



The Sonoma County Grand Jury

FACING UP TO CHANGES IN THE JAILS

July 1, 2004

Summary

Sonoma County jails, like those in other counties in California, have undergone major changes in recent years. Inherent in these changes are two categories of inmates who are increasing rapidly as a percentage of the total jail population, and who are among the most difficult groups to manage and control. They are the mentally ill and the criminal gangs, both of which will be discussed separately in this report.

The first section of this report focuses on the mentally ill, how they get into the jail, and what happens after they do. There is wide consensus among the detention authorities, mental health professionals, and Correctional Officers who were interviewed by the 2003-2004 Sonoma County grand jury, that most mentally ill offenders should be in an appropriate mental health detention facility and not in jail. But in practice, the jail has become a destination of last resort for them. The grand jury, therefore, reviewed current procedures used to identify and classify mentally ill offenders at the time of booking, how they are processed, and what is done to provide appropriate care and supervision once they are in custody. Finally the jury reviewed options to divert them from long-term detention, to enroll them into programs of interactive community treatment which would help to keep them from returning to the jails, and ultimately allow them to lead more normal and productive lives.

The second part of this report addresses the problem of the increasing number of gang members who are coming into the jails, and the difficulties they pose for correctional officers in managing and controlling them. The steps that will be taken to address these two diverse prison populations will affect what happens in the jails in the immediate future as well as in the long-term.

Reason for the Investigation

Penal Code Section 919 (b) mandates that the grand jury "inquire into the condition and management" of local jails. The presiding judge in his charge to the 2003-2004 grand jury was more specific, saying it "must" inquire into the jails' condition and management. This report is the result of those instructions.

Background

In 1980 five former inmates of the jail filed a class action lawsuit against the County, alleging that conditions in the jail violated their constitutional rights. The settlement of the lawsuit involved an agreement:

1. To improve mental and medical health programs in the jail

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2. To develop a more effective inmate classification system to curb jail-house violence
3. To stabilize and professionalize the jails' staff with better pay and career opportunities
4. To reduce overcrowding with the construction of a new jail and an improved honor farm

This agreement applied to the two jails in Sonoma County. The larger is the Main Adult Detention Facility (MADF) located at 2777 Ventura Avenue, between the Sheriff's Building and the Hall of Justice, in Santa Rosa. This facility opened in 1991 to replace a much older jail, and a new wing was added in 1997. Designed as a state-of-the-art new generation facility, the MADF has 14 modular housing units (or "pods") with between 50 and 70 beds in each, and 6 segregation, medical, and safety units each with between 12 and 42 beds. The California Board of Corrections' rated capacity for the MADF is 696 beds, not counting 15 beds in the Medical unit, and an additional 42 beds in the Mental Health unit. The total board-rated capacity therefore is 753 beds.

The MADF is the antithesis of the popular image of a jail. The common space is bright and expansive, the selected colors are clear and calming, there are no visible bars, and most inmates are in single-occupancy rooms with windowed wooden doors. The majority of inmates in the MADF are those waiting for a court-appearance and trial, and subsequent sentencing.

The North County Detention Facility (NCDF) is located north of Santa Rosa at 2254 Ordinance Road, adjacent to the Sonoma County Airport. This is a minimum-to-medium security facility, and at one time functioned as the 'Honor Farm' (low security jail). The NCDF has a maximum capacity of 533 inmates, housed in 8 separate modules, 1 for females and 7 for males. Two of these modules are dormitories with more than 100 beds each, in which well-behaved inmates may be housed under minimum security conditions. The majority of the inmates in the NCDF have been sentenced by the courts, and are already serving their terms (of up to a 1 year maximum). They have, therefore, less incentive to do anything that would interfere with the completion of their sentences. Together the board-rated capacity of both the MADF and the NCDF is for a total of 1286 beds.



Newer, direct supervision jail module.

Following the opening of these new generation jails, both the MADF and the NCDF are managed on the principle of "Direct Supervision", a well-established management methodology endorsed by the National Institute of Corrections and by other correctional agencies and organizations. In a direct supervision jail, housing units are designed with cells opening out on to a common living area shared by 50-60 inmates. Single-occupancy cells are preferred because they minimize stress and discourage aggressive behavior. Correctional Officers work unarmed in the housing units, with no physical barriers between themselves and the inmates, and interact directly with them. The Correctional Officer is the leader in the unit, forestalling any power struggles between inmates, and ensuring their personal safety. Inmate behavior is closely monitored, and non-compliant inmates are quickly removed to more controlled environments with fewer privileges. A system of progressive discipline encourages cooperation, and most inmates perceive that their personal well-being and

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needs are assured by the avoidance of violent or disruptive behavior, and the maintenance of the social order.

Because violence is very low in new, direct supervision jails, the incidence of liability lawsuits is also low. In like manner, because vandalism is low, new generation jails may be built using many standard building materials and fixtures, such as porcelain rather than steel toilets, and are therefore cheaper to construct and maintain.

Direct supervision depends on an inmate classification system that accurately categorizes individual behavior and enables officers to house inmates in compatible groups.

To be effective in this environment, however, correctional officers must have strong leadership and interpersonal communications skills, strong management support, and thorough training in the principles and practices of direct supervision. In this environment, female officers are as effective as male officers, and it is not unusual to see a lone female officer managing a unit housing 60 or more male inmates.

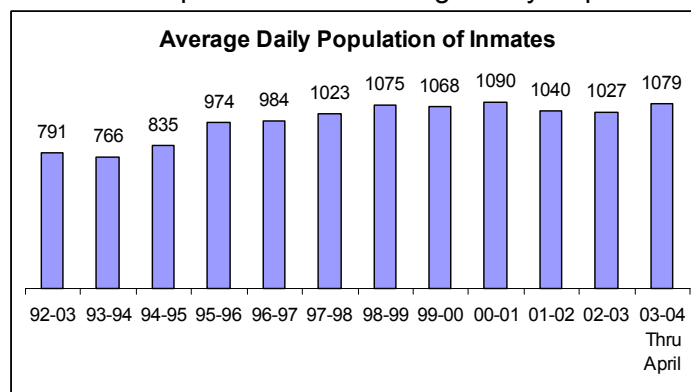
Direct supervision would have been difficult, if not impossible, to apply in Sonoma County's old-style, linear Main Jail, in which cells opened onto a rectangular corridor. Correctional officers couldn't see into cells except when they walked the corridors, and then usually only a few at a time. When inmates were allowed out of their cells and into the corridor, officers had only a limited view of activities in the corridor. The design did not allow continuous observation and direct supervision of inmates. In that environment, leadership vacuums among inmates could develop, resulting in power struggles and violence, particularly when the jail was overcrowded.



Old style "linear" jail.

Over the period 1996-2003 four different grand juries investigated mental and physical health care in the jails. Recent information indicates that the jails are nearly full again, and that the composition of the population has changed with continued increases in the number of the mentally ill and gang members.

The chart below gives a statistical picture of the Average Daily Population (ADP) of both jails:



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The ADP is based on a census taken daily at midnight. It does not include inmates in the booking area who have not been housed. The actual number of inmates housed may fluctuate significantly. The projected ADP for fiscal year 2003-2004 is 1037. Actual ADP for the ten months ending April 30, 2004 was 1079. The table below gives a more detailed picture of the population of both jails, sentenced and unsentenced, as of February 20, 2004:

<p>Age Groupings</p> <ul style="list-style-type: none"> · 18-21 15% · 22-25 17% · 26-35 30% · 36-45 26% · 46-55 9% · 56-65 2% · 66+ 0.4% <p>Annual Bookings (projected 2003-04)</p> <ul style="list-style-type: none"> · 17,355 <p>Average Length of Stay (days)</p> <ul style="list-style-type: none"> · Sentenced male 75.4 · Sentenced female 58.5 · Unsented male 7.3 · Unsented female 5.8 · All males 26.8 · All females 23.7 	<p>Ethnic Groupings</p> <ul style="list-style-type: none"> · White 62% · Hispanic 26% · Black 8% · Native American 2% · All others 2% <p>Felons vs. Misdemeanants</p> <ul style="list-style-type: none"> · Sentenced felons 26% · Unsented felons 44% · Sentenced misdemeanants 18% · Unsented misdemeanants 12% <p>Gender</p> <ul style="list-style-type: none"> · Female 13% · Male 87% <p>NCDF inmates in custody by time periods</p> <ul style="list-style-type: none"> · Less than 30 days 30% · 31-60 days 18% · 61-90 days 12% · 91-120 days 13% · 121-150 days 13% · More than 150 days 15%
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These statistics on the jails' population are revealing. Almost three quarters (73%) of the population are between the ages of 22-45, and almost 1 inmate in 7 (15%) is under 21 years of age. By ethnicity the largest group of inmates (62%) are white, followed by Hispanics (26%) and African-Americans (8%). The average length of stay is approximately 2½ months for a sentenced male, and slightly less than 2 months for a sentenced female.

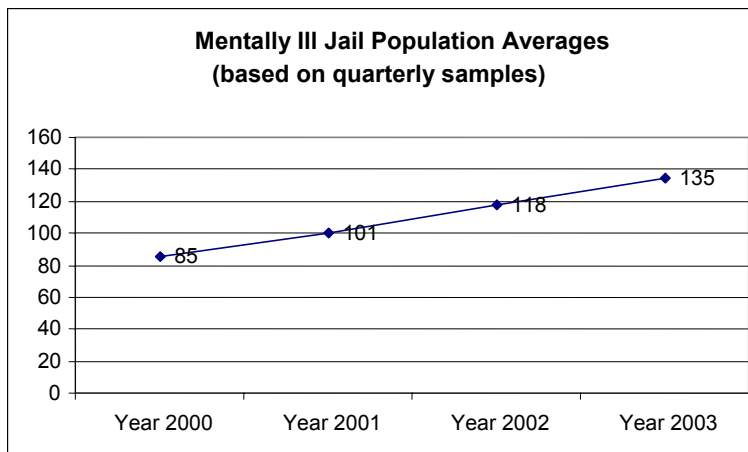
The Mentally Ill

One statistical segment is particularly disturbing, namely the increasing numbers of mentally ill inmates coming into the jails. This increase can be traced to the closure in the late 1960s of the state-operated facilities previously dedicated to their care. The mentally ill now constitute approximately 15% of the total population in both jails, and have increased by 58% since 2000. Most of the increase has been in the number of mentally ill inmates housed with the general population. Over the past 4 years the ADP totals for the mentally ill in the two mental health modules in the MADF have remained relatively constant at 71- 72 inmates (57 males and 15 females). Once stabilized, many who are not seriously ill can be moved from the mental health modules to modules housing the general population. As of the beginning of 2004 this number

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was about 87. The total population of mentally ill inmates fluctuates at around 160, with an occasional peak over 170. The chart below illustrates how the mentally ill population in the jails has increased progressively over a 4-year period at a constant rate of 15-18% per year, with a total percentage increase over the period of 58.8%.



A mental illness is generally classified as either DSM (Diagnostic Statistical Manual) Axis I, which includes individuals suffering from bipolar disorder, schizo-affective, schizophrenia, and other serious mental illness, or DSM Axis II which covers character disorders, antisocial behavior, and borderline personality disorders. A further complication to the situation is that most mentally ill offenders have a dual diagnosis, namely mental illness and some form of substance abuse. In the jails the mentally ill offenders on a given day generally range in age from 18-60, with the largest group in the 36-45 age range. A substantial percentage of the mentally ill are also homeless.

When a mentally ill offender is booked into the MADF, a two-part process is carefully followed to assure that the inmate is accurately identified at the outset. The first classification is made through a progressive behavior-based system of numerical codes. These correctional codes range from '100' (most acute) to '300' (more stable) which are established by Classification Officers in the Booking area, based on their experience in recognizing speech and behavior patterns, and on responses given to specific questions on the booking forms.

In a second step, individual mental health codes are assigned by the mental health workers in the jail. They review the Mental Health Booking Form, and have an evaluation interview with the inmate. The mental health workers also have access to an on-duty psychiatrist, or one that is on-call after regular hours. These mental health codes are alphabetic, and range from 'A' (inmates who are stable, mix with others, and require little to moderate direct supervision) progressively through 'B' and 'C' (more unstable and requiring more direct supervision) and finally to codes 'D' and 'E' (those who can be violent and anti-social, cannot mix, are dangerous to themselves and others, and require the maximum level of supervision and observation). If the inmate has been booked into the jail previously, a prior classification record will also be available from the database. The dual-classification for the most extreme mentally ill inmate, therefore, is '100/E'. In practice, this classification system relying as it does on human evaluations has proven to be effective.

In addition to the nurses in the jail employed by the California Forensic Medical Group (CFMG), there are 3 physicians who also work with CFMG, and who see patients on a regular basis for consultation and the prescribing of appropriate medication. There are also county psychologists and psychiatrists, who are on call as needed, and who see their patients on regular rounds within the MADF and NCDF. Every effort is made to restore the inmates to relative health, they are stabilized medically as far as possible, and their needs determined and supervised by the medical staff. But mentally ill inmates are often upset and confused when they come into the jail, and even when stabilized they still have to be protected and supervised. When they are discharged, typically with a two weeks' supply of their medication and a prescription for refills, many of them are precarious, still require supervision, and need a phased and organized follow-up plan for independent living after their release.

Criminal Gangs

Although most of the gangs in Sonoma County are made up of Hispanic youth, there are also Asian, African-American, and White gangs. Although there are 26 recognized gangs in the county according to the Multi-Agency Gang Enforcement Team (MAGNET), there are basically two principal gangs, both Hispanic in composition, who currently dominate the field. As of mid-2003, there were almost 3,200 known gang members and increasing, with a high percentage of them likely to be incarcerated in the jails in due course. They have one common denominator, which is violence and criminal activities, against each other and the general public. They establish arbitrary territorial boundaries of their own choosing and defend them against all comers. Inter-gang rivalries, adopted philosophies, and mutual hatred for members of other gangs are the basis for most gang activity. They are hierarchical, adopt a structured organization, and operate on a set of inverted values. Generally speaking, gang members have little fear of going to jail, and in some cases it can be a status symbol. Murder and extreme violence can be a rite of passage for younger members. Once a youth is a gang member, it is difficult (if not impossible) to break away without moving physically out of a neighborhood or to another part of the state.

As a result of a joint effort by combined law enforcement agencies in California, there is an efficient county-wide Gang Task Force, which has been successful in continually gathering intelligence and in keeping watch over gang activities. When in the jails they are usually kept in close custody, allowed out of their cells only in small groups, and are tightly supervised at all times. They are a special problem because gangs have to be segregated for security, and in those cases where there are multiple prosecutions for a single crime, individuals are often segregated for logistical reasons as well as for their personal safety. At this point gang members currently make up 22% of the total population of both jails, and their numbers are increasing. In the MADF they currently represent 32% of all inmates, and 8% in the NCDF. As a result, this group takes a disproportionate share of jail resources to manage and control.

Investigative Procedures

The grand jury toured and visited both detention facilities, MADF and NCDF, as well as the Norton Psychiatric Facility, and had multiple interviews with those who manage the jails, with the Sergeants and Correctional Officers 'on the line', with those who are responsible for the inmates' medical and mental care, with members of the District Attorney's and Public Defender's Offices, and with County Administration officials. The jury also reviewed dozens of research and reference documents. For a detailed list of individuals interviewed and documents reviewed, see "Investigative Procedure Details" at the end of this report.

Findings

- F1. The standards of professionalism and ability among the Sergeants and Correctional Officers in the jails are very high, not only their level of training, but pride in their jobs, their knowledge, understanding, dedication, and their concern for the welfare of the inmates.
- F2. Jail booking staff and the mental health workers in the jails are doing an effective job in identifying and classifying the incoming offenders who are mentally ill.
- F3. Testimony indicated that many of the stabilized mentally ill inmates, unless they are enrolled in some type of community program on their release, return to the jail within a short period of time. The closure of these programs will increase these numbers.
- F4. Programs like Forensic Assertive Community Treatment (F.A.C.T.) although dealing with relatively small numbers (around 150 clients to date) have shown encouragingly high success rates in reintroducing mentally ill individuals to independent living in the community. A Marin County-based non-profit organization, supported by private, federal, and state funding, also operates supervised independent living programs in Sonoma County for the mentally ill. These programs have demonstrated success in reducing recidivism among this group, and in working towards a long-term solution. Other community-based initiatives are Project HOPE and SCIL (Sonoma County Independent Living), which are dependent on county and state funding. Many of these programs are closing or seriously threatened by a loss of funds. For example, the F.A.C.T. program will end July 1, 2004 because of the loss of state funds.
- F5. At this point in mid-2004 both jails are now in danger of being seriously overcrowded. Total capacity in both jails is 1,286 beds, with 85% of that (1,093 beds) considered optimum. The inmate census for both jails over the 10-month period July 1, 2003- April 30, 2004 was 1,079 although this is probably on the conservative side since ADP is reported on a midnight census, and the population can fluctuate during the day and exceed this number. Therefore, as overcrowding develops steps will have to be taken to relieve the pressure, and this has been done by the early release of selected inmates before completion of their sentences for specific non-violent offenses, or by the Supervised release on Own Recognizance program (S.O.R.) or by house-arrest and electronic monitoring.
- F6. Increased security at the minimum-to-medium security NCDF is an area of concern. As increasing numbers of *unsentenced* inmates are housed there instead of the MADF, additional pressure will be applied. The latter is a different kind of inmate for which the NCDF was not designed, and for which it is not suited. The sentenced inmates normally housed there have little incentive to walk away or cause trouble, since their sentences are finite and release is in sight. The unsentenced inmates tend to have a different mind-set, and as a result the supervision must be more intense.
- F7. Evidence indicates that many mentally ill inmates receive as good or better medical care within the jails than they commonly do on the outside.

Conclusions

The jury found that the Sheriff's Department is running the jails efficiently. A professional job is being done in correctly identifying and classifying the mentally ill inmates, and seeing to their medical care. The Correctional Officers interviewed were knowledgeable, dedicated, and professional. The mentally ill population in the jails will continue to increase, as programs,

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services, and clinics on the outside continue to be reduced or cancelled. Also, the increase in the percentage of criminal youth gang members in the community, out of all proportion to their numbers in the population as a whole, will continue to crowd the jails, and pose problems of management and control. Their increasing numbers are in danger of clogging the courts, and slowing the administration of justice.

Recommendations

The grand jury is sensitive to the fact that current budget restrictions must necessarily affect any county decisions on the allocation of available resources. Nonetheless, we urge that these recommendations not be shelved on that basis, and that priorities be established as funds become available.

- R1. A solution must be found to address the cycle of recidivism of the mentally ill. The long-term view must involve diverting them from a continuing process of re-arrest and detention, and into programs of supervised and responsible independent living. A system of procedures should be set up to monitor them when they have been stabilized in the jail, and linked to a mechanism for guidance and follow-through when they are released back into the community.
- R2. Serious thought should be given to building a separate detention facility for the mentally ill, tailored to their needs. The grand jury recommends that this be established as a priority before an expansion to the MADF, since this is likely to be an important part of the solution to the overcrowding problem.
- R3. A review should be undertaken to analyze the costs of long-term care of the mentally ill in the community, compared to the expense of housing and treating them in the jails for the short-term. The review should include a cost/benefit analysis of re-opening community treatment programs for the mentally ill where their interests, and the interests of society, can be better served, and whether programs such as F.A.C.T. should be re-established.

Response to Findings

Sonoma County Board of Supervisors - F4
Sonoma County Sheriff - F1, F5, F6

Required Responses to Recommendations

Sonoma County Board of Supervisors - R1, R2, R3
Sonoma County Sheriff - R1, R2
Sonoma County Administrator – R3

Investigative Procedure Details

Interviews

The jury interviewed the following Sonoma County employees:

Sheriff-Coroner
Assistant Sheriff, Detention Division
Captain, Detention Division
Captain, NCDF
Lieutenant, Detention Division
33 Correctional Officers and Sergeants in both jails. (23 interviews in the MADF, 10 in the NCDF).
Classification Officers

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In-jail Management and Staff of the California Forensic Medical Group.
Director, Department of Health Services
Section Manager, Department of Health Services
Deputy Public Defender.
District Attorney
Chief Probation Officer.
Manager, Forensic Mental Health
Psychiatrists who work in the jails
Mental health workers in the jails
Risk Manager, Department of General Services.
Director, Forensic Assertive Community Treatment (FACT) Program
Members of the County Administrator's Office.
Inmate Grievance Officer (MADF)

The jury also interviewed the following individuals:

Director and Staff members, Marin County-based non-profit organization that provides outreach programs for the mentally ill.
Officers of the Santa Rosa Police Dept.

Research and Reference Documents:

Agenda Item Transmittal Report. Sonoma County Board of Supervisors Meeting. February, 25, 2003.
"Benefit Package for Sheriff's Deputies & Corrections Officers." June 2, 2003.
California Government Code. Section 3300-3312 October 22, 2003.
California Jail Profile Survey/Annual Report 2002.
"Characteristics of Suicide Attempts in a large urban jail system with an established Suicide Prevention Program." May 2002.
Forensic Assertive Community Treatment Project (Overview and 12-month outcomes)
"Helping the Mentally Ill in Jails to adjust to Community Life: a description of a post-release ACT Program and its clients."
Inmate Rules & Information Handbook. Revised August 2001.
"Mental Health - Internal Behavior Codes." March 2, 2004.
Overview of Field Services 2004
"Quarter Century of Suicide in a major Urban Jail, A." July 1995.
Sheriff's Department Detention Services/Planning & Research. September 2003.
"Sonoma County Detention Facilities: pre-booking Medical & Mental Health Screening." December 2001.
Sonoma County Adult Detention Facilities: Programs & Services for inmates. (DD638-1/98).
Sonoma County Adult Detention Facilities: Rules & recommended discipline. September 2003.
Sonoma County Sheriff's Department: inmate services. 2003.
Sonoma County Sheriff's Department: New organization chart. July 2002.
"Type II and III Facilities." *Board of Corrections – Procedures*. March 2001.
Multiple forms and reports on both jails, and on the Norton facility.