

What's Taking So Long? County Delays Mandated Jail Improvements



SUMMARY

"The true measure of our character is how we treat the poor, the disfavored, the accused, the incarcerated, and the condemned. We are all implicated when we allow other people to be mistreated." -- Bryan Stevenson, founder and executive director of the Equal Justice Initiative and law professor at New York University School of Law.

The County of Sacramento (County) and Sacramento Sheriff's Department (SSD) are required by law to operate and maintain County detention facilities to safely house inmates awaiting trial and those serving their sentence. Due to alleged violations of constitutional rights and compliance failures of the Americans with Disabilities Act (ADA), a lawsuit was filed on July 31, 2018: *Mays v. County of Sacramento*. Allegations included:

- Lack of adequate staffing.
- Unnecessary and harmful use of isolation.
- Failure to provide adequate medical and mental care.
- Discrimination against inmates with disabilities.

Mays plaintiff's counsel summed up their case: "Like many counties across the State, Sacramento County failed to allocate the resources necessary to provide humane conditions in its jails. In particular, Sacramento County drew our attention because of its jails' woefully inadequate mental health care system and its excessive use of solitary confinement."

The County eventually settled the case and agreed to a number of changes at the Sacramento County Main Jail (Main Jail) and Rio Consumnes Correctional Center (RCCC). The Court approved the "Mays Consent Decree" on January 13, 2020.

Unfortunately, the County has been exceedingly slow to implement many of the agreed-upon changes at the Main Jail and RCCC as mandated by the Mays Consent Decree. The plaintiffs' counsels co-authored a letter to the Sacramento County Board of Supervisors (BOS), dated September 1, 2022, that stated the "conditions in the Jails remain deplorable." The County responded and agreed to "develop a plan for addressing the physical plant deficiencies" by December 21, 2022.

Although the BOS approved the building of an Annex to address a portion of the deficiencies, it will take at least five years to design and construct the Annex, and there are no immediate plans to address the many outstanding violations. Vigorous interim plan execution is vital to avoid the threat of federal receivership, increased liability for non-compliance, preventable illness for the jail staff and inmate population, and higher costs due to escalation of capital costs interest.

BACKGROUND

In 2011, the California Public Safety Realignment Act (AB109) was passed and implemented. The legislation transferred responsibility for housing low-level offenders from the State to the counties in California, which has impacted county detention facilities and county probation services throughout the State. Subsequent legislation provided both ongoing and one-time funding to each County to support the housing and supervision of these offenders. The passage and implementation of AB109 have greatly affected the operation of both the Main Jail and RCCC.

In 2018, the *Mays* class action lawsuit was filed. It alleged the County failed to provide the following:

- Adequate medical and mental health care and the facilities to provide that care.
- Resolution of ADA violations.
- Reduction of excessive use of solitary confinement.

A County consultant wrote as part of the settlement agreement, "[W]hile it may not have been our choice, it is now our moral and legal obligation to find ways to appropriately respond and provide for the humane and constitutional care for this vulnerable population." The parties agreed, in lieu of litigation, to a consent decree which was approved by the Court and outlined the agreed-upon requirements.

Historically, the County has approved only a few construction projects related to the expansion of healthcare facilities in County detention. Instead, it has directed most of the available funding towards programs that are alternatives to incarceration. On December 8, 2022, the BOS approved the County's recommendation to "construct an Intake and Health Services Facility" (Annex) to address Health Insurance Portability and Accountability Act (HIPAA) and ADA requirements. The final approval is contingent upon the architectural design, cost estimate, and bond financing. The Annex was projected to take approximately five to eight years to complete.

According to several mandated expert reports submitted in 2022, the requirements of the Mays Consent Decree will not be fully met until these deficiencies are addressed.

METHODOLOGY

During the course of this investigation, the Grand Jury conducted the following research:

1. Reviewed the 2019-2020 Jury report entitled "Senate Bill 1022: A Gift Too Good to Ignore."
2. Conducted interviews with County staff, SSD staff, and members of the County Board of Supervisors.
3. Reviewed the Board of Supervisors' meeting minutes and documents regarding the Mays Consent Decree.
4. Reviewed various court filings in the *Mays* case, including the Complaint and Consent Decree Order.
5. Reviewed more than 18 consultant and court-appointed expert witness reports.
6. Reviewed various County and SSD policies, procedures, and general orders.
7. Conducted site visits at the Main Jail and RCCC.

DISCUSSION

Structural Limitations of the Main Jail and RCCC Create Risk of Federal Receivership.

The construction of the Main Jail in downtown Sacramento was completed in 1989. RCCC was initially built as an Air Force base. It was deeded to the County in 1947 and converted into a jail facility in 1960. In 1990, the ADA was passed, which imposed substantial new building access requirements. The Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996 with additional requirements. The Main Jail and RCCC were not designed with these requirements. They cannot provide the proper medical and mental health care or appropriate access for persons with physical disabilities.

The Grand Jury reviewed six consultants' reports commissioned by the BOS. These consultants inspected the Main Jail and RCCC to determine the progress in the issues described in the Mays Consent Decree. They noted numerous structural deficiencies at both facilities, and a lack of approved custody positions dedicated to essential healthcare functions. One consultant noted there were serious space restrictions at the Main Jail, which prevented that facility from meeting the requirements of the Mays Consent Decree.

At the time of this report, the lack of suicide prevention facilities at the Main Jail remains a major Constitutional violation. The building's structure results in a lack of privacy and confidentiality during the assessment of suicide risk. Temporary suicide housing is inadequate. One consultant found inmates at risk for suicide were housed in non-suicide-resistant cells while they await suicide assessment. Most inmates who have been placed on suicide precautions continue to be housed in the booking cells, where they may be held for well over six hours. There were concerns that classrooms may be used on occasion for housing inmates, including suicidal inmates. Federal law requires that suicidal inmates be housed in cells without blind spots, however, suicidal inmates are still being housed in such cells. The option of placing actively suicidal inmates on constant observation is not standard practice at the Main Jail. One expert concluded that space limitations at the Mail Jail impact the ability to provide services consistent with the Jail Psychiatric Services (JPS) overview.

The Structure of The Main Jail is Non-compliant with ADA and HIPAA.

The booking and medical screening area is non-compliant with the ADA. The Grand Jury personally observed an arrestee confined to a wheelchair who had difficulty entering the medical intake area during the booking process. The medical intake area lacked sufficient space for private interview rooms, which resulted in a violation of the arrestee's right to privacy, a HIPAA violation. The medical infirmary and the dental area are not ADA-compliant. Consultants noted the Main Jail is non-compliant in placing inmates with disabilities in appropriate, accessible long-term housing.

Consultants commented that all inmates in suicide prevention are virtually locked down and have no dayroom or other out-of-cell access. Mental health treatment is not addressed in segregated housing units. Despite limited space, excessive jail population, and limited hours in the day, many inmates, including those with mental illness, are denied access to the outdoor recreation yard.

The SSD has housed people with serious mental health illnesses in restrictive housing, violating the Mays Consent Decree. In 2021, at least 58 inmates in restrictive housing were identified as mentally ill. The jail's restrictive housing units serve as a warehouse for people with mental health needs. Consultants fear this will result in severe and foreseeable harm to those with mental health illnesses.

The New Jail Annex Will Take a Minimum of Five Years to Complete.

Regardless of the population of the Main Jail, compliance with the Mays Consent Decree cannot be achieved without structural modifications.

To comply with the Mays Consent Decree, the BOS directed staff on December 8, 2022 to pursue the plan to design and construct an intake and health services facility, referred to as the Annex. The design and construction of the Annex are expected to take at least five years to complete. The Annex will be located on adjacent, existing County property. The facility will include a new booking loop, medical clinic, medical housing, and housing units for patients requiring higher levels of mental health care.

The BOS also approved two interim projects to comply with the Mays Consent Decree, pending design and construction. These interim projects will take at least three years to complete. For the first project, the County will construct two new control rooms at RCCC to provide a higher level of security to monitor barracks. Once completed, barracks C, D, G, and H at RCCC will be sufficiently secure to accommodate the high security, level three inmates currently housed on the third floor of 300 West Pod at the Main Jail. The second project will convert 300 West Pod into an acute psychiatric unit known as 3P Project once the current inmates are moved to RCCC.

One interim solution to the lack of medical/psychiatric interview space is being addressed with the proposed construction of plexiglass partitions installed in the indoor recreation area of each inmate housing wing of the Main Jail. Each of these partitions will include an affixed patient

chair and should allow for confidential conversation and examination, and will alleviate wait time for inmates and medical staff.

Concerns with the Current Booking Process.

The recent actions taken by the BOS to begin construction of the Annex, modify the barracks at RCCC, and convert the Third Floor West Pod at the Main Jail to comply with the Mays Consent Decree do not address the current concerns with the booking process in the Main Jail. In particular, inmates' current medical and mental health care continues to be substandard. This is repeatedly documented in consultant reports.

These issues include:

- Medical/social history intake process.
- Proper privacy and confidentiality during treatment.
- Adequacy of examination facilities.
- Preventive health measures.
- Access to appropriate treatment for acute and chronic conditions.

The arresting officer initiates the booking process. The arrestee is searched, personal items are removed and tagged, things considered a threat to safety (belts, shoe laces, etc.) are confiscated, and the arrestee's weight is obtained. The arrestee is placed in a confined area with other arrestees until the medical and social history is taken. Following intake, the arrestee is placed in the same restricted area until formal booking is completed. Jail clothing is then issued, and the inmate is placed in a holding cell with several other inmates. When classification is completed, the inmate is transferred to an appropriate cell. These crowded settings violate the six-foot separation recommendation of the Mays Consent Decree.

Before formal booking, the medical and social intake process occurs in a small room with three stations, each staffed by a Licensed Vocational Nurse (LVN). The arrestee sits in a slotted space separated from the LVN by a plastic shield. The LVN is masked, but the arrestees generally are not. The LVN uses a computer template to ask extensive medical, mental health, germane to medical, mental health, and social history questions. The form process is lengthy; it takes from 15 to 45 minutes.

Any arrestee with an acute health condition is often "sent out" to an Emergency Department (ED) for care before formal booking. This requires an escort of two arresting officers to accompany them. All may have to stay at the ED for several hours, resulting in fewer officers on patrol. Exorbitant expense is said to be attached to this practice. The Grand Jury was unable to obtain a valid estimate of this cost.

The space for the inmate does not accommodate a standard wheelchair, which forces the inmate to remain in the hallway and defeats the purpose of the plastic shield.

With only three stations, the intake results in over-crowding of the booking waiting area. The crowding is exacerbated because arresting officers must stay with an arrestee until they are formally booked and handed off to custody. There is no compliance with the six feet social

distancing standard. The holding cells are also crowded, which contributes to a preventable risk of infectious disease for staff and inmates.

Privacy and confidentiality of inmate-protected medical and social information are minimal. The officer responsible for the safety and security of any particular arrestee is considered a healthcare team member and qualified to have limited access to this information. During the history intake, the responses by the inmates to questions about HIV status, prior history of communicable disease, sexual orientation, and mental health issues can be heard anywhere in the room. This is a specific violation of the HIPAA requirements.

Medical Care While Incarcerated at the Main Jail.

Spaces designated for mental health appointments are plexiglass cubicles with open ceilings. There are no designated mental health treatment areas except for medical examination rooms on some floors, which requires the transport of inmates off the floor for many of these appointments. There is a languishing project to add 18 plexiglass cubicles to various floors in the Main Jail for mental health care.

The situation is somewhat better at RCCC —designated space is provided for women, including several exam and treatment rooms. A similar layout is available for the treatment of men. While stark, exam rooms have basic equipment: a computer station for the clinician, an exam table, a sink with running water, vital signs stand, and drawers for standard items like gloves and cotton swabs. Basic laboratory services are available with slow turn-around times. No imaging facilities are on site. The medical staff is comprised of County-employed physicians and nurse practitioners on-site for eight hours on weekdays. On nights and weekends, medical staff are on call by phone to assist evaluation of acute problems by nurses, which often results in a “send out” – the process of transporting an inmate to a local hospital or medical provider for medical treatment. Specialty care is contracted with private physicians who provide service at designated times. Some specialty care is another form of “send out” if the specialist does not come to the Main Jail.

The issue of “send outs” creates tension between the County-employed medical staff and the sworn officers of SSD. Officer time is negatively impacted by time away from primary duties and the associated overtime costs. The medical staff feels compromised by the duty to provide quality patient care and the lack of diagnostic facilities at the jails. The consequence is that treatment decisions become overly conservative and result in a higher “send out” rate.

Staff physicians see inmates by appointment for chronic health conditions in a clinic in the Main Jail and at RCCC. Electronic medical records are used for documentation. In the jails, there is the same access to the medical records of care provided in other County facilities. This promotes continuity of care and supports preventive care.

Comprehensive preventive care is a challenge in the jail setting. The medical staff in the Main Jail do not have access to records outside of the County system, such as local emergency rooms. This compromises the ability to properly administer vaccines because of inaccurate histories, and

the transient nature of the inmate population hampers the continuity of basic recommended screening.

Although there are hospital-like rooms with beds for patients convalescing from a hospital stay, hospital care is not available inside the jails. These rooms are also used for infusion therapy. There is a dialysis unit in the Main Jail but presently it is unused due to staffing limitations.

Mental health care is available through a contract with the University of California, Davis Mental Health Department (UCD). These services are provided by Licensed Clinical Social Workers (LCSW) and Licensed Family and Marital Therapists (LFMT). A psychiatrist is available on-site for referral, consultation, and sometimes ongoing care.

Insufficient Staffing to Support a Constitutional Level of Medical and Mental Health Care.

As part of the negotiated actions to address findings in the Mays Consent Decree, the parties agreed to a Remedial Plan incorporated as Exhibit A into the Consent Decree. The Remedial Plan stipulates, "The County shall maintain sufficient medical, mental health, and custody staff to meet the requirements of the Remedial Plan."

The Third Monitoring Report of the Medical Consent Decree, submitted on October 25, 2022, identified 27 clinical vacancies. Some positions may have been filled since the report, but a Vacancy Report dated February 8, 2023, lists 68.5 medical and administrative positions still vacant. It should be noted that several of these positions may have been recently approved by the BOS without enough time for recruitment and hiring. Vacant positions include 4.5 Physician III positions (45% vacancy rate), 7 Medical Assistant positions (33% vacancy rate), 21 Licensed Vocational Nurse positions (44% vacancy rate), 16 Registered Nurse positions (23% vacancy rate), and 6 Registered Dental Assistant positions (100% vacancy rate).

The same report stated, "According to ACH (Adult Correctional Health) leadership, maintaining filled positions is difficult due to recruitment challenges, staff retirements, and magnitude of changes required by the Remedial Plan. Salaries for selected positions (e.g., physicians, registered and licensed vocational nurses) have not been competitive, and labor agreement negotiations are in process or recently completed for multiple health disciplines." The report stated the concern that hiring permanent physicians was difficult and that the County should invest resources in recruiting nurse practitioners to address fragmentation of care, delayed diagnosis and treatment, and preventable harm to patients. There are no nurse practitioner positions listed in the vacancy report.

In addition to the medical vacancies by the County, a separate consultant's report was drafted to address Adult Correctional Health (ACH) contracts with Jail Psychiatric Services (JPS) through UCD to provide mental health care for the County correctional facilities. Although the Mental Health Expert's Second Round Report of Findings, dated September 21, 2021, states "JPS has not calculated treatment hours for the Consent Decree and judged staffing sufficiency in that manner. Therefore, it remains uncertain whether staffing is sufficient to meet the Consent Decree requirements." However, according to the Vacancy Report, there are 35.7 vacant positions in the UC Davis program, which include 16 mental health workers (100% vacancy

rate), Eight Licensed Clinical Social Workers (24% vacancy rate), and six social workers (21% vacancy rate). The adequacy of staffing for compliance with the Mays Consent Decree will be further evaluated in the next monitoring round. To date, the County is in "partial compliance" with the Mays Consent Decree as listed in consultant reports.

There are approved medical and mental health positions in accordance with a "Multi-Year Staffing Plan" pursuant to the County's agreement with Class counsel that have not been filled, and there are a number of positions in the medical and mental health arena that have not been filled. According to an informal report, current physician staffing is at capacity.

It was further reported by court consultants that there are insufficient designated custody escorts to ensure access to medical and mental health services, including medication administration. The Grand Jury was unable to ascertain whether the SSD was adequately staffed or planned to increase the number of custody officers to meet the Mays Consent Decree requirements. Continuing to ignore the need to hire custody escorts delays the necessary provision of medical and mental health services to those incarcerated.

Poor Sanitation Processes

According to subsection K of the Medical Care Remedial Plan of the Mays Consent Decree, the County must consult with an Environment of Care (EOC) expert to evaluate the County's correctional facilities where inmates receive medical and mental health treatment.

In consultation with Class counsel, the County retained a consultant to complete the required review. The Sacramento County Jail EOC report was submitted to the County on June 21, 2022, and filed with the Court on August 17, 2022. The EOC report states the SSD operates the facility, but the Sacramento County Department of General Services (DGS) provides custodial operations and facility maintenance.

The findings listed in the EOC report documented several sanitary and hygiene issues throughout the Main Jail. These issues adversely impact the health of the inmate population and staff. State statutes and Correctional Health and Safety rules set standards because adequate sanitation is fundamental to safeguard the health of inmates at the Main Jail and RCCC.

Grand Jurors observed some of these sanitation issues during the site visits to the Main Jail and RCCC. At the Main Jail, inmates were seen lying on the floor in the holding cells, and the booking waiting room was overcrowded. The Grand Jury also observed milk cartons sitting in a plastic container on the floor and observed lunches with the time of 10:45 a.m. written on the at 2:00 p.m. At RCCC, mattresses were left outdoors in the Central Yard and the J/K Dorm. This could increase the risk of spreading infectious diseases among inmates and staff. The EOC report identified many cleanliness and sanitation issues throughout the Main Jail, such as:

- Soiled floors in the Intake areas, holding areas, housing units, and medical exam areas.
- The flooring was deteriorated and needed repairs.
- A floor was in disrepair with spider cracks and chipping around the center floor drain.
- Clogged drains and drain flies were noted throughout the Main Jail's shower rooms.

- Clean inmate clothing, various laundries, and mattresses were stored on the floor in the intake area.
- Poor and unsanitary conditions of most, if not all, of the showers in the housing units at the Main Jail.
- Most of the vent grilles were clogged with dust, preventing adequate ventilation and promoting mold and mildew growth. Food service utility carts were filthy with old food spills and dried food debris, and other issues creating cross-contamination can often lead to foodborne-illness outbreaks, which creates another medical emergency for the facility.
- In the medical areas of the Main Jail, the EOC report identified multiple exam tables with severely cracked vinyl covers that exposed the inner cushion, which can harbor pathogenic microorganisms leading to harmful infections, including Methicillin-Resistant Staphylococcus Aureus (MRSA).

Leadership

The successful compliance with the Mays Consent Decree requires detailed and consistent management to achieve the goals. The frequent rotation of leadership at the Main Jail and RCCC - every two years - leaves the Sheriff's Office with no single person accountable for compliance in the long term.

This issue was cited in the Second Monitoring Report on Restrictive Housing, Discipline and Classification Practices in the Sacramento County Jails dated July 2022 (Compliance Report): "New leaders scarcely have time to gain an understanding of the Consent Decree and its implications for jail practices conditions before they are rotated back out of the jail."

The SSD practice of routinely rotating high-level officers between corrections and patrol results in the management's tenure in positions being too short. This has been the practice for the Compliance Commander positions at the Main Jail and RCCC. It takes significant time to acclimate a new person into this complex role because they must be trained for critical tasks, often delaying attention to the actual work.

Learning the bureaucratic procedures necessary for policy approval further delays the implementation of required policies. This lack of consistency in remedying the demands of the Mays Consent Decree increases the risk of Federal Receivership, which would remove County control of this issue.

The Grand Jury specifically witnessed this because there were leadership changes between its mandated tours and subsequent follow-up visits at RCCC and the Main Jail.

The Compliance Report states: "It is essential for the SSO to create a permanent position to handle Consent Decree compliance and oversee the major changes needed. The SSO needs stable leadership to set, engage in long-range planning, report on progress and setbacks, and hold custody staff accountable to the County's legal obligations."

Consultant and Court-Appointed Expert Witness Recommendations

Over the course of the Mays case, the County has procured a number of consultants to review the policies and practices at the Main Jail and RCCC. These consultants wrote reports which detail findings and recommendations. Many of the recommendations presented a roadmap for the County to comply with the requirements of the Mays Consent Decree.

The Court has appointed experts in mental health, medical, and suicide prevention to periodically monitor the County's progress in meeting the Consent Decree requirements. The Court's experts have written and filed at least eleven monitoring reports which detail their findings and recommendations.

The Grand Jury has reviewed 18 consultant and court-appointed expert witness reports, which contained over 200 recommendations to assist the County and SSD in meeting the requirements of the Mays Consent Decree.

Based on the Grand Jury's investigation, it is clear the County and SSD have implemented a number of the recommendations and made progress to comply with the Consent Decree. Unfortunately, the County and SSD have ignored key recommendations in the areas listed below, which have led to continued constitutional violations, including violations of ADA and HIPAA. The following significant recommendations are compiled from various County consultant and Court-appointed expert reports. These have been largely ignored by the County and SSD, which has led to continued non-compliance with the Mays Consent Decree.

Physical Plant Deficiencies:

- "SSO, ACH, JPS must review the intake process and areas to identify what changes can be made so that nursing and mental health providers can complete timely intake screening and assessments in a confidential area." - Mental Health Expert's Second Round Report of Findings.
- "The County should focus on developing immediate, interim measures to ensure such privacy and confidentiality, rather than focusing on preliminary plans for 'jail annex' construction or attempting to mitigate the problem by purchasing 'white noise' machines." - First Report of Compliance in Mental Health Services Based on Consent Decree.
- "It is strongly recommended that SCSD and CHS officials look at options better ensure reasonable sound privacy in the booking area when multiple nurses are conducting intake screening at the same time period." - Report on Suicide Prevention Practices Within the Sacramento County Jail System.
- "Implement plans to provide adequate space, privacy, sanitation, and disinfection in the booking area." - Third Monitoring Report of the Medical Consent Decree.

Staffing Deficiencies:

- "Utilize staffing analysis to evaluate existing staffing plans and caseloads to determine what an appropriate caseload would be at each level of care. Ratio-based staffing allows for additional staff if the population increases and provides specificity for each level of care." - Mental Health Expert's Second Round Report of Findings
- "Establish custody posts for the purposes of health care escorts, not to be redirected for non-health care duties." - Third Monitoring Report of the Medical Consent Decree

Leadership structure:

- "The lack of a consistent correctional administrative staff overseeing the jail does not give their overall policy structure the importance it deserves. In fact, due to the frequent movement of jail administrators and line staff between patrol and jail responsibilities, the existence of explicit, current, and audited policies is even more critical for the safe, secure and constitutional operation of the jail. I recommend that a civilian staff member be assigned the responsibility for reviewing and updating all the SCSD jail policies and be assigned that responsibility on an ongoing basis." - Sacramento County Jail, Mentally Ill Prisoners and the Use of Segregation: Recommendations for Policy, Practice, and Resources.
- "Class counsel urges the County to make adjustments such that the Compliance team members remain in their roles for a sufficient period, with professional advancement pathways consistent with the importance of these positions" – Plaintiffs' Counsel.
- "It is essential for the SSO to create a permanent position to handle Consent Decree compliance and oversee the major changes needed. The SSO needs stable leadership to set, engage in long-range planning, report on progress and setbacks, and hold custody staff accountable to the County's legal obligations." – Second Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails.

Sanitation Deficiencies:

- "The County needs to institute a sanitation and disinfection program in all areas of the jails, but with particular attention to the booking and intake area, sobering cell, safety cells and all health care areas of the jail." - Third Monitoring Report of the Medical Consent Decree.
- "Implement a formal policy and procedure for cleaning and disinfecting mattresses between every use." - Environment of Care Report Sacramento County Jails.
- "Store mattresses off of the floor. Clearly separate and label mattresses that have been cleaned, disinfected, and ready for reissue from those that have not yet been cleaned and disinfected after use. As a best practice, dirty and clean mattresses should be stored in physically separate locations." - Environment of Care Report Sacramento County Jails.
- "Food should not be served on the floor. The process for serving food and meals should be immediately evaluated, and ensure that a food service plan is in place that complies with applicable standards, including California Retail Food Code, Chapter 4. General Food Provisions, Article 1 Protection from Contamination, 113980 states that all food shall be protected from dirt, vermin, unnecessary handling, droplet contamination, overhead leakage, or other sources of contamination and FDA Food Code 2017, including 3-302.11(A)(4) stating, "All food shall be protected from contamination by storing the food in packages, covered containers, or wrappings." - Environment of Care Report Sacramento County Jails.

FINDINGS

- FI The passage and implementation of AB109 has resulted in an increase in the inmate population and the length of stay within the County's detention facilities which places an enormous burden on the County to meet the needs of a much larger, more serious, and more violent inmate population.
- F2 New facilities are needed to achieve compliance with the Mays Consent Decree.
- F3 There are continuing ADA and HIPAA violations due to the lack of adequate health-related facilities while projects approved by the BOS are completed.
- F4 There are interim measures that could be implemented at the Main Jail and RCCC to address Mays Consent Decree non-compliance issues while the Annex and interim projects are being designed and constructed.
- F5 There are limited healthcare facilities and staffing in the Main Jail.
- F6 Mandatory rotations in leadership positions at the Main Jail and RCCC have adversely impacted the County's ability to meet the requirements in a timely fashion.
- F7 The sanitation of the Main Jail and RCCC is substandard, and there are inadequate written procedures in place to ensure cleaning is effective.
- F8 The Sheriff's Department and the County BOS have not acted upon key recommendations by consultants and court-mandated experts to address non-compliance issues.

RECOMMENDATIONS

- R1 The BOS should approve the funding for the design and construction of the Annex by July 1, 2024.
- R2 The BOS should approve the funding for the design and construction of the two interim measures by July 1, 2024.
- R3 The SSD, in collaboration with the County, should increase the number of intake stations by at least three to reduce overcrowding in the booking area by December 31, 2023.
- R4 The SSD, in collaboration with the County, should install temporary trailer(s) located in the enclosed Main Jail parking garage to reduce continuing HIPAA and ADA violations and allow for increased acute treatment and diagnostic (lab and basic imaging) capability by December 31, 2023.
- R5 The BOS should rapidly fund and implement the construction of an additional 18 mental health treatment rooms in the Main Jail by December 31, 2023.

- R6 The SSD and the BOS should quantify the costs of unnecessary “send outs” and redirect these funds to pay for the improved interim facilities by July 1, 2024.
- R7 As long as the requirement of the Mays Consent Decree remain in place, the SSD should create a non-rotating executive leadership position (non-sworn) to oversee the Mays Consent Decree compliance at the Main Jail and RCCC.
- R8 The BOS and SSD should develop and implement a sanitation and disinfection program at the Main Jail and RCCC in accordance with the recommendations of the EOC report by March 31, 2024.

REQUIRED RESPONSES

Pursuant to Penal Code sections 933(c) and 933.05, the grand jury requests responses as follows:
From the following governing body of a public agency within 90 days:

Sacramento County Board of Supervisors
700 H Street, Suite 2450
Sacramento, CA 95814

From the following elected county official within 60 days:

Jim Cooper, Sheriff
Sacramento County Sheriff's Department
4500 Orange Grove Avenue
Sacramento, CA 95841

Mail or deliver a hard copy response to:

The Honorable Michael Bowman
Presiding Judge
Sacramento County Superior Court
720 9th St.
Sacramento, CA 95814

Please email a copy of this response to:

Ms. Erendira Tapia-Bouthillier
Sacramento County Grand Jury Coordinator
Email: TapiaE@saccourt.ca.gov

INVITED RESPONSES

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