



2015-2016 SANTA CLARA COUNTY CIVIL GRAND JURY REPORT

ADDRESSING MENTAL ILLNESS IN SANTA CLARA COUNTY JAILS

Introduction

California Penal Code section 919(b) requires all California civil grand juries to “inquire into the condition and management of the public prisons within the county.” The 2015-2016 Santa Clara County Civil Grand Jury (Grand Jury) decided to fulfill its responsibility as citizens working for positive change by investigating and reporting on the training, use of force, and treatment related to mentally ill inmates in Santa Clara County (County) jails. During its investigation, this Grand Jury toured the jails; held 38 interviews; examined hundreds of documents; and spent over 300 person-hours observing the Custody Academy, Crisis Intervention Team training, jail operations including Custody Health Services, commission meetings, and mental health court.

Background

History of the Mentally Ill in California Jails

Prior to 1957, mentally ill and developmentally disabled individuals were cared for by the State of California in state hospitals. By the late 1950s, policymakers at the federal and state levels had begun to encourage moving patients out of state institutions so they could receive more humane and effective care in community facilities. In 1957 the California State Legislature enacted the Community Mental Health Services Program (also known as the Short-Doyle Act), which provided state funds for local programs and encouraged mentally ill patients to seek treatment in their home communities.

During the late 1960s and early 1970s, the discharge of mentally ill patients from state institutions accelerated. The Lanterman-Petris-Short Act of 1968 changed California law relating to involuntary hospitalization: patients were allowed to refuse treatment based on their right to due process. In 1969 California began closing state mental hospitals. Agnews State Hospital in Santa Clara shut its doors to mentally ill patients in 1972. The laws, intended to protect patient rights and provide more humane and effective care, resulted in an increasing number of mentally ill individuals becoming homeless, receiving little or no treatment, and cycling in and out of jails.

Historically, county jails have housed inmates serving short sentences and arrestees awaiting trial, whereas state prisons have housed convicts serving longer sentences and had the infrastructure to provide appropriate security, services, and programs for those convicts.

By 2011, California's state prisons were seriously overcrowded, and a federal court required the state to reduce its state prison population. That year the Public Safety Realignment initiative was enacted; Assembly Bill (AB) 109, modified by AB 117, mandated that individuals sentenced to non-serious, non-violent, or non-sex offenses serve their sentences in county jails instead of state prisons. Parole violators also began to be sent to county jails instead of prisons. Consequently, the county jails may now house inmates serving significantly longer sentences. AB 109 increased and changed the population of the county jails and the resulting demands on their resources.

History of the Custody Bureau

Until November of 1988, the Santa Clara County Office of the Sheriff (Sheriff's Office) was responsible for management of County jails. In 1987, for political and budgetary reasons, the County Board of Supervisors (Board) created a separate entity, approved by the voters. The new entity was called the Department of Correction (DOC) and was managed by a Chief of Correction reporting directly to the Board. In 1988 the DOC took over management of the jails, and Sheriff's deputies serving in the jails were replaced with or reclassified as correctional officers.

In 2010, again for political and budgetary reasons, the Sheriff's Office regained management of the jails. With the reintegration, an Assistant Sheriff became manager of Custody, reporting to the Undersheriff. According to an agreement between the former Sheriff and the Board, the Chief of Correction position remained, but that position became responsible only for Food Services, Inmate Laundry, Warehouse, and Administrative Booking/Records. That arrangement remains in place to this day, but the Undersheriff reporting to the Sheriff is also now the Chief of Correction reporting directly to the Board. Currently there are two web pages on the County website, which both claim oversight of the jails: The Santa Clara County Sheriff Custody Division page and the DOC page. The Sheriff's Office organizational chart is equally unclear about the department name and organization. For simplicity, in this report the Grand Jury will refer to the organization in charge of the jails as the Custody Bureau.

The merged organization also resulted in two different positions for line staff. The official job titles are Correctional Officer and Sheriff's Correctional Deputy. Although there are technical differences related to the extent of their peace officer powers, they perform effectively the same roles in the jails. Today, all recruits are correctional deputies, and all but about a hundred of the correctional officers have become correctional deputies. For purposes of this report, the Grand Jury will refer to the correctional deputies and correctional officers as correctional deputies.

The mission statement of the organization appears on the Department of Correction website as of May 2016 as follows:

The mission of the Department of Correction is to serve and protect the citizens of Santa Clara County and the State of California, by detaining the people under its supervision in a safe and secure environment, while providing for their humane care, custody and control. The Department will maximize opportunities for offenders to participate in programs that reduce criminal behavior and enhance the offender's reintegration into the community. This objective will be accomplished in a cost-effective manner in the least restrictive setting, without compromising public safety.

The County jails have faced serious budget challenges for more than ten years. From an authorized badged headcount of 1046.5 in January 2006, the organization was forced to cut back 30% to 743 positions in January of 2007. Since that time, the authorized headcount numbers have ranged from 741 in January of 2008 to 766 in January 2016. County budgets have had a negative impact on staffing and inmate programs in the County jails.

The Jail Facilities

The County jails have a capacity of approximately 4,000 inmates in three locations: the Main Jail Complex in downtown San Jose and the Elmwood Men's and Women's facilities in Milpitas. (A North County facility in Palo Alto is operated as a daytime-only holding facility for inmates with court cases in Palo Alto.)

The Main Jail complex houses medium security, medium high security, and high security inmates. Main Jail South, opened in 1956, was designed to house up to 674 inmates in the old linear style with bars and tiers. This "indirect supervision" model, widely used in the 1950s, with correctional deputies monitoring the inmate areas from outside the housing units, is generally not the norm in current jail settings. Main Jail South will be vacated when a new facility, currently referred to as Main Jail East, opens in 2020 (current projected date).

Main Jail North, opened in 1987 with a capacity of 919 inmates, uses the "direct supervision" inmate management model where correctional deputies oversee inmates from within locked housing units. Housing units contain up to 48 cells holding one or two inmates each and have a central common area with tables, chairs, televisions, and telephones.

The Elmwood Men's Facility, opened in the early 1960s, houses approximately 2,600 minimum security and medium security inmates, has buildings that vary in shape and size, and uses both direct and indirect supervision models.

The Elmwood Complex Women's Facility, also called the Correctional Center for Women, was established in 1964. It houses approximately 500 female inmates of all security levels and uses both direct and indirect supervision models.

The Grand Jury familiarized itself with all facilities but focused on Main Jail North, where all inmates are booked and classified and the most seriously mentally ill inmates are housed.

Training

Training for recruits begins at the Custody Academy (Academy) after applicants have passed an initial screening process, a written test, an interview, medical and psychological evaluations, an extensive background check, a polygraph test, and a physical agility test. It is not unusual for the entire process to take over a year, and only about 2% to 3% of those who apply are hired.

Until recently only two Academy classes were held annually. On November 3, 2015, the Board approved an increase to three classes per year because of a current shortage of correctional staff. The last nine academies have graduated 267 recruits, an average of 30 recruits per class, since May 2012.

Academy training follows two California standards: the Standards for Training and Corrections (STC), administered since 2012 under the California Board of State and Community Corrections (BSCC); and the Peace Officer Standards and Training (POST), established by the California State Legislature in 1959.

The Academy is 14 weeks in duration and consists of approximately 512 hours of classes on a wide range of topics including physical conditioning, report writing, use of force, mental health and suicide issues, Crisis Intervention Team training, sexual harassment, firearms, case law, and cross gender supervision, among many others. In addition to their classes, recruits also focus on team building, interpersonal skills, community service, and discipline.

After graduation, the new correctional deputies enter an 18-month probationary period. The first 24 weeks consist of Probationary On-the-Job Training, where they are trained and evaluated by a series of Jail Training Officers as they put into practice what was learned at the Academy.

In addition, Custody Bureau personnel receive a minimum of 24 hours of in-service training each year on a wide range of topics. The purpose is to teach new skills and update "perishable" skills such as first aid, cardiopulmonary resuscitation (CPR), and defensive tactics.

Use of Force

Use of force is a fact of life in the jail environment. It includes both voice commands and choreographed cell extractions of combative inmates by emergency response teams using protective gear. Its purpose is to protect against injury of staff and inmates, overcome resistance, bring an incident under control, or prevent an inmate from inflicting self-injury.

The Custody Bureau's most recently published policy on use of force (as of the time of writing) is as follows:

It is the policy of the Office of the Sheriff Custody Bureau/Department of Correction to ensure badge staff use only that amount of force, which is objectively reasonable given the facts and circumstances known to the officer at the time of the event, to bring an incident under control. All efforts shall be made to gain voluntary compliance before resorting to use of force. Force and restraints shall not be used for discipline or as a substitute for treatment. --*Use of Force and Restraints Policy, 20 October 2014*

Five levels of force are defined and described in the 17-page policy, with detailed instructions about their use. Those levels, with examples, are listed below.

Level 1 – Non-Physical Force – Demeanor, professional presence in uniform, voice commands

Level 2 – Restraint/Escort Control Applications – Control holds, mechanical restraints on non-resisting persons

Level 3 – Physical Control Applications/Pain Compliance Techniques – Control holds with pressure, takedowns, Oleoresin Capsicum (OC) spray (commonly known as pepper spray)

Level 4 – Less Lethal Force – Personal body weapons (hands, feet, elbows), control shields, authorized batons

Level 5 – Lethal Force – Any force, including those above, which creates a substantial risk of great bodily injury or death

Treatment

Mental illness includes a wide range of mental health conditions that can affect mood, thinking and behavior. In the County jails, inmates with mental health issues are classified into two categories: Behavioral Health (BH) and Seriously Mentally Ill (SMI). The most prevalent BH diagnoses in the jails are depressive disorders,

mood disorders, anxiety disorders, polysubstance dependence, amphetamine dependence, and post traumatic stress disorder. The most prevalent SMI diagnoses in the jails are psychotic disorder, schizoaffective disorder, schizophrenia (paranoid type), and bipolar disorder.

There are numerous problems associated with placing mentally ill inmates, particularly those diagnosed as SMI, into jails. These problems include the following:

- Mentally ill inmates, especially those not being treated, cause major behavioral problems.
- Mentally ill inmates often become much sicker in jail, especially if they are not being treated.
- Suicides in jails occur disproportionately more often among inmates who are mentally ill.
- Mentally ill inmates cost the County much more than other inmates because they require the services of mental health professionals and medications.
- Mentally ill inmates are much more likely to be put in solitary confinement.
- Mentally ill inmates are much more likely than regular inmates to return to jail in a “revolving door” phenomenon.

Throughout its investigation, the Grand Jury was informed that approximately 45% to 50% of total inmates and up to 80% of female inmates have mental health issues. In early February 2016 the total County jail population was approximately 3500 (88% male, 12% female). Of that total, 1716 inmates (49%) were in the BH category, and 515 inmates (15%) were in the SMI category. In the Main Jail, there were approximately 1500 inmates, 595 (40%) with a Behavioral Health issue and 278 (19%) categorized as SMI.

The Sheriff’s Office through its Custody Bureau is responsible for the operation of the jails. Custody Health Services (CHS), a department of the Santa Clara Valley Health & Hospital System (HHS), provides medical and mental health services in the jails and is responsible for assessing inmate mental health, treating mental health crises, administering medications, and delivering therapy. Psychiatrists and psychologists are provided by Behavioral Health Services (BHS), another department of HHS. Each of these organizations is managed and funded separately. Effective treatment of the mentally ill during incarceration demands ongoing communication and cooperation between Custody Bureau personnel and the CHS and BHS providers.

Discussion

On August 26, 2015, mentally ill inmate Michael Tyree died in his cell in Main Jail North. Subsequently, three correctional deputies were charged with his murder.

The Custody Bureau is now under intense scrutiny.

A number of consultants have been added to those already under contract to the County to recommend changes to Custody Bureau policies, procedures, and practices.

In October 2015 the Board appointed the Blue Ribbon Commission on Improving Custody Operations, which looked into Custody Bureau practices and presented each commissioner's recommendations (more than 120 in total) to the Board in April 2016.

In March 2016, the Sheriff submitted an extensive jail reform plan to the Public Safety and Justice Committee of the Board. The plan included a compilation of previous Sheriff's Office submissions since 2011. Recommendations include:

- An extensive video camera surveillance system upgrade
- Improved access and quality of healthcare in the jails with a focus on mental health
- Changes in training to align with the changing inmate population
- Changes to the use of force policy and training on those changes

Some of these recommendations, and others from consultants, are currently being evaluated, and others are being funded by the Board and implemented by the Custody Bureau, CHS, and BHS. Despite a number of inquiries, the Grand Jury was unable to find an overall project plan, project manager, or priorities for the major effort needed to plan, implement, and sustain jail reforms.

Training

Custody Academy

Academy classes include lectures, hands-on training, and role-playing. Recruits are evaluated using written tests, oral tests, scripted scenarios, and physical tests. If a recruit fails to pass, remediation training and retesting are provided. Continuing failure to pass required testing results in release from the Academy class.

Academy training currently includes one eight-hour day of mental health and suicide recognition training provided by a subject matter expert from CHS. An important part of the day is learning to:

- Recognize when an inmate exhibits symptoms of mental illness and/or suicidal behavior
- Use verbal de-escalation techniques
- Request assistance from a mental health professional when appropriate

The Grand Jury observed the training, which included lecture, videos, role-playing, and a test scenario involving a potentially suicidal inmate.

The subject matter expert instructing the course was knowledgeable, and the training materials were appropriate. However, the instructor did not adhere to the material or deliver it in an effective manner. The Grand Jury observed that learning was significantly enhanced by Academy training officers, who clarified the role of the recruits and provided guidance through a scripted test scenario. During the scenario, the response of the recruits to a potentially suicidal inmate varied considerably, and it appeared that additional training and practice would be necessary to develop the skills to help an inmate in crisis.

Additional mental illness training has been added to the Academy by incorporating Crisis Intervention Team training as described below.

The Grand Jury also observed an eight-hour module on the Americans with Disabilities Act (ADA) designed to teach participants about changes in the law, how to better apply reasonable accommodations, and how mental illnesses are covered under ADA.

Crisis Intervention Team (CIT) Training

In September 2015, the Sheriff added a 40-hour CIT training course to provide custody personnel with greater insight and skills in dealing with the mentally ill. CIT training has been added to both the Academy curriculum and in-service training for current custody personnel. The Grand Jury was told that under the current schedule several years will be required for all personnel to complete the training.

CIT training emphasizes verbal de-escalation techniques both for daily interactions and crisis situations. It was originally developed by the Memphis Police Department in 1988 in conjunction with the National Alliance on Mental Illness (NAMI) and two universities as a pre-booking diversion program for mentally ill offenders. Known as the Memphis Model, this training has been modified and enhanced over the years and is currently presented to critical response agencies worldwide. The training as presented locally includes dealing with all individuals in crisis including those with mental illness.

Over the five-day course, modules are presented by subject matter experts and experienced officers. Modules presented locally include the following:

- Mental Health Culture
- Jail Mental Health Treatment
- Medications
- Developmental Disabilities
- Traumatic Brain Injury
- Autism and Law Enforcement
- Mental Health Court
- NAMI Presentation
- Emergency Psychiatric Services
- Law Enforcement Stress
- Excited Delirium
- De-Escalation Training

The Grand Jury observed the one-hour CIT “Mental Health Culture” presentation in November 2015. The contrast between that presentation and the Academy eight-hour mental health training observed in late December 2015 was remarkable. The Mental Health Culture presentation was an interactive lecture that included the presenter’s personal history and a poignant role-playing exercise that demonstrated a major issue mentally ill individuals often experience: the inability to concentrate and focus and the resulting frustration this can cause. At the start of the presentation the participants demonstrated a mix of interest and detachment. Within the first ten minutes everyone present was fully engaged and listening intently, and it was clear that the role-playing exercise helped all participants to better understand the problems of the mentally ill.

CIT training as currently presented in the County is designed mainly for enforcement personnel. Custody differs from enforcement in that custody personnel have daily contact with the same inmates, sometimes over the course of months or years. Enforcement and custody training requirements overlap in many areas, but conflict resolution and verbal de-escalation training for custody should address the different environment encountered by custody personnel.

Prison organizations throughout the country have developed and implemented custody-specific CIT training, and tangible results have demonstrated their effectiveness. For example, a 2009 study of a ten-hour CIT training program for prison correctional officers in Indiana reported a reduction in the number of incidents of use of force by officers from 148 in the nine months prior to training to 81 in the nine months after training. Also, the number of incidents of battery by bodily waste by inmates went from 14 to 4 during the same timeframe.

It was reported to the Grand Jury during several interviews that a consultant has been identified to develop a custody-centric CIT training course. However, to date

no contract has been signed or date specified when this training will be made available.

The addition of CIT training for recruits and experienced deputies is a step towards better mental health instruction. The Grand Jury observed several CIT training modules and had many conversations with presenters. The Grand Jury believes that this training is effective and worthwhile, but training tailored to the unique aspects of the custody environment should be implemented as soon as possible.

Probationary On-the-Job Training (POJT)

During the first week after graduation from the Academy, each new correctional deputy shadows an assigned Jail Training Officer (JTO) who demonstrates critical tasks, which are then repeated by the correctional deputy. The POJT manual provides the basis for on-the-job training. Tasks include operation of equipment, how to react in an emergency, how to perform inmate and cell searches, and how to read and use the classification card that goes with each inmate to their housing unit.

Weeks 2 through 24 consist of honing skills and serving at various posts and shifts within the correctional deputy's assigned facility. A JTO is assigned to the correctional deputy at each posting but is not necessarily in the same area as the correctional deputy; the JTO is reachable by phone or radio if needed.

The POJT program is designed to teach correctional deputies the safety and security skills necessary to protect themselves and the inmates under their care. However, examination of the POJT manual did not reveal any specific mention of training for the recognition, treatment, and de-escalation of mentally ill inmates.

In-Service Training

The California Board of State and Community Corrections (BSCC) mandates under the banner of Standards for Training and Corrections (STC) that all custody personnel perform a minimum of 24 hours of approved in-service training each year. Training coordinators at the Main Jail and Elmwood facilities track completion of STC courses.

In-service training serves both to teach new skills and refresh "perishable" skills. Courses include suicide prevention, injury and illness prevention, mental health update, blood-borne pathogens, gang intelligence, and the Prison Rape Elimination Act (PREA).

In addition to the 24 hours of in-service STC training, the Custody Bureau has recently added the 8-hour ADA class and the 40-hour CIT training.

Correctional deputies who serve in the inpatient mental health module 8A on the eighth floor of Main Jail North are required to take an additional eight hours of mental health training provided by subject matter experts from CHS and NAMI, as well as experienced correctional deputies. Training is a combination of lecture and scenarios and includes both pre- and post-course testing. The Custody Bureau has a goal to have all correctional deputies complete the additional eight hours of mental illness training by the end of 2016.

Use of Force

Policies and Procedures

The Custody Bureau's Use of Force and Restraints Policy includes definitions of objectively reasonable force, excessive physical force ("The use of more physical force than is objectively reasonable to accomplish a lawful purpose"), and unnecessary physical force ("Any physical force utilized against a person in a situation where the use of physical force was not required or appropriate").

When any force of Level 3 (Physical Control Applications/Pain Compliance Techniques) or greater is used, correctional deputies are required to follow specific procedures that include notifying the shift supervisor, who responds to the scene along with other correctional staff. Correctional deputies are required to document all incidents involving Levels 3, 4, or 5 in detailed written incident reports that are reviewed by the shift supervisor (a sergeant) and watch commander (a lieutenant). According to the policy, the watch commander determines whether notification of the division commander (a captain) is appropriate based on significant injuries, medical treatment, or any situation where a correctional deputy may have committed misconduct or neglect of duty.

Although the Use of Force and Restraints Policy addresses use of force on inmates with a variety of medical conditions, any specific mention of use of force on mentally ill inmates is missing. There have been recent changes, however. A November 2015 management directive in a memorandum entitled "Use of Force and Mentally Ill Inmates" orders the following:

- All inmates determined to have a mental illness/developmental disability will be identified on their confidential classification cards by a prominent Greek letter psi (Ψ), commonly referred to in the jail as a "pitchfork."
- FN303 semi-automatic "less lethal" riot guns, which launch air-powered plastic projectiles that break up on impact to reduce risk of penetrating injuries, are strictly prohibited for all cell extractions.
- The use of OC spray fired from high powered "less lethal" launchers is prohibited for cell extractions involving mentally ill and developmentally disabled inmates, except in cases of self-harm or imminent harm to staff or a third party.

- For all planned cell extractions or planned use of force, a mental health professional shall be called to the scene to speak with the inmate(s) to de-escalate the situation.
- Only after all efforts have been exhausted to de-escalate will planned force be used; however, no “less lethal” (Level 4) force will be used on the mentally ill and developmentally disabled population unless there is an immediate threat of self-harm or harm to staff or a third party.

The directive “will remain effective until the Use of Force policy can be updated.”

The Grand Jury has been informed that the Use of Force and Restraints policy is currently being updated; however, no publication date has been provided. And while the directive calls out only the Use of Force policy, it affects other policies as well, including Use of Less Lethal Munitions, Cell Extraction, and Use of Oleoresin Capsicum (OC) and Chemical Agents.

Custody Bureau policies and procedures on use of force (along with the entire “Department of Correction Policy and Procedures” manual of approximately 1500 pages) are available on jail computers, which are located at centralized manned floor stations in Main Jail and outside the housing areas at Elmwood. Changes to policies and procedures are communicated via directives in memoranda delivered via email, which is available only on jail computers. Not all deputies are able to schedule time on computers as part of their daily routine, so some may get the information through word of mouth, postings at floor stations or squad rooms, or announcements at squad meetings. Copies of the directives are available on jail computers, organized by date. The Grand Jury could find no evidence of document control for these interim updates, and the directives do not always reference the specific procedures that are affected. In addition, the “Department of Correction Policy and Procedures Manual” is not up to date. For example, the 2014 update of the Use of Force and Restraints Policy is not in the manual provided to the Grand Jury; instead, a 2009 version was included.

Policies and procedures and their updates, along with a number of other administrative functions, are the responsibility of an administrative group within the Custody Bureau. Reporting relationships, responsibilities, and staffing of this function have been in flux during the Grand Jury’s investigation. Policies have not yet been reviewed to ensure all revisions are online and available. The Grand Jury was informed that policies and procedures are planned to be updated, with a focus on use of force, safety and security, ADA, medical and mental illness, inmate rights, and personnel matters. No date for this effort was provided.

The Job of a Correctional Deputy

Correctional deputies in “direct supervision” dorms such as those in Main Jail North are locked in an inmate housing unit and are responsible for all aspects of inmate

care and custody including programming (time out of cell), meals, pill calls, headcounts, hourly and 15-minute welfare checks, and removal from cells for court appearances and seeing visitors. All activity must be documented, and schedules must be maintained.

Correctional deputies' primary responsibilities are safety and security, both for the inmates and for themselves. Correctional deputies are dealing with individuals who have been arrested or convicted of breaking the law. Inmates may be combative, disrespectful, or manipulative. Some are mentally ill; some are developmentally or physically disabled. Gangs are active in the jails, and correctional deputies are also responsible for keeping gang activity under control.

Staffing is such that the majority of housing units have only one correctional deputy, which means that a single correctional deputy may be responsible for the care, custody, and schedules of up to 96 inmates.

Correctional deputies work 12-hour shifts, generally from 6:00 to 6:00 (either day or night), although exact schedules are arranged so that the hours total 80 in two weeks and include daily 15-minute squad meetings run by team sergeants prior to shift start times. The squad meetings were recently restored to facilitate team building and communication.

There are four shifts at the jails: A, B, C, and D. The A (day) and C (night) shifts are Sunday, Monday, Tuesday, and every other Wednesday. The B (day) and D (night) shifts are Thursday, Friday, Saturday, and every other Wednesday.

To maintain 24-hour jail operation with current staffing, overtime is used to fill in for correctional deputies who are ill, on vacation, or on leave. Correctional deputies sign up in advance indicating which days they are available to work overtime. At current staffing levels, overtime is sometimes mandatory.

Supervision of Correctional Staff

Each shift at Main Jail and at Elmwood has approximately 60-65 correctional deputies and four sergeants, who are responsible for supervision and administration. Sergeants work 12-hour shifts from 4:30 to 4:30 (either day or night) and are assigned to the A, B, C, or D shifts. The night shifts each have a lieutenant as watch commander, on duty from 5:00 p.m. to 5:00 a.m. There is a single lieutenant responsible for the two day shifts, working 8:00 a.m. to 5:00 p.m. Monday through Friday; this situation provides less than full-time supervision and support for the sergeants.

In Main Jail, the four sergeants are responsible for supervision of booking and movement, supervision of the six housing floors in Main Jail North and two housing floors in Main Jail South, and administration (scheduling, training, records, payroll,

lobby, and central control). When a sergeant is absent, another sergeant may cover or overtime may be used.

Sergeants are required to provide immediate response to incidents and must be available at all times by radio or phone. They also read and follow up on inmate complaints and correctional deputy incident reports and provide other administrative functions that require them to spend time in their office, such as writing annual performance evaluations.

Sergeants assigned to supervise the housing floors typically visit each of the housing units during their shift; but depending on other activities, those visits may be extremely limited. To encourage more supervision and greater accountability, a December 2015 management directive memorandum ordered all lieutenants and sergeants to maintain a sheet documenting all activities throughout their shift. This activity sheet is forwarded for review by the division commander (the captain) via the watch commander.

There are few video cameras inside the jails. When sergeants arrive on scene for an incident, they record video with a hand-held camera; but typically there is no recording until the sergeant arrives. In September 2015, the Board of Supervisors directed County Administration to prepare and present a plan for expansion and modernization of the Custody Bureau camera surveillance system. The estimated cost is \$20 million, and the project is estimated to require more than a year to implement. Purchase of cameras for an interim camera system for the housing floors of Main Jail North was requested in late March 2016.

Sergeants are spread so thin that the opportunity for coaching, support, and remediation for the correctional deputies is severely compromised. Supervisors cannot observe correctional deputy or inmate behavior without going to their assigned areas because of a lack of video cameras in the housing units. There are scheduled times when no watch commander is on site.

Use of Force and Mentally Ill Inmates

Most of the inmates with mental health issues are housed in the general population. Mentally ill/developmentally disabled inmates are identified on their classification cards by a prominent Greek letter psi (Ψ). The classification cards travel with the inmates, and part of the correctional deputies' job is to match the people in the cells with the photos on the cards; therefore, correctional deputies should know who in their housing unit has been determined to have some form of mental health issue, although a diagnosis is not available to them.

Mentally ill inmates may have difficulty with custody routine, may have trouble complying with orders, and may exhibit violent behavior. Academy training for correctional deputies includes (1) recognizing various behaviors that indicate the

need to call for a member of the mental health staff and (2) learning techniques for verbal de-escalation rather than resorting to higher levels of force. However, when there is an exigent situation involving the safety of a correctional deputy or another inmate, some level of force will be used whether an inmate is classified as mentally ill or not.

Mentally ill inmates' disruptive behavior, coupled with correctional deputies' limited preparation for dealing with these individuals, creates an environment where the use of force might appear to some correctional deputies to be the appropriate solution when in fact a different action may be more effective.

A Custody Bureau analysis of all reported use of force incidents at Main Jail in 2015 showed that the correctional deputies on D shift were responsible for 43% of inmate complaints (18 of 42) and 38% of correctional deputy incident reports (92 of 244) for the year. The D shift includes Friday and Saturday nights and has tended to be staffed with less senior correctional deputies. Inmate Michael Tyree died in his cell at Main Jail North during D shift.

Steps are currently being taken to achieve a better balance of seniority on all shifts and between facilities. A December 2015 management directive memorandum ordered additional support and mentoring for D shift correctional deputies by moving a lieutenant and sergeant to the shift and suspending transfers for nine correctional deputies who have CIT training so they could assist correctional deputies' contact with inmates with mental health issues.

Treatment

Intake and Classification

All adult arrestees, both male and female, are booked at the Main Jail. During the intake process the Custody Bureau, CHS, and BHS work together to identify inmates reporting or exhibiting symptoms of mental illness. The intake desk includes a member of the medical staff, generally a registered nurse (RN). During intake screening the RN asks the arrestee questions about medical history, mental health history, current mental state, and current medications. The RN may also receive information from the arresting officer and from available databases. At that point the RN may initiate a mental health referral. Until recently, only mental health clinicians were available in the booking area, conducting initial mental health assessments and addressing the needs of arrestees in a mental health crisis. Psychiatrists have been added to the booking area to provide immediate diagnosis and prescribe medications as needed; however, they are not available 24 hours a day.

After intake the arrestee is processed for classification, where inmates are assigned to housing units according to sex, age, criminal sophistication,

seriousness of crime charged, physical or mental health needs, assaultive/non-assaultive behavior, and other criteria to provide for the safety of the inmates and staff. Classification personnel interview the arrestee, execute database searches for available criminal history, and ultimately make a decision regarding how and where the arrestee will be housed. This information is included in the inmate's electronic classification profile and recorded on the classification card.

Classification is an ongoing process during the inmate's incarceration. An existing mental illness may not be detected during the intake and classification process, or mental health deterioration may manifest during incarceration. Correctional deputies who observe inmates displaying or verbalizing behaviors that may indicate a mental disorder are required to make verbal notification to mental health staff and submit a written Mental Health Referral form for the inmate.

Housing for the Mentally Ill

The mental health needs of jail inmates include interaction with others to prevent emotional deterioration from excessive isolation. According to Custody Bureau policy, housing, programs, and services for mentally ill inmates are the same as those for inmates without mental health issues as long as mentally ill inmates do not pose a threat to the health and safety of themselves or others. Most of the jail inmates diagnosed with a mental illness are housed in the general population.

Housing unit A on the eighth floor of the Main Jail (8A) has 43 single-bed cells and houses both male and female SMI inmates who receive acute inpatient mental health treatment. Psychiatric nurses attend to them 24 hours a day; psychiatrists and clinicians provide care during part of each day. The goal of acute inpatient care is to stabilize inmates who display a severe mental dysfunction and may pose a significant danger to themselves or others.

Units 8B and 8C in the Main Jail are allocated specifically for non-acute inmates with a serious mental illness. Inmates housed in these areas are reasonably stable but not as socially adaptable as inmates in the general population. Each of these units has 48 single-bed cells.

Unit 6A on the sixth floor now houses SMI inmates who also are reasonably stable but not socially adaptable. This unit has 48 cells housing one inmate per cell.

The population of SMI inmates in the Main Jail far exceeds the number of beds allocated for this population. In early February 2016, SMI inmates totaled 278. Beds in units 8A, 8B, 8C, and 6A totaled 187. Preliminary designs for a new jail building, expected to be ready for occupancy in 2020, include over 400 beds allocated for housing SMI inmates. The new facility will include classrooms, treatment spaces, and mental health housing areas specifically designed to provide continuation of mental health therapy and observation. Meanwhile,

Custody Bureau, CHS, and BHS personnel must make do with what the existing jail facilities have to offer.

Custody Health Services

CHS, in collaboration with psychiatrists and psychologists from BHS, provides mental health services in the County jails. CHS personnel include licensed clinical social workers, marriage and family therapists, and psychiatric and registered nurses. Clinical mental health staff is on duty 24 hours a day at Main Jail to assist with assessments and address mental health crises as they occur.

Most studies suggest that for serious mental health disorders, a treatment approach involving both drugs and psychotherapy is more effective than either treatment method used alone. However, treatment options for mentally ill inmates in County jails are limited by both the necessary physical constraints of a jail setting and CHS staffing levels, which have not kept pace with the mentally ill population in the jails.

CHS must give priority to crisis intervention and assessment. Currently, only one or two clinicians at Main Jail are not associated with crisis support, and they are available only during the day Monday through Friday. CHS staffing limitations make timely delivery of other essential mental health services extremely difficult; these services include assistance with taking medications, preparing for a court appearance, providing inmate advocacy, and developing discharge strategies. In addition, inmates may have extended wait times for and limited access to therapy.

The Elmwood facility lacks 24-hour crisis assessment staff; between the hours of 11:00 p.m. and 7:00 a.m. Elmwood must call on CHS staff at the Main Jail for assistance.

The Grand Jury, during its investigation, discovered deficiencies in CHS management practices. Examples include the following.

- Orientation of new staff members: CHS has a comprehensive orientation manual that includes the information technology systems used in the jail, inmate assessment and clinical interventions, and CHS documentation guidelines. The Grand Jury was told that evaluation forms are used to assess new hires' understanding of the contents of the orientation manual. However, the Grand Jury was informed that the orientation manual is not used consistently, and copies of the evaluation form were not provided in response to a Grand Jury request.
- Performance evaluations: Some staff members have not had their annual performance evaluations for as many as six years. As a result, each staff member develops individual methods of performing the job without benefit of coaching or feedback.

Multi-Disciplinary Teams

The County has undertaken an initiative to deploy multi-disciplinary teams (MDTs) in the jails based on a recommendation by CHS and BHS to the Board in December 2015. This plan augments existing CHS and BHS staffing.

The intent is to have 12 teams provide an array of behavioral health services to inmates with SMI, substance use disorders, or intellectual disabilities. Teams are to be led by psychiatrists and include psychologists, therapists or psychiatric social workers, psychiatric nurses, and substance use counselors. Teams would be supported by assigned correctional deputies to facilitate access throughout the jail facilities.

The County Board of Supervisors authorized funding for five of the twelve MDTs in Fiscal Year (FY) 2015-2016; funding for the remaining seven MDTs is expected to be allocated in the County budget for FY 2016-2017.

The Grand Jury finds merit in the MDT concept, chiefly:

- To expand ongoing clinical care and reduce the need for acute crisis-oriented care
- To provide a discharge plan before release for a “warm handoff” to a community provider

As of May 2016, only one MDT has been formed to augment services provided to inmates housed in Main Jail 8A, the inpatient psychiatric facility. This team has modified the daily schedule and routine of those inmates. No other MDTs have been created to serve the mental health needs of inmates elsewhere in the jail facilities.

Conclusions

The unfortunate truth about the County jails is that they have become jail/prison hybrids and warehouses for the mentally ill. As the state initiatives that led to these changes took place, the County Board of Supervisors, the Sheriff’s Office Custody Bureau/Department of Correction, and the Santa Clara Valley Health & Hospital System were dealing with dwindling budgets. They have had difficulty expanding services to meet the needs of the increasing mentally ill population in the jails.

The Board, Custody Bureau, CHS, and BHS are now in reactive mode. Changes are being made, but the Grand Jury was unable to identify overall plans or priorities. Consultants hired by the County may make some valid recommendations for improvement; however, successful implementation of any changes will require priority setting, comprehensive planning, funding, good

communication, and accountability. Sustained commitment and collaboration are essential among the Board of Supervisors, the Sheriff, and the Director of Santa Clara Valley Health & Hospital System.

The Grand Jury observed that the vast majority of Custody Bureau, Custody Health Services, and Behavioral Health Services personnel are sincere and professional. They are doing their best to perform a difficult job during this very challenging time.

The lack of supervision and observation by superiors could have contributed to the situation that resulted in Michael Tyree's death. The difficult nature of the job, long hours, insufficient staffing levels, and limited training of Custody Bureau personnel in dealing with mentally ill inmates may have contributed as well.

The Grand Jury found some key issues that should be addressed in the areas of training, use of force, and treatment for mentally ill inmates.

Findings and Recommendations

Finding 1

Custody Bureau policies and procedures are out of date.

Recommendation 1

The Office of the Sheriff should assign personnel whose sole responsibility is to update and maintain all Custody Bureau policies and procedures with priority given to the Medical and Health Care Services chapter and the Security and Control chapter.

Finding 2

Interim changes to existing Custody Bureau policies and procedures are not explicitly tied to the policies and procedures they affect.

Recommendation 2

The Office of the Sheriff should use a document control method to ensure any interim changes to existing policies and procedures are explicitly tied to the policies and procedures they affect.

Finding 3

Current staffing levels necessitate that correctional deputies typically work alone in a housing unit. This makes it extremely difficult, if not impossible, for the correctional deputies to fulfill their duties and responsibilities.

Recommendation 3

The Office of the Sheriff should increase staffing levels so that at least two correctional deputies are assigned to each housing unit on all shifts to manage the workload, reduce stress, increase security and safety, and allow correctional deputies more flexibility in dealing with the behavior and needs of all inmates, including those with mental health issues.

Finding 4

Supervision of correctional deputies on the housing floors is inadequate. There are not enough sergeants to provide sufficient coaching, support, and remediation where needed. Watch commanders are not on site at all times.

Recommendation 4a

The Office of the Sheriff should increase the number of sergeants on each shift to one sergeant per housing floor in Main Jail and comparable supervision levels at the Elmwood facilities.

Recommendation 4b

The Office of the Sheriff should have a watch commander (lieutenant or above) at both Main Jail and Elmwood at all times.

Finding 5

The number of mental health clinicians is insufficient to adequately address the needs of mentally ill inmates in the jails.

Recommendation 5

The Santa Clara Valley Health & Hospital System should increase clinician staffing levels in the jails to improve the level of support counseling, therapy, and advocacy for mentally ill inmates.

Finding 6

There is a need for improvement at all management levels of Custody Health Services.

Recommendation 6

The Santa Clara County Board of Supervisors should commission a thorough independent audit of the Custody Health Services organization to ensure best management practices are identified and employed.

Finding 7

Custody Health Services is unable to facilitate a “warm handoff” of mentally ill inmates to community providers upon release from jail.

Recommendation 7

Custody Health Services should develop a process to ensure discharge planning begins upon incarceration and leads to a “warm handoff” to community support services at time of release.

Finding 8

Implementation of multi-disciplinary teams approved by the Board of Supervisors has been poorly executed, and the proposed benefits have not been realized.

Recommendation 8

The Board of Supervisors should appoint a project manager to oversee the implementation of the multi-disciplinary teams to ensure their anticipated benefits are fully realized.

Finding 9

There is significant opportunity to enhance the quality and training methods of Custody Academy courses that deal with mentally ill inmates.

Recommendation 9a

The Office of the Sheriff should increase the use of scripted scenarios and role-playing in Custody Academy courses on mental health to develop and practice de-escalation and critical thinking skills.

Recommendation 9b

The Office of the Sheriff should have mental health classes at the Custody Academy audited for effectiveness annually by subject matter experts and teaching professionals.

Finding 10

While the Custody Bureau has expanded its curriculum to include Crisis Intervention Team training, some of that training is not relevant to the custody environment.

Recommendation 10

The Office of the Sheriff should develop or select a custody-centric Crisis Intervention Team training program for the Custody Bureau by December 31, 2016, for immediate implementation.

Finding 11

There is no content specific to dealing with mentally ill inmates in the Probationary On-the-Job Training manual.

Recommendation 11

The Office of the Sheriff should add content on dealing with mentally ill inmates to the Probationary On-the-Job Training manual. Evaluation criteria should include interaction with mentally ill inmates and those with developmental disabilities, de-escalation techniques, and appropriate use of force.

Glossary

Anxiety disorders: Mental illnesses in which people display excessive distress or uneasiness of mind for months.

Bipolar disorder: Also known as manic-depressive illness, a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

Cell extraction: A procedure used by an emergency response team to move an inmate by force from a cell when all attempts to gain voluntary compliance have failed.

Clinician: A Licensed Clinical Social Worker or Marriage and Family Therapist.

De-escalate: To decrease in intensity or magnitude.

Depressive disorders: Disorders characterized by sadness severe enough or persistent enough to interfere with function and often by decreased interest or pleasure in activities.

Developmental disabilities: A diverse group of chronic conditions that are due to mental or physical impairments and cause difficulties particularly with language, mobility, learning, self-help, and independent living.

Document control: The management of documents through the document life cycle for version control, security, availability, and a reliable audit trail.

Exigent: Requiring immediate action or aid; urgent.

Inpatient: An inmate who is housed in Main Jail 8A and is attended by medical professionals 24 hours a day.

Intellectual disabilities: Disabilities originating before the age of 18 and characterized by significant limitations in both intellectual functioning and adaptive behavior.

Licensed Clinical Social Worker (LCSW): A specialist in the principles of psychotherapy and social work who has completed a master's degree in social work and 3,000 hours of direct clinical experience to acquire a license to do psychotherapy.

Marriage and Family Therapist (MFT): A specialist who diagnoses and treats disorders related to mental health. Requires a Master's degree and 3,000 hours of direct clinical experience.

Mood disorders: A category of mental disorders in which the underlying problem primarily affects a person's persistent emotional state (their mood).

Nurse Practitioner (NP): An individual with a four-year college degree in nursing and a Master of Science in Nursing or Doctor of Nursing Practice. Practicing under the supervision of a medical doctor, NPs can provide assessment, diagnosis, and prescriptions for medication.

Objectively reasonable force: According to Custody Bureau policy, that level of force which is appropriate when analyzed from the perspective of a reasonable correctional deputy in the same situation and possessing the same information as the correctional deputy who actually used force.

Perishable skills: Skills that depreciate over time if they are not practiced.

Polysubstance dependence: A psychological addiction to being in an intoxicated state using any combination of three drugs.

Post traumatic stress disorder: A disorder that develops in some people who have seen or lived through a shocking, scary, or dangerous event.

Programs/Programming: Activities designed to enhance the safety and order of the jail and improve public safety by making inmates more productive upon release. Often used by Custody Bureau personnel to refer to all out-of-cell time.

Psychiatric Nurses: RNs with specialized training in psychiatry and some forms of psychotherapy who typically have 500 hours or more of direct clinical experience.

Psychiatrist: A medical doctor who specializes in mental health care and can prescribe medications.

Psychologist: A professional who has a Ph.D. degree and performs diagnoses, psychological assessments, and a wide variety of psychotherapies.

Psychotic disorder: A severe mental disorder that causes abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations.

Role-playing: A simulation in a safe training environment to prepare for unfamiliar or difficult situations.

Scenario: Scripted role-playing used as an evaluation tool.

Schizoaffective disorder: A condition in which a person experiences both a loss of contact with reality and mood problems.

Schizophrenia: A severe brain disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior.

Schizophrenia (paranoid type): A subtype of schizophrenia in which persons have delusions that others are plotting against them or members of their family.

Warm handoff: Active engagement between jail mental health staff and a community provider to ensure a seamless transition of care upon inmate release.

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Interviews

38 interviews were conducted between November 3, 2015 and May 18, 2016.

Tours and Observations

October 28, 2015	Main Jail North and Main Jail South
November 17, 2015	CIT Training, Santa Clara Fire Training Center: Jail Mental Health Treatment
November 17, 2015	CIT Training, Santa Clara Fire Training Center: De-Escalation in the Jail
November 18, 2015	CIT Training, Santa Clara Fire Training Center: Mental Health Culture
November 19, 2015	CIT Training, Santa Clara Fire Training Center: Law Enforcement Stress

November 20, 2015	CIT Training, Santa Clara Fire Training Center: National Alliance on Mental Health Panel
November 20, 2015	CIT Training, Santa Clara Fire Training Center: Mental Health Court lecture
December 2, 2015	Main Jail North 8A
December 11, 2015	Elmwood Men's and Women's Complexes
December 15, 2015	Main Jail Intake and Classification
December 24, 2015	Custody Academy, Justice Training Center: Mental Health/Legal Issues; Mental Health Issues; Suicide Issues
January 14, 2016	Main Jail North observation, floors 4, 6, and 7
January 15, 2016	Custody Academy, Richey Hall Justice Training Center: Force Options Simulator for Custody Settings
January 17, 2016	Main Jail North observation, floor 8
January 22, 2016	Custody Academy, Justice Training Center: Factors Affecting Classification; Implications of Classification; OC Lecture/Spray
January 27, 2016	Custody Academy, Justice Training Center: Operational Practices: Responding to Suicides & Medical Emergencies
January 28, 2016	Custody Academy, Justice Training Center: Progressive Discipline; Inmate Grievances
February 10, 2016	Main Jail Mental Health observation
February 29, 2016	Custody Academy, Justice Training Center: Americans with Disabilities Act & the Inmate Disability Program
March 9, 2016	Custody Academy, Justice Training Center: Use of Force Policy Review; What's Hot?
March 10, 2016	Corrections Academy Class #9 Graduation Ceremony, Family Community Church, San Jose
April 5, 2016	Santa Clara County Superior Court, Department 64 Mental Health Court
April 8, 2015	Santa Clara County Superior Court, Department 64 Mental Health Court
May 18, 2016	Re-Entry Resource Center

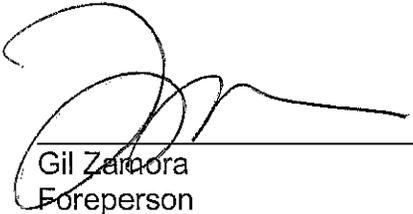
Public Meetings Attended

December 5, 2015	Blue Ribbon Commission
December 19, 2015	Blue Ribbon Commission
January 9, 2016	Blue Ribbon Commission
January 23, 2016	Blue Ribbon Commission
February 20, 2016	Blue Ribbon Commission
March 5, 2016	Blue Ribbon Commission
March 19, 2016	Blue Ribbon Commission

March 26, 2016
April 22, 2016
May 6, 2016

Blue Ribbon Commission
Jail Diversion and Behavioral Health Subcommittee
Jail Diversion and Behavioral Health Subcommittee

This report was **ADOPTED** by the 2015-2016 Santa Clara County Civil Grand Jury on this 20 day of June, 2016.



Gil Zancora
Foreperson