

The Los Angeles County

Sheriff's Department

26th Semiannual Report

by Special Counsel Merrick J. Bobb and Staff
and Police Assessment Resource Center (PARC)
February 2009



S p e c i a l C o u n s e l a n d S t a f f

Special Counsel

Merrick J. Bobb
Police Assessment
Resource Center
(PARC)

Staff

Matthew Barge
Kevin Barry
Lauren Mathews
Yael Mazar
Camelia Naguib
Tim Shugrue
Norma Zamudio
Lindsey Zwicker

Senior Advisors

Chief Thomas Frazier,
Baltimore Police
Department (retired)

Chief Bernard Melekian,
Pasadena Police
Department

Consultant

Penny Dutton, RN

Contents

Introduction	1
<i>Women in Jail</i>	5
<i>Acknowledgements</i>	14
1. The Century Regional Detention Facility	15
<i>Background</i>	16
<i>The Inmate Reception Center</i>	16
<i>Inmate Housing</i>	25
2. Inmate Survey Feedback on Jail Conditions and Operations	33
<i>"I feel safe in jail."</i>	36
<i>"The deputies treat me with respect."</i>	39
<i>"Medical staff treats me treat me with respect."</i>	52
<i>"Custody staff is responsive to my requests."</i>	54
<i>"I am satisfied with the cleanliness of the facility."</i>	55
<i>"I am satisfied with the mail service in jail."</i>	61
<i>"I am satisfied with the telephone service in jail."</i>	63
<i>"I am satisfied with the visitation process in jail."</i>	65
3. Update on the Delivery of Medical Care	69
<i>Background</i>	72
<i>Intake Screening Process</i>	76
<i>Sick Call</i>	77
<i>Standardized Procedures Certification</i>	89
4. Inmate Programs and Transitional Services	93
<i>Background</i>	94
<i>Bureau of Offender Programs and Services</i>	96
5. Areas of Inmate Need and Related Services	121
<i>Women in the Jail</i>	121
<i>Housing</i>	122
<i>Substance Abuse Treatment</i>	128
<i>Job Training and Employment Assistance</i>	134
<i>Education</i>	138
<i>Family Issues</i>	140
<i>Life Skills and Self-Improvement Programs</i>	144
<i>Mental Health Care</i>	146
<i>Post-Release Services – Comparison with Other Counties</i>	147
6. The LASD Rape Kit Backlog: An Overview	151
<i>Background</i>	151
<i>CODIS</i>	153
<i>The Law: DNA, Databases and Victim's Rights</i>	155
<i>Change of Policy</i>	158
<i>Funding</i>	161
Appendices	171

Twenty-Sixth Semiannual Report

Introduction

This Semiannual Report concludes our year-long examination of the provision of medical and mental health care and other services to women who are inmates in the Los Angeles County jail system. This Report looks also at the progress of the Department in identifying and formulating plans to eliminate the backlog of unprocessed rape kits. On the whole, this Report charts excellent progress by the Department. A highly skilled medical professional whom we hired as a consultant followed up on the recommendations we made in the last Semiannual Report and praised the corrective action taken by the LASD in the last six months.

In our **25th Semiannual Report**, we looked at the delivery of medical care to women inmates, currently housed at the Century Regional Detention Facility (CRDF) during intake and through the sick call process. We examined policies and programs in place to meet the special needs of pregnant and parenting inmates. We analyzed the content of and response to inmate grievances about staff, conditions of confinement, and the provision of medical care. In that Report, we found that the LASD had implemented mechanisms to address each of these areas, including improved housing accommodations and timeliness for inmates awaiting initial medical screening, regular Nurse Clinics for inmates needing basic medical care, and a standardized procedure training process that allows Registered Nurses to perform certain procedures previously reserved for doctors. We also found that CRDF is well equipped to provide prenatal care and services to pregnant women and has specialized programs for inmates who are mothers, including parenting and prenatal

education classes, individual counseling, and a structured contact visiting program. It also has a process for the tracking, investigation, and disposition of inmate complaints, designed to ensure that every grievance is responded to within ten days.

Although we were pleased to find these processes and policies in place, we identified areas needing improvement in terms of implementation and practice. Most importantly, we found that the LASD was unable to ensure that inmates were seen within 24 hours of making a request, as prescribed by nationally recognized standards, and that provision of medical care was often delayed for several days or more. We found that few of the policies and programs relating to pregnancy are reduced to writing, resulting in 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 that while inmate complaints about Custody-related issues were, on the whole, handled appropriately and in a timely fashion, the response to complaints about medical care was poor, with nearly one-third having never been completed. Additionally, complaints involving personnel—whether Custody or Medical—were not always investigated with rigor. The Report made recommendations for improvement in these and other areas; we are pleased to report that, as discussed in the following chapters, the Department has already moved to address many of those recommendations, particularly those involving medical care.

This Report revisits the issues of medical care and inmate complaints, both subjects of our **25th Semiannual Report**, while expanding the focus to include inmate programs, transitional services, and general conditions of incarceration. We have also used this opportunity to learn more about the women themselves, including their backgrounds, needs, and experiences in jail. We believe that knowing more about the female jail population can help inform appropriate policies with respect to the LASD's efforts to rehabilitate them

and prepare them to reenter the community upon their release.

To our knowledge, this study represents some of the most comprehensive research of female inmates in a jail facility. It is also the first significant study of women in the Los Angeles County Jail, the largest jail system in the United States. Although research into the problems of, and programs for, incarcerated persons is a growing field, the majority of studies focus on male inmates, since women make up just nine percent (approximately) of federal, state, and local prisoners nationwide. And because their time in custody is shorter and their crimes presumed to be less serious, inmates in jail are less researched than their counterparts in state or federal prisons.

The Los Angeles County Jail processes approximately 32,000 female inmates a year and houses an average daily population of about 2200 at CRDF, its sole women's facility. It is by far the largest local women's correctional facility in the nation, and seeks to manage chronic overload of its population through a complicated program that releases most female inmates after they have served no more than ten percent of their sentence. In many cases, they serve significantly less. Thirty-eight percent of the inmates that we surveyed at CRDF had been convicted and sentenced, while the remainder were in custody pending trial or sentencing, in many cases for more serious charges than one might normally expect for a jail inmate.

Our examination of CRDF confirmed many of our expectations about the problems of female inmates in Los Angeles and the challenges faced by the LASD in housing them while preparing them for reentry. The majority of the women we surveyed—approximately 81 percent of whom have been to jail before—must contend with challenges such as substance abuse, low levels of education, poor employment and housing prospects, issues with family reunification, and a general lack of resources in their efforts to reintegrate into the community. Many of them report having cycled in and out of the criminal justice system for years, a dynamic that hardworking LASD staff and

contractors must work to interrupt with little time and fewer resources. Yet we were very impressed by the dedication and creativity of the staff of the Bureau of Offender Programs and Services, who have leveraged partnerships and resources to provide a broad range of targeted services for the inmates they serve. We are particularly excited about the facility's move toward intensive, all-dorm programming, such as the school dorm and the GOGI (Getting Out By Going In) "campus." We encourage the Department to work to continue to expand these programs while improving awareness and access for all inmates.

We were likewise impressed by CRDF itself, a modern, well designed facility, and by the professional, competent, and dedicated Custody deputies that run it. During our visits to the facility, we found operations and schedules to be organized and responsive, and the modules and inmates well managed and orderly. We were also pleased to find many housing modules in which inmates appeared to enjoy a significant amount of out-of-cell time, with good access to showers, recreation, and telephones. Yet despite our own experience of respectful treatment of inmates by deputies, we are troubled by inmates' widespread allegations of some deputies' disrespectful behavior and of complaints of abuse of power or discretion, including, in a few cases, the use of unreasonable force. We recommend that the Department take decisive steps to ensure the integrity of the inmate grievance and disciplinary systems, and to be watchful of implicit or explicit threats of retaliation by deputies or line supervisors.

Finally, we acknowledge the efforts of the Department and the Medical Services Bureau to improve the delivery of medical care to inmates. With a large number of inmates—an average of 67 per day during one two-week period—requesting medical attention on a daily basis, and the additional burden of screening incoming inmates who report a medical issue, the dedicated medical staff at CRDF struggles to see every inmate within 24

hours. Since the beginning of our study, the Bureau has made major changes to its daily operations, in part due to our recommendations. We commend the Bureau's responsiveness in this regard and find significant improvement in the delivery of medical care. We also make a few recommendations for further improvement, particularly in the area of sick call request tracking.

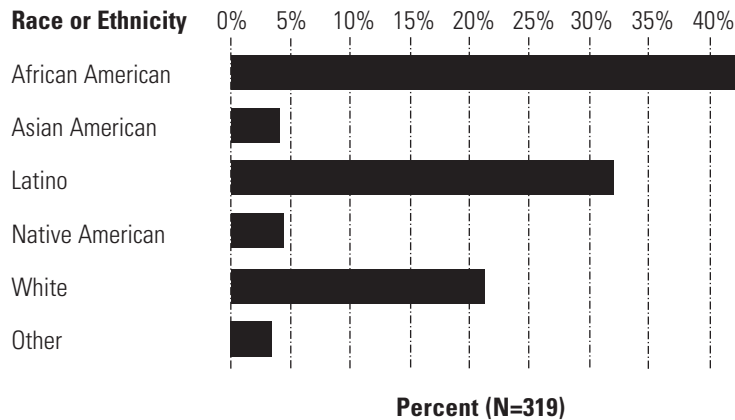
Women in the Jail

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.¹ 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. As a follow-up to the survey, we conducted three inmate focus groups to discuss in greater detail some of the issues raised in the survey. We also interviewed several inmates individually.

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

1. 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.

Figure A Survey Participants by Race/Ethnicity



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 acutely 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 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

Figure B Survey Participants by Age

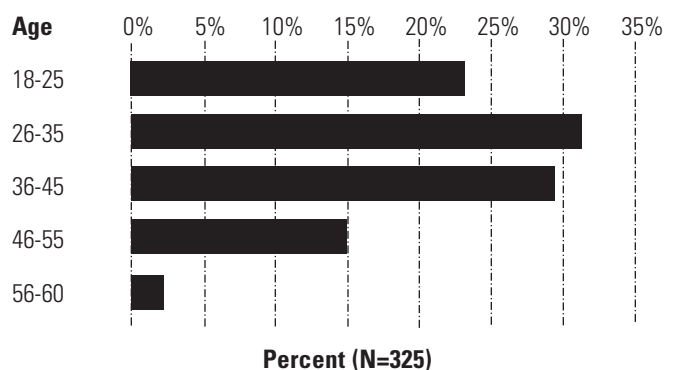
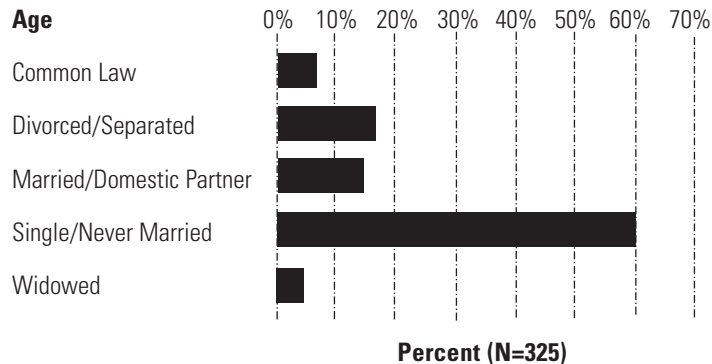


Figure C Survey Participants by Marital Status



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

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.

Figure D Survey Participants by Living Situation at Arrest

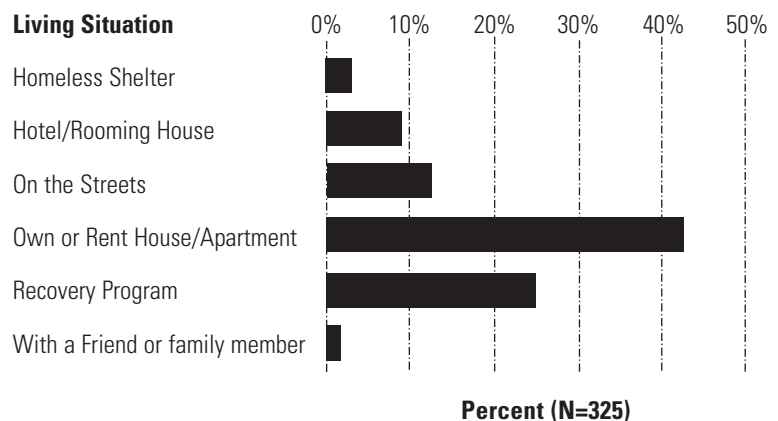
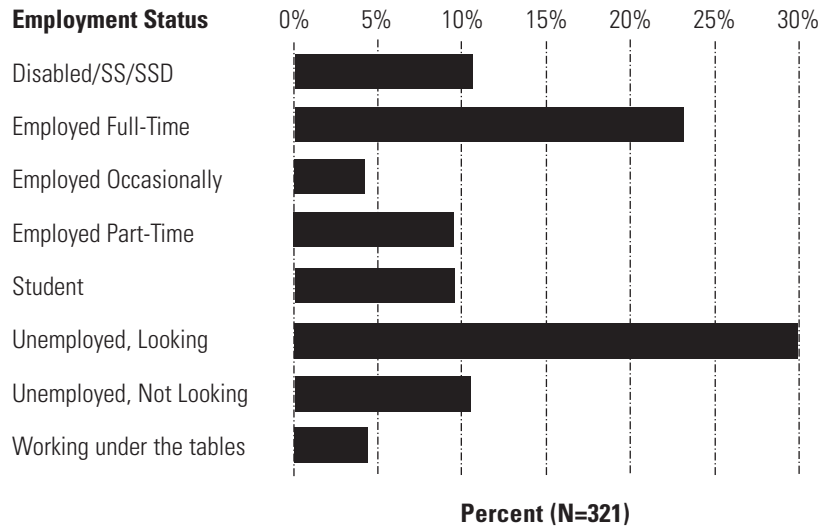


Figure E Survey Participants by Employment Status at Arrest



those inmates who reside in the facility on any given day, and who are regularly impacted by facility conditions, policies, and programs.

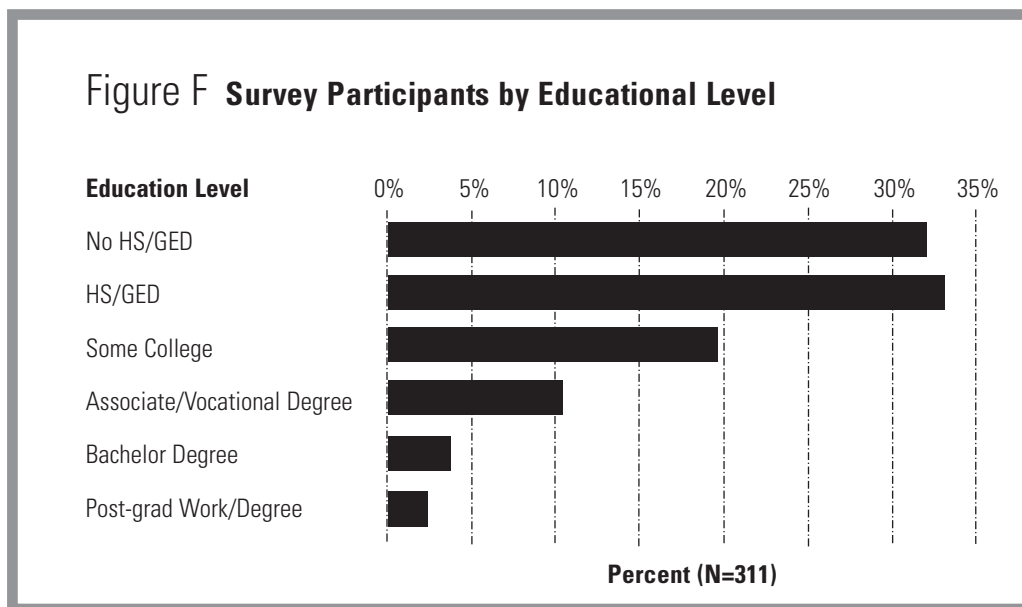
Demographically, more than two-thirds of inmates identified themselves as African-American/black (43 percent) or Latino/Hispanic (32 percent).² Whites comprised an additional 21 percent of inmates, while Asian and Native Americans were each 4 percent, respectively.³ The remainder of respondents characterized themselves as “other” or declined to answer. The ages of inmates ranged from 18 to 60, with a median of 34 and lower and upper quartiles of 26 and 43, respectively. Sixty percent of inmates were single; 21 percent were married, in a common law relationship, or in a domestic partnership; and 19 percent were divorced, separated, or widowed. Fifty-four percent of inmates reported having children under the age of 18; 33 percent had children living with them at the time of their arrest.

2. Note: Some inmates listed more than one race or ethnicity; both selections are reflected in this breakdown.

3. By comparison, 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>)

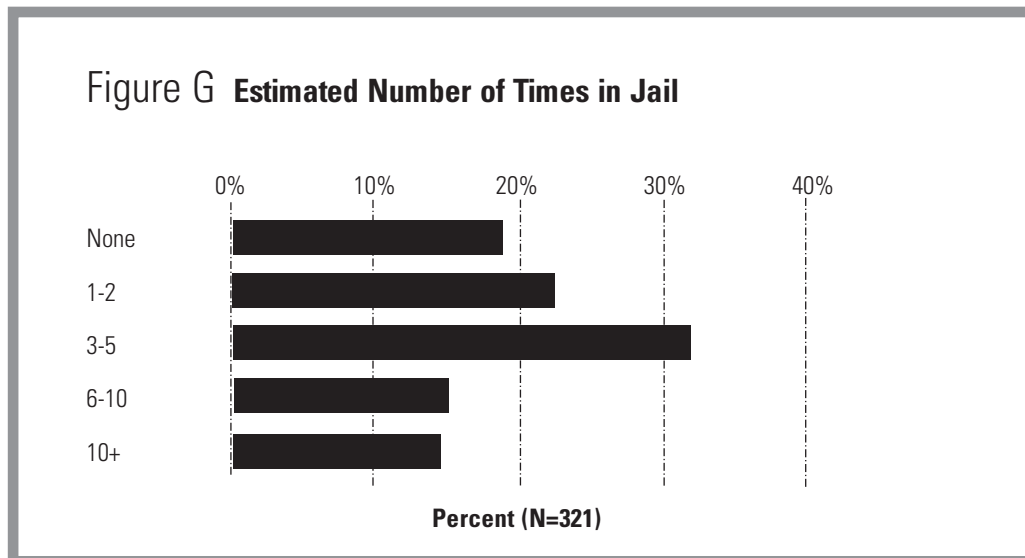
Many inmates have difficult life histories. Fifty-eight percent of inmates reported having a substance abuse problem (though only 42 percent of these had ever received treatment), while 30 percent were or had recently been homeless at the time of their arrest,⁴ and less than half had their own residence, such as a house or apartment. Slightly more than half of inmates were unemployed or disabled at the time of their arrest,⁵ while those who were employed typically had low-wage occupations, such as housekeepers, security officers, and cashiers. Furthermore, education levels are low— although approximately one-third of inmates had completed some level of higher education, another third had only a high school diploma or GED, and the remaining third lacked even a high school diploma or GED.

In addition, most inmates in the Los Angeles County jail system are no strangers to the criminal justice system. Eighty-one percent reported having been to jail before—many of them multiple times—and most were either on probation (45 percent) or parole (22 percent) at the time of arrest. In addition



4. By recently, meaning at any time during the six months prior to arrest. At the time of arrest, 11 percent reported living on the streets and 3 percent in a homeless shelter.

5. Specifically, 30 percent of inmates reported being unemployed and looking for work, 11 percent was unemployed but not looking for



to probation and parole violations, the most common types of current charges included, in descending order, drug offenses (27 percent), robbery (8 percent), property crimes (8 percent), simple/aggravated assault (7 percent), murder/ attempted murder (6 percent), fraud (3 percent), and prostitution/sex offenses (3 percent). Other less-frequent offenses listed by inmates included driving under the influence, firearm charges, domestic violence, vehicular manslaughter, arson, child abuse, and a variety of others. Some inmates chose not to list their current charges.

Keeping this background in mind, each of the three chapters in this Report on women in the jail considers certain aspects of the LASD’s operations at the Century Regional Detention Facility and its custody of the County’s jailed female population. Our research on the status of women in jail, of which these three chapters are the second installment, was supported in substantial part by a grant from the John Randolph and Dora Haynes Foundation, to whom we express our gratitude.

In the first and second chapters, 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, the inmate complaint system, and inmate discipline. We then 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 even expose complainants to staff retaliation. While the extent to which such problems exist is an open question, we remain troubled by the pervasiveness of inmate allegations of deputy disrespect and complaint mishandling. We strongly encourage the Department to undertake a serious evaluation of such claims and, if necessary, respond accordingly to ensure that they do not persist.

Our third chapter on the jail is a follow-up on several of the recommendations we made in our **25th Semiannual Report**, especially with regard to the operation of CRDF's nurse clinics and the inmate "sick call" process. To address the large sick call backlog that prevented many inmates from being seen by a nurse within 24 hours of their request, the LASD's Medical Services Bureau (MSB) implemented a pilot program that consolidated the nurse clinic operations at CRDF from several "mini-clinics" to one centralized location at the facility's Inmate Reception Center (IRC), where medical screening for new inmates also occurs. Early results have been positive, with inmates generally being seen more quickly, although Medical Services and Custody are still working out a number of procedural issues.

Next, the chapter discusses the progress made on the “standardized procedure” certification of CRDF’s nurses, noting that Series I and II certifications are now largely complete, though there is no timetable on the commencement of training for Series III, IV and V.

The fourth and fifth chapters describe the LASD’s Bureau of Offender Programs & Services and its provision of 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) range 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, we found inmate awareness of these programs and services, as well as their participation levels, to be 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.⁶ Still, 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

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

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.

The sixth and final chapter provides the background behind LASD's rape kit backlog and current efforts to solve the problem. In October 2008, the city of Los Angeles discovered that there were 7038 untested rape kits sitting on freezer shelves in the LAPD Crime Lab. Shortly thereafter, the Board of Supervisors investigated whether the County also had untested kits and preliminarily determined that there were 5635 rape kits stored in the LASD's Central Unit, all but about 700 of which were believed to be untested. On November 12, 2008 the Board of Supervisors asked the LASD to make a final count of untested kits and prioritize the cases based on encroaching statutes of limitations and the charges involved. Subsequently, on January 27, 2009, the LASD announced that there were a total of 6129 kits in storage. Preliminary findings indicated that in over 800 rape cases involving unknown suspects, DNA evidence had never been analyzed. This chapter will look at how this problem arose, the legal problems presented, the current state of efforts to solve the problem, and what lies ahead for the Department. We acknowledge the LASD's responsiveness to this problem since it first surfaced. We none-theless conclude that ongoing oversight is necessary to get the job done so that as many rapists as possible can be brought to justice. Time is of the essence given short statutes of limitations.

Acknowledgements

This report would not have been possible without the helpful assistance of LASD personnel, who made themselves available to meet with us, provided us with important information, facilitated our access to CRDF and its inmates,

and offered valuable feedback on the drafts of the chapters in this report. For this, we are tremendously appreciative. Our special thanks to Chief Alexander Yim, Captain Michael Kwan, Captain Alice Scott, Director Karen Dalton, Lieutenant Roger Ross, Deputy Teresa Steen, Nurse Barbara Marshall, Sergeant Edward Ramirez, Nurse Kathleen Braman, Nurse Farol, Sergeant David Haney, Nurse Ed Matson, Lieutenant Joseph Badali, Sergeant Robby Ibelle, OfficerDMackintosh, OfficerD eanna Stark, SeniorD eputy Kenneth Coon, Sergeant Jerry Ryan, Captain David Walters, Lieutenant Steve Smith, Sergeant Evelyn Anderson, and Nurse Kwan.

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 Street, 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 differs from traditional jails in that most 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.

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.

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 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 a specialized adjacent pod. That project, along with the Medical IRC, is discussed in further detail in **Chapter 3, “Update on 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

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.

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

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

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 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.”

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, 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 relatively 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

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

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 4** and **5**.

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, “Update on 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 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.

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.

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 inmates who have been charged

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.

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.

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.

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.

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 4 and 5**.

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.

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.)

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 at 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.

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

15. Article 6, Section 1065 of Title 15 (available at http://www.cdcr.ca.gov/Regulations/Adult_Operations/docs/Title15-2007.pdf) states that: “(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.”

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 four 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 5**.

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 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

16. CRDF Unit Order 5-22-010, "Inmate Discipline."

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 hygiene items cannot be withheld.¹⁸ They also maintain their mail privileges

17. LASD Custody Division Manual 5-09/030.00, “Disciplinary Guidelines.”

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.

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.

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.

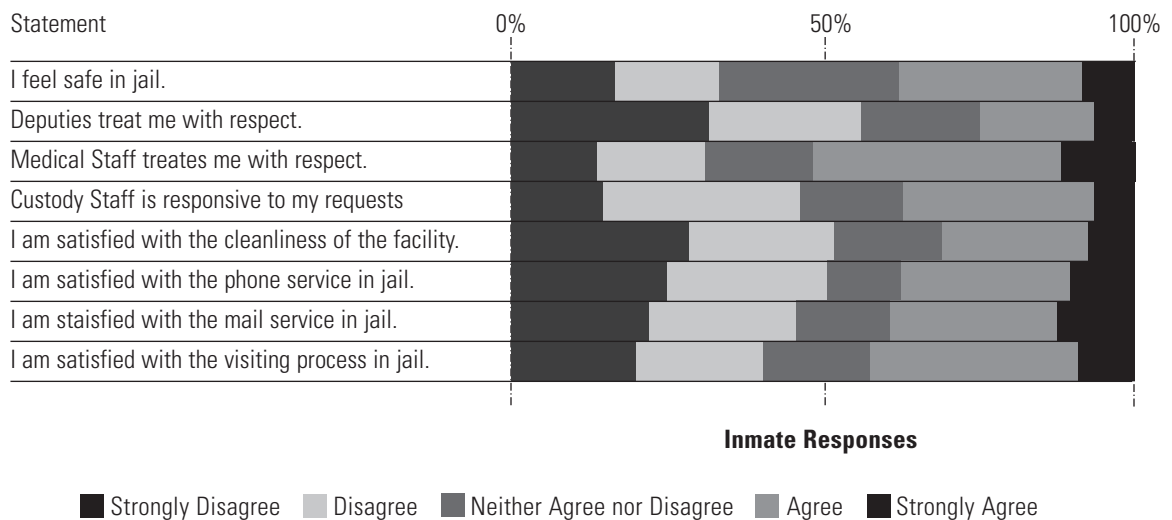
The inmates themselves were helpful, polite, and assiduous in filling out surveys we administered. Inmates' assessments of the jail were, in most cases, mixed, with relatively similar proportions of positive and negative feedback. We were able to assure the women complete confidentiality, but there were 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.

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

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
- 5 – Strongly agree

Figure 2 Inmate Agreement with Statements about Jail Conditions and Practices



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.

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 also said that they were not satisfied with the cleanliness of the facility. In analyzing this data, we 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

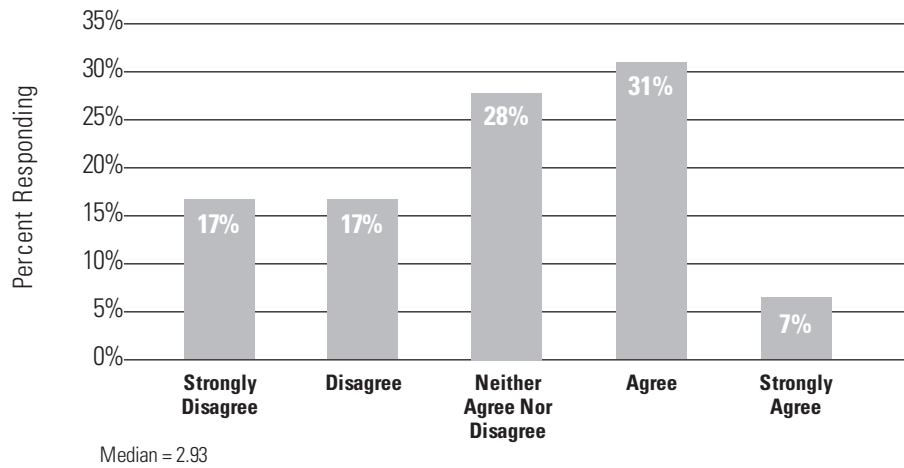
sections were optional and free-form, many inmates simply chose not to comment on their answers at all. They were much more likely to leave a negative comment than a positive one, as is common in surveys in general. Also, when they did comment, they often simply discussed the topic or topics that they 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.”

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

Figure 2.1 I feel safe in jail.



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:

- **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."

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

- **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.

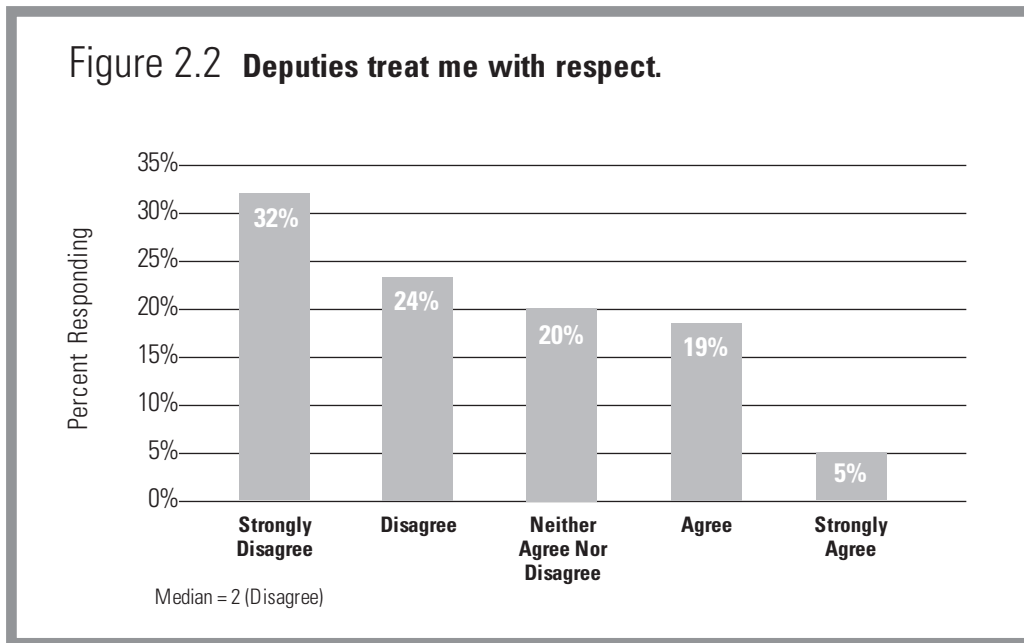
Finally, two inmates complained of sexual harassment by staff and claimed that nothing had been done about their complaints. They did not describe the extent of the alleged harassment or provide details about their complaints

and, again, we are unable to verify these accounts. Nonetheless, these are very serious issues. Although we did not specifically focus on the use of force in this Report, 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.

In light of this feedback, we continue to recommend that serious complaints against personnel be rigorously and fully investigated and documented. (See the 25th Semiannual Report, “Inmate Complaints,” for our findings and recommendations regarding the inmate complaint process.)

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.”



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 disrespectful:

- “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 a commitment to “perform... [one's] duties with respect for the dignity of all people.” 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,

21. Custody Division Manual 3-04/010.00, “Treatment of Inmates.”

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 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 the **25th Semiannual Report, "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 the **25th Semiannual Report, "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. **We reiterate our recommendation that, 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 the 25th Semiannual Report, "Inmate Complaints," 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

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

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

The Department has recently implemented a policy 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 must always be considered.”

We recommend that the Department immediately 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.

- **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.

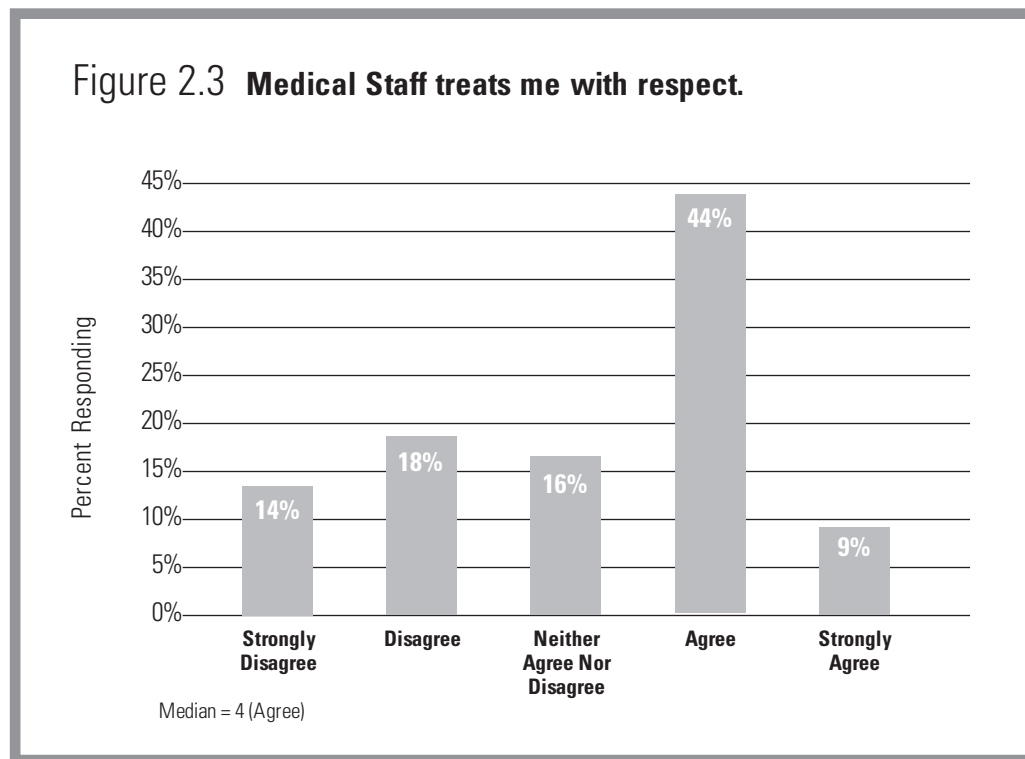
We recommend that when an inmate appeals the findings and punishment imposed by a disciplinary board to the Watch

Commander, the Commander may lower the proposed discipline but not increase it. To do otherwise is to create an unfair disincentive for an appeal. We also suggest that CRDF management 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 review disciplinary records on an ongoing basis to check for potential retaliatory action or for discipline that is disproportionate to the reported infraction.

Likewise, the Department should create a written protocol for the investigation and resolution of personnel complaints by inmates. This protocol should include guidelines on 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.

Finally, 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.”

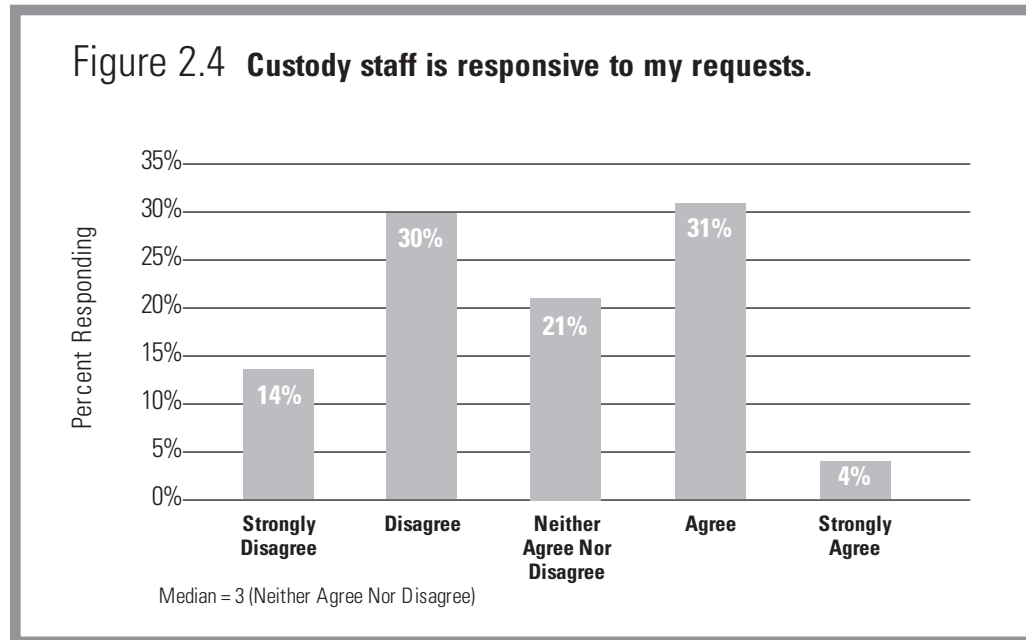


Of all the statements that inmates were asked to evaluate, this was the one for which the response was most positive. More than half—approximately 53 percent—agreed that they were treated with respect by medical staff, while 31 percent disagreed and 16 percent said they neither agreed nor disagreed. 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 cases where 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 the **25th Semiannual Report**—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 that 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 the 25th Semiannual Report for more detail.)**

IV. “Custody staff is responsive to my requests.”

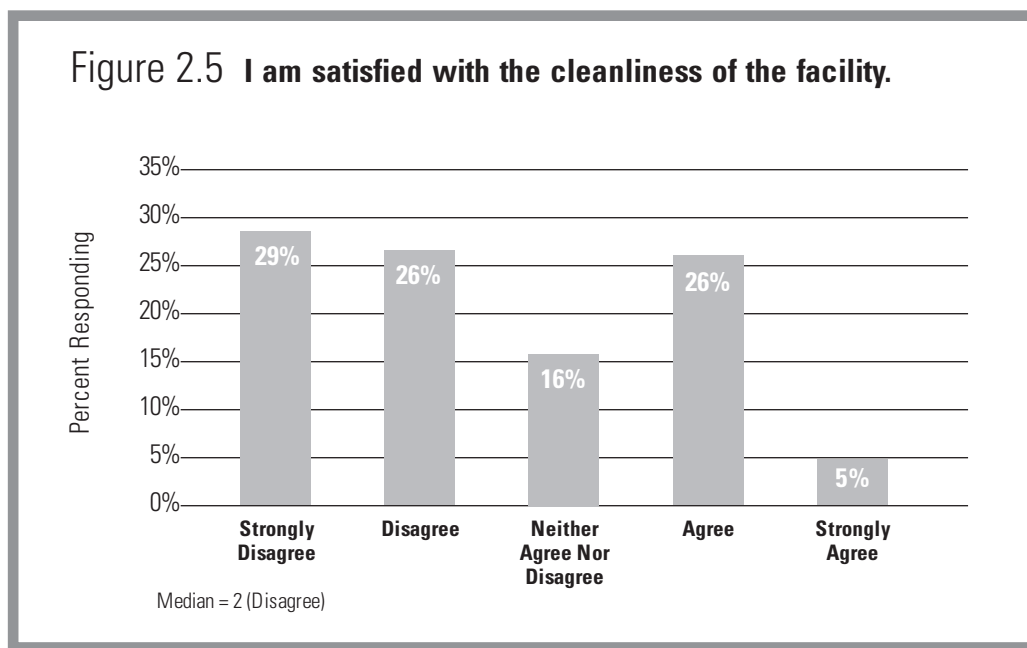


Responses to this statement were fairly evenly mixed, with relatively few inmates having strong feelings one way the other. Approximately 35 percent of inmates agreed that custody staff was responsive to their requests, and 44 percent disagreed, with 21 percent neither disagreeing nor agreeing. As with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

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

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

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.

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,”

24. RDF Unit Order 5-16-30 (“Inmate Shower/Bathing”). The language is adopted almost verbatim from section 1266 of Title 15.

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 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

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

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 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.

We thus recommend that inmates 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.

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.

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 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. **We recommend that stained underwear 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,

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."

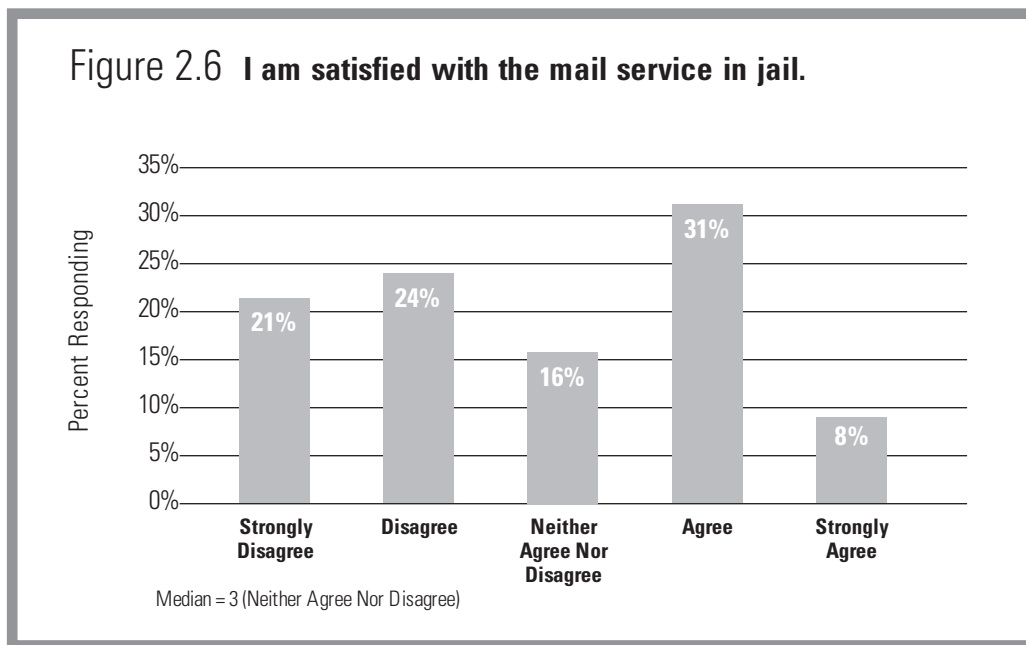
29. LASD Custody Division Manual 5-13/070.00 and 5-13/060/00, "Bedding and Linen Exchange."

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 some 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. 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. **In light of this, we strongly urge the LASD to issue jackets or other warmer clothing upon request and to 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.

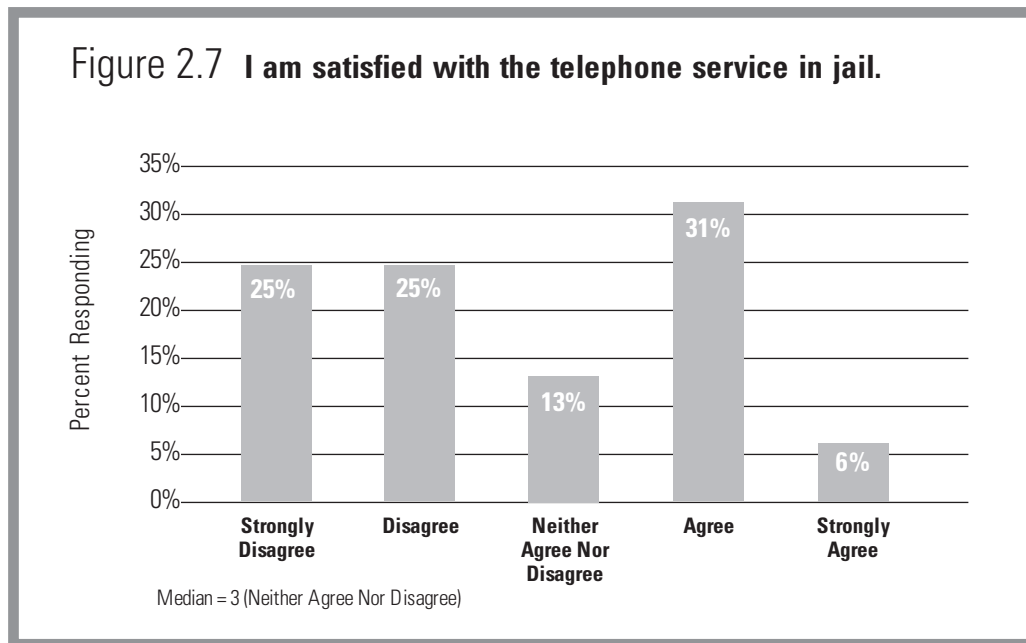
Nevertheless, what concerns us is the allegation that, according to several inmates, deputies at times arbitrarily withhold mail from inmates, sometimes for a period of days. While it is not clear how prevalent this is, nor for how long deputies typically delay mail delivery, 14 inmates across a large 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. **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.**

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

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.

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

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.

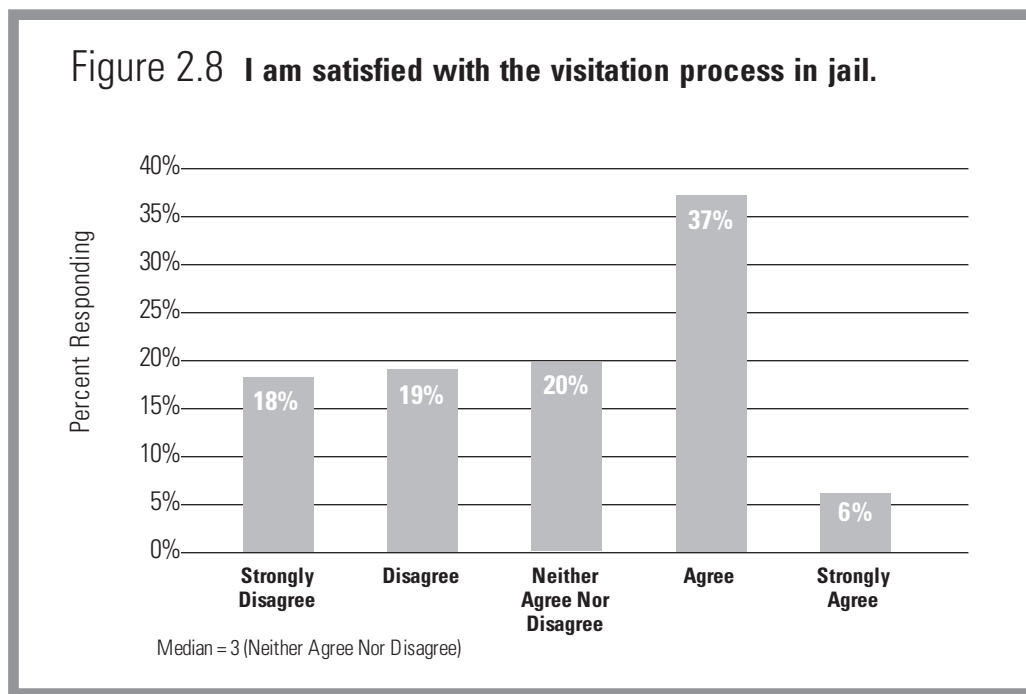
There is no doubt that it is quite expensive, oftentimes burdensomely so, for inmates and their families who keep in touch. Connection fees begin at

\$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 4, “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.

The LASD continue to monitor services and ensure that outside calls do not unreasonably result in disconnection. It should also 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.

VIII. “I am satisfied with the visitation process in jail.”



32. We came across one facility, run by the Kitsap Sheriff's Department in Washington, that has posted such tips on its website (see <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.”

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.

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 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

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

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.

We recommend that inmates' 30-minute visiting time 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. To the extent that any of the phones are prone to malfunction, they should be fixed so that inmates' visits are uninterrupted.

In the discussion of parenting inmates in our **25th Semiannual Report, “Pregnant and Parenting Inmates,”** we described 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 often-times 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

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.

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 **In the 25th Semiannual Report, we recommended that the LASD 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.

3. Update on the Delivery of Medical Care

This chapter is a follow-up on the concerns and recommendations for improvement made in our **25th Semiannual Report** in regards to timeliness and accountability of the delivery of medical care of women in the Los Angeles County Jail. 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 (discussed in detail in the **25th Semiannual Report**); the expansion and centralization of the daily nurse clinic; and improved documentation of requests and provision of care. We refer also to the revision of and training in standardized procedures for Registered Nurses (RNs). In our last report, we commended the LASD for bringing the jail's IRC, for the first time, 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. In this Report, we describe the significant progress made by the Department and its Medical Services Bureau in improving the timeliness of inmate access to daily sick call and for generally clearing all inmate requests for medical care within one day.

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. MSB operates physician and nurse clinics at each facility as well as the Twin Towers Correctional Treatment Center (CTC).

This chapter briefly describes medical care at CRDF as we found it 18 months ago and, in more detail, 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.³⁵ 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 daily or 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 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.

The demand for medical services at the 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.

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.

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 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

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

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

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

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

38. “2005 Title 15 Health Guidelines,” pg 45.

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 our **25th Semiannual Report**, 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.

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.

39. "J-E-07: Nonemergency Health Care Requests and Services," *Standards for Health Services in Jails*, National Commission on Correctional Health Care, 2008.

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. Those who require immediate medical attention will not be booked and are to be transported to Los Angeles County-University of Southern California Medical Center (LCCMC) or another nearby hospital. The screening process, described in further detail in our **25th Semiannual Report**, uses 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. She will be 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. If she answers “yes,” however, she will be referred for further evaluation by medical staff, with those needing time-sensitive status receiving “expedite” status. 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.

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. As we described in our **25th Semiannual Report**, the facility was, in

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.

February 2008, 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."

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 eight-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

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.

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.

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 deputy⁴² 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.

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,

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.

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. **We recommend that 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.**

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. **We also**

reiterate our earlier recommendation that inmates use individual sign-up slips that allow them to explain 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.

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).

We also recommend that the LASD begin filing sick call slips, as suggested in the last section, in the inmate's medical record.

Standards for Health Services in Jails 2008 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.

Finally, we recommend that the facility implement 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 CRDE, 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 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,

CRDF

Nurse Clinic Stats	Sat	Sun	Mon	Thurs	Fri	Sat	Sun	Mon	Thur	Fri	Sat	Sun	Mon	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Sat	Sun
November 2008	1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	25	26	29	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	30 min	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

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.

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 recommend that the Bureau 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.**

The Bureau should also 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. As we described in our **25th Semiannual Report**, however, 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. The procedures are to be developed by the health authority—in this case, the LASD—and must be revised on a regular basis.

At the LASD, RN's receive training on the standardized procedures over five 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. At the time of our walkthrough in January 2008, however, we found that 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

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.

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 referrals to MDs and RNPs. It is not known at this time when training for Series III, IV and V will begin. **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. 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 reenter the community successfully 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.”⁴⁵ This includes “how they spent their time during confinement, the process by which they are released, and how they are supervised after release.”⁴⁶ The process of reentry consists of many 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 also 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.

45. Joan Petersilia, “What Works in Prisoner Reentry? Reviewing and Questioning the Evidence,” *Federal Probation*, Vol 68, No.2, September 2004.

46. *Id.*

Literature on recidivism and reentry, such as the Reentry Partnership Initiative series,⁴⁷ 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 the majority of inmates before they have served their full sentence.⁴⁸ 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.

47. J.M. Byrne., Faye S. Taxman, and Douglas Young *Engaging the Community in Offender Reentry*. 2002. College Park, MD: Bureau of Governmental Research.

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

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.⁴⁹

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 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.”⁵⁰

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.

49. Although we mention only a few in this Report, several of the Bureau’s innovative or collaborative programs have been recognized through County’s Quality and Productivity Awards program. The Bureau has also received awards from the National Association of Counties and other organizations.

50. <http://www.lasd.org/divisions/correctional/bops/index.html>

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,⁵¹ 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 voluntary classes and programs to inmates at CRDF as required by Title 15. 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 brand-new School Module. In the following section, we provide an

51 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.

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."⁵² 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.⁵³ At the end of each year, the school district will 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

52. Printed booklet on BOPS services at CRDF.

53. Due to the fact that some instructors and administrators serve more than one jail, we do not know exact staffing levels for CRDF.

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.

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, both of which were discussed in our most recent Report:

- **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.⁵⁴ 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

54. This funding was the result of a \$27 million settlement of five class-action lawsuits brought by inmates who alleged they had been overdeterred 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.

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.⁵⁵

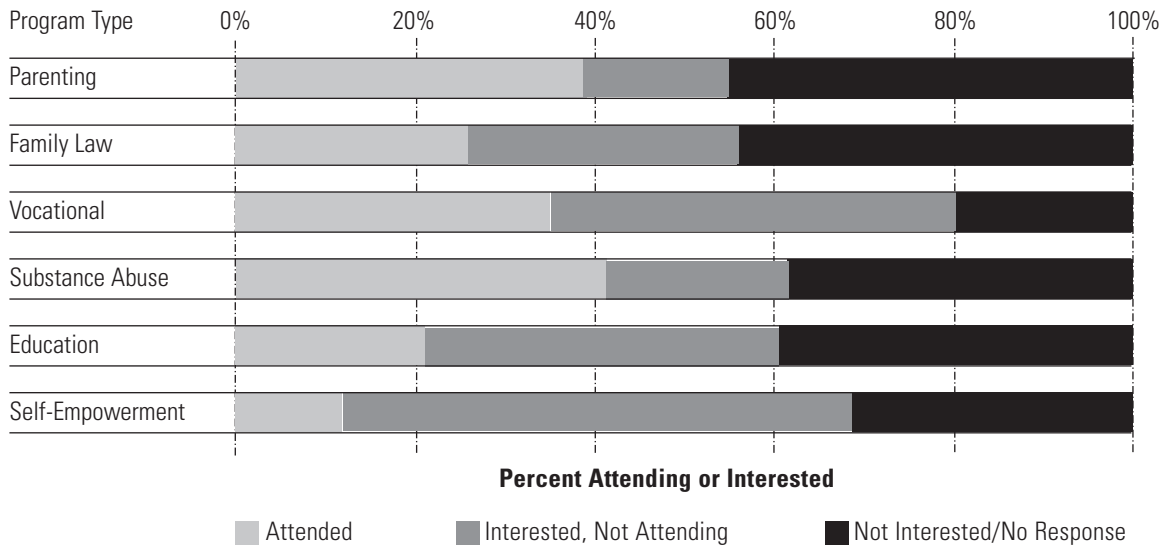
4. Access to Inmate Programming

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.⁵⁶ 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

55. 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.

56. 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.

Figure 6 Attendance by Interest and Program Type



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.

- 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 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.⁵⁷

The remaining 43 inmates who reported zero program participation, the majority of whom had been in jail for at least two weeks, 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 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

57. 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 the 25th Semiannual Report, "Pregnant and Parenting Inmates."

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.⁵⁸

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

58. 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.

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 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, however, 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.

We recommend that the Bureau create a set of written materials to be posted in each module in an area easily accessible to the inmates. The written materials should include: (1) a brief description of each available class; (2) a reasonably up-to-date weekly schedule for all classes along with information about classes that occur less frequently than once a week; (3) eligibility criteria, if relevant, that includes any information about which inmates will be given priority when demand exceeds capacity; and (4) 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. Likewise, program, eligibility, and sign-up information about special program modules, particularly the School Module, should be posted or otherwise made available to all inmates on an ongoing basis. As 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. Finally, we recommend to the Department that all clocks 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.⁵⁹ 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

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

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.⁶⁰ 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 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.

60. 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. As a result of a recent agreement with the ACLU, CRDF now requires that each inmate be given at least two hours of out-of-cell time per day.

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."⁶¹ GOGI's concepts are encapsulated in Taylor's book titled "Prison: Getting Out by Going In," which participants are required to read.⁶²

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

61. <http://www.gettingoutbygoingin.org/index.php?topmenuitem=Our%20Mission>

62. 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").

coaches from local universities, and 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.⁶³

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.

63. 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.⁶⁴ 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

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

(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 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.⁶⁵ 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,

65. We addressed this database in the 25th Semiannual Report as part of our discussion of the complaint process

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.

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 recommend that 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. Furthermore, the CTU should consider making referral information, such as their outreach packets, more accessible to all inmates, not simply to 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 the **25th Semiannual Report, “Pregnant and Parenting Inmates,”** 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/over-detention 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.

D. Collaborative Efforts

Many of the inmates who come through the Los Angeles County Jail are on California state parole, a system that has one of the highest parole recidivism rates in the nation. The large number of parole violators who pass through the jail puts a significant strain on the jail system, which must hold the inmates until they can be transferred to the overcrowded state prison system. The state correctional authority, the California Department of Corrections and Rehabilitation, has established the Intergovernmental Partnerships Grant Program, focused on supporting local governments in the development of partnerships between local correctional and state agencies and community providers. With funding from this program, the Department, headed by the CTU, has established the Los Angeles Reentry Advisory Board (LARAB), a partnership coalition that is headed by the CTU and includes representatives from local government, law enforcement, state parole, county probation, and community service providers, and other stakeholders. The program will work to “develop a strategic plan to support effective

collaboration in the design and delivery of innovative offender reentry programming, as a part of continued efforts to reduce recidivism and increase public safety.”⁶⁶

The Bureau is also involved with the Second Chance Women’s Re-Entry Court, developed in collaboration with the Board of Supervisors, Superior Courts, and a number of other agencies.⁶⁷ That program is targeted specifically to female parolees who are charged with a new felony, and works to send them to appropriate community placement in lieu of prison. Treatment components include substance abuse and mental health services, as well as domestic violence and trauma counseling, parenting classes, and academic and vocational education.

Although we did not have the opportunity to look at these programs in depth, we commend the Department’s collaborative efforts in this area and look forward to charting the progress of the LARAB coalition. 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.

66. Written description, Bureau of Offender Programs and Services.

67. Other agencies involved include: District Attorney, Public Defender, Probation Department, Countywide Criminal Justice Coordination Committee, UCLA Integrated Substance Abuse Program, and the Department of Public Health Alcohol and Drug Program Administration.

5. 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.

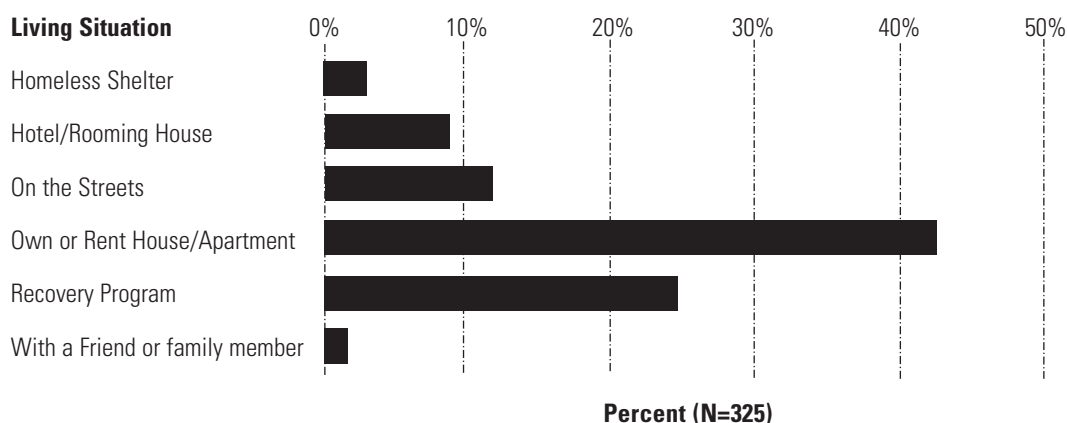
In the context of these statistics, we are impressed with the breadth of in-custody and transitional services provided at CRDF, which encompass basic academic education, job search preparation, vocational training, drug education, parenting classes, family law education, and life skills, as well as extensive 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 in-custody and through release. 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 percent⁶⁸ 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

68. This statistic has been rounded up.

Figure 5.1 Survey Participants by Living Situation at Arrest



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.

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.⁶⁹

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

69. 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).

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.⁷⁰

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.

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

70. 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.

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.⁷¹ 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

71. 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.

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 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 recommend that the LASD and DPSS 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 recommend that the DPSS 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.

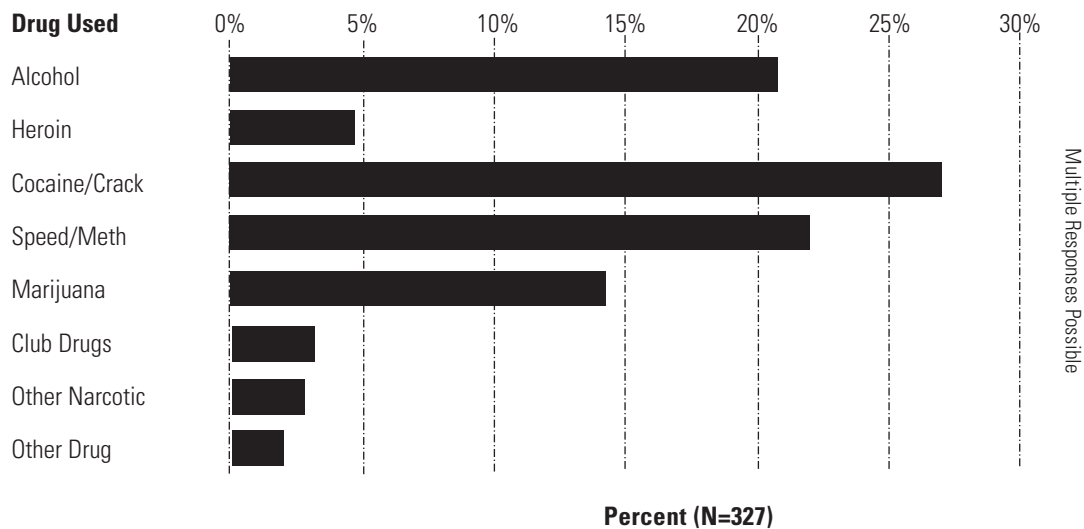
CTU also manages the Holiday Gift Program (in conjunction with Shelter Partnership) for mothers scheduled to be released from CRDF around the holidays, held for the first time in 2008. CTU worked to identify eligible inmates—generally those who are homeless or receiving transitional help from the unit—and gave them a short questionnaire to help them determine suitable gifts for the inmates and their children. These gifts, provided by Shelter Partnership, were to be given out near the holidays. We 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 percent of all inmates), methamphetamines/

72. Some inmates reported more than one drug of choice.

Figure 5.2 **Reported Drugs of Choice**



speed (22 percent), alcohol (20 percent), and marijuana (14 percent).⁷²

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.⁷³ 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

73. Doris James Wilson, “Drug Use, Testing, and Treatment in Jails,” Department of Justice, Bureau of Justice Statistics (Washington, DC: 2000), NCJ 179999

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.”⁷⁴

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.⁷⁵

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

74. Kamala Mallik-Kane and Christy Visher, “How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration.” Urban Institute, February 2008.

75. 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).

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.⁷⁶ 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.⁷⁷

III. Job Training and Employment Assistance

Thirty percent of survey respondents reported being unemployed despite

76. 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.

77. For more information on GOGI, please see the previous chapter.

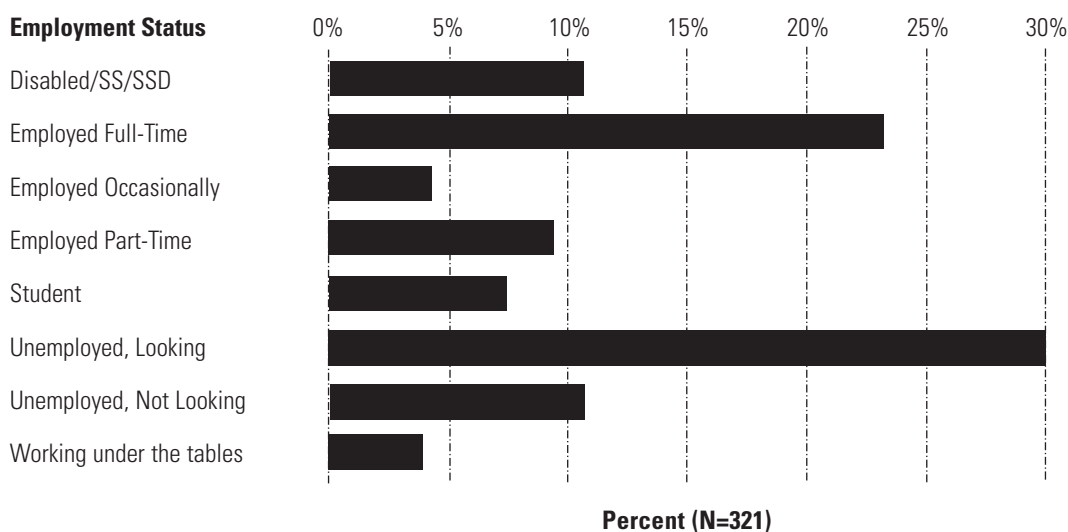
looking for work at the time of their arrest. The high rate of unemployment among the inmate population is likely a result of both the lack of adequate job skills and the difficulty that ex-offenders have in securing employment as a result of their criminal records.⁷⁸ Fifty-four percent of inmates said 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.

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, 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 2007/2008,⁷⁹ 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

78. 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.

Figure 5.3 Survey Participants by Employment Status at Arrest



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,

79. 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.

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.

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.

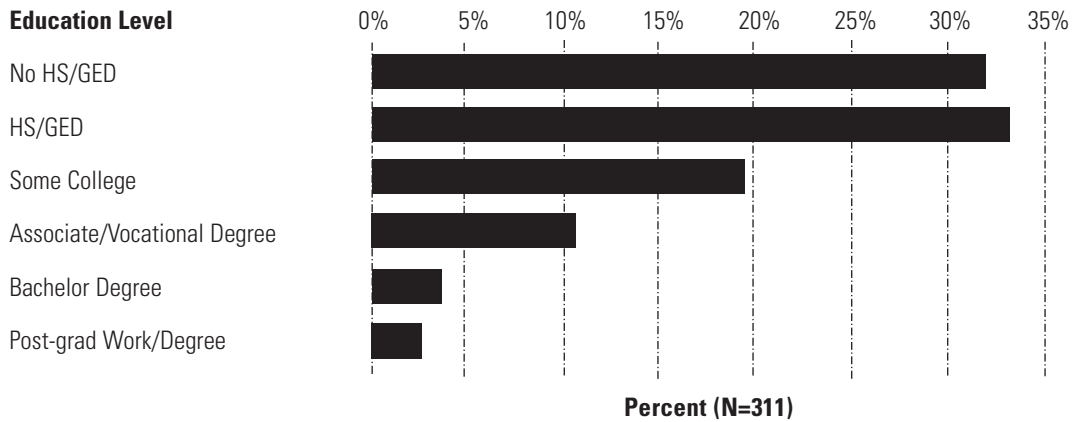
Aside from CTU case management referral services, inmates may get referrals through HLP, either through the job skills class or as a result of the apprenticeship. Friends Outside, which has offices inside jail and in the community, is another resource. In addition, one of the primary focuses of the EIMAGO 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

Figure 5.4 Survey Participants by Educational Level



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 recommend that the Department begin tracking this information and work to develop some accommodation for inmates who have very low education levels 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 the **25th Semiannual Report**, 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 Report, 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 cover 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.⁸⁰ 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 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.⁸¹ 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, now expired. The LASD plans to be able to continue supporting its excellent and comprehensive services through a grant from the Newman's

80. For more information about the content of these programs, please see the **25th Semiannual Report**, "Pregnant and Parenting Inmates."

81. None of the inmates who identified themselves as pregnant reported attending the program.

Own Foundation. **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, 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 the **25th Semiannual Report**, 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. **As a result, we recommend that the Department, through CTU and/or the Inmate Services Unit, 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 Reconciliation Therapy, a class taught by two CTU Case Managers, Officers Mackintosh and Stark. “Moral Reconciliation” 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.⁸² Of those that rated the programs, 85 percent said they were very useful, and 11 percent said they were somewhat 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 won a “Top 10” 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.

82. 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 CRDE, 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,⁸³ 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."⁸⁴ 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.

83. http://www.fogcityjournal.com/news_in_brief/lt_womens_reentry_ctr_070928.shtml

84. WRC Brochure (<http://www.sfsheriff.com/WRCbrochure.pdf>)

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.

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,⁸⁵ 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

85. 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.

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."⁸⁶

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.⁸⁷ 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.

86. From the San Diego Sheriff Department's 2007 Annual Report, p. 10 (http://www.sdsheriff.net/library/2007_report.pdf)

87. 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.

6. The LASD Rape Kit Backlog: An Overview

In October 2008, the city of Los Angeles discovered that there were 7038 untested rape kits sitting on freezer shelves in the LAPD Crime Lab. Shortly thereafter, the Board of Supervisors investigated whether the County also had untested kits and preliminarily determined that there were 5635 rape kits stored in the LASD's Central Unit, all but about 700 of which were believed to be untested. On November 12, 2008 the Board of Supervisors asked the LASD to make a final count of untested kits and prioritize the cases based on encroaching statutes of limitations and the charges involved. Subsequently, on January 27, 2009, the LASD announced that there were a total of 6129 kits in storage. Preliminary findings indicated that in over 800 rape cases involving unknown suspects, DNA evidence had never been analyzed. This chapter will look at how this problem arose, the legal problems presented, the current state of efforts to solve the problem, and what lies ahead for the Department. We acknowledge the LASD's responsiveness to this problem since it first surfaced. We nonetheless conclude that ongoing oversight is necessary to get the job done so that as many rapists as possible can be brought to justice. Time is of the essence given short statutes of limitations.

Background

In October 2008, Los Angeles Controller Laura Chick concluded an audit of the Forensic DNA Backlog Reduction Grant Program Awards managed by the LAPD. It came to light in the audit that the LAPD had a backlog of 7000 untested rape kits, despite receiving nearly \$4 million in grant funds

specifically for this purpose.⁸⁸ Likewise, 200 potential sexual assault cases were not prosecuted because the LAPD failed to test the DNA evidence before they became subject to the statute of limitations.

As a result of the LAPD audit, the Los Angeles County Board of Supervisors turned to the LASD to undertake a similar inquiry, as the LASD receives grant funds from the same source. Subsequently, in testimony before the Board of Supervisors and conversations with PARC, officers and crime lab personnel explained current LASD policy and procedure.

After a rape, a victim can choose to provide a rape kit. A victim spends hours after being raped relaying her story to specially trained assault nurse examiners, recounting all sexual partners in the past 72 hours, and having her body crevices and clothing scrutinized for any DNA evidence. After collecting all possible evidence of semen, saliva, hair, and other traces of the perpetrator, the rape kit is handed to the investigator with the victim apparently assuming that it will be tested. Despite this assumption, until recently, most rape kits in fact were not tested. In order for a kit actually to be tested, several factors had to come into play:

- *The assigned detective must have opened an investigation.* Without a detective initiating an investigation, a rape kit was not tested.
- *In the course of the investigation, a detective must have asked for the kit to be analyzed.* Until recently, the Department only tested rape kits in cases where the rapist's identity had not been established. In cases where the identity of the rapist was presumed known, such as acquaintance rape, marital rape or where the perpetrator had already pled guilty, the investigator would not have the kit tested.
- *The D.A.'s office could have made a special request to have a kit tested* whether or not an investigation was opened, based on the particular facts

88. See http://www.lacity.org/ctr/audits/DNA_FinalReport_102008.pdf

of a case or how the case was developing. When a request was made, the kit were always tested.

After a rape kit has been tested at the crime lab or it has not been ordered to be tested, the kits are sent for storage to the LASD “Central Property Evidence Unit” (“Central Unit”). At any given time, there is a backlog of approximately 50 or so rape kits at the crime lab waiting to be analyzed. Until the Board of Supervisor’s recent inquiry, the number of kits at Central Unit was unknown. Moreover, the kits at Central Unit were only tracked manually. There was no computerized database for knowing how many kits there were, whether the kits were tested, or the status of the corresponding criminal investigation.

In 2007, the LASD crime lab tested 158 rape kits; in 2008, 231 were tested as of the latest count.⁸⁹ In the last four years, approximately 700 have been tested.⁹⁰ This number is important because these 700 tested kits were subsequently sent to Central Unit for storage. The resulting count of kits sitting in Central Unit thus includes at least 700 already tested kits. In addition, the Department serves as the outside agency for other police departments, such as Alhambra and Santa Monica. Human Rights Watch has issued public records requests to all of these independent departments in an attempt to count all the untested kits and urge them to be sent to a crime lab as well.

CODIS

After a rape kit is tested, any profile from a qualified sample obtained from the DNA analysis is automatically entered into the Combined DNA Index System (“CODIS”). CODIS operates on the local (i.e., county/city), state and

89. See The Meeting Transcript of the Los Angeles County Board of Supervisors, November 12, 2008, at [http://lacounty.info/BOS/SOP/TRANSCRIPTS/11-12-08%20Board%20Meeting%20Transcripts%20\(C\).doc](http://lacounty.info/BOS/SOP/TRANSCRIPTS/11-12-08%20Board%20Meeting%20Transcripts%20(C).doc)

90. See The Meeting Transcript of the Los Angeles County Board of Supervisors, November 12, 2008, at [http://lacounty.info/BOS/SOP/TRANSCRIPTS/11-12-08%20Board%20Meeting%20Transcripts%20\(C\).doc](http://lacounty.info/BOS/SOP/TRANSCRIPTS/11-12-08%20Board%20Meeting%20Transcripts%20(C).doc)

national levels. CODIS currently houses the DNA of all convicted felons, and, starting in California in January 2009, all felony arrestees. If a suspect is found to be innocent, he must request to have his profile taken out of CODIS, otherwise the information remains there indefinitely.

Throughout a given week, DNA examiners that have been approved by the FBI will load DNA profiles into CODIS. There are currently four Department administrators that are responsible for uploading roughly 30 profiles a month to CODIS. The profiles are verified by a second qualified examiner before they are uploaded by the lab's DNA CODIS administrators. Approximately once a week, these administrators upload the profiles into the State CODIS database, which is then searched by the State. The State will next upload these profiles to the National database once a week. The State and National databases are searched for matches on a weekly basis.

The State requires that at least seven different genetic markers from an evidence sample be entered to qualify for a State search. A minimum of ten genetic markers is required for a National database search. Cold hit matches can occur with only seven markers; however the State is required to upload 13 markers for a felon sample if it is to go for the National database search. The LASD crime lab will send all genetic makers obtained from an evidence profile. When a cold hit results, the LASD crime lab is notified the following day, once the State performs a "confirmation of the match." The State then

Year	Number of DNA Profiles Uploaded to CODIS	"Cold Hits " <i>(When a DNA profile matches a felon's profile in the database)</i>	Case to Case <i>(DNA profile from one case matches DNA profile from a different case, where name of individual is unknown)</i>
2006	N/A	93	16
2007	N/A	92	17
2008	248	112	24

sends a letter with the suspect's name and CII (SID). The detective learns of the cold hit from the crime lab; the victim must find out from the detective. There is no "simultaneous notification" involving LASD or outside agency detectives. Once notified, the detective obtains a reference sample from the suspect and provides it to the lab. On average, the lab is notified of 5-10 cold hits a month.

The Law: DNA, Databases and Victim's Rights

California Penal Code Section 680, known as the "Sexual Assault Victims' DNA Bill of Rights," serves as the legal basis for entering a suspected rapist's DNA into the California Department of Justice and national DNA databank through CODIS. The given reason for this law is the strong interest of rape victims in the investigation and prosecution of their cases, as well as a public safety interest in finding suspected rapists. Section 680 places responsibility on the investigating law enforcement agency to handle properly, retain, and test DNA from rape kits in a timely manner. Law enforcement also is obligated to report the developments of forensic testing and any developments in a case's investigation to the victim or the victim's advocate.

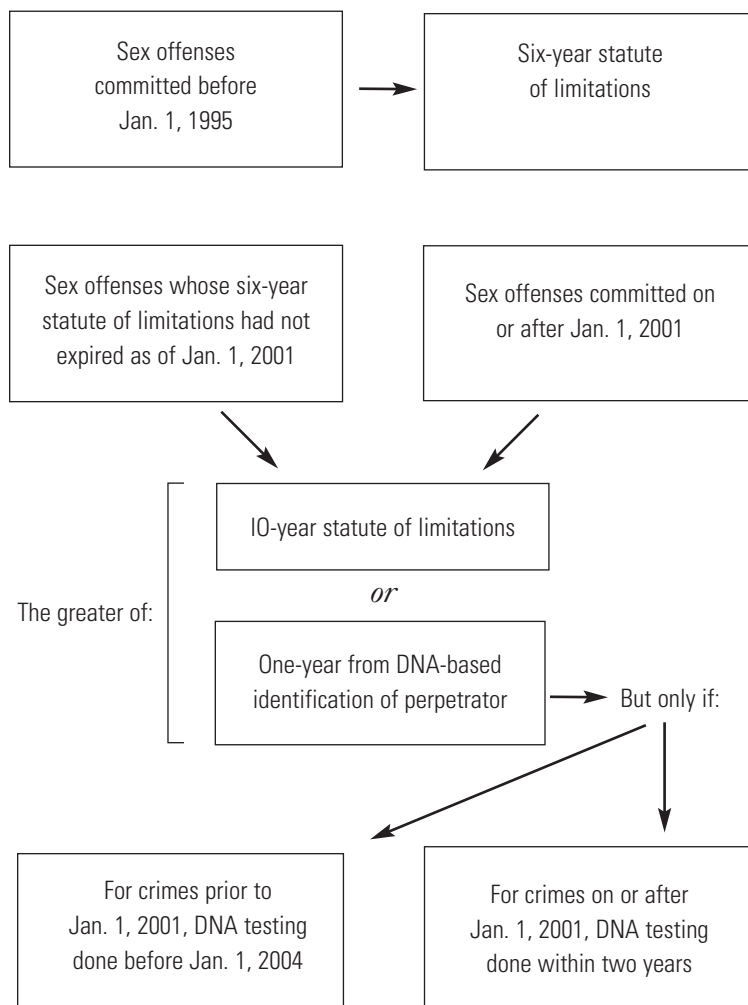
Under Section 680, the victim has a right to know whether DNA was successfully obtained from the rape kit, whether it was entered into CODIS, and whether there is a match between the DNA from the rape kit and the Department of Justice Convicted Offender DNA databank. The responsible law enforcement agency may inform a victim of the status of a rape kit's testing either orally or by mail but is not required to do so absent an explicit request from the victim. Furthermore, Section 680(d) states that if the law enforcement agency chooses not to have DNA analyzed within the time limits established by the statute of limitations (California Penal Code Section 803) in a case where the rapist's identity is at issue, the victim must be informed either orally or in writing by the law enforcement agency.

It is important to note here that the law limits this requirement to cases “where the identity of the perpetrator is in issue.” According to victim advocacy groups, this is harmfully vague language. It gives the detective unbounded discretion to decide whether the suspect’s identity is at issue and therefore whether a kit is tested. For example, if a detective believes that a victim knew the rapist because they met once at a bar or the victim’s story is implausible, the detective could choose not to have the rape kit tested and not notify the victim of this decision. Victim advocates contend that the known identity of a rapist is irrelevant. Even if a rapist is known in one particular case, the investigators have no knowledge of other rapes or crimes the perpetrator may have committed in still unsolved cases. Testing all rape kits and inputting the results into CODIS may yield hundreds of cold hits in unresolved investigations.

Under Section 680, DNA analysis is useful only if it occurs within the time limits imposed by California Penal Code Section 803, the statute of limitations on DNA testing. Under Section 803(g), once a rape suspect’s identity is conclusively established by DNA, a criminal complaint must be filed within one year. Under Section 803(i), a complaint may only be filed if one of the following conditions is met:

- Rape occurred before January 1, 2001 + DNA was tested before January 1, 2004;
- Rape occurred on or after January 1, 2001 + DNA was tested within two years of the date of the offense;
- In cases where one of the above two conditions are not met, where the statute of limitations has not expired as of January 1, 2001 or the offense is committed on or after January 1, 2001, prosecution must be commenced within 10 years from the commission of the offense.

Statute of Limitations for Felony Sex Crimes ⁹¹



91. Adapted from a memorandum provided by the LASD Crime Lab.

The ramification of Section 803 is that prosecution based upon any untested rape kit dating before December 2006 has already been barred by the statute of limitations. Similarly, any untested kits from January 2007 until the present must be tested as soon as possible, so that any possible hit can be investigated and a criminal complaint filed before the statute of limitations tolls. According to statements made by the LASD on January 27, 2009, early tabulations show that the 106 cases are within six months of being barred by the ten-year statute of limitations, and 311 are already barred.

Change of Policy

The Board of Supervisors has asked the LASD to change its policies substantially for the testing of rape kits. On October 7, 2008, at the initial meeting on this issue, the Board of Supervisors asked the LASD to: (1) construct a plan on how to count the number of rape kits backlogged at Central Unit, (2) tally the exact number, and (3) modernize the file-keeping system from manual to computer-based.⁹²

In response, at the next meeting on November 12, 2008, the LASD reported a sweeping change of policy and significant progress on its instructed tasks. First, on November 6, 2008, the Sheriff issued a new policy, included below and directed to all LASD labs, ordering that all rape kits be tested in the crime lab regardless of whether the identity of the suspect is known or unknown. The investigator thus no longer has the discretion to decide whether the kit will be tested. As part of this new policy, the LASD advised all Los Angeles County police departments using the LASD crime lab similarly to change their policy. The Department was commended for its new policy and the swiftness with which it was issued.

92. See The Meeting Transcript of the Los Angeles County Board of Supervisors, October 7, 2008, at [http://lacounty.info/BOS/SOP/TRANSCRIPTS/10-07-08%20Board%20Meeting%20Transcript%20\(C\).pdf](http://lacounty.info/BOS/SOP/TRANSCRIPTS/10-07-08%20Board%20Meeting%20Transcript%20(C).pdf)

Moreover, as of the November 12, 2008 meeting, the Department had not only devised a plan for counting the kits but completed counting the likely number of untested kits—action for which the Department was again praised. This count resulted in 5635 kits. The vast majority of these kits are untested and some could be 10-15 years old. Another approximately 700 kits were tested and later sent to Central Unit for storage.

The Department then announced two additional phases for dealing with the backlog:

1. Gather information from the kits and enter it into a database, where it will be compared manually against kits already tested in the crime lab. After this analysis, LASD will have a final count of the number of untested kits.⁹³
2. Once that phase is completed, LASD will prioritize the cases based on encroaching statutes of limitations and the charges involved. LASD will call agencies and investigators on every untested kit and find out the status of the investigation.

At the urging of human rights experts, the Board of Supervisors asked the Department to reconsider its policy on victim notification. As stated above, under Section 680, in cases where the rapist is unknown, a victim has a right to know if a kit has been tested. The Department does not know if any of the victims, in cases where the suspect was unknown, were notified about the status of their kits. This point was unresolved at the last Board of Supervisor's meeting. **We recommend that all victims be notified about whether the kit has been tested, whether or not the identity of the suspected rapist is known.**

At the next Board of Supervisors meeting on this topic, December 16, 2008, the Department added to these above statements and provided further numbers. They noted that in addition to the 5635 rape kits currently in the

93. The number is probably around 4935 untested kits (5635 - 700).

LASD Central Unit, another 475 kits were found at the lab awaiting transport to storage. This brought the total number of sexual assault kits in LASD possession to 6110. Of the 6110, 4727 were found to be untested sexual assault kits. 3770 were Department cases and 957 belonged to other law enforcement agencies. A final count in January 2009 brought the total number of sexual assault kits in storage to 6129, with 4620 belonging to LASD cases and 1509 belonging to independent agencies. 4738 (77%) of these kits were unanalyzed, the majority of which were LASD's (3780). With these numbers, the LASD declared the counting of the sexual assault kits— Phases I and II—to be complete.

The Department has now begun Phase III, which includes surveying “all sheriff's stations, investigative units, and outside law enforcement agencies via questionnaire” regarding the status of each untested rape kit case. Once this information is collected, detectives will prioritize the testing of unanalyzed kits based mainly on statutes of limitations.

As of January 2009, 3313 (70%) of these questionnaires were already completed and reviewed. They revealed that DNA had yet to be analyzed in 815 (25%) cases of unknown suspects and 1437 (43%) cases of known suspects. The remaining numbers consisted of cases that were either adjudicated or rejected for filing by the District Attorney's Office.

In addition to completing Phases I and II and beginning Phase III, the Department announced other policy changes.

First, the Sheriff revised internal policy, Field Operations Directive 0507, to require an annual inspection of all relevant Department units for compliance with Penal Code Section 680. The Sheriff is also conducting a Department-wide audit for compliance with Section 680's notification of victim requirement. A January 15, 2009 meeting was scheduled with the Los Angeles County Chiefs of Police Association to discuss the new LASD policy on sexual assault kits. Finally, the audit hopes to find an efficient way to examine all untested kits while also effectively processing incoming kits.

Funding

According to the LASD, at the heart of the backlog issue is the cost of testing rape kits. A rape kit often includes several DNA swabs. It can cost between \$2500-3000 per kit to test all swabs. Testing one swab costs approximately \$300-500 per kit. After examining which swab likely has the most probative value, sometimes only one swab requires testing. Nonetheless, the crime lab maintains that it will cost approximately \$2500 per kit to resolve the backlog.

To fund this, the County has received approximately \$6,015,820.48 in grants between 2004 and 2008.⁹⁴ Two types of grants have been received by the laboratory. One type of grant was for capacity building of the DNA laboratory. These grants provided for instrumentation and training of DNA examiners; they did not cover the actual analysis of sexual assault kits or other evidence. The other grant provided overtime and outsourcing in order to test kits from sexual assault and other criminal cases. Of this grant, \$3,232,608.93 has already been spent.

Before the current audit, funding from the grants was sufficient to keep the lab staffed and supplied with state-of-the-art equipment. Now, in order to test the kits in the backlog over the next three years, crime lab personnel estimate that they will need additional funding. They maintain that the crime lab's budget needs to be increased each year to keep pace with incoming sexual assault kits, especially in light of the new policy to test every kit.⁹⁵

In order to address this financial need, the State Department of Justice Bureau of Forensic Sources is providing assistance to the LASD. The Department hopes this assistance will increase outsourcing to labs and crime lab staffing. Already, eleven additional crime lab criminalists are scheduled to complete training in DNA testing within the next three months and seven vacant positions are in the process of being filled. Likewise, funding from

94. Data supplied by the LASD crime lab

95. This also assumes there are no remaining grant funds and there is no new testing of DNA from property crimes.

The Model: New York City

New York City serves as a model of how a police department can leverage an embarrassing rape kit backlog into a praiseworthy example. In the late 1990s, New York City was found to have a backlog of 17,000 rape kits. Under similar pressure now facing the LAPD and LASD, the New York City Police Department ("NYPD") changed its policy to test all incoming rape kits and set about analyzing and inputting all 17,000 kits. In 2000, the DNA Analysis Backlog Elimination Act put aside funding for the purpose of reducing rape kits backlogs and increasing the number of convicted felons required to provide DNA swabs to the state databank. Then, in September of that year, the NYPD, Office of the Chief Medical Examiner ("OCME") and District Attorney's Offices of the five boroughs inaugurated a "backlog project." Rudy Giuliani, then mayor of New York, was persuaded to give 12 million dollars toward the project. Criminology labs were contracted to test all 17,000 kits. The kits were cataloged by a group

Proposition 69 has already enabled the Department to add nine positions and equipment to the crime lab, and outsource some testing.⁹⁶ **If the Department's estimated budget proves accurate, it seems critical that additional funding be secured so that the backlog is resolved definitively.**

Recommendations

According to victim advocates, there are two issues at stake when rape kits go untested: the rights of victims and public safety. There is a betrayal of a victim's trust if her kit is not tested after she undergoes the lengthy process to have it done. There is an issue of public safety if rapists are running free because a kit was never analyzed and a cold hit never made.

These groups call for a comprehensive plan not just for testing current and future kits but to handle the increased number of investigations, arrests, and prosecutions that will likely result as the backlog is tackled and cold hits come in.⁹⁷ Preliminary results already show a greater

96. See The Meeting Transcript of the Los Angeles County Board of Supervisors, December 16, 2008, at <http://file.lacounty.gov/bos/transcripts/12-16-08%20Board%20Meeting%20Transcripts.pdf>

97. See <http://www.hrw.org/en/news/2008/10/28/us-la-police-fail-use-funds-test-rape-kits>

number of untested kits in cases with unknown suspects than the Department had expected. Thus, it is critical that there is sufficient oversight of this issue, perhaps by instituting a reporting requirement to the Board of Supervisors. We believe oversight is necessary to ensure that all kits are indeed tested, that funds dedicated to the backlog are used effectively, and that rape cases are monitored for approaching statute of limitations.⁹⁸

We recommend that the Board of Supervisors construct an oversight panel comprised equally of responsible LASD personnel and representatives of human rights organizations to:

- assure that all rape kits present and past are tested;
- carefully track all tested rape kits;
- follow what happens in the investigation after cold hits are made;
- stay on top of encroaching statutes of limitations; and
- further the public interest in justice for rape victims.

of prosecutors and NYPD. The first kits to be tested were those nearing the statute of limitations. These were tested in a New York City crime lab, while the more recent and old ones were outsourced. A “simultaneous cold hit system” was established so that crime lab personnel, NYPD and prosecutors were all informed when there was a hit.

It took the NYPD four years to test them all. Over 2000 cold hits resulted from the backlog and over 200 arrests made. The City established prosecution and police units just for handling the cases resulting from the rape kit backlog. Furthermore, advocates used hits from cases in which the statute of limitations had already tolled to pressure the New York State legislature to change the statute of limitations for rape. As a result, in 2001, the New York legislature repealed the statute of limitations on rape cases. New York is now upheld as a model city when it comes to facing a daunting rape kit backlog and making a total upheaval in policy and practice.

98. Likewise it would be beneficial for the California State Legislature to repeal the statute of limitations on rape cases so that old cases can be prosecuted when cold hits surface

Likewise, this panel could oversee whether detectives are providing victims with information about the process and the status of their cases.

Finally, we recommended a new “simultaneous notification” model when there is a cold hit in CODIS. Three people should automatically be notified to ensure meaningful follow-through: a designated person at the crime lab, a designated LASD investigator, and a designated person at the D.A.’s office.⁹⁹

99. According to the D.A.’s office, it would not be difficult to designate an appropriate person for simultaneous notification out of their office. The best person would likely be a director in the administration office, rather than a Deputy District Attorney in the Sex Crimes Unit. This is because an administrator would have a better sense of which D.A.’s office in Los Angeles County to direct information about a cold hit, based on which office would be most likely to prosecute the case.

California Codes

Title 17

Penal Code Section 680: Sexual Assault Victims' DNA Bill of Rights

(a) This section shall be known as and may be cited as the "Sexual Assault Victims' DNA Bill of Rights."

(b) The Legislature finds and declares all of the following: (1) Deoxyribonucleic acid (DNA) and forensic identification analysis is a powerful law enforcement tool for identifying and prosecuting sexual assault offenders.

(2) Victims of sexual assaults have a strong interest in the investigation and prosecution of their cases.

(3) Law enforcement agencies have an obligation to victims of sexual assaults in the proper handling, retention and timely DNA testing of rape kit evidence or other crime scene evidence and to be responsive to victims concerning the developments of forensic testing and the investigation of their cases.

(4) The growth of the Department of Justice's Cal-DNA databank and the national databank through the Combined DNA Index System (CODIS) makes it possible for many sexual assault perpetrators to be identified after their first offense, provided that rape kit evidence is analyzed in a timely manner.

(5) Timely DNA analysis of rape kit evidence is a core public safety issue affecting men, women, and children in the State of California. It is the intent of the Legislature, in order to further public safety, to encourage DNA analysis of rape kit evidence within the time limits imposed by subparagraphs (A) and (B) of paragraph (1) of subdivision (i) of Section 803.

(6) A law enforcement agency assigned to investigate a sexual assault offense specified in Section 261, 261.5, 262, 286, 288a, or 289 should perform DNA testing of rape kit evidence or other crime scene evidence in a timely manner in order to assure the longest possible statute of limitations, pursuant to subparagraphs (A) and (B) of paragraph (1) of subdivision (i) of Section 803.

(7) For the purpose of this section, "law enforcement" means the law enforcement agency with the primary responsibility for investigating an alleged sexual assault.

(c) (1) Upon the request of a sexual assault victim the law enforcement agency investigating a violation of Section 261, 261.5, 262, 286, 288a, or 289 may inform the victim of the status of the DNA testing of the rape kit evidence or other crime scene evidence from the victim's case. The law

enforcement agency may, at its discretion, require that the victim's request be in writing. The law enforcement agency may respond to the victim's request with either an oral or written communication, or by electronic mail, if an electronic mail address is available. Nothing in this subdivision requires that the law enforcement agency communicate with the victim or the victim's designee regarding the status of DNA testing absent a specific request from the victim or the victim's designee.

(2) Subject to the commitment of sufficient resources to respond to requests for information, sexual assault victims have the following rights:

(A) The right to be informed whether or not a DNA profile of the assailant was obtained from the testing of the rape kit evidence or other crime scene evidence from their case.

(B) The right to be informed whether or not the DNA profile of the assailant developed from the rape kit evidence or other crime scene evidence has been entered into the Department of Justice Data Bank of case evidence.

(C) The right to be informed whether or not there is a match between the DNA profile of the assailant developed from the rape kit evidence or other crime scene evidence and a DNA profile contained in the Department of Justice Convicted Offender DNA Data Base, provided that disclosure would not impede or compromise an ongoing investigation.

(3) This subdivision is intended to encourage law enforcement agencies to notify victims of information which is in their possession. It is not intended to affect the manner of or frequency with which the Department of Justice provides this information to law enforcement agencies.

(d) If the law enforcement agency elects not to analyze DNA evidence within the time limits established by subparagraphs (A) and (B) of paragraph (1) of subdivision (i) of Section 803, a victim of a sexual assault offense specified in Section 261, 261.5, 262, 286, 288a, or 289, where the identity of the perpetrator is in issue, shall be informed, either orally or in writing, of that fact by the law enforcement agency.

(e) If the law enforcement agency intends to destroy or dispose of rape kit evidence or other crime scene evidence from an unsolved sexual assault case prior to the expiration of the statute of limitations as set forth in Section 803, a victim of a violation of Section 261, 261.5, 262, 286, 288a, or 289 shall be given written notification by the law enforcement agency of that intention.

(f) Written notification under subdivision (d) or (e) shall be made at least 60 days prior to the destruction or disposal of the rape kit evidence or other crime scene evidence from an unsolved sexual assault case where the election not to analyze the DNA or the destruction or disposal occurs prior to the expiration of the statute of limitations specified in subdivision (i) of Section 803.

(g) A sexual assault victim may designate a sexual assault victim advocate, or other support person of the victim's choosing, to act as a recipient of the above information required to be provided by this section.

(h) It is the intent of the Legislature that a law enforcement agency responsible for providing information under subdivision (c) do so in a timely manner and, upon request of the victim or the victim's designee, advise the victim or the victim's designee of any significant changes in the information of which the law enforcement agency is aware. In order to be entitled to receive notice under this section, the victim or the victim's designee shall keep appropriate authorities informed of the name, address, telephone number, and electronic mail address of the person to whom the information should be provided, and any changes of the name, address, telephone number, and electronic mail address, if an electronic mailing address is available.

(i) A defendant or person accused or convicted of a crime against the victim shall have no standing to object to any failure to comply with this section. The failure to provide a right or notice to a sexual assault victim under this section may not be used by a defendant to seek to have the conviction or sentence set aside.

(j) The sole civil or criminal remedy available to a sexual assault victim for a law enforcement agency's failure to fulfill its responsibilities under this section is standing to file a writ of mandamus to require compliance with subdivision (d) or (e).

Los Angeles County Sheriff's Department

Scientific Services Bureau



Management Directive: 08-001

ANALYSIS OF SEXUAL ASSAULT KIT EVIDENCE

PURPOSE

The purpose of this directive is to define the responsibilities of the Biology Section in handling sexual assault kits that are submitted to the laboratory.

DIRECTIVE

All sexual assault kits submitted to the laboratory will be automatically placed in the queue for testing.

The sexual assault kits are subject to the following criteria.

- The laboratory shall assume full control over the sexual assault kit.
- A completed Sexual Assault Kit Submission form shall be sent to the laboratory within five (5) business days of the kit's submission, by the concerned law enforcement investigator or their supervisor.
- The law enforcement investigator shall immediately notify the laboratory when subsequent investigative information affects the status of the case.

For additional information, refer to Manual of Policy and Procedures Section 5-04/100.35, *Submission of Sexual Assault Kits to Scientific Services Bureau*, and Field Operations Directive 05-07, *Sexual Assault Victims' DNA Bill of Rights*.

COUNTY OF LOS ANGELES


SHERIFF'S DEPARTMENT

"A Tradition of Service"

DATE: November 6, 2008

FILE #:

OFFICE CORRESPONDENCE

FROM: 
EARL M. SHIELDS, COMMANDER
TECHNICAL SERVICES DIVISION

TO: DAVID J. LONG, CAPTAIN
RISK MANAGEMENT BUREAU

SUBJECT: **MANUAL OF POLICY AND PROCEDURE - REQUEST FOR ADDITION**

This Manual revision creates policy to include mandatory procedures for the submission of both the newly created Sexual Assault Kit Submission form and the collected sexual assault kits to Scientific Services Bureau.

Add section to read as follows:

5-04/100.35 SUBMISSION OF SEXUAL ASSAULT KITS TO SCIENTIFIC SERVICES BUREAU

After a sexual assault kit is collected pursuant to MPP §5-04/100.10 and placed into evidence by the handling deputy, the station property and evidence custodian or their supervisor is responsible for ensuring its immediate transfer to Scientific Services Bureau via the next available Scientific Services Bureau courier. Once accepted by the courier, Scientific Services Bureau shall assume full control over the sexual assault kit.

The assigned detective or the detective supervisor shall ensure the completed Sexual Assault Kit Submission form is submitted to Scientific Services Bureau within five (5) business days. If the assigned detective discovers subsequent investigative information that may affect the status of a case involving a sexual assault kit, the detective shall immediately notify the Scientific Services Bureau.

Any deviation from the above policy must receive prior approval from the concerned division chief.

EMS:RRD:SPF:spf



**Los Angeles County
Sheriff's Department**
**Sexual Assault Kit Submission
Form**

URN/File #:
Agency/Station:
Detective Name:
Employee #:
Phone #

This Sexual Assault Kit (SAK) Submission Form MUST be filled out by the assigned detective or their supervisor and submitted to Scientific Services Bureau within five (5) days. This form is MANDATORY for every sexual assault kit submitted to Scientific Services Bureau. The form shall be faxed/e-mailed to Scientific Services Bureau at _____.

If case circumstances change you MUST contact the lab at 323-267-6110.

Directions: Please complete all information below.

	YES	NO
Has this case been filed with the District Attorney's Office?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a known suspect?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has a suspect reference sample been obtained?	<input type="checkbox"/>	<input type="checkbox"/>
Suspect reference lab receipt number: _____		
Did the victim have consensual sex within 5 days of the assault?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has a consensual partner reference sample been obtained?	<input type="checkbox"/>	<input type="checkbox"/>
Partner reference lab receipt number: _____		
Does the suspect admit to having sexual contact with the victim?	<input type="checkbox"/>	<input type="checkbox"/>

Victim's Age: _____

Suspect's Age: _____

Charge: _____

Victim SAK Lab Receipt Number(s) _____

Suspect SAK Lab Receipt Number(s) _____

Additional Evidence Lab Receipt Number(s) _____

Notes:

This form must be submitted to Scientific Services Bureau within 5 days of collection.

Appendix A: Survey Consent Form

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 B: Survey of Women in the Jail

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	d) Asian/Pacific Islander
b) Latino/Hispanic	e) Native American
c) Caucasian/White	f) Other: _____
- 3) What is your current marital status?

a) Single/never married	d) Widowed
b) Married/in a domestic partnership	e) Common law marriage
c) Divorced/separated	
- 4) What is the highest level of education you have completed?

a) High school diploma/GED	d) Bachelor's degree
b) Some college	e) Post-graduate work/degree
c) Associate's degree/Vocational school	f) No HS Diploma/GED (Last grade completed: _____)
- 5) What was your work status at the time of your arrest?

a) Employed full-time	e) Unemployed, but looking for work
b) Employed part-time	f) Unemployed and not looking for work
c) Employed occasionally	g) Student
d) Employed under the table	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	f) Hotel or rooming house
b) At the home of a family member/friend	g) Hospital or institution
c) Homeless shelter	h) Domestic violence shelter
d) On the streets	i) Other: _____
e) Recovery program/halfway house	
- 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 c) 6-10
b) 3-5 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 e) Marijuana
b) Heroin f) Club drugs
c) Cocaine/crack g) Other narcotics (Vicodin, Oxycontin, etc.)
d) Speed/methamphetamine 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). d) With another family member: _____
b) With a friend or other guardian. e) Other: _____
c) In foster care.
- 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 Practitioner? | 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.

31) Where do you expect to live upon leaving jail?

- | | |
|--|------------------------------|
| a) My house or apartment | e) On the streets. |
| b) At the home of a family member/friend | f) Domestic Violence shelter |
| c) Homeless shelter | g) Other: _____ |
| d) Drug program | 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. | c) I won't look for work. |
| b) Look for a new job. | 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 | d) Government assistance |
| b) Spouse/partner | e) Illegal activity |
| c) Family member | f) I don't know. |
| d) I have money saved. | |

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 | f) Job training or assistance |
| b) SSI or SSDI | g) Medical or mental health care |
| c) Help with transportation (bus pass, etc.) | h) Legal assistance (child support, dependency court, etc.) |
| e) Drug or alcohol treatment | j) Help with leaving prostitution |

36) How prepared 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 | f) Placement/referral to a drug or alcohol treatment program |
| b) Sign up for SSI/SSDI | g) Help with child custody or child support issues |
| c) Housing referrals | h) Information about outside programs or resources |
| d) Referrals for medical care | i) Other counseling |
| e) Help with getting into jail classes or programs | |

→ 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 job readiness classes since entering jail?

- a) Yes
- b) No

→ If you HAVE participated in a job readiness program, 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 Ready to Work/EIMAGO 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) Vocational Programs

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) Drug and Alcohol Recovery Programs/Classes

→ 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) Programs About Change, Life Skills, and Personal Empowerment

→ 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 Reconnection 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:

Additional Comments (Please use this space to write any additional comments about the survey. You may also use the back.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appendix C: Shooting Tables

Table A Total LASD Shootings

	2003			2004			2005		
	On Duty	Off Duty	Total	On Duty	Off Duty	Total	On Duty	Off Duty	Total
Hit ¹	24	1	25	36	1	37	28	0	28
Non-Hit ²	20	1	21	19	1	20	18	2	20
Accidental Discharge ³	12	2	14	8	3	11	1	1	2
Animal ⁴	35	3	38	28	1	29	34	0	34
Warning Shots ⁵	0	0	0	1	0	1	1	1	2
Other Shooting Incidents ⁶	0	0	0	0	0	0	0	0	0
Total	91	7	98	92	6	98	82	4	86

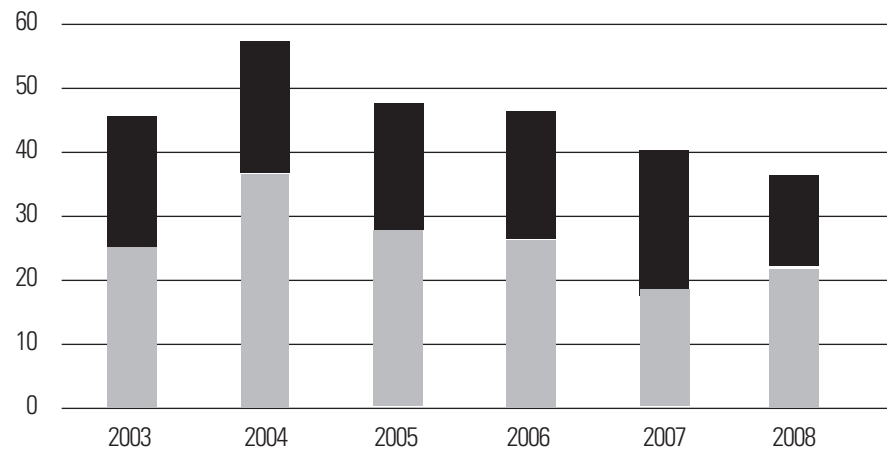
	2006 ⁷			2007			2008		
	On Duty	Off Duty	Total	On Duty	Off Duty	Total	On Duty	Off Duty	Total
Hit ¹	26	2	28	18	1	19	18	3	21
Non-Hit ²	18	2	20	21	0	21	14	2	16
Accidental Discharge ³	3	2	5	3	3	6	11	4	15
Animal ⁴	29	1	30	49	1	50	37	2	39
Warning Shots ⁵	0	0	0	0	0	0	1	1	2
Other Shooting Incidents ⁶	0	0	0	0	1	1	0	0	0
Total	76	7	83	91	6	97	81	12	93

- 1 **Hit Shooting Incident:** An event consisting of one instance or related instances of shots (excluding stunbags) fired by a deputy(s) in which one or more deputies intentionally fire at and hit one or more people (including bystanders).
- 2 **Non-Hit Shooting Incident:** An event consisting of one instance or related instances of shots (excluding stunbags) fired by a deputy(s) in which one or more deputies intentionally fire at a person(s), but hit no one.
- 3 **Accidental Discharge Incident:** An event in which a single deputy discharges a round accidentally, including instances in which someone is hit by the round. Note: If two deputies accidentally discharge rounds, each is considered a separate accidental discharge incident.
- 4 **Animal Shooting Incident:** An event in which a deputy(s) intentionally fires at an animal to protect himself/herself or the public or for humanitarian reasons, including instances in which a person is hit by the round.
- 5 **Warning Shot Incident:** An event consisting of an instance of a deputy(s) intentionally firing a warning shot(s), including instances in which someone is hit by the round. Note: If a deputy fires a warning shot and then decides to fire at a person, the incident is classified as either a hit or non-hit shooting incident.
- 6 **Other Shooting Incident:** An event consisting of an instance or related instances of a deputy(s) intentionally firing a firearm but not at a person, excluding warning shots (e.g., car tire, street light, etc.). Note: If a deputy fires at an object and then decides to fire at a person, the incident is classified as either a hit or non-hit shooting incident.
- 7 **Revised.** One on-duty shooting was reclassified from "accidental discharge" to "hit shooting" by the Executive Force Review Committee.

Source: Internal Affairs Bureau

Table B **LASD Shootings 2003 to 2008**

■ Non-hit shootings
■ Hit shootings



Source: Internal Affairs Bureau

Table C LASD Hit Shootings by Unit

	2003	2004	2005	2006 ^g	2007	2008
Number Of Incidents	25	37	28	27	19	21
Altadena Station	0	0	0	0	0	0
Carson Station	0	1 ^b	1	1	1	0
Century Station	2 ^b	10 ^e	5 ^b	3	5	4 ^d
Cerritos Station	0	0	0	1	0	0
Community Colleges Bureau	NA	NA	1	0	0	0
COPS Bureau	NA	NA	NA	1	3	0
Compton Station	6 ^c	6 ^a	2	3	2	1
Court Services Bureau	0	0	0	1	0	0
Crescenta Valley Station	NA	0	0	0	0	0
East Los Angeles Station	0	0	2	2	1	2
Industry Station	1	1	1	2	0	0
Lakewood Station	1	4	1	2	1	1
Lancaster Station	0	1	1	0	1	1
Lennox Station	0	6	1	1	2	5 ^d
Lomita Station	0	0	0	0	1	0
Lost Hills/Malibu	1	0	0	0	0	0
Major Crimes Bureau	2	0	0	0	0	1 ^h
Marina Del Rey Station	NA	1	0	0	0	0
Men's Central Jail	1 ^d	0	0	0	0	0
Mira Loma Facility	0	0	0	0	0	0
Miscellaneous Units	0	0	0	0	0	0
Narcotics Bureau	1 ^b	0	0	0	1	0
North County Correctional Facility	0	0	0	1 ^{bd}	0	0
Norwalk Station	1	2	0	1	0	0
Operations Bureau	NA	1 ^e	0	0	0	0
Operation Safe Streets ^a	4 ^c	3 ^e	3	1 ^b	1	2 ^h
Palmdale Station	0	0	2	3	0	1
Pico Rivera Station	1	1	1	0	0	1
San Dimas Station	0	0	0	0	0	0
Santa Clarita Valley Station	0	2	1	1	0	0
Special Enforcement Bureau	3	0	2 ^f	2	0	2
Temple Station	1	0	2	1	0	0
Twin Towers Correctional Facility	0	0	0	0	0	1 ^d
Transit Services Bureau	1 ^c	1	1 ^b	1 ^d	0	0
Walnut Station	0	0	0	0	0	1
West Hollywood Station	0	0	1	0	0	0
Number of Suspects Wounded	12	12	16	18	14	12
Number of Suspects Killed	16	27	12	11	5	9

a. Formerly Safe Streets Bureau.

b. Includes one incident in which more than one person was shot.

c. One shooting (7/8/03) involved three units (Safe Streets Bureau, Compton Station, and Transit Services Bureau).

d. Includes one off-duty shooting.

e. One shooting (1/5/04) involved four units (Century, Compton, Operation Safe Streets and Operations) and resulted in the deaths of two suspects.

f. Both shootings occurred while assisting outside agencies (2/8/05 Downey Police Department; 6/7/05 California Highway Patrol).

g. Revised. One on-duty shooting was reclassified from "accidental discharge" to "hit shooting" by the Executive Force Review Committee.

h. One shooting (8/19/08) involved two units (MCB and OSS).

Source: Internal Affairs Bureau

Table D **LASD Non-Hit Shootings by Unit**

	2003	2004	2005 ^d	2006	2007	2008
Number Of Incidents	21	20	20	20	21	16
Carson Station	0	1 ^b	1	0	0	0
Century Station	4	5 ^b	3	3	5	4
Century/Compton Transit Services	0	0	0	0	0	0
Cerritos	0	0	0	0	0	0
COPS Bureau	NA	NA	NA	1	1	0
Compton	4	3	3	1	0	1
Court Services Bureau	0	0	0	0	0	1 ^a
Crescenta Valley Station	NA	1	0	0	0	0
East Los Angeles Station	2	0	2	0	2	2
Gang Murder Task Force	NA	NA	2	1	0	0
Homicide Bureau	NA	NA	1	0	0	0
Industry Station	2	0	1	0	0	0
Lakewood Station	1	0	0	0	0	0
Lancaster Station	1	1	0	2	2	0
Lennox Station	2	1	2	3	2	0
Lost Hills Station	NA	1	1	0	0	0
Marina del Rey	0	0	0	0	0	0
Men's Central Jail	1 ^a	0	0	1 ^a	0	0
Narcotics Bureau	0	0	0	1	0	0
Norwalk Station	1	0	0	0	3	0
North County Correctional Facility	0	0	0	1 ^a	0	0
Operation Safe Streets ^c	1	3	4	4	4	2
Palmdale Station	1	0	0	0	0	1
Pico Rivera	0	0	0	2	0	1
San Dimas Station	0	0	0	0	1	0
Santa Clarita Valley Station	0	1	0	0	0	3
Special Enforcement Bureau	0	1	0	0	0	0
Temple Station	0	0	0	0	1	0
Transit Services Bureau	NA	2	0	0	0	1 ^a
Twin Towers	0	1 ^a	0	0	0	0
Walnut Station	1	0	0	0	0	0

a. Off-duty shooting.

b. One shooting (2/6/04) involved two units (Carson and Century).

Incidents Resulting in Force/Shooting Roll-Out	2002	2003	2004	2005	2006	2007	2008
	92	89	115	93	82	83	105

Source: Internal Affairs Bureau