improved in approximately one-fourth of the complaints. In those cases, investigators focused on solving the inmate's problem without addressing potential mistakes or misconduct by staff, or practices that failed to adhere to department policy. This was true for minor complaints as well as the more serious ones, and was especially apparent in complaints against staff. For example:

- A group of inmates contacted the ACLU to complain that the inmates in their module were not receiving enough menstrual pads. The investigator went to the module and found an adequate supply of pads available, and marked the complaint unfounded. A more thorough investigation would have involved talking to at least a few inmates to find out whether they were having trouble receiving pads and, if so, why and for how long.

- An inmate claimed that she had not had shoes or a bra for five days. Approximately a month later, the investigator spoke to her and was told that she now had shoes and a bra. There was no indication that the investigator made any effort to find out how long the inmate had actually had to wait for those items and the reason behind any delay. The complaint was deemed unfounded.

- An inmate complained about not being allowed to attend Bible study. The investigating sergeant spoke to the deputy, who claimed to be unaware that inmate had not been able to attend this class and said that it would be permitted in the future. The sergeant marked the complaint "founded" and told the inmate to let him know if this reoccurred, but the complaint mentions nothing about why the inmate was prevented from going in

the first place, or whether any personnel action, such as counseling or a Performance Log, occurred.

- An inmate claimed that a deputy had repeatedly opened her cell door for such a short time that she and her cellmate were unable to get out before it closed again. She claimed to have missed at least one meal and a pill call, and that she had tried to file a complaint but was told by a deputy that she would have to wait until the next day. The supervisor spoke to the inmate and said he would be monitoring the situation for two days, and that she should let him know if it happened again, but there was no indication that he interviewed the cellmate to verify the claims. He also told the deputy to let him know if the inmate had "trouble leaving" her cell in the future. Although the file briefly noted that the inmate did not miss a meal or pill call, there was no further detail or documentation to support this claim, and there was no mention whatsoever about the relatively serious allegation regarding the deputy's refusal to take a complaint, saying she had to wait until the next day. The complaint about the missing meal and pill call was determined to be unresolved.

We made the following recommendation to the LASD:

- **Recommendation: Investigators should go beyond simply resolving a complaint to see whether there is evidence that the complaint is valid due to poor performance or misconduct by staff, or due to facility policies and procedures that need to be revised. Documentation of the investigation of all claims, as well as a finding of fact for each, should be present in all complaint files.**

D. Complaints Against Staff

Fifteen complaints were about Custody staff.[74] While the majority of these were relatively minor and involved complaints about a bad attitude or deputies not following procedure, two involved allegations of force and five complained of unfair use of authority. It is a credit to CRDF's staff and management that the rate is so low, although, as we explained in **Chapter 2**, we are concerned that some inmates may be reluctant to file personnel

[74] Thirteen of these were classified as "complaints against staff," one was classified as being about the "complaint process," and the other was categorized as "exercise."

complaints. We also found that such complaints were not always investigated with vigor, and that adjudications, most of which were either "unfounded" (11 complaints) or "unresolved" (3 complaints), were not always adequately supported, as demonstrated in the examples below.

- A group of inmates submitted a complaint alleging that a deputy was showing favoritism, including allowing particular inmates out of the cells to wander around and play basketball, facilitating sex, and divulging confidential information. They also claimed that this was the third such complaint about this deputy. For such a serious complaint, the investigation was extraordinarily brief. The supervisor noted only that based on his own contact with the deputy, he believed the claims had no merit. He also said that there were no related problems in her file or in the PPI, and that at least one of the inmates was complaining because she wanted a bunk change. The complaint was marked "unfounded," with no apparent effort to interview any of the complaining inmates or otherwise look into the allegations. There is also no mention of any attempt to locate previous complaints on the same topic.

- An inmate complained that a deputy placed her hands on her, pushing her and telling her to "hurry up and go." The file notes only that the "facts of the investigation determined that the allegation is unfounded," without any reference to what the investigation entailed or why the claims were found to be without merit. Again, this alleged use of force, though relatively minor, should have been more thoroughly and carefully evaluated.

- A high-security inmate claimed that a deputy grabbed her arm while she was waist-chained, causing bruising that was verified by medical staff, and that she was told, "We will see you down here next time. We won't forget who you are and this is our house." The complaint disposition noted that the inmate had been treated for her injuries and that another inmate had corroborated her claim, adding that she had seen the deputy pull the other inmate's hair. This resulted in an injury report, and a note that the sergeant was opening a separate inquiry about the incident.

We requested a copy of that investigation and found that the assigned investigator had conducted interviews of the complainant and the involved deputy, as well as with one deputy and three inmate witnesses. Although all the witnesses generally agreed that the involved deputy touched or held the inmate's arm following the inmate's exclamation, descriptions of the level of force used varied, including one inmate's statement that the deputy "did not use enough force to hurt [the inmate]." The investigator also viewed the bruising on the inmate's arm, which he said looked like "two fingers applied pressure to each side of the bicep area" and "was not consistent with a firm grip, [which]... would have markings from the thumb and four fingers."

As a result of that evidence, the conflicting witness statements, and a belief that some collaboration on the part of the inmates had occurred, the investigator concluded that the inmate's account was "less than truthful." There was no real investigation of the inmate's claims that the deputy had made threatening remarks. There was also no discussion—in view of the fact that there was some bruising and that the deputy had actually put her hands on the inmate—of the appropriate level of force for such a situation. As such, the investigation was not as thorough as it should have been. Nonetheless, the investigator documented that he had counseled all of the deputies present about notifying a supervisor immediately when faced with an "uncooperative, insubordinate inmate," so that the situation could be monitored if necessary. The complaint was marked "unresolved," but there is no explanation of that finding, nor is the use-of-force inquiry included in the file.

In all, we found seven complaints against staff that should have been more thoroughly investigated. As we discussed in **Chapter 2, "Inmate Survey Feedback on Jail Conditions and Operations,"** some inmates alleged that they chose not to make complaints about deputy conduct because they felt that the complaints would not be taken seriously. The Department should ensure that such concerns are unfounded by shoring up the investigative process. Accordingly, we made the following recommendations to the LASD:

- **Recommendation: Investigating supervisors should pay better and more detailed attention to complaints involving problems with jail practices, especially those that may indicate a failure to meet Title 15 standards.**

- **Recommendation: Complaints against a particular jail staff member should be investigated thoroughly and explained completely.**

- **Recommendation: Supervisors should be vigilant in reviewing complaints for allegations that should be referred for an administrative personnel investigation either at the unit level or by Internal Affairs. In cases where the allegations are sufficiently serious but are believed to be frivolous or clearly false, the rationale for not making a referral, along with any supporting evidence, should be well documented.**

- **Recommendation: When a complaint is investigated through another process, such as a use-of-force inquiry, the findings of that investigation should be documented in the complaint file as well.**

E. Inconsistent Dispositions

Thirty-seven of the 143 non-medical complaint types were referred to another unit, and in six cases, the inmate had been released before the complaint was investigated. Of the remainder, 21 (15 percent) were deemed founded, while the remainder were determined to be unfounded (68) or unresolved (11). The "unfounded" classification proved to be used inappropriately in some cases. We found 13 complaints that were marked "unfounded" because the problem had been resolved, not because there had never been a problem to begin with. For example:

- An inmate had been charged for a hygiene kit more than once (inmates are charged a token amount for the kit if they have money in their account). The extra charges were removed, and the complaint deemed unfounded. The brief summary does not, however, explain why the inmate was charged more than once and whether this was the result of human error.

- An inmate claimed she should have been assigned a lower bunk because she had six rods in her back, and that her medical chart said as much. The investigator noted simply that she was moved to a lower bunk as a result of the complaint, without any discussion as to whether the deputy or deputies involved had refused to change her assignment, whether there were orders for the lower bunk in her file, and how long she had been trying to get a change. Despite evidence that her claim was valid—she had indeed been assigned to a top bunk—the complaint was inappropriately considered unfounded.

We made the following recommendation to the LASD:

- **Recommendation: Supervising deputies should ensure that the disposition of an inmate complaint reflects a finding of fact, and not whether the issue was resolved. If an investigation uncovers evidence that an inmate's allegation is true, the complaint shall be considered "founded."**

IV. Medical Complaints

Inmates at CRDF filed 214 medically related complaints between December 2006 and May 2007. Eighty-five alleged delays in being seen by medical staff and requested prompt evaluation and treatment.

In this section, we assess the adequacy of the three components of the medical complaint process: response by Custody staff; the transfer between Custody and Medical Services; and response by Medical Services Bureau (MSB) staff.

A. Processing by Custody

The majority of inmate complaints, medical or otherwise, are made directly to the Department using the Inmate Complaint Form. A Custody supervisor, generally a sergeant, is responsible for collecting and reviewing these forms from locked boxes, located in each module, at least once per shift. Priority medical complaints require a prompt response; in the case of a medical emergency, the inmate should be taken directly to the main clinic. Non-priority medical complaints that do not require an immediate response should simply be referred to Medical Services. Regardless of to whom the complaint is referred, the assigned

Custody supervisor is responsible for pulling a reference number, completing the disposition sheet, and notifying the inmate about the referral of her complaint. During our review of these complaints, we considered whether the investigator properly followed up on medical complaints requiring a quick response and whether the complaint was processed and referred to Medical Services in a timely manner.

1. Initial Inquiry by Custody Staff

One hundred and forty-two medical complaints were processed and completed by Custody. We were pleased to find that in 38 cases, the investigating supervisor went out of his or her way to conduct an initial inquiry into the inmate's alleged problem before referring it to Medical Services. This type of follow-up occurred for both urgent and non-urgent complaints. We found that although the Custody supervisor was generally unable to immediately resolve the inmate's problem, the inquiry process was useful in providing preliminary information about the validity and urgency of the complaint to the Medical Services staff person receiving the complaint. Because Custody staff was fairly consistent in following the notification process, it also served to keep inmates informed of the status of their medical treatment.

- An inmate's mother filed a third-party complaint claiming that the inmate, who only had one kidney, had an infection and that her life was in danger. The investigating sergeant immediately contacted the nurse in the main clinic, who looked up the inmate's chart and found that she had already been seen by medical staff on several dates and that lab results were pending. The sergeant went ahead and sent the inmate to the main clinic, documenting all of her medical treatment up until that point in the complaint file. He also contacted the mother directly and informed her of the status of her daughter's treatment.

- An inmate complained that she had a needle in her left arm that needed to be removed, and that her transfer to state prison, where the removal procedure was supposed to occur, had been repeatedly delayed. The investigating sergeant spoke to a nurse, who verified the needle's presence and said that the procedure had been scheduled at LCMC. The complaint had not been completed by Medical staff at the time of our review, and

the file contained no follow-up to see whether the needle was, in fact, removed at LCMC.

- An inmate complained that she had been signing up for the dentist for three weeks and had a great deal of pain in her tooth. The sergeant followed up and discovered that she had been placed on the doctor's line and had been scheduled for a dentist appointment within 3 days. The Medical disposition noted that she was indeed seen by a dentist three days after her complaint.

Unfortunately, for every case in which the Custody investigator made an initial follow-up before referring the complaint, we found more than two for which no such follow-up had been conducted. While most of these did not appear to require immediate attention, twenty-one complaints appeared somewhat urgent, including the following:

- An inmate claimed to have been experiencing bleeding for two weeks and passing blood clots. She had spoken to several nurses but had not yet seen a doctor. The complaint was referred directly to Medical Services, but was not completed until after our audit. The inmate was never evaluated or treated.

- An inmate complained of having her menstrual period continuously for two months, a urine infection, diarrhea, and pain when using the restroom. She worried that she might have gallstones, an ulcer, or need a hysterectomy. The inmate was released before the complaint was completed two and a half months later. The complaint disposition noted only that she had had a "post-op" exam a month after her complaint, and that she had had no complaints at that time.

- An inmate complained of bad allergies, which caused her to break out in hives, itching, and swelling. She had been waiting to see someone about it for two months, and had talked to a nurse twice within the last three days. In each case, the nurse had said someone would come to see her, but no one did. The complaint was referred directly to Medical Services, but the inmate was not seen until more than a month after her complaint was made.

A preliminary inquiry can ensure that urgent problems are promptly addressed, that important information is passed along to Medical Services, and that the inmate receives any available information about the status of her treatment. It is likely that in many cases, a lack of information is the most frightening and frustrating aspect of the inmate's situation. Finding out that an appointment has been scheduled, or that lab results are on their way, may allay some of the anxieties that prompted her to file the complaint. Accordingly, we made the following recommendation to the LASD:

- **Recommendation: The Custody investigator should conduct an initial follow-up for every complaint requesting medical care, regardless of apparent urgency. This preliminary phase should not delay referral of the complaint to Medical Services, which should take no more than one day. If the process requires a longer time period, it should continue after the complaint has been referred.**

2. Timely Referral

In terms of disposition and referral, we found that all of the complaints appear to have been properly referred to Medical Services, regardless of whether there had been appropriate initial follow-up. In general, this process was timely; in 63 percent of the cases, the complaint was completed and ostensibly referred to Medical Services within two days. Nonetheless, we were very concerned to find two distinct time periods during which processing of medical complaints was significantly delayed by Custody staff. Specifically, we discovered two large sets of complaints for which the reference number date, assignment date, and completion date were identical.[75] Each set contained complaints going back up to over a month, making it appear that nothing had happened to them until the day that the reference number was pulled. Overall, there were 41 medical complaints that took more than 10 days to be completed by Custody. These delays often resulted in even longer waits, or no treatment at all, such as in the following cases:

- On December 13, an inmate complained of a rash on her face that was spreading, and that this was her second complaint about not being able to see a doctor. The complaint

[75]Each reference number is composed of 3 sets of numbers: the facility identifier, the date which the reference number was pulled, and a sequential identifier that is reset each day.

was completed by Custody on January 25, received on February 8, and completed on March 2. The final disposition noted that the inmate was released on February 8 without having been seen.

- On December 22, an inmate complained that she had been waiting over a month to be seen for a yeast infection, insect bite, and an infection of her female organs that was causing "pain day and night." The complaint was completed by Custody on January 25, received on February 8, and completed on February 27. The final disposition noted only that she had been seen on January 19. There was no explanation given for the delay in processing the complaint. Nor is there any indication that the inmate's underlying medical problem had been resolved on January 19 or at any other time. There was no indication that the inmate had been contacted between February 8 and February 27 to see if the inmate's problem had been resolved in the interim.

When we inquired about these complaints, we were told that the delays were the result of confusion on the part of certain investigators, who believed that medical complaints should simply be referred without any action on the part of Custody. Whatever the reason, such processing delays should never occur. Accordingly, we made the following recommendation:

- **Recommendation: CRDF's management should conduct regular trainings about complaint processes and hold supervisors accountable for the timely and thorough disposition of medical complaints.**

B. Transfers

The transfer of inmate complaints between Custody and Medical Services currently lacks any accountability for delay and, not surprisingly, is the source of lengthy delays in the response by CRDF to inmate medical complaints. Current practice is at odds with the policy delineated in the Custody Division Manual (CDM), which states the complaint is to be time-stamped in the upper-right-hand corner, photocopied, and delivered to the on-duty supervisor of those units.[76] By contrast and inconsistently, CRDF Unit Order 5-12-010, which specifies complaint procedures, did not require the time-stamping or in-person

[76] Custody Division Manual, 5-12/010.00 "Inmate Complaints," June 2006. This policy has not been changed in the new procedures.

delivery described in the CDM. As such, CRDF complaints to be referred were simply placed into a Medical Services tray without a time stamp. In view of lengthy delays in the completion of medical complaints, **we recommend that the Unit Orders be revised to match the CDM and that the practice of time-stamping and in-person delivery be instated immediately.**

Our review found that only 28 percent of the 142 complaints referred to Medical Services by Custody between December 2006 and May 2007 were "received" within 10 days of the listed Custody completion date.[77] One case took 51 days to make the trip from office to office. Even worse, 44 percent of the referred complaints were never completed at all. Forty-five of the medical complaints completed by Custody between December 2006 and May 2007 were listed by FAST as "missing." In response to our queries, the Medical Services unit at CRDF quickly moved to locate all of the missing complaints and to close them out. While we commend them for their prompt action in this matter, it must be noted that some of the complaints were over a year old, and that all but two of the inmates had already been released. Most of those complaints were found at Medical Services, but had they been discarded, there would have been no way to know which unit or staff member was responsible.

The implications of this failure are serious. While we were relieved to find that most of the inmates were eventually evaluated and treated by medical staff at some point, such visits appear to have occurred despite the complaint process, not because of it. In many cases, the intervention came weeks or months after the initial complaint was made, and for 15 inmates, none came at all.

- On December 19, 2006, an inmate with a seizure disorder complained that she was having problems due to receiving a lower dosage of her seizure medication than she required. The complaint was completed and ostensibly referred to Medical Services that same day, but was not recorded as "received" until February 8, 2007. The complaint was then completed on March 8, 2007, noting only that she was evaluated and treated.

[77] This number includes two cases that are presumed to have been transferred within one and two days and three that are presumed to have taken longer than ten. Missing or confusing dates make it impossible to know the exact time.

- On January 12, 2007, an inmate, who was missing one leg and confined to a wheelchair, complained that the module shower was not wheelchair- accessible and that she had fallen down trying to use it. She requested to be transferred to the clinic, but was told by a nurse to get a basin and wash in her cell. The Custody investigator spoke to a nurse, who said she would look into getting her in line for a transfer to the Correctional Treatment Center at Twin Towers, and referred the complaint to Medical Services on January 14. The form was then "received" and completed on February 6 and noted that a nurse had evaluated the inmate and determined that she should remain in general population and continue to use her wheelchair in the shower. There was no response to the inmate's assertion that the shower in the module was not wheelchair accessible.

- On May 14, 2007, an inmate complained of waiting for treatment for a yeast infection for over a month, and said she had a sore throat, earache, and headache. The Custody sergeant followed up with the main clinic and learned that the inmate had been put on the doctor's line, but that the nurse could not tell her when she would be seen. The complaint was referred by Custody to Medical on May 15 but was never acted upon. The inmate was released on June 9, more than three weeks later, without ever receiving treatment.

To improve accountability during transfer of complaints from Custody to Medical, we made the following recommendations to the LASD:

- **Recommendation: All medical complaints inquiries should be completed by the assigned Custody investigator and referred to Medical Services within one day of receipt. Any action or investigation required beyond that day, such as when the complaint includes both a medical and non-medical complaint, must continue after the initial referral to Medical Services.**

- **Recommendation: Referred complaints should be delivered in person to the Medical Complaint Coordinator or on-duty supervisor, who should sign their names at the bottom of the complaint. The new complaint form already has a space for this purpose. Each form should be time-stamped on the top-right-hand corner and photocopied. Leaving the photocopy, the Custody investigator should**

take the original to be filed in the Custody office. The transfer of the form should be logged into FAST on the same day, with the name of the person receiving the complaint form entered at that time.

- **Recommendation: All inmate complaints should be entered into FAST within 24 hours of receipt. Receipt should be defined as the moment Custody personnel pick up complaint forms on a regular, frequent, hourly basis each day. Absent good cause being shown and approved by a lieutenant or captain, all inmate complaints shall be resolved within 10 days and its resolution presented to the inmate for acknowledgment and signature within the same 10 days. The exception will be for inmates whose complaint includes a request for medical attention or asserts delays in the receipt of medical attention. Those inmates must be seen by medical staff within the recommended 24-72 hours. To the extent that Medical Services has given itself 10 days to respond to such complaints, that practice shall be abolished.**

- **Recommendation: When the complaint needs to be returned to Custody for a correction or because a reference number was not pulled, this should be done promptly and should not stall the complaint process. The Medical Complaint Coordinator should act on all complaints, whether or not there is a reference number.**

- **Recommendation: All complaints, particularly medical complaints, should be audited on a regular basis to ensure that this process is being followed and that completion, referral, and receipt dates match.**

In contrast to the referral process at the facility, the referral of ACLU medical complaints was timely and well-documented. Because the complaints are faxed from Custody Support Services to the Medical Court Order Unit, then to the Medical Complaint Coordinator, each file contained a clear record of the dates of each referral. Perhaps as a result, ACLU complaints were completed much more quickly than those referred by the facility Custody staff.

C. Response by Medical Services

All inmate medical complaints are referred to a designated Medical Complaint Coordinator within Medical Services. Like his or her counterparts at Custody, the coordinator should research the complaint, resolve the grievance if appropriate, and complete a form—the Medical Services Data Disposition Form, or disposition sheet—that describes the type of complaint and disposition of the complaint. This should occur within 10 days of receipt of the complaint, where possible. The process for completing a complaint referred from the ACLU is the same except that, upon completion, the coordinator is to fax the disposition back to the Medical Court Orders Unit so that it can be forwarded on to the ACLU. We examined 151 medical complaint disposition files for this review, 72 of which were referred by the ACLU. As discussed above, an additional 63 medical complaints had not been completed at the time of our review, and we were not able to evaluate their disposition. Our review considered the following factors: resolution of inmate concerns, classification and investigation, and timeliness.

1. Medical Complaint Response

Seventy-one percent of the 214 complaints referred to CRDF Medical Services were complete at the time of our audit. Disposition documentation in these cases was minimal, making it difficult to assess the adequacy of the response. This was compounded by the fact that the inmate's signature was missing in 87 percent of the cases, leaving no evidence as to whether the inmate was consulted about her concerns, notified of the finding, or left satisfied with the response. In fact, in almost none of the cases did it appear that the action taken was done so as a result of the complaint. Instead, it appears that most of the information for the disposition was taken directly from the inmate's electronic chart, with the following findings:

- In 46 percent of the cases, the inmate was seen by a doctor or nurse between the date that she made the complaint and the date that the complaint was completed. For 29 complaints, this occurred before the coordinator received the complaint. An additional 15 complainants were listed as having been evaluated, but the date was not documented.

- In 12 percent of the cases, the inmate had been seen by a doctor or nurse before their complaint was made. No further action was taken.

- In 11 percent of the cases, a judgment about the inmate's complaint was made by looking at her electronic chart; for example: "Chart review shows inmate is receiving medication ordered by physician."

- In 7 percent of the cases, a chart review revealed that the inmate had been referred to either a physician at CRDF or outside specialist and was still awaiting treatment. In 12 percent of the cases, the inmate was released before any action was taken.

- One complaint was marked as "not valid."

- For one complaint, referred by the ACLU, the complaint coordinator clarified department policy on treatment for colds.

With a few exceptions, descriptions of inmates' medical treatment consist of dates seen and a comment that treatment was provided or appropriate medication provided. This does not necessarily provide information about whether the inmate's grievance was addressed, however, particularly in cases where she is alleging inadequate or incorrect treatment. There is some reason to keep the description of inmates' medical treatment and findings brief; the Health Insurance Portability and Accountability Act (HIPAA) and other privacy laws set forth strict regulations about patient confidentiality. But this does not prevent the coordinator from describing his or her response in much greater detail, including the interview with the inmate, action taken as a result of the complaint (such as scheduling, chart review, discussion with other team members, corrective action), and implications of the findings. Also, the parameters of the confidentiality afforded the inmate in complaint investigations are unclear and should be clarified.

We found only four dispositions that described an interview with the complaining inmate, and only 19 dispositions documented that the inmate had been informed of the result of her complaint. This lack of contact with the inmate is problematic. We reviewed many complaints that were rambling, poorly written, or otherwise confusing. Others lacked important information about the problem or the desired resolution.

While many of the complaint dispositions listed information such as dates seen or the results of lab tests, it is difficult to ascertain from the written summaries whether treatment was provided as a result of the complaint or some other process. In those cases where the inmate was seen before the complaint was received or even made, there is no explanation of why this is considered an adequate response to the complaint. In some cases, the written response failed to discuss what the final result of the complaint was. For example:

- In the case of an inmate who claimed to not be regularly receiving an anti- nausea shot with her Interferon injection, the disposition only notes that she was supposed to be receiving this shot. It does not describe what action was taken to determine whether the order was being followed or to ensure that she received the shot in the future.

- An inmate complained that she had not received a renewal of her Benadryl or a muscle rub, even though the nurse told her she would. The complaint disposition states that the medication was never prescribed in the first place, failing to mention why the inmate thought she was entitled to that treatment, why the treatment was not merited, or what her actual treatment plan was.

- An inmate complained that she was not receiving the correct medication. In the disposition, the complaint coordinator notes only that a "[c]hart review shows inmate is receiving medication ordered by physician." Again, there is no follow-up with the inmate to find out why she believed her medication was wrong or any apparent consideration of the merits of her complaint.

While it does appear that most of the complainants in the cases we reviewed were seen by medical staff after making the complaint, the lack of detail about the disposition, combined with an apparent failure to discuss the complaint with the inmate, makes it difficult to assess whether that response was adequate and appropriate.

We made the following recommendations to the LASD:

- **Recommendation: The complaint coordinator should conduct a brief interview to make sure that the complaint is fully understood. The inmate must also be**

notified of the outcome of the complaint; this process is required by Title 15 and allows the inmate to appeal the result.

- **Recommendation: Complaint coordinators should make a full record of all actions taken in response to each inmate complaint, including its final result, in every case.**

- **Recommendation: The Department should begin requiring supporting documentation of the finding, such as a record of dates the inmate was seen by the doctor or received lab results.**

We understand that patient confidentiality rights must be considered in the documentation and storage of inmate complaint files. Nonetheless, we must point out that while many of the complaint dispositions were exceedingly brief, noting only that the inmate was "evaluated and treated" on a particular date, others were more descriptive, describing test results and other medical findings. To our knowledge, there are no clear guidelines about the extent to which privacy concerns apply in this situation, particularly considering the fact that the internal disposition files are housed within the Medical Services Bureau. As such, we made the following recommendation:

- **Recommendation: The Department should consult with County Counsel to develop procedures for the proper documentation, storage, and auditing of the response to medical complaints without a sacrifice of accountability.**

2. Classification and Investigation

Each inmate medical complaint is sub-classified according to the nature of the grievance. Because they have already been classified by Custody, in most cases, as "Medical – Referred," the sub classification should provide more detail about the inmate's allegation or request. This is the only description of the complaint that goes into FAST, and can be used by management to get a quick picture of the types of complaints the facility has been receiving. The complaint coordinator can choose among the following types:

- Service – Omission

- Service – Delay
- Service – Incorrect
- Service – Inadequate
- Request for Service – Routine
- Mental Health Issues
- Complaint Against Staff
- Commendation

All but two of the complaints we reviewed were classified as "Request for Service – Routine," a result which, considering the content of the inmates' complaints, is difficult to believe. In fact, we determined that two thirds of the completed complaints we viewed were misclassified, including the following:

- An inmate complained that she was supposed to have had hand surgery a month before, but had not yet even been seen by a doctor.

- An inmate claimed that she was not receiving her medication for her thyroid and an enlarged heart, which she was supposed to get four times a day. She complained that she had already filed three complaints and had been waiting on sick call for five days.

- An inmate reported blood clots in her legs that caused swelling, and said that although a doctor had ordered a wheelchair for her, this order had been cancelled by a nurse.

- An inmate claimed that she had been on the doctor's list three or four times over the past two and a half months, but had not yet seen a doctor for her severe tooth pain.

- An inmate complained that she had been charged for seeing the doctor although she had not seen one yet, despite having been on the doctor's line for over a month. She also claimed to have filled out several requests for service and one prior complaint.

- An inmate complained that it had taken her two months to find out that there was no eye doctor at CRDF, and was concerned that her vision would be "totally gone" if she did not get help with her eye problem soon.

- An inmate complained of "abdominal pain, back pain, headaches, and blood spotting" and said that although she had had her vaginal discharge tested a month earlier, she still had not received her results.

- An inmate complained that she had not seen a doctor since entering the jail over a month ago, and that her back ailment had gotten worse, to the point that she was now confined to a wheelchair.

- An inmate claimed that she had already complained twice before about not being able to get medication for her itchy feet and that the nursing staff was giving her attitude about it.

It is not clear why these and other cases were labeled and treated as routine requests for service, even though they include complaints about service delays, serious medical needs, improper medication or treatment, problems with the complaint process, and inappropriate staff behavior. It may be a reflection of the complaint findings, such as the staff's assessment that an inmate's ostensibly urgent problem is actually routine, or that a certain delay in obtaining treatment is to be expected. Nonetheless, the classification of a complaint should not include such considerations and should refer only to the nature of the grievance itself; findings of fact should be reflected in the disposition field instead. An example of this would be if an inmate complains of being prescribed the wrong medication and is referred to a doctor, who examines her and finds that her medication is correct. The complaint should properly be classified as "Service – Incorrect," even though her complaint is ultimately unfounded. An appropriate disposition would be "Complaint Not Valid," with an explanation of how that was determined.

The largest category of misclassified complaints were those that referenced lengthy delays in seeing a doctor or otherwise receiving treatment. As we discussed in the preceding chapter, such delays, at the time, were common at CRDF, as a result of large numbers of inmates requesting treatment, space constraints, and a relatively small medical staff. Yet while long

waits to see a nurse or doctor may have been the norm, it is nonetheless important for the Department to register and track complaints about these delays. Doing so allows the Department to collect data about how long inmates are actually waiting, and to identify those cases involving unusually long delays or lapses in regular procedure. Accordingly, we made the following recommendations:

- **Recommendation: The Department should develop a reasonable timeline for the evaluation, treatment, and referral of inmates by both nurses and physicians, and use the complaint process to flag and explain those instances where an inmate's wait time exceeded these timelines. Where the delays are the result of procedures or staff mistakes, managers can then move to take corrective action or to adjust procedures as necessary.**

- **Recommendation: The complaint coordinator should ensure that any inmate whose complaint contains a request for service be seen within 24-72 hours of receipt of the complaint, as recommended by the NCCHC standards.**

A second category of misclassified complaints is smaller but nonetheless significant: those alleging incorrect treatment or medication or that otherwise complain about the performance or demeanor of medical staff members. It is imperative that these allegations be fully investigated and adjudicated. It is not enough to simply correct the problem and consider the matter resolved. While it may be that such complaints are the result of inmate confusion or dissatisfaction, the Department is accountable for the full investigation of such claims. We were dismayed to find that although there were very few (only 25) complaints against medical staff, not one of these appears to have been properly pursued, including the following:

- An inmate with AIDS claimed that although she had been prescribed Darvoset four times a day, a particular nurse (whom she described but was unable to identify by name) had refused to give it to her more than once a day and that he had told her that "as long as he's working here, [she] will only get it once a day." Before referring it to Medical Services, the Custody sergeant made some inquiries and discovered that the inmate's description of her prescription was correct. This complaint was not completed until after

our audit; the eventual disposition stated that the inmate was evaluated and treated before release. There was no indication that the apparent highly inappropriate and health threatening conduct of the nurse was investigated and proper action taken.

- An inmate complained that she was not always given an anti-nausea shot before her Interferon injection as part of her treatment for Hepatitis C, and that this had caused her to refuse one or more injections. This complaint was classified as a routine request for service, and the final disposition noted only that the inmate was, in fact, supposed to be receiving the anti- nausea shots. There was no discussion of why she had not gotten the shots or who was responsible.

- An inmate's attorney reported to the ACLU that the inmate was given an unnecessary knee x-ray without her consent, was not issued tampons during her period, and had a red rash that needed attention. Custody staff originally marked this as a complaint against staff, but then changed it to a medical referral, apparently because it involved medical staff. At Medical Services, the complaint was classified as a request for service, and investigation of the complaint was minimal. The inmate was released before the complaint was ostensibly received (nearly three weeks later); subsequent investigation consisted of looking at her chart to see whether she had actually received an x-ray (she did). The other issues listed in the complaint were apparently ignored.[78]

We made the following recommendation to the LASD:

- **Recommendation: Medical complaint coordinators must be vigilant for grievances that make allegations against medical staff, or that complain of mistakes or incorrect treatment. These should be accurately classified and carefully investigated. While most of the inmates also include a request for treatment, ignoring clearly articulated complaints about the provision of medical services cannot be tolerated. Judgments about the merits of the complaint should**

[78] This complaint file contained several revisions. The original response stated that "Complaint received 2-14-07, inmate released 2/5/07 prior to receiving complaint. Per medical record bilateral knee xrays were taken 1-11-07." It was revised with the following note: "3-23-07 no order for bilateral knee xray." A third comment was added by Nurse Singh at the Court Orders Unit to say: "*Contents noted; Bilateral knee x-ray 1-11-07 per powerchart." An attached printout of the powerchart showed that the x-ray had been given on that date. However, there was no investigation of the inmate's claim that the test was unauthorized.

be reserved for the disposition process, and should be fully supported by a thorough and well documented investigation.

3. Timeliness

In general, timeliness of the disposition of medical complaints at CRDF was poor. As noted previously, 44 percent of the complaints referred to Medical Services by Custody between December 2006 and May 2007, or 29 percent of all medical complaints, were not completed until after our audit in December 2007. This is an unacceptable result. That these complaints were outstanding was a fact easily discovered by any manager with access to FAST, and any missing complaint forms could have been quickly replaced by Custody. Fortunately, a follow-up by the new Medical Complaint Coordinator found that the majority of the complainants managed to get seen by a nurse or doctor at some point before their release, but the potential for liability, should just one seriously ill inmate fall through the cracks, is significant.[79] Medical Services Bureau already has a procedure in place to track and collect outstanding complaints; we recommend that the unit act quickly to strengthen this mechanism to ensure that such a situation does not reoccur. We also urge the Department to immediately review inmate complaint statistics for other facilities and make sure that all complaints over one month old are completed immediately.

Even when the complaint was completed, disposition was often less than prompt. Again, Department policy states that, whenever possible, complaints should be completed within 10 days of receipt by the medical coordinator. We found, however, that only 38 percent of adjudicated complaints were completed within this time frame, with an average length of approximately 15 days. (Those statistics do not include complaints that were still open at the time of our audit; when they are included, the proportion of timely dispositions falls to only 27 percent.)

Considering the nature of medical complaints, most of which contain requests for service, such delays are alarming, particularly when compounded by referral and service delivery

[79] For seventy-three percent of complaints closed after our review, the inmate was found to have been evaluated by a medical staff member. In 10 percent of the cases, the inmate was released without being seen; in eight percent the complaint was missing altogether. The remainder of complaints were referred to another unit or determined to be invalid.

delays. Interestingly, 30 of the late complaints had apparently been mooted within the ten-day period, but there is no evidence that the complaint coordinator knew this before completing the complaints. The files contain no mention of any preliminary review and triage of the grievances by medical staff, and there is no clear pattern that differentiates timely dispositions from untimely ones. As such, and without any written explanation for the delays, we cannot conclude that the delays were justified by a lack of urgency, a shortage in resources, or any particular complexity. In fact, some of the complaints with the longest delays appeared relatively serious, such as the following:

- On December 4, 2006, the ACLU forwarded a complaint from an inmate who claimed that although she had a court order for evaluation by a doctor for cysts, lymphoma, and a hernia, she had only been able to see a nurse. The complaint, now overdue, was resent on January 24, and the inmate was evaluated on January 28. The complaint was closed on February 2.

- On May 3, 2007, the ACLU referred an inmate's complaint that she was supposed to have had an MRI several months before due to "headaches accompanied by lost control of left side of body, throbbing blood vessel in the back of head, [and] worsening eyesight and eye pressure." The complaint was not completed until July 18, stating that on June 19 the inmate had refused to go to a neurology appointment at LCMC and had signed a release of responsibility. The disposition also noted that this was her initial appointment and that there was no record of a previous MRI appointment. There is no description of what action (if any) was taken during the more-than-month-long period between the complaint and the LCMC appointment, why the inmate had refused the appointment, or what her current situation was. It is also not clear why it took more than a month from the date of her appointment to close out the complaint.

There was a statistically significant difference between the average completion length for Custody-referred complaints and that of a complaint referred by the ACLU. Approximately 57 percent of ACLU complaints were completed within 10 days (with an overall average of 13 days), while only 20 percent of Custody-referred complaints were completed within that timeframe (with an overall average of 18 days, excluding outstanding complaints). More importantly, all of the ACLU medical complaints had been completed at the time of our

audit. We attribute this variation to the ACLU complaints being subject to more rigorous accountability, with both Nurse Singh at the Medical Court Orders Unit and, ostensibly, the ACLU tracking their response and disposition. Indeed, those ACLU complaints that took the longest time to complete bore evidence that they had been marked "overdue" and resent to CRDF by Nurse Singh. While she is to be commended for doing her job well, there is no reason why Custody-referred complaints should not be tracked in the same manner.

Each medical disposition form has an area in which the complaint coordinator must mark whether the disposition was timely (i.e., within 10 days of receipt). Accordingly, only about 38 percent of the complaints had been marked timely, although these did not always correspond with those complaints completed within 10 days. The disposition forms contained no explanation or justification of the delays, and we could find no evidence of any follow-up by managers. Accordingly, we made the following recommendations to the LASD.

- **Recommendation: We recommend that the Department policy require that all medical complaint investigations and resolutions be completed, and the resolution presented to the inmate for acknowledgment and signature, within 10 days. An exception should be made for inmates whose complaint includes a request for medical attention or asserts delays in the receipt of medical attention. In these cases, the inmate must be seen by medical staff within the recommended 24-72 hours. To the extent that Medical Services has given itself 10 days to respond to such complaints, that practice should be abolished.**

- **Recommendation: We also urge the Department to conduct regular audits to ensure that complaints are being completed in a thorough and timely manner.**

V. The New Inmate Complaint System

Over the past eight months, the LASD has been phasing in its new complaint procedure, which has now been fully implemented throughout the jail. The new system combines the old complaint and request sheets into the "Inmate Complaint/Service Request Form," printed in triplicate, and includes the disposition sheet on the back (the disposition does not appear on the inmate's copy). Under the new system, all but the most "basic" requests are

entered into an updated and revised FAST database. According to the policy, "the term 'Basic Requests' refers to simple requests that a module or line officer can quickly obtain, such as : release date, next court date, sentence status, inmate money accounts, and requests for supplies such as an inmate admission kit."[80] These requests may be handled by any line staff, do not need a reference number, and do not have to be entered into FAST. All other requests will be entered into the computer and forwarded to the appropriate unit for handling; all such requests should then be resolved within 10 days of receipt. We commend the Department for instituting this new tracking system, which should prevent complaints or important requests for service from falling through the cracks and creates an accountability trail to determine if requests have been responded to within a reasonable period of time.

Collection, investigation, and disposition of complaints remain much the same under the new system, albeit with a new form. They "shall only be investigated by supervisors with the rank of Sergeant and above" and must be completed "within 10 business days, or as soon as reasonably possible." One major change in policy, however, as we noted in **Chapter 2, "Inmate Survey Feedback on Jail Conditions and Operations,"** is that inmates may only file complaints for up to 15 calendar days "after the event upon which the claim is based." Although complaints filed after that time will still be collected for statistical purposes, they will not be investigated and will receive the "late submission" disposition code.

We have serious concerns about this policy, which too narrowly limits the LASD's ability to investigate important areas of risk in the jails. While it may seem reasonable to have a time limit on low-level complaints about minor issues of policy and procedure, ignoring serious complaints about staff misconduct, jail conditions affecting the well-being and safety of inmates, or a systemic violation of constitutional or Title 15 rights is misguided and potentially dangerous. There are many reasons why an inmate might not file a complaint within the allotted time period, not the least of which is a fear of retaliation by staff, which may be mitigated by time, housing change, or a release from custody. Nowhere do the Title 15 Standards or Guidelines suggest or allow such a statute of limitations on complaints; indeed, the Guidelines note: "Grievances that touch on the health and safety of individuals

[80] Custody Division Manual 5-12/000.00 "Inmate Complaints/Service Requests."

must always be considered." We will make the following recommendation to the LASD regarding the new policy:

- **Recommendation: The Department should remove the time limit on acceptance and investigation of Inmate Complaint/Service Request Forms that are classified as complaints. All such submissions, which can include a grievance about any condition of confinement at the jail, should be fully and appropriately investigated.**

Our overall assessment of the effectiveness of CRDF's inmate complaint system at the time of our review was mixed. We found that, on the whole, inmates' requests were properly considered and usually granted. This is especially true for Custody-related, non-medical complaints, which were almost always resolved promptly and appropriately by a Custody supervisor. While inmates with medical complaints were usually examined and treated by a medical professional, this did not always occur in a timely manner, and not necessarily as a result of their complaint.

While the resolution of inmate complaints was generally good, however, we found that the complaint system was not as effective in achieving its other goals: the thorough investigation of potential personnel or systemic issues, and the accurate tracking of risk, particularly in the delivery of medical care, at the facility. Additionally, at the time of our review, the process for transferring, addressing, and disposing of medical complaints lacked accountability and oversight, resulting in large numbers of complaint forms that were simply ignored. Many of those that were completed took weeks or months, and some disposition summaries lacked sufficient information to determine the adequacy of the response.

As we noted at the beginning of this chapter, we have not had the opportunity to conduct a follow-up review of complaint files at CRDF, leaving us unable to comment on whether improvements have been made as a result of our earlier recommendations. Nonetheless, we are encouraged by most aspects of the new complaint policy, which demands greater tracking and accountability of both requests and complaints made by inmates. During our visits, we had a few opportunities to speak with various units about their handling of service requests and found that all the staff we spoke to were laboring to respond within 10 days of

receipt. We also note the major improvements in the timely delivery of medical care resulting from the new nurse clinic system. Complaints about medical delays or other lack of care made up a significant proportion of all inmate complaints; we expect that those improvements will positively impact both the character of the complaints and the Medical Complaint Coordinator's response to them.

6. Inmate Programs and Transitional Services

In the previous chapters, we looked at facility and custody operations at Century Regional Detention Facility (CRDF). We now turn our attention to inmate programs and transitional services. Such programs and services are aimed at rehabilitating inmates and providing them with the tools and support they need to successfully reenter the community upon their release from jail.

Our discussion of inmate programs and services is divided into two chapters. In the first chapter, we look broadly at the Bureau of Offender Programs and Services. We analyze the structure of the Bureau, contracts with outside organizations, how the Bureau and its Community Transition Unit (CTU) operate, and what they generally provide to inmates in custody and those transitioning back to the community. In the second chapter, we look at specific in-custody and transitional programs offered by the Bureau, as well as inmate feedback about those programs. That chapter is organized in terms of inmate need and program participation.

To learn more about these programs and services, we met with personnel from the Bureau of Offender Programs & Services (BOPS) and CTU, and spoke with outside service providers such as the Hacienda-La Puente School District (HLP), the Center for Children of Incarcerated Parents, Friends Outside, and the Harriet Buhai Center for Family Law. We particularly would like to thank Director Karen Dalton and Lieutenant Joseph Badali from BOPS, as well as Lieutenant Edward Ramirez from CTU and his terrific staff at CRDF, all of whom were especially helpful in facilitating our efforts and providing important information and insight.

We also thank the many CRDF inmates who agreed to participate in our study and provide a diverse array of perspectives. These inmates answered a series of questions in the survey, along with the evaluative statements discussed in **Chapter 2**, designed to help us better understand who they are and identify their most important needs. The survey aimed to do this by including questions about inmates' personal backgrounds, experiences with the criminal justice system, as well as inmates' access to, knowledge of, and satisfaction with the

various programs and services offered at CRDF. The inmates' written responses were supplemented by information gleaned through one-on-one interviews and three inmate focus groups.

I. Background

Reentry refers to "all activities and programming conducted to prepare ex-convicts to return safely to the community and to live as law-abiding citizens."[81] This includes "how they spent their time during confinement, the process by which they are released, and how they are supervised after release."[82] The process of reentry consists of dozens of transitions: finding housing, gaining employment, addressing factors that led to incarceration (drugs, peers, etc.), and all the other necessities of life on the "outside." Many discussions of reentry use non-recidivism as a primary indicator of successful reentry. While recidivism is a useful measure—return to custody represents the ultimate failure of reentry to society—a comprehensive approach to reentry should consider a range of desired outcomes for the individual, the family, and the community. This may include outcomes such as a reduction of homelessness, stable employment, and the reunification of families.

Literature on recidivism and reentry, such as the Reentry Partnership Initiative series,[83] focuses on overall reentry systems and the quality of rehabilitative programming. Well-implemented programs are the cornerstone of recidivism reduction efforts, but must be complemented by supportive services, reinforcement, and accountability to be effective. Coordination among criminal justice and service agencies should be geared toward reinforcing treatment and increasing preparedness before reentry, as well as reducing barriers to services upon release.

The Department often bears the brunt of scrutiny for perceived failures in the criminal justice system, particularly in the context of its Percentage Release Program, which releases

[81] Joan Petersilia, "What Works in Prisoner Reentry? Reviewing and Questioning the Evidence," Federal Probation, Vol 68, No.2, September 2004.
[82] *Id*.
[83] J.M. Byrne., Faye S. Taxman, and Douglas Young *Engaging the Community in Offender Reentry*. 2002. College Park, MD: Bureau of Governmental Research.

the majority of inmates before they have served their full sentence.[84] It also bears the responsibility of incarcerating those who fail to reintegrate successfully. Yet the jail is only one component of the County's reentry system; external factors such as sentencing laws, budget priorities, federal funding regulations, the availability of community resources, and social dynamics also affect the successful reintegration of released inmates. Nonetheless, time spent in custody must be the starting point for any successful reentry program, as it is a valuable opportunity to provide inmates with important information and strategies to avoid coming back to jail. The moment of release, also managed by the LASD, is another important intervention point, as inmates who have nowhere to go or no resources may quickly resort to unhealthy behaviors, such as drug use or various criminal activities.

Although this chapter focuses primarily on services provided or contracted by the LASD, we recognize that reentry is a process that is, in significant ways, outside the sole control of the LASD, and that meaningful collaboration among public agencies and community organizations is crucial to its success. As such, we commend the Department—particularly the Bureau of Offender Programs and Services, under the leadership of Karen Dalton—for its exhaustive efforts to create "linkages" between inmates and community organizations, develop agency partners, and creatively raise funds for the betterment of inmates in the county jail.

II. Bureau of Offender Programs and Services

The Bureau of Offender Programs & Services (BOPS) oversees all in-custody programming and provides transitional services through the Community Transition Unit (CTU). The Bureau works throughout the Los Angeles County jail system, which includes seven housing facilities for male inmates (three in downtown Los Angeles and four at the Pitchess Detention Center in Castaic) and CRDF for the female population. The Bureau is organized into four units: the Inmate Services Unit, Community Transition Unit, HIV/AIDS Services, and Jail Enterprises. As stated on the LASD website, "all of the services provided by these units are designed to meet the social service needs of inmates who seek to leave gang life, face drug and alcohol addiction issues, have educational needs, seek spiritual counseling, face

[84] The Percentage Release Program is described in more detail in Chapter 1, "The Century Regional Detention Facility."

a life battling HIV, require job skills, and need housing upon release. The Bureau of Offender Programs provides a comprehensive place for inmates to go to receive these types of services, with the goal of successful re-entry into society and reduce [sic] recidivism."[85]

The primary source of funding for the Bureau's programs and services is the Inmate Welfare Fund (IWF), generated from telephone services, commissary, vending machines, and Jail Enterprises such as the Sign Shop. Currently, only a very small amount of the LASD's budget contributes to the Bureau's operations, which, in addition to state reimbursements and private donations, also depend on the volunteer work of several individuals and community organizations that provide programs and services at no charge. The majority of funding comes from the IWF. This means that, despite the availability of additional funds and the work of volunteer service providers, inmates and their families still subsidize the bulk of these operations themselves. In fiscal year 2007-08, telephone commissions (i.e., inmate phone calls) provided the IWF with approximately $17.5 million in funds to go along with $7.5 million in commissary commissions and approximately $387,700 in vending machine commissions,[86] while revenue from Jail Enterprises added nearly $55,000 to the IWF during the year. IWF expenditures are split almost evenly between inmate programs and facilities maintenance.

A. In-Custody Programming

The LASD contracts with the Hacienda La Puente Unified School District and community organizations to provide classes and programs to inmates at CRDF. Designed with the goal of helping inmates learn the skills they will need to succeed once they leave jail, most of these classes are made available on a voluntary basis to all general-population inmates, whose access is constrained only by space limitations and eligibility (due to inmate classification and/or institutional behavior). A smaller number of classes are also available to inmates in mental health modules or the working dorm. Along with these classes, the jail operates three intensive program pods—the GOGI "Campus," the IMPACT drug treatment pod, and the

[85] http://www.lasd.org/divisions/correctional/bops/index.html

[86] New telephone and commissary contracts with improved terms resulted in significant revenue increases over the previous fiscal year. The Bureau's new telephone assignment with GlobalTel*Link, which provides for a commission of 52 percent of gross revenue, was accompanied by a front-end payment of $2.5 million. The new commissary contract with Keefe Commissary Network, whose commission increased to 51.5 percent from 35.5 percent, generated an increase of more than $3 million.

brand-new School Module. In the following section, we provide an overview of several of the major in-custody educational contractors and the services they provide. Each class is discussed in greater detail in the next chapter as part of the discussion of inmate needs and available interventions. Included in the discussion is information on course curriculum and inmate feedback.

1. Hacienda-La Puente Unified School District Educational Program

The Hacienda-La Puente School District (HLP) has served as LASD's primary provider of correctional education since 1973. With a budget of over $11 million for Fiscal Year (FY) 2008/2009, it is, according to the Department, the "largest provider of instructional services for jailed inmates in the U.S."[87] HLP's services are paid for by a combination of the Inmate Welfare Fund and California Adults in Corrections Education Program funding, and include a broad range of academic, vocational, drug, and personal improvement classes throughout the jail system.

HLP's services are initially funded by the IWF, which makes quarterly payments based on the actual cost of salaries and materials. The contract funds a total of 82 credentialed instructors and 20 clerical positions throughout the jail system.[88] At the end of each year, the Department may apply to the California State Board of Education for reimbursement based on the Average Daily Attendance (ADA) of inmates in educational programs. This program does not fully cover the education budget; each county that applies receives an allocation from an annual allotment of funds based on the proportion of student hours submitted. Counties may not increase their ADA by more than 2.5 percent on any given year, making any major expansion of educational programming significantly more expensive than current levels. It takes up to two years for payments to be calculated and made—for FY 2005/2006, the most recent year for which funding has been distributed, the total statewide budget for the program was approximately $17.77 million. The Bureau anticipates an ADA reimbursement of approximately $5.76 million this fiscal year.

[87] Printed booklet on BOPS services at CRDF.
[88] Due to the fact that some instructors and administrators serve more than one jail, we do not know exact staffing levels for CRDF.

Until very recently, all classes at CRDF, with the exception of apprenticeship programs (available only to working inmates), were, according to the HLP schedule, offered to every General Population (GP) module at least once a week. These classes included Academic Education, Job Skills, Computer Operator/Computer Applications, Drug Education, and Parenting/Teaching and Loving Kids (TALK). In October 2008, the facility consolidated many of these classes into one intensive "school" module, discussed later in this chapter. Although most of the classes continue to be available to inmates in other modules, albeit with reduced frequency, academic classes (i.e., GED Preparation) are now available only to those who are in the school program.

Inmates assigned to one of the working dorms—which are responsible for food service, maintenance, and laundry for CRDF—may apply to enroll in one of the facility's vocational apprenticeship programs, which provide on-the-job training and certification in one of four areas. These classes are limited in size and seek to provide comprehensive, hands-on training in marketable skills that inmates can use to find jobs when released into the community. They include commercial painting, custodial skills, sewing, and cooking/baking.

2. Additional education providers

While HLP instructs the majority of inmate education classes at CRDF, the Department also contracts with the following organizations:

- **Harriet Buhai Center for Family Law ("Harriet Buhai"):** A project of the Black Women Lawyers of Los Angeles, Los Angeles County Bar Association, and Women Lawyers Association of Los Angeles, this organization provides inmates with education about family legal systems and processes. Instructors rotate among modules teaching one-hour classes dealing with child custody, paternity and child support, and domestic violence. The organization's contract with the Department is funded by the Inmate Welfare Fund through a $100,000 annual contract.

- **Center for Children of Incarcerated Parents (CCIP):** CCIP provides education, counseling, and supportive services to new and expecting mothers, a program known at CRDF as We Care (formerly MIRACLE). Over the past three years, CCIP's services

have been partially funded through a major legal settlement, which provided for $50,000 annually for three years, now in its final year.[89] CCIP also receives funding from other sources, but due to budget and staffing problems, it has been forced to reduce its services over the past few months. The LASD plans to use a grant from the Newman's Own Foundation to continue to fund CCIP programs upon termination of the settlement funds.

3. Volunteer Organizations

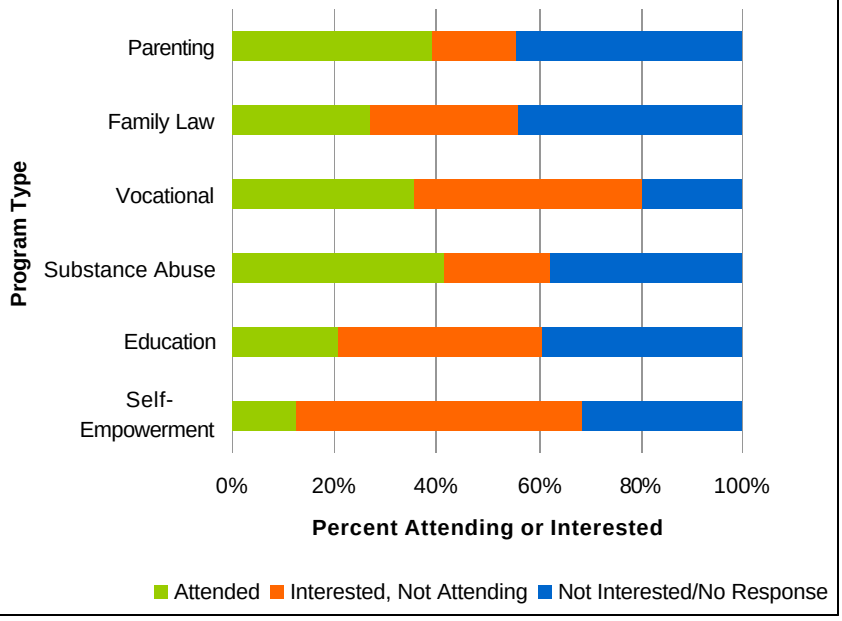
Inmates also benefit from group meetings and classes provided by religious and volunteer organizations such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These two groups facilitate regular 12-step meetings for interested inmates. AA meetings occur every day, while NA meetings are held once a week. As required by Title 15, CRDF also makes an array of religious services available to inmates. Section 3210 of Title 15 stipulates that "[i]nstitution heads shall make every reasonable effort to provide for the religious and spiritual welfare of all interested inmates….When feasible, separate space for services of the faith groups represented by a substantial number of inmates shall be provided….Reasonable time and accommodation shall be allowed for religious services in keeping with facility security and other necessary institutional operations and activities." Through volunteer chaplains, CRDF offers small-group bible study and counseling for Catholics and Protestants in both English and Spanish, as well as similar services for Christian Scientists, Buddhists, Jews, Jehovah's Witnesses, and Muslims.[90]

4. Access to Inmate Programming

[89] This funding was the result of a $27 million settlement of five class-action lawsuits brought by inmates who alleged they had been overdetained or experienced poor treatment, including illegal strip searches, at the jail. Along with direct payments to inmates, the settlement provided for funding of seven in-custody or community programs focused on reentry support. Each of these received $50,000 per year over three years.
[90] While we recognize that these services are an important component of CRDF's program offerings, and spiritual grounding may help women avoid the same mistakes that resulted in their incarceration, they are largely outside the scope of our examination. It is worth noting that few respondents used the opportunity to write about religious services in the "general comments" section at the end of the survey. Therefore, for lack of any evidence to the contrary, we are cautiously optimistic that religious services are, in general, adequately available to the inmates who seek them.

In the survey, we asked inmates about their participation in each category of inmate education programming. We also asked whether they would be interested in each of the class types and, if so, why they had not attended. Figure 6 displays attendance and interest for each program type. The results for each category and area of need are discussed in greater detail in the following chapter. Approximately 79 percent of inmates reported having attended at least one class during their stay at CRDF, while the remaining 21 percent—68 inmates—said that they had never participated in any class.[91] Only two of the non-participating inmates said they were not interested in any of the programs, with the remainder expressing a desire to attend at least one class. A more likely factor in some inmates' lack of participation was their housing location, as educational opportunities for inmates who are not in the general population are limited. Twenty-five inmates who reported never having participated in any program were housed in one of these restricted units, described below.

Figure 6: Attendance by Interest and Program Type



- In general, inmates with high security classifications housed in administrative segregation or inmates in disciplinary housing do not have access to any of the classes due to their

[91] Note: Inmate-reported attendance numbers may be inflated somewhat by the fact that a few inmates appear to have marked those classes that they were interested in, rather than those that they attended, or classes that they attended during a past incarceration. For example, although seven of the inmates in administrative segregation reported that they had not attended any classes, four inmates reported attending at least one class, with one saying that she had already graduated from Parenting at some point in the past. As such, these numbers should be treated as general estimates rather than precise statistics. However, most of the surveys appear to be consistently and accurately filled out. Where there are obvious discrepancies, we note them.

special conditions. Although the Department has expressed interest in providing some academic correspondence courses to those in administrative segregation, such options are not yet available.

- Inmates in mental health step-down housing receive most of their instruction through DMH, which provides regular dual diagnosis (substance abuse and mental health) and anger management classes. Of the classes offered by HLP, the only one available to these inmates is Drug Education. We question the rationale behind summarily excluding all inmates in the mental health step-down unit from academic and work-related classes, an issue we discuss further in the following chapter.

- Inmate workers have reduced access to most programs and classes offered by HLP, apparently due to their work schedules and a lack of space, but they also have exclusive access to vocational apprenticeships, such as cooking. These opportunities are limited, with relatively few inmates reporting participating. Of HLP's non-vocational courses, the only classes regularly available to workers at the time of our survey were parenting and computer classes. They can also attend Harriet Buhai classes and 12-Step meetings, assuming their work schedules do not conflict. Since the advent of the School Module, however, parenting is no longer being held in the working dorm. While we recognize that inmates who are particularly interested in taking HLP classes may apply to the School Module, we are concerned that working inmates are denied access to the TALK program, currently the only available avenue for most mothers to have contact visits with their children.[92]

The remaining 43 inmates, the majority of whom had been in jail for at least two weeks and who reported zero program participation, were housed in the general population. An additional 51 GP inmates said that they had attended only one program, and 38 said that they had attended two programs. In all, 58 percent of all GP respondents said that they had participated in two or fewer programs. At the time of our survey, inmates in general population should, in general, have had equal, weekly access to all of the programs and

[92] Inmates whose children are in the custody of the Department of Child and Family Services may be able to visit with them as scheduled by a social worker. For more information on parenting and child visiting issues at CRDF, please see Chapter 4, "Pregnant and Parenting Inmates."

classes offered by HLP. While some non-HLP classes, such as MIRACLE/We Care, might have limited eligibility, others, such as the Harriet Buhai classes, were ostensibly available to all GP inmates equally. When asked why they had not attended each of the programs, inmates gave a variety of responses, including, in some cases, a lack of interest. In contrast, as we detail in the following chapter, we found significant proportions of interested inmates in nearly every category who did not participate in programs because they had never heard of them, did not think they were available to them, or did not know how to sign up.[93]

Overall, we found wide variation in the survey results, interviews, and focus groups in inmates' awareness of programs, schedules and enrollment procedures. Some inmates, usually those who had been in custody for a longer time, appeared very familiar with the programs, the teachers, and how to sign up, even if they had not participated in the programs themselves. Seventeen percent of respondents had participated in five or more different programs. In contrast, most inmates participated on a much more limited basis, and the majority of inmates reported that they had not been able to attend at least one class because they did not know about it or it was not available to them. Some said that they did not know how to enroll in classes despite being aware of them. Others said that they were told the classes were full or that the deputy had simply never picked them when they tried to sign up.

In general, it seems the inmates had poor understanding of the program schedule. Although Hacienda-La Puente maintains a weekly schedule, it is not posted for inmates to see, and does not include non-HLP classes; although most of these other classes have regular schedules, they do not appear to be consolidated anywhere and also are not posted. Likewise, there is no posted description of the classes available to inmates, leaving some inmates unsure of what they encompass. According to program and jail staff, inmates find out about programs through word of mouth— from other inmates—or when a teacher or deputy announces that a class is occurring and is open for enrollment. They may also find

[93] Because the survey was conducted before the implementation of the School Module, its results may not accurately reflect current participation levels across the facility. That program, described in the next section, has resulted in significantly better access to programs and classes for inmates in that module, and reduced access for inmates in other modules. Due to the design of the school program, which requires all inmates to attend classes for six hours daily, it is unlikely that participants are unfamiliar with the options available to them. Nonetheless, inmates in regular modules likely continue to have some of the same issues with access that we found in our survey.

out about it from a CTU case manager or other program staff member, who can work to facilitate entry to the program. We believe, however, that these publicity mechanisms may not be adequate, as many inmates appeared unfamiliar with at least some of the program offerings. For example, we spoke to one inmate who had recently been informed that her five minor children had been removed from their guardian's house by the Department of Child and Family Services (DCFS), but did not know where they were or how she should respond. When we suggested that it might be helpful to attend one of Harriet Buhai's classes on the dependency court system, she appeared interested but said she did not know that such a course existed.

Many inmates also reported confusion about how to enroll in classes. It appears that some classes, such as Ready for Work, have ongoing enrollment, where the same inmate is called out for class every week; other classes are open to whatever inmate is interested on a given day. According to inmates, some teachers keep a waiting list of interested inmates, while others simply ask who wants to attend on days when there are openings. Some classes, such as Ready For Work, are small and generally full, while others can usually accommodate any inmate who wants to participate. In focus groups, we asked inmates how they had signed up for a class. Many of them had put in request forms, which found their way to a teacher and resulted in their enrollment. According to facility staff, these forms, which are available in every module, are the most direct and effective way for an inmate to request enrollment in any class. Others said that they used the help of other inmates to get word to the teacher that they were interested, while still others had to go through a deputy, who made the decision as to who could go to a given class. Most classes did not appear to have any specific eligibility guidelines, with inmates usually being accepted on a first-come, first-served basis or at the discretion of the deputy.

It is important to note that program capacity is limited; regardless of outreach and available information, every inmate will not be able to attend all of the classes she is interested in. It appears that current outreach and enrollment processes may favor inmates who are more social or assertive, or who have more experience with the jail system. Ideally, each inmate should have equal access to information about available classes and an equal opportunity to apply to those programs for which she is eligible.

Another factor that may affect inmates' access to classes was not knowing the time. During our visits to the jail, we came across just one module clock that gave the correct time. Some were ahead or behind in clear increments, such as half an hour, while others were off in such a way that made it difficult to calculate the true hour. Some did not appear to be working at all. Inmates are not permitted to wear watches, making it difficult for them to know what time it is or when programs will be occurring. Having properly functioning module clocks enables inmates to plan their day around classes in which they are interested or enrolled, so that they will not miss open calls for classes or be otherwise unprepared to attend.

The following recommendations will be made to the LASD:

- **Recommendation: The Bureau should create a set of written materials, to be posted in each module in an area easily accessible to the inmates, that includes:**
  - **A brief description of each available class.**
  - **A reasonably up-to-date weekly schedule for all classes along with information about classes that occur less frequently than once a week.**
  - **Eligibility criteria, if relevant, that includes any information about which inmates will be given priority when demand exceeds capacity.**
  - **Sign-up procedures for each class. These need not necessarily be the same for each class; in some cases, it may be that the inmate will have to put in a request or sign up on a sign-up sheet, while in other cases, she can simply attend an open class session.**
- **Recommendation: Program, eligibility, and sign-up information about special program modules, particularly the School Module, be posted or otherwise made available to all inmates on an ongoing basis. Described in the following chapter, these programs offer greater access to classes and a more therapeutic approach to incarceration to motivated inmates, and CRDF staff should make them available in a fair and consistent manner.**
- **Recommendation: All clocks should be maintained at the correct time.**

B. Special Program Modules

At present, CRDF operates three general population program dorms or modules, which, in contrast to regular modules, offer an intensive education environment to inmates who commit to attending a required schedule of classes: the brand-new HLP School Module, the GOGI (Getting Out by Going In) Campus, and the IMPACT drug treatment module.

1. School Module

In early October 2008, CRDF converted a housing module into the School Module, an intensive program that provides 30 hours of education each week, provided by HLP, to interested inmates. Prior to the start of the program, inmates were given a survey asking whether they would be interested in moving to a dorm where they would be provided access to classes daily, but where they would have to commit to attending at least six hours of class, five days a week, along with completing all assigned homework. Those inmates who expressed interest were, in short order, moved into the new module.

In contrast to other modules, inmates in the School Module are out of their cells for most of the day, and participate in meals and program time as a group. Each participant is expected to attend two classes every weekday—one from 8 am to 11 am, the other from noon to 3 pm—and to spend time after class completing their daily assignment. There are three different classes going on during each class period, which inmates must choose from. Once they have enrolled in a class, inmates are generally expected to remain until they have completed the course, and they receive a stamp on their "stamp sheet" for each class attended. Once they complete a certain number of classes, inmates receive a certificate of completion and move to a different course. All of HLP's classes (with the exception of vocational apprenticeships) are offered in the school module at least twice a week; academic classes occur five days a week. The program has also added a "High School Elective" course, which will rotate among topics of interest. Currently, inmates in this class are studying poetry for the Literature Unit; future expected units include Psychology of Development and Creative Writing.

The module's capacity is 124 inmates and, so far, the jail has been able to keep up with demand. Currently, any inmate who is interested in attending, with the exception of those with a high security status, is eligible to apply and will likely be accepted.[94] Her stay is contingent upon her willingness to adhere to program and module rules; if she causes problems for teachers or deputies, or fails to attend classes, she will be "rolled out" to another unit. Such roll-outs, in combination with releases and state prison transfers, have allowed the Classification Unit, which manages program enrollment, to regularly clear the waiting list. It will be interesting to see whether the module is able to meet demand as time passes and inmates learn about the program.

Early reports on the School Module are excellent. During a focus group with program participants, inmates expressed that they felt a newfound interest in continuing their education in the community and perhaps trying to find a new career, and said that the six hours seem to go by quickly. They also emphasized the collegial atmosphere of the module; some said that being part of an educational community, where they can learn from others and feel part of something greater than themselves, has made a significant difference in how they feel about being in jail and what they can accomplish. Some also appreciated the increased out-of-cell time, though others noted that they had similarly been out of their cells for most of the day in their old modules.[95] Jail and program staff also expressed enthusiasm about the program and the changed dynamic it brings.

We welcome this new direction in jail operations, one in which inmates may choose to spend their free time in a constructive manner and are provided with a structured, comprehensive rehabilitation program instead of piecemeal classes. We look forward to tracking the program's progress and encourage the Department to begin an early process of evaluation by tracking recidivism and other data about participants. Our only concern with the School Module is that inmates who have opted out of the program—or who, perhaps in the future, will not be able to get into it due to space constraints—continue to be offered some level of access to classes. While this program assumedly allows the Department to provide more

[94] Inmates in the Mental Health units may not be eligible. Their eligibility for the general population is determined by Department of Mental Health clinicians.

[95] As we noted in Chapter 1, CRDF Custody Operations, deputies have wide discretion in the amount of out-of-cell (program time) granted to inmates. We encountered some modules that were out of their cells for nearly the whole day, while others spent most of the day under cell/bunk restriction.

effective treatment to inmates in the School Module, it is important to keep in mind that the module holds just six percent of the facility's population, and that the remainder should have reasonable access to some programs as well. This concern is shared by facility and program staff, who report that they plan to continue to offer all classes to non-school program inmates, if at a reduced level. It remains to be seen just how reduced that level will be.

2. Getting Out by Going In (GOGI)

The Getting Out by Going In (GOGI) full-immersion pilot program opened at CRDF in February 2008. Previously, the GOGI program was limited to weekly workshops at FCI Terminal Island in San Pedro, CA, which began in 2002 and continues to the present. GOGI's mission is to prepare inmates for reentry and reduce recidivism rates by helping participants "get out" of old behavior by "going in" for self-improvement. GOGI uses a unique therapeutic approach developed by its founder, Dr./Rev. "Coach" Mara Leigh Taylor, which seeks to empower its participants by providing them with the tools they need to make the right decisions. Coach Taylor calls this "RapidChange Therapy" and describes it as "goal-oriented and brief therapeutic approach" whose techniques and strategies are designed to be immediately applicable to its participants. More specifically, GOGI is designed to "assist individuals in discovering their natural ability to articulate goals, overcome obstacles, develop solutions, and achieve personal success."[96] GOGI's concepts are encapsulated in Taylor's book titled "Prison: Getting Out by Going In," which participants are required to read.[97]

At CRDF, the GOGI program occupies a 24-person pod known as the "GOGI Campus." Participation is voluntary and inmates must apply to the program to be considered. The application process includes reading an excerpt of Taylor's book and writing a report on it. GOGI participants are required to take part in program activities every day of the week, for the majority of each day. It is intensive and highly regimented—a weekly GOGI schedule dictates how inmates will spend each waking hour. Coach Taylor runs the program with the assistance of a CTU officer, GOGI-trained student coaches from local universities, and

[96] http://www.gettingoutbygoingin.org/index.php?topmenuitem=Our%20Mission
[97] Non-participants may also receive a copy, free of charge, upon request. A revised edition written specifically for women will be released in December ("Women in Prison: Getting Out by Going In").

community volunteers. The program consists of a variety of activities including educational classes (provided by HLP), counseling, drug education, spirituality studies, meditation, and mandatory fitness, such as yoga, pilates, and team sports. Inmates also have independent study and are required to complete various homework assignments. Participants who cause disruptions or fail to meet their GOGI obligations are promptly "rolled out" of the program. Otherwise, participants remain in GOGI until they leave CRDF, at which point they "graduate" from the program. These released inmates receive ongoing support from a GOGI coach in the community as well as a network of fellow GOGI graduates and current participants, with whom they engage in written correspondence.

We visited the GOGI dorm during our CTU-led tour of CRDF in August, and listened as inmates told us their stories. We were impressed by their level of self-awareness and the expressive nature in which they spoke about their challenges, aspirations, and the impact of their GOGI experiences on their lives, and it was clear to us that GOGI participants had developed a tremendous mutual support system for themselves. While GOGI's philosophy and the nature of the program may not carry the same appeal or effectiveness potential for all inmates, its initial results are nonetheless encouraging—as of the time of our visit, none of the GOGI graduates had been rearrested.[98]

Furthermore, the results of our survey indicated a significant degree of interest in the GOGI program among non-participants; several respondents commented that they had submitted a GOGI application and were hoping to be accepted. Taylor believes that with current resources and continued inmate demand, the program could expand to an entire module. The desirability and practicality of such an expansion is a question jail administrators will have to address.

[98] According to Coach Taylor, of the approximately 100 graduates, 50 went to prison, thus having no opportunity to re-offend. Nonetheless, a zero recidivism rate among the other 50 is an impressive figure. Yet unless offers of admission into GOGI are randomized, potential selection bias will prevent the true effectiveness of GOGI in reducing recidivism from being quantified.

3. IMPACT Dorm

The IMPACT dorm is a small, 24-person pod that provides comprehensive drug treatment to inmates who are ordered to the program by one of the County's 12 drug court judges.[99] IMPACT House, a community organization that runs a residential substance abuse program in Pasadena, administers the programs, which are paid for by the drug courts. Inmates are sentenced to one of two treatment options, a seven-to-45-day in-custody stay, or a 90-day in-custody stay followed by a 15-month program (outpatient or residential) in the community. IMPACT classes occur seven days a week and are required for all participants. The program served 1264 inmates in FY 2007/2008.

C. Transitional Services

1. Community Transition Unit

The major provider of transitional services to inmates at CRDF is the LASD itself, which offers reentry assistance through its Community Transition Unit (CTU). Three contracted community organizations, Friends Outside, EIMAGO, and Volunteers of America, provide supplemental assistance. CRDF also offers the Women's Reintegration Program, a comprehensive reentry project focused on inmates with mental health issues. Although this program is primarily operated by the County Department of Mental Health, a specialized CTU case manager is also involved in managing that program and in facilitating inmates' transition to the community.

The Community Transition Unit, first established in 2000, is an LASD department tasked with providing reentry assistance to inmates leaving the jail. The unit is staffed by 18 specially-trained civilian Custody Assistants (CAs, or "case managers") overseen by a lieutenant and a sergeant. Four CTU case managers are assigned to CRDF, with each person assigned to a particular set of modules. Each case manager also oversees a specific in-custody program, such as the Women's Reintegration Program (for inmates with mental

[99] While the vast majority of participants are court-ordered into the program, about one percent of participants are referred by other court staff members.

health diagnoses), the Just In Reach program (for homeless inmates), or the MIRACLE/We Care program (for new and expecting mothers).

While CTU services are available to any inmate who makes a request, the unit conducts specific outreach to those who identify themselves as homeless or as veterans of the United States Armed Forces during the classification process. Each day, case managers receive a list of veterans and homeless inmates from the Inmate Reception Center. They also receive a set of Inmate Request Forms on which inmates have requested CTU assistance; Custody supervisors forward them after sorting the requests and assigning them a reference number. Case managers are responsible for responding to inmates in their assigned modules, as well as for processing forms requesting enrollment in their assigned programs. All requests, along with all inmates from the homeless or veteran list, are entered into the Facilities Automated Tracking System (FAST) database, noting request type (for example, transportation or housing), inmate name, and detailed information about the request.[100] If the inmate is already in the system, the new request will simply be added to her earlier record, noting that an additional request was made.

Case managers regularly visit the modules to meet with inmates, with each module receiving at least one or two CTU visits per week. They first follow up with all of the inmates on the homeless or veteran list, verifying their status, describing available services (discussed in the following chapter), and inquiring as to whether they are interested in receiving assistance. They also meet with each inmate who has filed a request. Some requests can be resolved right away; for example, some inmates simply ask for information, such as a reference list of programs in the community that they can contact on their own. Each case manager has developed an information packet that includes a letter of introduction along with contact and referral information for various types of community services, to be distributed to interested inmates. Case managers also make an announcement over the module loudspeaker, explaining who they are and what services they can provide. Inmates are then free to approach them to request help, or to submit a paper request for later assistance.

[100] We addressed this database earlier, in Chapter 5, in our discussion of the complaint process.

CTU meets with inmates individually to discuss needs, provide referrals, and, where possible, encourage participation in relevant in-custody programming. Most of CTU's work centers around referring inmates to services that they can access upon release. In some cases, these referrals involve finding and confirming placements in a residential program. This entails marshalling resources to match inmates to programs based on eligibility, which is often a difficult proposition. When appropriate, case managers will make referrals to in-custody programs, such as job skills or drug education classes, for interested inmates. They also administer the Department of Public Social Services (DPSS) Homeless Release Project, described in the following chapter, a program that allows inmates to sign up to receive public benefits such as General Relief upon release, and coordinate the resumption of Supplemental Security Income (SSI) benefits upon eligible inmates' release.

Most importantly, CTU provides priority assistance to inmates at the moment of release. In most cases, the inmate will already have been working with a case manager, who will flag the inmate's jacket. This will direct release staff to notify CTU when the inmate is about to be released. The assigned case manager will go down to the release area to ensure that the inmate is prepared for release, such as providing her with transportation assistance and information about where to go. Inmates who have been placed in or referred to a particular program (such as a residential treatment center) receive a taxi voucher, given directly to the driver with directions to the released inmate's destination, while others will receive up to three bus tokens. During our visit, we noted that there was no publicly accessible transportation information posted; apparently the Department is working to correct this. Homeless inmates may also be provided with a special release tote bag that includes a comprehensive variety of regular-sized hygiene products, a towel, and a set of sheets. Although much of the moment-of-release work involves inmates who have already been working with CTU and have already secured placements and referrals in the community, any inmate may request and receive assistance at this time (which will likely be less comprehensive).

In FY 2007/2008, 4973 female inmates entering CRDF were identified as homeless, and CTU reports providing linkages—placements, referrals, etc.—to 3975 women during that period, an average of about 331 linkages per month. Assuming that these are meaningful

linkages— preferably placements— this is a very good showing for the CTU case managers, who face real challenges in finding appropriate resources for which their homeless clients are eligible. The LASD does not track how many tokens and taxi vouchers are given per facility, but reports 88 taxi vouchers were distributed since the program began in 2007, and that 749 bus vouchers have been distributed in 2008. Bus tokens are now available to watch commanders even when CTU staff is not available to distribute them, increasing the numbers of inmates who have access to them. Friends Outside and Volunteers of America (VOA), described below, also provide transportation for inmates from the jail to programs or shelters. Since they began doing so in the first quarter of 2006, Friends Outside has provided transportation to 108 women, while VOA has transported 150.

We asked inmates about their experiences with CTU. More than two thirds of all inmates said they would be interested in receiving CTU services, but just 16 percent of respondents reported having received such services. When we asked whether interested inmates had made a request, only about 20 percent reported that they had done so. In fact, many inmates claimed never to have heard of CTU, despite two posted signs about its services in each dorm and, ostensibly, weekly module visits from staff. The most common question we received during survey administration was, "What is CTU?" When we explained the unit to these inmates, pointing out the signs on the wall and describing its services, most were surprised to know that such services existed. Others were vaguely familiar with the case manager assigned to their unit but not the unit itself.

Whatever the reasons, it is clear that many inmates do not know what CTU is or what it does. This may be a branding issue, as few inmates seemed familiar with the relatively official-sounding name, but it is likely an indication that inmates simply do not pay close attention to every announcement or read every sign. While we are reluctant to make recommendations that put more pressure on the already-overburdened case managers, we must point out that a significant number of the inmates who reported not receiving services were in clear need of transitional assistance. We base this assumption on the many survey responses which indicated that the inmates who filled them out were ill-prepared to deal with the immediate aftermath of their release. We thus make the following recommendations:

- **Recommendation: Along with information about in-custody programming, information about CTU, including a regular visit time, should be disseminated or communicated more effectively to inmates. The unit may also want to consider holding weekly "orientation" meetings to which new inmates are specifically invited.**

- **Recommendation: The CTU should consider making referral information, such as their outreach packets, more accessible to all inmates, not simply those who submit a request. While a small booklet or packet that inmates could take with them upon release is preferable, this information could also be posted on a bulletin board with the other program information. Access to this information may be enough for some inmates who, as a result, will not require CTU services and thus reduce the burden on staff.**

It may be that any additional publicity will completely swamp the office with requests for assistance. Currently, CTU has only four case managers for about 2200 inmates at CRDF. Each case manager has a set of specialized responsibilities along with his or her regular request duties. Although the total number of case managers has not increased since CTU commenced operations in 2002, we commend them for leveraging their small numbers by creating partnerships with a number of community organizations, thereby increasing the number of inmates who can be reached. Nonetheless, it is important that all inmates be aware of the services available to them. If the current case managers are not able to keep up with demand, the Department may want to consider whether four case managers are enough for such a large facility.

2. Friends Outside

As described in **Chapter 4**, Friends Outside also provides transitional services to inmates at CRDF through an on-site case manager, though on a much smaller scale. Funded with a combination of private funding and strip search/overdetention settlement funds ($50,000 per year for three years), the organization provides a broad range of assistance to inmates seeking to reconnect with family, resolve business on the outside, or access reentry resources. In addition, Friends Outside provides transportation for inmates who are court-

ordered to a drug treatment program. In our last report, we commended the organization for its assistance to clients involved in the dependency court system.

3. EIMAGO

EIMAGO, the secular arm of the Union Rescue Mission, provides two case managers to CRDF to help homeless inmates prepare for reentry through the Ready For Work and Just In Reach Programs. The Just in Reach program is part of Los Angeles County's $100 million Homeless Prevention Initiative, and is funded by an allocation of $1.5 million over two years to provide targeted homeless services to inmates leaving the county jail. Both programs are described in the discussion of housing needs in the next chapter.

4. Volunteers of America

The CTU also works closely with case workers from Volunteers of America (VOA), a non-profit that provides services to homeless inmates through its GRACE Project. Those services include emergency shelter, meals, transitional/affordable housing, public benefits enrollment assistance, life skills training, and job development.

In the following chapter, we present our inmate survey results in terms of need and program participation. We also discuss the available in-custody and transitional programs in greater detail.

7. Areas of Inmate Need and Related Services

As part of our focus on inmate programs and transitional services, our survey asked respondents to provide information about their background, their situation at the time of arrest, and their post-release plans. We also asked them to assess their own level of preparedness and to list the type of assistance they anticipate needing upon release. We also asked them what, if any, programs they have participated in and reentry services they have received during their incarceration at CRDF. In the following sections, we analyze survey results to better understand inmates' most critical reentry needs as well as their thoughts on the in-custody programming and transitional services offered at the facility.

Women in the Jail

A staggering 81 percent of all of the female inmates we surveyed reported having been in jail before—many of them multiple times—and approximately 93 percent of that group had been in the Los Angeles County Jail. That so large a proportion had been in and out of jail is not much of a surprise, however, in view of the many reentry needs they described. Of the inmates who participated:

- 30 percent reported being homeless at some point in the six months before their arrest.
- 58 percent reported that they had substance abuse problem.
- 30 percent reported being unemployed but looking for work at the time of their arrest.
- 32 percent reported not that they did not have a high school or GED diploma.
- 33 percent reported having children under the age of 18 living with them upon arrest, and 31 percent reported having children under 18 who were living somewhere else at the time of their arrest.

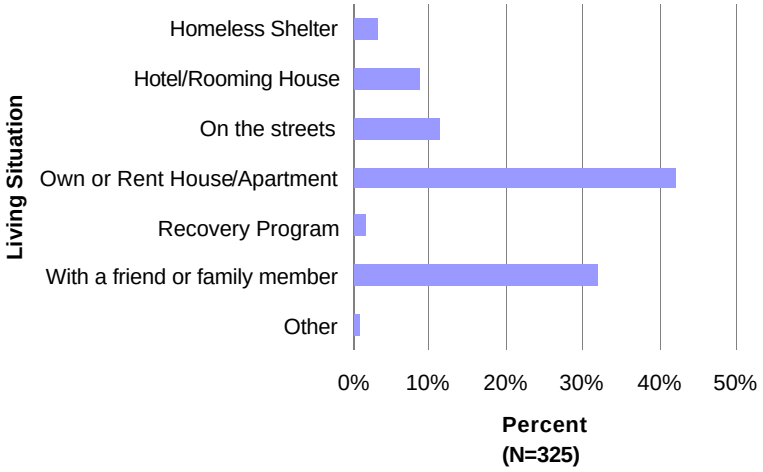
In the context of these statistics, we are impressed with the breadth of in-custody and transitional services provided at CRDF, which encompass basic academic education, job search preparation, vocational training, drug education, parenting classes, family law

education, and life skills, as well as extensive and transitional services through the Department itself and partner agencies. We are particularly impressed with the recent effort to provide multi-faceted, comprehensive reentry programming both through in-custody program dorms, in program and through release, with programs such as Just in Reach or Women's Integration Services. Unfortunately, significant numbers of inmates reported being unable to participate in programs which interested them, due to confusion about available programs and signup procedures, non-transparent enrollment decisions, and a lack of availability due to module assignment, criminal charges, or space constraints. Those who were able to attend, however, gave the programs high marks across the board.

I. Housing

Thirty percent of inmates reported that they had been homeless at some point during the past six months. When asked about their place of residence at the time of arrest, 15 percent[101] of all respondents described said that they were homeless, with three percent living in a homeless shelter and 11 percent living on the streets. An additional 32 percent of inmates said that, although they were not homeless, they had been living at the home of a family member or friend at the time of their arrest. Fewer than half of respondents reported living in their own residence. Furthermore, when asked where they expect to live upon leaving jail, 11 percent of inmates responded that they did not know, four percent said they expect to live in a homeless shelter, and two percent said they expect to live on the streets.

Figure 7.1 Survey Participants by Living Situation at Arrest



[101] This statistic has been rounded up.

Stable and safe housing is one of the most important components of an inmate's successful reentry to the community. Without a phone, an address, or a place to shower, homeless ex-offenders will struggle to find and keep work, to reunite with their children, and to maintain their mental and physical health. They may also be vulnerable to violent crime and might have difficulty avoiding people, places, and activities associated with drug use and criminal behavior.[102]

The obvious difficulty of securing affordable housing—many inmates do not have employment or savings—is often compounded by barriers created by the inmate's criminal history. Not only are many landlords reluctant to rent to those who have been incarcerated, some former inmates may also face exclusion from federally-funded Section 8 or public housing, meaning that family members who receive these benefits may be putting them at risk if they allow the former inmate to stay with them.[103]

The LASD has made homelessness a major priority for CTU. As mentioned, CTU case managers receive a daily "homeless list" that they use to identify inmates who may need help with housing upon release. These inmates are eligible for employment and housing-related assistance through the Ready for Work/Just in Reach programs, facilitated by the EIMAGO organization, and for cash assistance help through the DPSS Homeless Release Project, described below.

A. EIMAGO -- Ready for Work and Just in Reach

EIMAGO strives to provide inmates with the tools necessary to compete professionally upon reentry. There are two EIMAGO-affiliated programs that apply to homeless inmates, the Ready for Work class and the Just in Reach case management program.

[102] See David Michaels et al., "Homelessness and indicators of mental illness among inmates in New York City's correctional system." Hospital and Community Psychiatry 43:150–155 (February 1992); and Marta Nelson, Perry Deess, and Charlotte Allen, "The First Month Out: Post-Incarceration Experiences in New York City" (New York, NY: Vera Institute of Justice, 1999).

[103] While the Housing Authority of the City of Los Angeles (HACLA) does not have an absolute prohibition on persons with a criminal background, it generally excludes those with drug-related (non-possession) or violent felony convictions within the past three years. Los Angeles County's Housing Authority (HACoLA) has more restrictive eligibility requirements.

Ready for Work (RFW) provides inmates with job training and placement, coaching and mentoring, soft skills development, and other supportive services. The program is held in participating modules for 90-minute blocks. A CTU custody assistant facilitates the program by identifying potential participants, escorting those inmates to the program, and providing them with related case management services. In addition to its job readiness curriculum, RFW helps inmates with resume writing, self esteem mentoring, and job application help.

The Just in Reach program is part of Los Angeles County's $100 million Homeless Prevention Initiative, and is funded by an allocation of $1.5 million over two years to provide targeted homeless services to inmates leaving the county jail. In managing Just in Reach, EIMAGO works through a collaborative network of services providers, including Tarzana Treatment Center, Amity Foundation, Goodwill Industries, and Volunteers of America. Trained personnel assess and build relationships with homeless inmates shortly after they enter jail, work with these inmates to create a case plan together, secure transportation for them from jail to short term housing, and meet the inmates at the point of release. The purpose of meeting with homeless inmates at release is to increase the likelihood that the case management plan will be successful.

The goal of Just in Reach case management is to transition inmates to a stable, crime free, self-sustaining life. Case management focuses on individual inmate needs such as employment, housing, life skills, and drug and alcohol treatment. Within 24 hours of receiving an inmate's name and housing location, EIMAGO case managers are expected to begin an assessment through a face-to-face interview with the inmate. Just in Reach pledges to case manage at least 400 inmates in two years and place 70 percent of them into transitional housing. EIMAGO has two case managers working at CRDF (both of whom are trained social workers), one of whom links participants to Just In Reach's programs, and another who provides the EIMAGO RFW curriculum.

B. DPSS Homeless Release Project/Supplemental Security Income

In 2006, LASD and DPSS began to collaborate on the DPSS Homeless Release Project, which provides public benefits (including cash assistance, food stamps, and short-term housing) to homeless inmates upon their release from jail. Upon being identified, these

inmates will be pre-screened by a CTU case manager, who will then forward the benefits application to DPSS. Although non-homeless inmates do not receive special outreach, they may still ask for assistance through this program. Depending on eligibility, applicants may receive $221 per month in General Relief assistance, two weeks' worth of hotel vouchers (renewable under certain conditions), and a $162 monthly food stamp allowance.

Inmates' applications to this program are not processed until they are released from jail. At this time, a CTU case manager will contact DPSS staff to let them know that release is imminent, and tells the inmate where she can pick up an Electronic Benefits Transfer (EBT) card. CRDF inmates are referred to the South Central District DPSS office, which is about 2.3 miles away from the jail, accessible by local DASH shuttle. Each inmate is given a referral form that explains how to get to the office by public transportation and is informed that she must arrive by 1 pm in order to be seen that day. CTU also provides inmates with bus tokens to get to the DPSS office.

This process differs somewhat from the process used to distribute benefits to male inmates leaving the downtown central jail complex. For the men, DPSS has set up a cashiering window at the Twin Towers Correctional Facility where they may collect their benefits on the way out of the jail. The Department, however, has not been able to implement such a program at CRDF due to the additional costs required and space constraints at the facility.

While it is not unreasonable to expect inmates to travel a short distance to retrieve their benefits, it does add an extra layer of responsibility that may discourage some inmates from going, particularly if whoever picks them up from jail does not want to take them there. Another concern is the relatively limited hours during which inmates can pick up these benefits, meaning that they may have to come back another day to pick them up, depending on the time of their release.[104] Doing so may prove difficult for some inmates, particularly if they are going to another part of the county upon their release and would have to come all the way back. Although DPSS also has a mechanism for couriering benefits to the jail in instances where it is unlikely that the inmate will be able to get to the office on time (due to

[104] Due to safety concerns, female inmates are not released after dark unless they can show that they have a ride, and are not released at all after 10 pm. However, they may still be released too late to get to a DPSS office.

mental health issues or a late release), CTU managers told us that this seldom occurs. However, because the moment of release is a crucial juncture at which inmates may easily relapse or fall into old behaviors, the reentry process should work to provide an intervention at that time, to the extent possible. Accordingly, we will recommend the following:

- **Recommendation: The LASD and DPSS should continue to work together to find a way to issue benefits on-site at CRDF.**

Despite these concerns, the DPSS Homeless Release Project has overall been a success, and an important step forward in improving the reentry system through collaboration and cooperation between agencies. In 2007, the program won an Achievement Award from the National Association of Counties, and it appears that it has been very successful in facilitating applications from female inmates. In FY 2007/2008, 2356 female inmates were entered into the DPSS database. This number is nearly half the amount of the number of male inmates who were enrolled during that same period, despite females making up less than one-fifth of total bookings. During the fiscal year, DPSS issued 912 EBT cards throughout the countywide jail system; however, because it does not inform the LASD which inmates picked up cards, it is difficult to know how many of those inmates are women or to diagnose any problems with the delivery system. We will recommend:

- **Recommendation: The DPSS should report back to CTU about which inmates receive their benefits, which would allow CTU case managers to track their clients and, if necessary, make improvements to the referral process.**

The CTU has also partnered with the Social Security Administration (SSA) to coordinate the resumption of Supplemental Security Income (SSI). For those inmates who are identified as having been on SSI due to a disability, CTU will work with the Social Security Administration to ensure that those benefits are immediately reinstated upon release. In FY 2007/2008, 94 female inmates benefited from this program.

C. Reentry Kits

As mentioned earlier, inmates receiving homelessness-related services from the CTU will also receive a tote bag containing a variety of hygiene products and other important items.

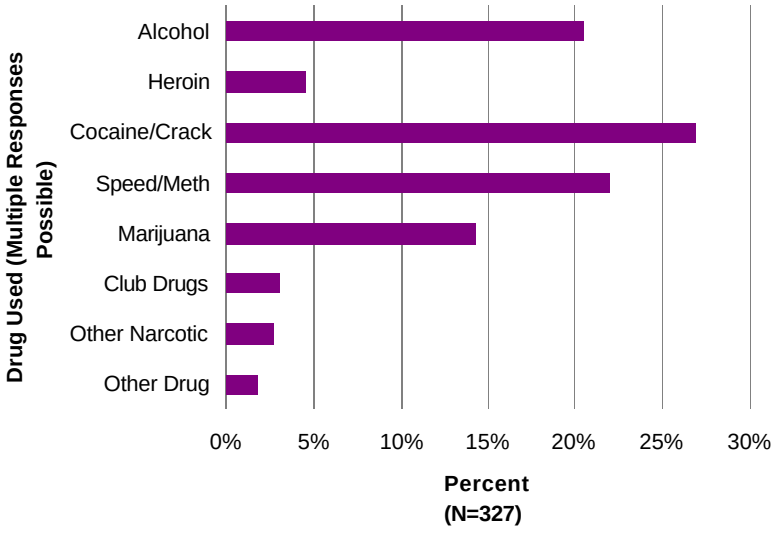
This program was initially funded through a $50,000 grant from the Paul Newman Foundation; CTU is working to extend it permanently through regular donations from community organizations. We were delighted with these bags, into which a great deal of care and thought was clearly placed. Not only are their contents very useful—especially items such as the set of sheets, which can make a woman entering an unfamiliar program or shelter feel clean and more at home—but their non-utilitarian presentation sends the message that the inmate is getting a new start, and that CTU staff genuinely cares about her well-being and successful reintegration with the community.

CTU is also in the process of implementing the Holiday Gift Program (in conjunction with Shelter Partnership) for mothers will be released from CRDF around the holidays. CTU will identify eligible inmates—generally those who are homeless or receiving transitional help from the unit—and give them a short questionnaire to help them determine suitable gifts for the inmates and their children. Although these gifts have not yet been given out, we anticipate that the program will be a success and applaud the Department for this effort.

II. Substance Abuse Treatment

Fifty-eight percent of inmates who took our survey stated that they had a substance abuse problem; of those, however, almost half reported never having received treatment for their problem. The most common reported drugs of choice were: cocaine/crack (27

Figure 7.2: Reported Drugs of Choice



percent of all inmates), methamphetamines/speed (22 percent), alcohol (20 percent), and marijuana (14 percent).[105] In addition, 27 percent of respondents said they were in jail on a drug charge—more than half of whom said that they were charged with possession only.

Substance abuse is, predictably, highly associated with poor reentry outcomes. Women who actively abuse drugs—particularly those with a criminal history—will face difficulty finding and holding down a job, maintaining housing, and avoiding criminal activity. One related study found that 36 percent of jail inmates nationwide reported that they were using drugs during their commission of a crime, and approximately two-thirds were using drugs heavily at the time of their arrest.[106] Another study (of state prisoners) found that "men and women with substance abuse problems were significantly more likely to be involved in postrelease criminal activity and more likely to be reincarcerated." That study also found that these prisoners had "poorer housing, employment and recidivism outcomes [than those without substance abuse problems], with women often experiencing worse outcomes than men."[107]

Because of the relatively short time most inmates spend in jail—before either being released or transferred to state prison—it is difficult to provide them with effective and comprehensive treatment. Accordingly, rather than focusing on deep-seated issues and providing intensive individual and group therapy, experts recommend that jail staff provide treatment that "focuses on supplying information and making referrals but can include motivational interviewing" to those in jail for 30 days or less, while expanding treatment for those who are in custody for longer to include "communication, problem solving, and relapse prevention skills" along with anger management techniques and information about self-help groups.[108]

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[105] Some inmates reported more than one drug of choice.
[106] Doris James Wilson, "Drug Use, Testing, and Treatment in Jails," Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 179999
[107] Kamala Mallik-Kane and Christy Visher, "How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration." Urban Institute, February 2008.
[108] R.H. Peters and H.K. Wexler, "Substance abuse treatment for adults in the criminal justice system," Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2005 Sep 12. 332 p. (Treatment improvement protocol (TIP); no. 44).

A. In-Custody Programming

Approximately 59 percent of survey respondents said that they would be interested in receiving drug treatment while in jail. Of these, 64 percent had attended some kind of in-custody treatment program at least once. Of those who had not attended, approximately half said that they had either never heard of any of the programs or—despite their stated interest—simply never requested to attend. The remaining half, however, reported having tried to attend but being unable to do so because the program was either not offered, too full, or they were not eligible to participate. The written comments of 12 inmates noted that they had tried to attend one of the programs but either had not been able to get the deputy's attention or that the deputy simply did not select them for whatever reason. Again, we recommend that CRDF staff develop a clear and fair process for program sign-up. CRDF offers three types of in-custody drug treatment: Drug Education, 12-Step Meetings (Alcoholics Anonymous and Narcotics Anonymous), and IMPACT. Overall, inmates rated these classes quite highly, with 66 percent calling them "very useful" and 27 percent calling them "somewhat useful." Only one inmate said that they were "not very useful," while none characterized them as "not at all useful." The remainder expressed no opinion. Below is a description of the three drug treatment programs at CRDF:

Drug Education: The primary drug education class (officially "Substance Abuse Prevention") is run by the Hacienda-La Puente School District (HLP), and provides information about drugs, addiction, and their other effects. The class is an opportunity for inmates to better understand the dynamics of their own substance abuse problems (including why they use and how they can develop individualized relapse prevention strategies) through teacher instruction and group dialogue. HLP states it provided 11,258 hours of instruction to 178 inmates during FY 2007/08. In addition to being available to general-population inmates, the class is reportedly open to inmates in mental-health housing as well; notwithstanding, some of those inmates said that the only drug-related class available to them was the Dual Diagnosis class offered by DMH. In any case, inmates appeared very enthusiastic about this class and its instructor ("Ms. Barbara") calling it a "great class" that was "facilitated very well." Inmates in the focus group also praised the class, with several

saying it was the best of all the classes and that they really felt they were learning something important about themselves.

12-Step Programs - Alcoholics Anonymous (AA) and Narcotics Anonymous (NA): These volunteer-run groups focus on sharing experiences and learning about the 12 steps of recovery from addiction. Most meetings are provided by AA, which runs daily meetings and reports nearly 700 inmates in attendance (including repeat attendees) over 28 meetings during a recent one-month period. NA provides an additional weekly session, which can accommodate about 25 to 30 inmates per meeting. As with drug education classes, the 12-step meetings were well-reviewed in the comments. According to one inmate, "The AA, 12 step, and other classes for recovery have been awesome and I only wish I had been attending them before I got arrested!" However, several inmates complained about their access to 12-step meetings, especially NA, which they wished could be held more often. Two inmates said that they would like to see more English-speaking groups so that more inmates could attend, and others expressed frustration about not being picked by deputies.

IMPACT: The IMPACT dorm, discussed in earlier in this chapter, is an intensive in-module drug treatment program for court-ordered inmates with a capacity of just 24 inmates at a time. As such, relatively few inmates—only nine—reported having participated in the program, and only two of those were actually housed in the IMPACT dorm. Because none left specific comments, we cannot interpret whether the remaining inmates were confusing that program with another drug class, such as drug education, or whether they had attended IMPACT in jail or in the community at some point in the past. Unfortunately, this leaves us with very little information about that program, although the two respondents housed in the IMPACT dorm did say that it was "very useful." Two other inmates expressed interest in getting into the program.

B. Transitional Services

Placing inmates in residential treatment is a high priority for CTU case managers, who believe that this will provide the most effective reentry intervention to inmates leaving the jail. Approximately 26 percent of inmates surveyed said they were interested in help receiving drug treatment on the outside, while 14 percent of inmates said that they planned

to live in a drug program upon release. However, there is little County funding for such treatment unless it is court-ordered through Proposition 36 or a County drug court.[109] Inmates on state parole have significant access to residential programs, and can be placed with state contractors such as the Weingart Center or Walden House. However, non-parolees generally do not share this same level of access, and only four percent of survey respondents reported receiving recovery program placement assistance from CTU.

Despite these constraints, CTU works with whatever resources are available to provide such linkages, depending on the inmate's particular circumstances and eligibility. Case managers will first try to facilitate a court-ordered placement; if they are unable to do so and the inmate is still interested, they will try to place them in programs that cost nothing (such as Delancey Street) or that accept General Relief or SSI benefits. The EIMAGO Just In Reach case manager will also work to place program inmates in a drug treatment program included in the program's collaborative, such as the Tarzana Treatment Center or SHIELDS for Families.

Although GOGI is not a drug treatment program per se, recovery from addiction is a major dynamic of the program, and its transitional efforts are focused on placing GOGI "graduates" in treatment. As of our meeting in August, GOGI staff reported that, of the approximately 50 inmates who had been released into the community, one-half had been placed into a community-based program, where they remained.[110]

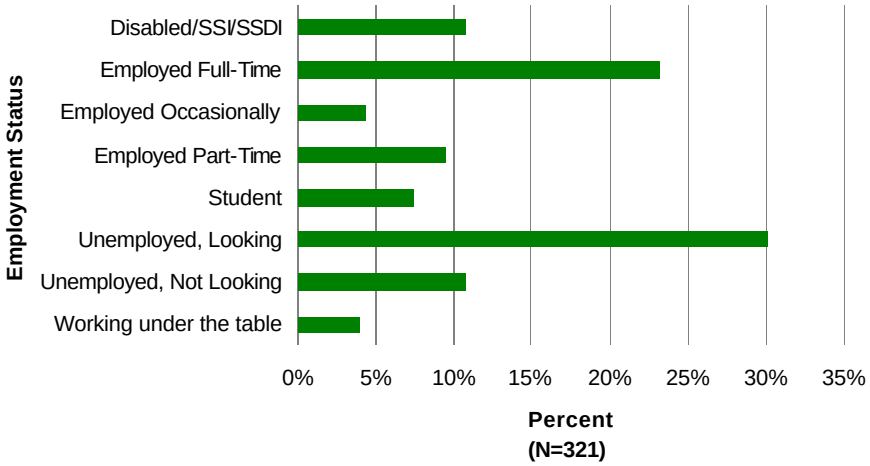
[109] Proposition 36 allows drug treatment instead of jail for three types of offenders: "1) those with new convictions for drug possession or being under the influence, 2) persons on probation for drug possession or under-the-influence offenses, and 3) persons on parole with no prior convictions for a serious or violent felony." (See http://www.prop36.org/faq.html#wq1.) Drug courts are part of a separate program that offers a treatment alternative to those who are not eligible for Proposition 36.

[110] The remaining two-thirds had been transferred to state prison.

III. Job Training and Employment Assistance

Thirty percent of survey respondents reported being unemployed despite looking for work at the time of their arrest. The high rate of unemployment among the inmate population is likely a result of both the lack of adequate job skills and the difficulty that ex-offenders have in securing employment as a result of their criminal records.[111] Fifty-four percent of inmates said that they plan to look for a new job upon their release, and many of them will need improved job skills and employment assistance if they are to be successful in doing so. An additional 16 percent said they did not know what they would do about work. CRDF offers two types of in-custody employment programming: job readiness classes and vocational apprenticeships. We asked inmates about both types in our survey.

Figure 7.3: Survey Participants' Employment Status at Arrest



A. Job Readiness Workshops

There are two versions of job readiness classes at CRDF; one is a Job Skills course provided by HLP, and the other is the Ready For Work (RFW) class provided by EIMAGO, which we previously described. Both classes provide basic job application skills, such as how to write a resume, fill out an application, and handle an interview. These are important skills for inmates who have little or no experience applying for legitimate work. In addition,

[111] As previously noted, 81 percent of inmates reported having been to jail at least once before, so presumably many of them had felony convictions in their criminal records prior to their most recent arrest.

inmates are given information about "felon-friendly" employers and where to look for work. RFW also counsels inmates about what to expect on the job. Overall, about 67 percent of inmates said they would be interested in such a class, though only 20 percent said they had participated. More encouragingly, however, 35 percent of inmates who said they planned to look for a new job upon release had attended a job readiness course. HLP states it provided approximately 14,000 hours of instruction to 2360 inmates in FY 2007/2008,[112] while EIMAGO reports an enrollment of only 20 inmates during that period. That low number is, in part, due to the fact that RFW was suspended for six months due to a funding issue (the program has since resumed) and because its classes occur less frequently.

Here, again, the classes received high marks, with 85 percent of respondents rating them as "very" or "somewhat" useful; only five percent felt they were not useful (the survey did not distinguish between HLP and EIMAGO classes). One inmate said, "EIMAGO was a superb class. I landed a union job and was in a drug program at Vons Warehouse." Another said she "loved it." We had the opportunity to observe a Ready For Work class during a site visit, and were impressed with what we saw. We found inmates engaged in a discussion about what constituted sexual harassment on the job and how to handle it, having just finished filling out a mock application. Nonetheless, during focus groups, a few inmates complained that they did not like the HLP class because it was at too low of a level for them and that they did not need those skills.

With only 20 percent of inmates reporting that they attended job readiness classes, the lack of access appears to be an issue. In addition, 40 percent of inmates said that they had never heard of these classes, so lack of awareness is another issue. In the comments section of the survey, five inmates complained about not being able to attend the class, claiming either that they did not know about the class or were prevented from attending for whatever reason. We expect that the problem of awareness will be remedied for students in the new School Module. However, we again encourage the Department to make available to inmates a list of all classes and their schedules and eligibility requirements.

[112] Readers will note that this is significantly more students than were reported for Drug Education. This is likely the case because this number reflects a duplicated student count, for an open class, while Drug Education reports unduplicated numbers for regularly-enrolled inmates. We encourage HLP to track individual students on an ongoing basis, rather than simply as aggregate inmate attendance, which would give a better picture of the true number of individual inmates served.

B. Vocational Programs

Approximately 80 percent of inmates said that they would be interested in participating in a vocational training class and, in particular, a vocational apprenticeship. As previously noted, inmates assigned to one of the working dorms may apply to enroll in one of the facility's vocational apprenticeship programs, which provide on-the-job training and certification in commercial painting, custodial skills, sewing, and cooking/baking. An average of about 10 inmates per type of class said they had participated. Most of these inmates do not reside in the working dorm and would not be eligible for these courses, so we are likely overestimating participation, particularly since apprenticeships such as the cooking class are quite small.

Because of the low numbers and the lack of comments, we are generally unable to comment on the quality of these apprenticeships. We did have the opportunity to observe one of the cooking classes, where a small number of inmates were engaged in making a variety of delicious-smelling desserts. During our brief introduction to the class, we were told that participants learn a variety of restaurant skills, as well as information about good nutrition, in the hopes that they will use these skills to get a job after their release. During our conversations with the inmates, most said that they did plan to look for work in a restaurant, while others said that they were simply content to learn cooking skills for themselves and their families.

We include HLP's computer training classes in this category as well. There is no doubt that computer skills are crucial in today's job market, and we commend CRDF for its well-appointed computer classroom. Computer class is available to general population inmates and appears to be quite well attended: 34 percent of interested inmates reported having attended at least one class. Approximately 77 percent of survey respondents said the class was useful, with 9 percent saying it was not useful and the remainder undecided. In general, inmates' comments reflected a great deal of interest and enjoyment of the class, although a few inmates did say that they wished there were more instruction, feeling that they were mostly left to their own devices. While it is likely that some inmates will learn more about computers by working on their own, there should, of course, be adequate opportunities for inmates to receive extra help from the instructor to the extent needed.

Similar to each of the other courses, not all interested inmates were able to attend computer class, although it appears that awareness was higher than that of most other classes, with only 30 percent claiming not to have heard of it. As usual, some inmates complained about access in their survey comments and in focus groups. Most comments complained that the class was not being offered in their module or was already full, in contrast to complaints that they were not being informed of the program or selected by the deputies.

C. Transitional Services

Because of the obvious challenges of finding employment for an inmate while she is in jail, CTU's ability to provide job-related transitional services is generally limited to making referrals to outside employers, agencies, or job-related events. Resources in the community include employment offices—known as WorkSource Centers—and organizations such as Goodwill, Salvation Army, and Chrysalis. Case managers also provide information about "pre-apprenticeship" programs such as the LAX Century Community Training Program, which includes eight weeks of on-the job construction training as well as job placement services. Inmates can also be referred to job fairs, particularly those that cater specifically to ex-offenders.

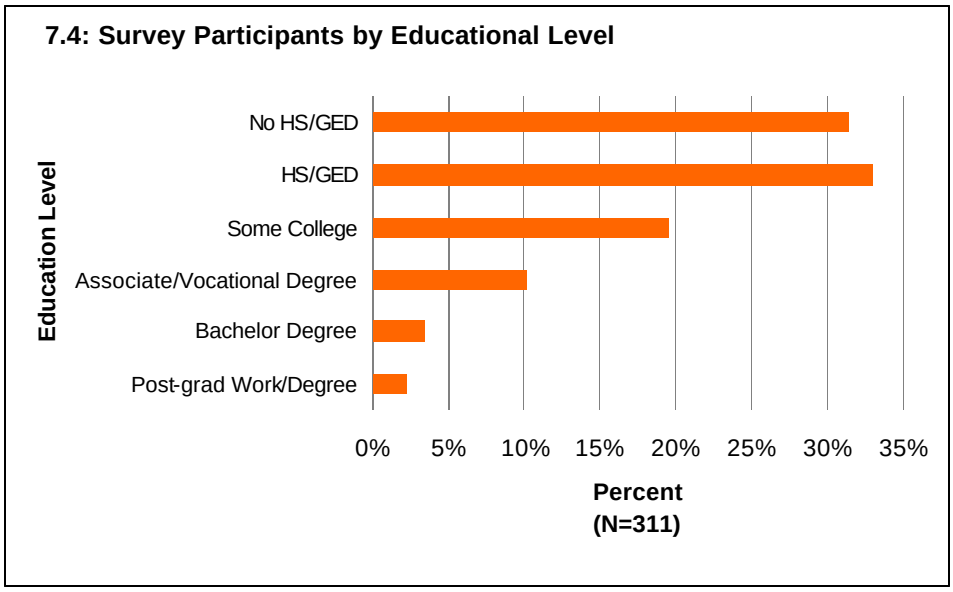
Aside from CTU case management referral services, inmates may get referrals through HLP, either through the job skills class or as a result of the apprenticeship. Friends Outside, which has offices inside jail and in the community, is another resource. In addition, one of the primary focuses of the EIMAGO Just In Reach program is employment assistance, provided primarily through WorkSource Centers and Goodwill. Eligible inmates work with a case manager, who provides individualized assistance that can include help with obtaining interview and work clothes, interview preparation, child support options, and job applications. Finally, many residential drug programs also provide employment assistance.

IV. Education

Almost one third of inmates do not have a high school diploma or GED credential. Lack of education limits employment opportunities and may thus contribute to criminal activity. As part of our survey we asked inmates to name their most recent job; not surprisingly, many of

these jobs were of the low-wage variety, such as in-home care, housekeeping, janitorial, retail, security, clerical, and warehouse work. We also asked them whether they would be interested in taking educational classes. Approximately 60 percent said they would.

HLP provides basic educational classes to inmates five days a week. Each class consists of one three-hour block, during which inmates have the opportunity to work toward a General Equivalency Development (GED) or High School (HS) diploma. English as a Second Language (ESL) instruction is also available. Inmates receive homework and classroom materials tailored to their individual levels and may work at their own pace. Until recently, with the implementation of the School Module, these educational classes were available to each GP module on a weekly basis, although enrollment was restricted to about 10 inmates per class (per floor). In the survey, 32 percent of interested inmates reported attending an educational class (seven "uninterested" inmates were also participating). Of these inmates, about 42 percent did not have a high school diploma or GED.



We had an opportunity to visit an educational class during a site visit, in which a small group of inmates was learning about fractions. Although it was clear that inmates were at different levels of understanding, we found that the teacher did an excellent job of keeping the students engaged in the lesson and in clearly explaining how to reach each answer. The inmates concurred with our positive impression, with 85 percent stating that the class was

"very" or "somewhat" useful; less than one percent said it was not useful. One inmate noted, "Ms. Kaiser provided me with all the skills I need to successfully pass the GED. I will be taking it in October if I'm still here." Another said that the teachers "break it down" for her.

Although the enrollment numbers for educational classes were quite low during the survey period, the discussion of access is, to some degree, moot. With the advent of the School Module, only inmates in that program will have access to basic education classes; those who wish to attend will have to apply to the module. Our only concern, again, relates to those inmates with a "mental health" status, who currently have no access to such classes. Nearly 40 percent of the mental health inmates we surveyed did not have a high school diploma or GED, and more than a few were unable to complete their surveys without assistance. Even for those inmates who will never work, literacy and basic math are important tools for success. Furthermore, information about inmates' educational levels is currently collected during classification, but it does not appear to be in use. We will recommend:

- **Recommendation: The Department should begin tracking this information and work to develop some accommodation for inmates who have very low levels of education but are not eligible for the School Module, assuming that their length of stay in jail will be long enough to benefit from the classes.**

V. Family Issues

In **Chapter 4**, we discussed the subject of pregnant and parenting female inmates at some length, including the availability of programs designed to help inmates improve their parenting skills, bond with their children, and navigate the dependency court system. In that chapter, we concluded that CRDF had a comprehensive—and high-quality—set of programs for inmates who are mothers, but that a failure to track inmates' individual needs may result in a failure to adequately reach those inmates in need of help, particularly those who are pregnant or involved in the dependency court system. We recommended specialized tracking and outreach systems for both of these issues. We also found that although the Teaching and Loving Kids (TALK) contact visit program—one of the first of its kind—provides an excellent resource for inmates who need support in reconnecting with

their children, its size was too strictly constrained by eligibility requirements and space limitations. We recommended that contact visiting be expanded to the extent possible, with a special emphasis on new mothers.

Although we do not dwell on those issues in this chapter, focusing instead on our survey findings, we encountered a few inmates whose experiences meshed with our earlier findings. For example, we spoke to one inmate who had given birth in jail; not only did she inform us that she was handcuffed to the bed during her delivery, but she said that she did not know about MIRACLE/We Care prenatal services during her pregnancy. She also complained that she had never been able to hold her baby, born several months before, because she was ineligible for TALK due to her criminal charges. Another woman—a mother of five—said that she had not seen her children since entering jail because she was afraid to face them and to say goodbye. She seemed unfamiliar with the TALK program and said she might like to see her children under those conditions. A third woman (mentioned earlier) told us that, while in jail, she had received a letter from DCFS informing her that her five minor children had been taken into its custody. She did not know where they were, why they were taken, or what steps to take. She also said that she had missed a dependency court date because she was not called out to go to court.

Approximately 33 percent of survey respondents reported that they had children under the age of 18 living with them at the time of their arrest, while 31 percent reported having children under the age of 18 who were not living with them at that time. A total of 54 percent of inmates said they had children under the age of 18. About half of all inmates said that they would be interested in some type of parenting program, of which CRDF has three: the primary Parenting class (HLP), the TALK contact visiting program (HLP), and the MIRACLE/We Care program for new and expecting mothers.[113] Of these inmates, 63 percent reported having attended a parenting-related course, the second-highest proportion of interested inmates for any type of in-custody program, trailing only drug treatment. We were also pleased to see that of those inmates with children at home, 54 percent had attended parenting class, along with 52 percent of those with children who were not at

[113] For more information about the content of these programs, please see Chapter 6.

home. Satisfaction with these programs was fairly high, with 84 percent rating them as useful, and nine percent rating them as not useful.

Of these three types of programs, the HLP Parenting class was the best attended, with about 40 percent of all inmates having attended at least once. Nine inmates reported attending TALK. Although this number may seem low at first glance, our initial review found that the program had been restricted to only 10-12 inmates jail-wide. Because our sample represents only about 15 percent of the entire jail, we are very pleased to see this apparently improved participation rate. Only three inmates reported having participated in MIRACLE/We Care—despite the fact that 17 inmates said they were currently pregnant—and very few had even heard of the program.[114] It is our understanding that this low proportion is due to problems with funding and staffing at the Center for Incarcerated Children (CCIP), which relies on outside funding as well as the $50,000 in annual settlement money from the County, soon to expire. The LASD plans to be able to continue supporting its excellent and comprehensive services through a grant from the Newman's Own Foundation.

- **Recommendation: We encourage the Department to be proactive in maintaining, at the very least, some basic prenatal and infant education to all pregnant women in the jail.**

In addition to parenting-related programming, CRDF also offers three classes on various aspects of family law through the Harriet Buhai Center, as described in **Chapter 4**. These classes provide basic legal education on three topics, (1) "How to Keep Your Kid: Custody and Visitation," (2) "How To Protect Yourself Against Domestic Violence," and (3) "Child Support, Paternity and Divorce." Each one-hour class, of which Harriet Buhai offers three per week, covers one of these topics; the organization reports an enrollment of 3869 for fiscal year 2007-08. Fifty-six percent of inmates said they would be interested in such a class, and 55 percent of those inmates reported having attended at least one. Perhaps because Harriet Buhai offers just three classes per week, many inmates (23 percent of all respondents) claimed never to have heard of these classes. However, these classes were very highly rated by those who did attend, with 88 percent of inmates finding them useful, and just one inmate stating that they were not useful. Feedback in the comments was also good,

[114] As noted in Chapter 4, none of the inmates who identified themselves as pregnant reported attending the program.

with inmates describing the classes as "excellent" and "useful to inmates who can't get legal advice they need otherwise." One inmate also said that one class she attended "was informative and it gave me insight as well as handouts to facilitate me in keeping my child."

Transitional Services

It is CTU's goal to keep children with their mothers whenever possible. As such, it cultivates a list of several community programs that accept women and their children—such as Tamar Village (SHIELDS For Families), Prototypes, His Sheltering Arms, and Tarzana Treatment Centers—and works to place inmates in these programs. The Tamar Village program has even assigned a case manager to CRDF to conduct outreach and facilitate placement in its apartment complex, where each family receives an individual unit along with comprehensive reunification assistance from County and other agencies.

As described in **Chapter 4**, CCIP also provides intensive services to new mothers transitioning from jail (including home visits) through its MIRACLE/We Care program. Again, we hope that these services will be continued into the future, as they provide a crucial bridge of support to women as they unite with the newborns they gave up in jail. However, many women who leave jail to go home will need more than education and emotional support to deal with their family issues, which can include navigating the dependency court system, managing child support payments, covering childcare and dealing with an abusive partner. While these issues are not traditional reentry needs, stresses and failures in these areas are likely to make it difficult for ex-offenders to avoid relapse into crime or substance abuse. If not managed properly, such issues are also likely to have a negative impact on their children. We will recommend:

- **Recommendation: The Department, through CTU and/or the Inmate Services Unit, should continue to cultivate collaborative partnerships with relevant County partners (such as that with DPSS), including the Department of Child Support Services and the Department of Child and Family Services, and with organizations that can provide legal services (for example, assistance with obtaining a restraining order).**

VI. Life Skills and Self-Improvement Programs

CRDF offers a number of smaller-scale classes and programs to help inmates learn decision-making, and to help improve their self-esteem and health. The most prominent of these is GOGI, but other classes have included:

- "Women Moving Ahead," a six-part workshop provided by the Center for Health Justice, that targets women at sexual risk at CRDF. Segments focus on health topics such as HIV, Hepatitis-C, and Sexually Transmitted Diseases, as well as general life skills such as communication and anger management. The Center provides 12 classes per month with an average of 20-25 inmates per class.

- "Women in Transition," a 16-week life skills life skills empowerment program provided by the n-ACTION Family Network, with a maximum of 25 participants per class. The program taught participants about self-esteem and life skills; proper health and relationship skills, money management and employment, and transitional and housing resources.

- Health, Nutrition, and Safety, a class provided by HLP in conjunction with drug education.

- Moral Reconation Therapy, a class taught by two CTU Case Managers, Officers Mackintosh and Stark. "Moral Reconation" is described by the LASD as a "systematic, cognitive-behavioral, step-by-step treatment strategy designed to enhance self image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning." The program consists of group sessions, whose parameters and rules are set by the inmates in the group under supervision by the CTU case managers, and individual homework assignments, which provide topics for the group sessions. The program has been found to be effective in the short term, making it especially appropriate for jail inmates. It is offered once weekly in each of two modules.

Only 50 inmates reported participating in these programs, but those who had—most of whom were in GOGI—were very enthusiastic, both in surveys and during focus groups.[115] Of those that rated the programs, 85 percent said they were very useful, and 11 percent said they were very useful. Only one person said the program was not useful at all. About 71 percent of inmates said they would be interested in such a class, and, in focus groups, several women mentioned that they wished they could participate in a program that helped them deal with the family and emotional issues that led them to return to prison. As such, we hope that these programs will continue to expand to reach more inmates.

VII. Mental Health Care

In-custody mental health care and programming—apart from the general classes already mentioned—is provided by the Department of Mental Health (DMH), and was thus not part of our study. However, we briefly touch here on the Women's Reintegration Services (WRS) program, a new reentry project targeting women with mental health needs that CTU facilitates. Colloquially known as the 83rd and Vermont Program (based on its location), WRS is a collaborative partnership between four agencies: LASD, DMH, DPSS, and the CRDF Women's Forensic Outpatient Program. The program provides a continuum of comprehensive in-custody and community reentry services to women facing a combination of mental health, substances abuse, and legal issues.

CTU case managers work to connect inmates with the program while they are in jail, and also attend thrice-weekly meetings for released inmates at the 8300 Vermont building, which keeps them connected with participating ex-offenders and provides them with a friendly face. The building is a one-stop County service center, with support services provided by the four collaborative partners as well as DCFS and the Public Defender's office. The program, which served 23 former inmates between its start in December 2007 and the end of the fiscal year in July, has been a great success by all accounts. It has even been nominated for a County Quality and Productivity Award, and represents a great leap forward in terms of the development of a collaborative approach to reentry in Los Angeles County.

[115] As for other participation numbers, this number is likely overstated, as some inmates appear to have marked the boxes because they wanted to participate, not because they had.

VIII. Post-Release Services – Comparison with Other Counties

From our review of the Community Transition Unit's operations at CRDF, it is clear to us that CTU provides or facilitates many valuable reentry services to inmates. Such services are offered in-custody, at the point of release, and in the immediate aftermath, such as the transporting of inmates to homeless shelters and residential treatment centers. In addition, we have noted the opening of the Women's Reintegration Services Center at 8300 Vermont for ex-offenders with mental health needs. However, ex-offenders in Los Angeles still lack a general reentry-related resource with centralized services that they can turn to if their return to society becomes problematic and they need help getting back on their feet. Accordingly, we looked at other counties in California and noted that at least some of them do provide such resources.

In San Francisco County, which has around 350 female inmates in the county jail at any given time, and where more than half of the women released from jail each year recidivate within twelve months,[116] the Sheriff's Department operates the Women's Reentry Center (WRC), with the purpose of "providing women who have a history of criminal justice involvement with the services necessary to achieve and maintain safe and healthy lifestyles."[117] The WRC, which is supported through a combination of public and private funds, is located in close proximity to the county jail and is open to ex-offenders Monday through Friday from 8am to 4pm, with plans to add evening hours as well. Through a combination of direct assistance and referrals, the WRC offers a variety of case management services, such as help in securing access to housing, drug programs, medical care, and mental health services. The WRC also helps ex-offenders find employment and deal with legal issues. The center has a computer lab with internet, voicemail, fax and copying availability. It also runs an onsite medical clinic that provides limited services, such as triage, testing and prenatal care, and primary care referrals. In addition, the WRC offers a variety of personal development classes, has a food bank, and provides onsite babysitting while women use the center's services. A probation officer is also stationed at the WRC.

[116] http://www.fogcityjournal.com/news_in_brief/lt_womens_rentry_ctr_070928.shtml
[117] WRC Brochure (http://www.sfsheriff.com/WRCbrochure.pdf)

In Orange County, the Sheriff Department's Inmate Reentry Unit operates a "Great Escape" post-release resource center for ex-offenders (though not specifically to women). The resource center is open five days a week, nine hours a day, and has telephones and computers that its users can access. The center makes referrals, such as to the Social Security Administration, provides DMV fee waivers, distributes clothing, and provides information to ex-offenders that may assist in their reentry.

In San Diego County, while no such resource center exists, ex-offenders can at least visit the District Attorney's office to obtain various reentry-related services,[118] including referrals to various community providers.

Despite the attractiveness of the centralized services concept, opening and operating a post-release resource center in Los Angeles would, of course, raise important questions of funding and design. Financial and operational issues notwithstanding, we encourage the LASD to at least explore the initiatives that other counties have taken in this regard and assess their experiences. Doing so would, at the very least, inform the Department's decision-making process if it considers whether to undertake something similar in the future.

Lastly, our review of other counties' reentry services provided additional perspective about the way that such services can be particularly targeted towards specific inmate sub-populations. For example, while CTU in Los Angeles primarily targets homeless inmates (though its services are by no means limited to this group, and the new WRS provides targeted outreach to inmates with mental health issues), the San Diego Sheriff's Department runs a program designed specifically for young offenders; its "Youthful Offender Reentry Program" was implemented at the Department's Descanso Detention Facility in 2007 and is administered via a collaboration between the Sheriff's Department and the Probation Department. The program targets 18-25 year-old offenders, providing them with a community reentry plan as well as "substance abuse education, behavioral treatment, and vocational and employment counseling.[119]

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[118] The San Diego District Attorney's Office plays an active reentry-related role in general—it also assists in discharge planning and inmate reentry. Representatives from the D.A.'s office visit inmates in custody, upon request, to help connect them with outside services.

[119] From the San Diego Sheriff Department's 2007 Annual Report, p. 10 (http://www.sdsheriff.net/library/2007_report.pdf)

In the Orange County jail system, inmates who participate in in-custody programs and still re-offend after their release are administered a comprehensive "risk and needs assessment" upon their return to jail. Information gained from these assessments helps the jail's Inmate Reentry Unit better direct its services in working to improve reentry outcomes and reduce recidivism.[120] Along these lines, we also encourage the LASD to continue studying ways in which targeted outreach toward vulnerable and risky inmate groups can help channel its limited resources to the inmates who stand to benefit the most.

[120] Orange County would eventually like to perform such an assessment on all new inmates, but does not currently have the resources to do so. Similar to the Los Angeles County jail system, new inmates are only asked some basic questions, mainly for triaging and classification purposes.

Appendix A: Selected Background Reading

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Appendix B: Survey Consent Form

PARC POLICE ASSESSMENT RESOURCE CENTER	**Study of Women in the Los Angeles County Jail**

You have been randomly selected as a possible participant in a brief survey about your history and experiences in the jail. If you choose to take the survey, you may also be asked to participate in the follow-up focus group. Participation in both the survey and focus group is voluntary.

Purpose of the Study: This survey has been created by the Police Assessment Resource Center (PARC), a non-profit organization that specializes in police oversight and reform. PARC is currently working on a project to learn more about women in the Los Angeles County Jail, and the ability of the jail to meet their needs. As part of this project, the survey will collect information about the backgrounds, experiences, needs, and opinions of the population of female inmates currently incarcerated at CRDF.

Participation in this Survey

- You can choose whether to be in this study or not. There will be no consequences if you choose not to participate.
- You do not have to fill out the survey if you don't want to, and you do not have to answer any questions you do not want to answer.
- You may choose to take the survey, but not to participate in a focus group.
- You may withdraw from participation at any time without consequences of any kind.

Procedures: If you volunteer to participate in this study, you will be asked to fill out a short survey. The survey will take approximately 30 minutes to one hour to complete. PARC staff will be available to provide assistance or answer any questions you have. Please ask if you need assistance.

Please indicate if you are interested in participating in a focus group. Each focus group will be a small group of about 10-12 inmates who are asked questions about their experiences in the jail and plans for reentering their community. Each focus group will take about one hour.

Confidentiality

- Although the results of this survey will become part of a public report, **this form and all of your individual responses will remain strictly confidential. Information identifying you will not be shared without your permission.** This is the only form that will collect your name. Your name and booking number will not appear on the survey form itself.
- During the focus groups, participants will be told that what is said in the group should stay in the group, and PARC staff will not share your individual comments. However, complete confidentiality by other participants cannot be guaranteed.

Payment for Participation: You will not be paid for your participation.

Identification of Investigators: If you have any questions or concerns about the study, please feel free to contact:

Police Assessment Resource Center (PARC)
520 S. Grand Avenue, Suite 1070
Los Angeles, CA 90071-2613
213-797-1102

Signature of Survey Participant

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____ I agree to be contacted regarding my participation in a focus group.

_____ I do NOT agree to be contacted regarding my participation in a focus group.

Name: _____Booking #: _____

Signature:_____ Date: _____

Signature of PARC Representative

In my judgment the inmate is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this study.

Name: _____

Signature:_____ Date: _____

Appendix C: Survey Instrument

PARC POLICE ASSESSMENT RESOURCE CENTER

Survey of Women in the Los Angeles County Jail

INSTRUCTIONS:

1. Please answer all questions as accurately and thoughtfully as you can. You will be provided with enough time to do so.

2. Please read all of the answers to each question before choosing your response. If you are not sure how to answer a question, please ask a PARC staff member.

3. Please write as legibly as possible.

Module: _____

Section I: General Information

1) How old are you? _____

2) What is your race/ethnicity? **(Please circle all that apply.)**

a) African-American/Black
b) Latino/Hispanic
c) Caucasian/White
d) Asian/Pacific Islander
e) Native American
f) Other: _____

3) What is your current marital status?

a) Single/never married
b) Married/in a domestic partnership
c) Divorced/separated
d) Widowed
e) Common law marriage

4) What is the highest level of education you have completed?

a) High school diploma/GED
b) Some college
c) Associate's degree/Vocational school
d) Bachelor's degree
e) Post-graduate work/degree
f) No HS Diploma/GED (Last grade completed: _____)

5) What was your work status at the time of your arrest?

a) Employed full-time
b) Employed part-time
c) Employed occasionally
d) Employed under the table
e) Unemployed, but looking for work
f) Unemployed and not looking for work
g) Student
h) Disabled/on SSI or SSDI

6) What was your most recent job? _____

7) Where were you living at the time of your arrest?

a) My house or apartment
b) At the home of a family member/friend
c) Homeless shelter
d) On the streets
e) Recovery program/halfway house
f) Hotel or rooming house
g) Hospital or institution
h) Domestic violence shelter
i) Other: _____

8) Were you homeless at any time during the six months before your arrest?

a) Yes
b) No

Section II: Incarceration and Substance Abuse History

9) Approximately how long have you been in jail? _____

10) Were you on parole at the time of your arrest? Yes No

→ If YES, have you been charged with a new crime? Yes No

11) Were you on probation at the time of your arrest? Yes No

→ If YES, have you been charged with a new crime? Yes No

12) What are your current charges? _____

13) Have you been sentenced? Yes No

→ If YES, where will you be serving your sentence?

a) Jail
b) Prison

→ How long is your sentence? _____

14) Have you ever been to jail before? Yes No

→ If YES, about how many times have you been to jail? _____

a) 1-2
b) 3-5
c) 6-10
d) More than 10

→ About how many times were you in jail **in the past year**? _____

→ Have you been to the LA County Jail before? Yes No

15) Do you think that you have a drug or alcohol problem? Yes No

→ If YES, what are your drugs of choice? **(Please circle all that apply.)**

a) Alcohol
b) Heroin
c) Cocaine/crack
d) Speed/methamphetamine
e) Marijuana
f) Club drugs
g) Other narcotics (Vicodin, Oxycontin, etc.)
h) Other

16) Have you ever been treated for a drug or alcohol problem? Yes No

Section III: Family Background

17) Do you have any children under the age of 18 **that were living with you** prior to your arrest?

a) No.
b) Yes. (Number of children: _____)

→ If YES, please list the ages of your children who were living with you: _____

→ Where are they staying while you are in jail? (Please circle all that apply.)

a) With their father(s).
b) With a friend or other guardian.
c) In foster care.
d) With another family member: _____
e) Other: _____

18) Do you have any children under 18 **that were NOT living with you** at the time of your arrest?

a) No.
b) Yes. (Number of children: _____)

→ If YES, please list the ages of your children who were NOT living with you: _____

Section V: Medical and Mental Health Care

19)	Have you requested medical care since you entered jail?	Yes	No
→	If YES, have you seen a nurse?	Yes	No
→	If you have seen a nurse, are you waiting to see a doctor or receive other care?	Yes	No
20)	Have you requested mental health treatment or medication since you entered jail?	Yes	No
→	If YES, have you received treatment?	Yes	No
21)	Are you currently pregnant?	Yes	No
→	If YES, are you receiving prenatal care through a doctor or Nurse Practictioner?	Yes	No
→	Are you participating in the MIRACLE prenatal education program?	Yes	No
22)	Have you filed an Inmate Complaint since you entered jail? (Medical or other)	Yes	No
→	If YES, have you received a response?	Yes	No

Comments: _____

_____

_____

Section VI: Other

Please circle the option that best describes your agreement with the following statements.

23)	I feel safe in jail.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
24)	The deputies treat me with respect.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
25)	Medical staff treats me with respect.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
26)	Custody staff is responsive to my requests.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
27)	I am satisfied with the cleanliness of the jail.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
28)	I am satisfied with the mail service in jail.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
29)	I am satisfied with the telephone service in jail.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
30)	I am satisfied with the visitation process in jail.	N/A	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree

Please comment on your answers above. If you need more room, there is additional space on the last page.

_____

_____

_____

_____

_____

_____

_____

Section IV: After Your Release

31) Where do you expect to live upon leaving jail?

a) My house or apartment
b) At the home of a family member/friend
c) Homeless shelter
d) Drug program
e) On the streets.
f) Domestic Violence shelter
g) Other: _____
h) I don't know.

32) When you get out of jail or prison, what will you do for work?

a) Return to my old job.
b) Look for a new job.
c) I won't look for work.
d) I don't know.

33) If you plan to work, what type of job are you interested in? _____

34) How do you plan to support yourself when you get out of jail? **(Please circle all that apply.)**

a) Work
b) Spouse/partner
c) Family member
d) I have money saved.
d) Government assistance
e) Illegal activity
f) I don't know.

35) What type of help do you think you will need when you get out of jail? **(Please circle all that apply.)**

a) Cash assistance/food stamps
b) SSI or SSDI
c) Help with transportation (bus pass, etc.)
e) Drug or alcohol treatment
f) Job training or assistance
g) Medical or mental health care
h) Legal assistance (child support, dependency court, etc.)
j) Help with leaving prostitution

36) How prepared do you do you think you are to succeed when you get out of jail?

Very prepared Somewhat prepared Don't know Not very prepared Not at all prepared

Comments: _____

_____

_____

37) Have you received reentry services from the Community Transition Unit (CTU)? Yes No

→ If YES, what type of assistance did you receive? **(Please circle all that apply.)**

a) Sign up for cash assistance/food stamps
b) Sign up for SSI/SSDI
c) Housing referrals
d) Referrals for medical care
e) Help with getting into jail classes or programs
f) Placement/referral to a drug or alcohol treatment program
g) Help with child custody or child support issues
h) Information about outside programs or resources
i) Other counseling

→ If NO, are you interested in receiving CTU reentry services? Yes No

→ If NO, have you made a written request for CTU services? Yes No

Comments: _____

_____

_____

_____

_____

_____

Section VII: In-Jail Programming

Please state your level of interest and participation for the following programs.

38) Programs for Mothers

→ Are you interested in attending a program or class that teaches you how to be a good mother (e.g., Parenting, WE CARE, TALK)?

a) Yes
b) No

→ Which of these programs or classes have you participated in since entering jail?

a) Parenting class
b) MIRACLE/WE CARE
c) TALK (Teaching and Loving Kids)

→ If you HAVE participated, how useful did you find these classes/programs?

Very useful Somewhat useful Don't know Not very useful Not at all useful

→ If you have NOT participated in any parenting programs, why not?

a) I have never heard of them.
b) They have not been offered in my module.
c) I have not requested to participate.
d) The classes are too full.
e) I am not eligible.

Comments: _____

_____

_____

39) Job Readiness Programs

→ Are you interested in attending a program that teaches you job skills, such as how to prepare a resume, interview for a job, and handle yourself in the workplace (e.g., Ready for Work/EIMAGO)?

a) Yes
b) No

→ Have you attended Ready for job readiness classes since entering jail?

a) Yes
b) No

→ If you HAVE participated in job readiness, how useful did you find this class?

Very useful Somewhat useful Don't know Not very useful Not at all useful

→ If you have NOT participated in job readiness classes, why not?

a) I have never heard of it.
b) It has never been offered in my module.
c) I have not requested to participate.
d) The class is too full.
e) I am not eligible.

Comments: _____

_____

_____

40) <u>Vocational Programs</u>

Are you interested in programs that help you learn a vocational skill (e.g., cooking, sewing, computers, painting)?

a) Yes
b) No

→ Which of these programs or classes have you participated in since entering jail? **(Please circle all that apply.)**

a) Cooking apprenticeship
b) Sewing
c) Building maintenance/custodial
d) Painting
e) Computer class

→ If you HAVE participated, how useful did you find these classes/programs?

Very useful Somewhat useful Don't know Not very useful Not at all useful

→ If you have NOT participated in any vocational programs, why not?

a) I have never heard of them.
b) They have not been offered in my module.
c) I have not requested to participate.
d) The classes are too full.
e) I am not eligible.

Comments: _____

_____

_____

41) <u>Drug and Alcohol Recovery Programs/Classes</u>

→ Are you interested in attending drug and alcohol recovery classes or meetings while in jail?

a) Yes
b) No

→ Which of these programs or classes have you participated in since entering jail? **(Please circle all that apply.)**

a) IMPACT
b) 12-Step Meetings (Alcoholics Anonymous, Narcotics Anonymous, etc.)

→ If you HAVE participated, how useful did you find these classes/programs?

Very useful Somewhat useful Don't know Not very useful Not at all useful

→ If you have NOT participated in any drug or alcohol recovery classes or meetings, why not?

a) I have never heard of them.
b) They have not been offered in my module.
c) I have not requested to participate.
d) The classes are too full.
e) I am not eligible.

Comments: _____

_____

_____

42) Educational Classes

→ Are you interested in attending educational classes while in jail?

a) Yes
b) No

→ Which of these programs or classes have you participated in since entering jail? **(Please circle all that apply.)**

a) Adult Basic Education (ABE)
b) Adult Secondary Education (ASE)/High School Diploma
c) GED Preparation
c) English as a Second Language (ESL)

→ If you HAVE participated, how useful did you find these classes/programs?

Very useful Somewhat useful Don't know Not very useful Not at all useful

→ If you have NOT participated in any educational classes, why not?

a) I have never heard of them.
b) They have not been offered in my module.
c) I have not requested to participate.
d) The classes are too full.
e) I am not eligible.

Comments: _____

_____

_____

43) Classes About Family Legal Issues

→ Are you interested in classes about family law, including child custody, paternity, and domestic violence (e.g., Harriet Buhai classes)?

a) Yes
b) No

→ Which of these legal education programs or classes have you participated in since entering jail? **(Please circle all that apply.)**

a) "How to Keep your Kid: Custody and Visitation"
b) "How to Protect Yourself Against Domestic Violence"
c) "Child Support, Paternity, and Divorce"

→ If you HAVE participated, how useful did you find these classes/programs?

Very useful Somewhat useful Don't know Not very useful Not at all useful

→ If you have NOT participated in any educational classes, why not?

a) I have never heard of them.
b) They have not been offered in my module.
c) I have not requested to participate.
d) The classes are too full.
e) I am not eligible.

Comments: _____

_____

_____

44) <u>Programs About Change, Life Skills, and Personal Empowerment</u>

→ Are you interested in programs that teach you about self-empowerment, decision-making, and general life skills (e.g., GOGI, Moral Reconation Therapy - MRT)?

a) Yes
b) No

→ Which of these legal education programs or classes have you participated in since entering jail? **(Please circle all that apply.)**

a) GOGI - Getting Out by Going In
b) MRT - Moral Reconation Therapy
c) Health, Nutrition, and Safety

→ If you HAVE participated, how useful did you find these classes/programs?

Very useful Somewhat useful Don't know Not very useful Not at all useful

→ If you have NOT participated in any of these classes or programs, why not?

a) I have never heard of them.
b) They have not been offered in my module.
c) I have not requested to participate.
d) The classes are too full.
e) I am not eligible.

Comments: _____

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Additional Comments (Please use this space to write any additional comments about the survey. You may also use the back.)

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